BAŞKENT UNIVERSITY
INSTITUTE OF SOCIAL SCIENCES
DEPARTMENT OF PSYCHOLOGY
MASTER'S IN CLINICAL PSYCHOLOGY WITH THESIS

INVESTIGATING PROFESSIONAL SELF-DISCREPANCIES OF PSYCHOTHERAPISTS: THE ROLE OF PERSONAL PSYCHOTHERAPY

BY

NİMET NUR KÜTÜK

MASTER'S THESIS

THESIS ADVISOR

ASST. PROF. TUĞBA UYAR SUİÇMEZ

ANKARA – 2023

BAŞKENT ÜNİVERSİTESİ

SOSYAL BİLİMLER ENSTİTÜSÜ

YÜKSEK LİSANS TEZ ÇALIŞMASI ORİJİNALLİK RAPORU

Tarih: 04 / 07 / 2023

Öğrencinin Adı, Soyadı: Nimet Nur Kütük

Öğrencinin Numarası: 22010365

Anabilim Dalı: Psikoloji Anabilim Dalı

Programı: Klinik Psikoloji Tezli Yüksek Lisans Programı

Danışmanın Unvanı/Adı, Soyadı: Dr. Öğr. Üyesi Tuğba Uyar Suiçmez

Tez Başlığı: Investigating Professional Self-Discrepancies Of Psychotherapists: The Role Of Personal Psychotherapy

Yukarıda başlığı belirtilen Yüksek Lisans tez çalışmamın; Giriş, Ana Bölümler ve Sonuç Bölümünden oluşan, toplam 60 sayfalık kısmına ilişkin, 04 / 07 / 2023 tarihinde tez danışmanım tarafından Turnitin adlı intihal tespit programından aşağıda belirtilen filtrelemeler uygulanarak alınmış olan orijinallik raporuna göre, tezimin benzerlik oranı %8'dir.
Uygulanan filtrelemeler:

1. Kaynakça hariç
2. Alıntılar hariç
3. Üç (3) kelimeden daha az örtüşme içeren metin kısımları hariç

"Başkent Üniversitesi Enstitüleri Tez Çalışması Orijinallik Raporu Alınması ve Kullanılması Usul ve Esaslarını" inceledim ve bu uygulama esaslarında belirtilen azami benzerlik oranlarına tez çalışmamın herhangi bir intihal içermediğini; aksinin tespit edileceği muhtemel durumda doğabilecek her türlü hukuki sorumluluğu kabul ettiğimi ve yukarıda vermiş olduğum bilgilerin doğru olduğunu beyan ederim.

Öğrenci İmzası:

Onay

04 / 07 /
2023
Öğrenci Danışmanı Unvan, Ad, Soyad,
Dr. Öğr. Üyesi Tuğba Uyar Suiçmez

ACKNOWLEDGEMENTS

I am immensely grateful to my precious thesis advisor Asst. Prof. Tuğba Uyar Suiçmez, who has been there for me in every aspect I needed support. I want to thank for every feedback she provided, her empowering approach, and her warm welcome every time I visited her. Through her guidance, I have learned so much, both as a student and a psychotherapist.

Taking my first steps in psychotherapy practice, I found an excellent guide in Asst. Prof. Burçin Akın Sarı. I thank for everything I learned in her classes, the support she has given to my research, and her precious comments as a jury member. I extend my thanks to the other jury member, Asst. Prof. Burcu Pınar Bulut for her interest in my work and the detailed feedback she provided for each section of my thesis.

I want to express my thanks to my colleagues Sude Teker, Ezgi Zeynep Çimen, and Mehmet Salduz for their support during the data collection process. After an academic year spent entirely online due to the pandemic, the internship period I shared with them was truly a blessing. I am grateful to have had them by my side.

I would like to sincerely thank my dear friend Afra Atılgan, who has always walked ahead of me in my professional development, illuminating my path with her experiences. She extended a helping hand whenever I needed. I am also deeply grateful to my dear friend Ayten Cerrah, who I know will embrace me with care whenever I need her. I cannot describe the pleasure of discussing psychology with her for hours. Her skills as both a great storyteller and an attentive listener are invaluable to me. The presence of my dear friend Elif Kılıç, who has been with me in every step of my master's degree journey, has always made me feel very fortunate. I thank her for her warmth, unwavering support, belief in me, and expressing it at every opportunity. I am deeply grateful to my first friend in this world, Ayşe Nur Sarıoğlu, for always being a refuge I can turn into whenever I feel overwhelmed. I would also like to thank Elif Ersert, my dear friend whom I grew up with, for her keen interest in listening to my thesis with all its details, despite being a lawyer.

Lastly, I would like to express my heartfelt gratitude to my family, who have supported me in every step I took in life. Completing this thesis without the understanding of my dear parents and lovely sibling, Didem, during challenging times throughout the process, would have been inconceivable.

ÖZET

KÜTÜK, Nimet Nur. Psikoterapistlerin Mesleki Benlik Uyuşmazlıklarının Araştırılması: Kişisel Psikoterapinin Rolü. Başkent Üniversitesi, Sosyal Bilimler Enstitüsü, Klinik Psikoloji Tezli Yüksek Lisans Programı, 2023.

Mevcut çalışmada psikoterapistlerin mesleki anlamda yaşadıkları benlik uyuşmazlıkları ve kişisel psikoterapi deneyimlerinin incelenmesi hedeflenmiştir. Buna ek olarak, bu iki konsept arasındaki ilişkinin araştırılması amaçlanmıştır. Bu amaç doğrultusunda, nitel yöntemle bir çalışma yürütülmüştür. 11'i kişisel psikoterapi deneyimine sahip olan 17 psikoterapistle yüz yüze yarı yapılandırılmış görüşmeler gerçekleştirilmiştir. Toplanan veriler tema analizi yöntemiyle analiz edilmiştir. Dört ana tema oluşturulmuştur. Bunlar, *öteki koltuktaki psikoterapist, çerçeve, psikoterapistin portresi* ve *uyum oyunu* şeklinde adlandırılmıştır. Toplamda 12 adet alt tema belirlenmiştir.

Anahtar Kelimeler: Psikoterapist, Kişisel Psikoterapi, Benlik Uyuşmazlıkları Kuramı, Mesleki Benlik, Tema Analizi

ABSTRACT

KÜTÜK, Nimet Nur. Investigating Professional Self-Discrepancies of Psychotherapists: The Role of Personal Psychotherapy. Başkent University, Institute of Social Science, Master Program of Clinical Psychology with Thesis, 2023.

The purpose of the current study was to investigate psychotherapists' self-discrepancies in terms of their profession and personal psychotherapy experiences of them. It was also aimed to explore the potential relationship between these concepts. For this purpose, qualitative research was carried out. Semi-structured face-to-face interviews were conducted with 17 psychotherapists, 11 of whom had personal psychotherapy experience. The collected data was analyzed using thematic analysis. Four main themes were identified, namely *psychotherapist in the other chair, the frame, portrait of the psychotherapist,* and *fitting game.* A total of 12 subthemes were identified.

Keywords: Psychotherapist, Personal Psychotherapy, Self-Discrepancy Theory, Professional Self, Thematic Analysis

TABLE OF CONTENTS

ACKNOWLEDGEMENTS ..... **i**
ÖZET ..... **ii**
ABSTRACT ..... **iii**
LIST OF TABLES ..... **vi**
1. INTRODUCTION **1**
1.1. Self 2
1.1.1. Self-discrepancy theory 6
1. 2. Self Issue in Psychotherapy Process 8
1.2.1 Psychotherapist's process 10
1.2.2. Psychotherapist's self-discrepancies 12
1.2.3. Supervision process 13
1.2.4. Personal psychotherapy 14
1.3. Main Research Questions and Aims 17
1.4. Significance of the Study 17
2. METHOD **19**
2.1. Participants 19
2.2 Ethical Considerations 20
2.3. Data Collection 20
2.4. Measures 20
2.4.1. Demographic information form 20
2.4.2. Integrated self-discrepancy index 20
2.4.3. Semi-structured interview 22
2.5. Qualitative Research 22
2.5.1. Thematic analysis 23
2.5.2. Reflexive statement 24
3. RESULT **26**
3.1. Psychotherapist in the Other Chair 26
3.1.2. Know yourself 27
3.1.3 Acquainted with psychotherapy 29
3.1.4. Pit stop for the self 31

3.2. The Frame 33
3.2.1. Ideal-based requirements 33
3.2.2. Never-ending road 35
3.3. Portrait of the Psychotherapist 36
3.3.1. Patient psychotherapist 36
3.3.2. Humble psychotherapist 38
3.3.3. Not me, the others 40
3.4. Fitting Game 41
3.4.1. Psychotherapist dress on me 41
3.4.2. Away from ideal 44
3.4.3. Mediator self 46
3.4.4. Hide or reveal 48
4. DISCUSSION **50**
4.1. Psychotherapist in the Other Chair 50
4.2. The Frame 51
4.3. Portrait of the Psychotherapist 53
4.4. Fitting Game 55
5. FINAL WORD 60
REFERENCES **62**
APPENDICES
APPENDIX 1: INFORMED CONSENT FORM
APPENDIX 2: DEMOGRAPHIC INFORMATION FORM
APPENDIX 3: INTEGRATED SELF DISCREPANY INDEX
APPENDIX 4: SEMI-STRUCTURED INTERVIEW QUESTIONS
APPENDIX 5: ETHICAL COMMITTEE APPROVAL

LIST OF TABLES

Pages

Table 2.1. Detailed Information of Participants 19
Table 3.1. Main Themes and Subthemes Emerged as a Result of Thematic Analysis 26

1. INTRODUCTION

"The inescapable fact of the matter is that the therapist is a person, however much he may strive to make himself an instrument of his patient's treatment"
(Orlinsky & Howard, 1977, p. 567).

Growing evidence illustrates that the psychotherapist him/herself as a person is inseparable from the psychotherapy outcome (Lambert, 1992; Lazarus, 1978; Norcross & Aboyoun, 1994; Norcross & Guy, 1989; Strupp, 1978). Professional training that ensures technical competency is certainly important, however it might unwittingly make the focus on the personal development and ripening of the psychotherapist melt into background (Norcross, 2005). In fact, today we know that not the theory nor the technique is the main provider of healing (Horvath, Del Re, Flückiger, & Symonds, 2011). Studies comparing different theoretical orientations regarding treatment outcome do not indicate significant differences (Bergin & Lambert; 1978; Sloane et al., 1975). Therefore, non-specific factors such as therapeutic relationship and characteristics of the psychotherapist become vital in psychotherapy research (Castonguay & Hill, 2017; Cornsweet, 1983; Johns et al., 2018; Kazdin, 1979; Strupp & Hadley, 1979). As Cornsweet (1983) puts it, we ought to leave taking theoretical sides strictly and focus on the phenomena that seem to play a part in all psychotherapy outcomes.

The inherent elements of psychotherapist effects remain notably unknown despite its role in therapeutic relationship (Beutler et al., 2004). "Psychotherapists, by definition, study and modify human behavior, that is, they study *other* humans" (Norcross & Aboyoun, 1994, p. 253). To understand their position better, we need a perspective that does not disregard the fact that the psychotherapist is also a human. Both self and psychotherapy of the psychotherapist as well as the client's, are issues of psychotherapy setting. However, psychotherapy researchers pay much more attention to the academic training and supervision than to the own psychotherapy of psychotherapists (Geller, Norcross & Orlinsky, 2005).

Having the aforementioned perspective, this thesis intends to contribute to the knowledge about the self of the psychotherapist. In this chapter, self-concept, self-discrepancy theory (Higgins, 1987), psychotherapists' supervision and own psychotherapy,

and how all these are related are discussed. Afterwards, the aim of the study is detailed, and main research questions are explained.

1.1. Self

Before it found its place in psychology, the concept of self had been an interest in several fields such as philosophy and sociology. Philosophers like Ibn Arabi and Mawlana Jalal al-Din Rumi mostly reflected upon self through its relation to the self of God and other human selves (Derin, 2009). Sociologists mostly approach the self-concept within the boundaries of social interaction (Gecas, 1982). In psychology, mostly social and personality psychologists focus on the self, defining concepts like self-perception (Bem, 1972), self-efficacy (Bandura, 1977), self-determination (Deci & Ryan, 1985), self-expansion (Aron & Aron, 1986), self-categorization (Turner et al., 1987), self-affirmation (Steele, 1988), and self-verification (Swann, 2012). Although today generally social psychologists are interested in self-related concepts, discussions on self-concept date back to the early years of psychology. In accordance with the aim of this study, self-concept will be discussed regarding its place as a term that social and clinical perspectives interact.

The 10th chapter of *The Principles of Psychology* (James, 1890/1918) was the first manuscript in which different selves are talked about, in the psychology literature. In that chapter, William James (1890/1918) mentions two different selves that are *the pure ego,* also called *I*, and *the empirical self,* also called *me.* "I" represents the self as a subject of experience, whereas "me" corresponds to the self as an object of experience (Woźniak, 2018). *The self-as-object* refers to the individuals' own perceptions and attitudes about themselves as an object (Hall & Lindzey, 1957).

James (1890/1918) also talks about *the material self, the social self,* and *the spiritual self* that all belong to "me". *The material self* refers to the body and *the pure ego* corresponds to the mind. *The social self* and *the spiritual self* are significant terms for the scope of this study since they formed a basis for subsequent theories leading to self-discrepancy theory (Higgins, 1987). James (1890/1918) defines *the social self* as the recognition that the individual gets from others. Individuals have several social selves. The number of these is determined by the number of groups of people who recognize the individual s/he cares (James, 1890/1918). The idea that our social interactions create a particular self-type also

took place in sociology, through symbolic interactionism. Cooley's (1902/1983) term *the looking glass self* refers to the social self or social identity that individuals have through appearing to the others:

> As we see our face, figure, and dress in the glass, and are interested in them because they are ours, and pleased or otherwise with them according as they do or do not answer to what we should like them to be; so in imagination we perceive in another's mind some thought of our appearance, manners, aims, deeds, character, friends, and so on, and are variously affected by it (p.182).

The development of self-identity occurs in three steps. First, individuals imagine how they appear to others. Secondly, they imagine how the others evaluate them based upon that appearance. Lastly, they imagine how those others feel about them because of their judgments (Cooley, 1902/1983). Another member of the symbolic interactionist school who elaborated on the self-concept was Mead (1934/2015). He (1934) mentioned the importance of others in the development of the self. In addition to his emphasis on the importance of recognition by others, Mead (1934/2015) also pointed out that the self realizes itself through superiorities and inferiorities in the relationship with others. Both Cooley's (1902/1983) and Mead's (1934/2015) understandings of the self are based on childhood social development. According to their perspective, it is not possible for a child to develop a sense of self in the absence of others, especially mother and father (Cooley, 1902/183, Mead 1934/2015).

James' (1890/1918) *spiritual self* refers to our core and intimate features such as personality and values. This type of self reflects that humans are thinkers (James, 1890/1918). On empirical selves, James (1890/1918) also added: "In each kind of self, material, social, and spiritual, men distinguish between the immediate and actual, and the remote and potential" (p.195). His view on empirical selves shaped the ideas of Markus and Nurius (1986) about the self-concept and they suggested that there are *possible selves.* The possible selves differ in their nature. They might be the ideal selves that individuals desire to become, the selves that people could become, or the selves that individuals fear to become (Markus & Nurius, 1986).

Although James (1890/1918) elaborated on self in early years of psychology, the field was blind to this concept for a long time. On the other hand, although Freud did not mostly mention self as a concept, he concentrated on the distinction and flow between *the id*, *the ego,* and *the super ego* which is also called *the ego ideal*. Freud explains *the ego ideal* by focusing on our relations to our parents: "When we were little children we knew these higher natures, we admired them and feared them; and later we took them into ourselves." (1961,

pp. 32). The ego ideal starts to evolve from our relationship with our parents, then our teachers and other authority figures (Freud, 1923/1961). He also represents the ego ideal as the notion that all religions are rooted. All these authorities' prohibitions strengthen and continue in the ego ideal as conscience. The difference between the demands of the ego ideal and the actual acts of the ego creates guilt (Freud, 1923/1961). In psychology literature, there are several self-theories that define *the ideal self.* Some theorists made a distinction between the ego ideal and the ideal self stating that the ego ideal represents the moral conscience, whereas the ideal self corresponds to the personal goals and hopes of the individuals (Schafer, 1967).

Neo-Freudians were the first group of people to reflect upon the concept of self among psychoanalysts, in their writings. One of those neo-Freudians, Horney (1950) describes the expectations from the self, regarding the outside world as the *tyranny of the should*. She talks about *the real self* and *the idealized self*. The idealized self includes all the perfectionist demands on the self from "I should like everybody." to "I should always enjoy life.". She (1950) points out that these kinds of demands are impossible for anybody. On the other hand, her theory states that for a healthy individual the idealized self represents reasonable goals (Ogilvie, 1987). Horney's (1950) explanation for the formation of the idealized self stands up to the early developmental stages. When the people in the environment are wrapped up in their neurosis, their attitude toward the child is also shaped by their neurotic needs. And the child develops some strategies to fit in the environment which later carry on as the tyranny of the should. A warm and embracing atmosphere towards the child's needs is a prerequisite to the expression of the real self (Horney, 1950). This developmental explanation might also apply to the development of psychotherapists' professional identity. This will be discussed under the following titles.

We can say that Horney's (1950) understanding of the roots of neurosis also took place in subsequent theorists' way of thinking. In *A Theory of Therapy, Personality, and Interpersonal Relationships, as Developed in The Client-Centered Framework*, Rogers (1959) explains how his clinical observations made him to rethink on self:

> ….when clients were given the opportunity to express their problems and their attitudes in their own terms, without any guidance or interpretation, they tended to talk in terms of the self..."I feel I'm not being my real self." "I wonder who I am, really." "I wouldn't want anyone to know the real me." "I never had a chance to be myself." "It feels good to let myself go and just be myself here."...In the experience of the client, and that in some odd sense his goal was to become his real self. (pp. 200-201).

After these clinical observations, Rogers (1959) used two different terms in his explanations of self which are *self-concept* (or *self*) and *self-structure*. Self or self-concept corresponds to individuals' own perception of themselves, while self-structure is preferred when approaching the self through an outer eye (Rogers, 1959) Like Horney's (1950) idealized self, he defined the *ideal self* (or *self-ideal*). The definition of self-ideal concentrates on individuals' highest goals for themselves. Therefore, it is within the boundaries of the self-concept (Rogers, 1959).

Rogers (1951) presents *the self-actualization* as: "The organism has one basic tendency and striving - to actualize, maintain, and enhance the experiencing organism." (p.487) He introduced a completely different approach to psychotherapy from the behaviorist techniques and prevailing psychoanalytic school (Buhler, 1971). The emphasis on *unconditional positive regard* in the psychotherapy setting is based on his realization of *incongruence* between self and experience. Incongruence happens when there is a mismatch between the individual's own image of him/herself and who s/he is (Rogers, 1959). He (1959) states that neurotic behaviors are the result of this discrepancy. Thus, individuals need *congruence* to be a fully functioning person, in other words, to be self-actualized. And psychotherapist's role is to show the client all expressions of self-feelings, experiences, and beliefs are acceptable, and none of them is different from another to deserve *unconditional positive regard.* Through this, the client reorganizes his/her self-concept. Having *positive self-regard* means that the individual no longer needs significant others' *positive regard* (Rogers, 1959). However, Rogers (1959) argues that unconditional positive regard is a prerequisite to positive self-regard. In the end, as he states: "The individual, in effect, becomes his own significant social other." (1959, p. 209).

Reflecting upon the arguments of earlier theorists who pointed out a relationship between self-conflicts and emotional distress (e.g., Adler, 1964; Allport, 1955; Cooley, 1902/1983; Freud, 1923/1961; Horney, 1939/1966, 1946/2008; James, 1890/1918; Mead, 1934/2015; Rogers, 1961), Higgins introduced the self-discrepancy theory in 1987. In the following part, we will explain the theory in detail.

1.1.1. Self-discrepancy theory

Addressing previously mentioned theories comprehensively, Higgins (1987) argues that different types of self-discrepancies are associated with different types of emotional vulnerabilities, in his theory of self-discrepancy. While defining different types of selves, Higgins (1987) proposes two cognitive dimensions that are *domains of the self* and *standpoints on the self*.

There are three domains of the self: *the actual self, the ideal self,* and *the ought self.* The actual self is the characteristics that someone believes s/he currently has, the ideal self refers to the characteristics that are desired to be liked by someone, and the ought self denotes the characteristics that someone thinks that s/he should possess. Here, "someone" could be the individual him/herself or somebody else. The distinction between the ideal self and the ought self is important. The ideal self includes the individuals' own wishes, and what they or somebody else would like for them, whereas the ought self stands for the duties (Higgins et al., 1986). An example of this distinction would be that a woman would desire to be a successful businesswoman ideally, while some people expect her to be a mother and a housewife (Higgins, 1987).

There are two standpoints on the self: the individual's *own* standpoint and the standpoint of some significant *other*. The significant others might be the family members, close friends, or any other person that is important to the individual. And the number of individuals' self-state representations changes in accordance with his/her significant others (Higgins, 1987).

Through the combination of each part of these two cognitive dimensions, Higgins (1987) proposes six different self-state representations: *actual/own, actual/other, ideal/own, ideal/other, ought/own, and ought/other.* Higgins (1987) defines the incompatibilities between the pairs of actual/own self with all other selves as a *discrepancy*. The main argument of Higgins (1987) is that the discrepancy type determines the nature of the negative psychological outcome. According to the theory (Higgins, 1987), an individual who has actual/own - ideal/own or actual/own - ideal other discrepancy is expected to have *"dejection-related" (*Higgins, 1987, p. 319) emotions. More specifically, actual/own - ideal/own discrepancy causes individuals to feel dissatisfied and frustrated, whereas actual/own - ideal/other discrepancy leads to shame and embarrassment. When it comes to

actual/own - ought/own and actual/own - ought/other discrepancies, "*agitation-related"* (Higgins, 1987, p. 319) emotions are expected. In more detail, actual/own - ought/own discrepancy creates guilt, uneasiness, and self-contempt, while actual/own - ought/other discrepancy is associated with fear and resentment (Higgins, 1987).

Ogilvie (1987) generated a new debate on what he saw as missing among theories of self. He came up with *the undesired self,* arguing that what people do not want to be could create more powerful emotions than what they would like to be. He (1987) emphasized that the undesired self is more experience based and less notional than the ideal self. His contributions have made an impact on the development of self-discrepancy measures (Hardin & Lakin, 2009). In addition to Higgins and his colleagues' findings (Higgins, 1987, 1989, 1999; Higgins et al., 1994; Higgins et al., 1986; Higgins et al., 1985), several studies support the self-discrepancy theory (Barnett et al., 2017; Strauman, 1996). For instance, Strauman (1989) studied clinically depressed and social phobic samples and found that depression is mostly associated with the actual/own - ideal/own discrepancy, whereas social phobia is mostly related to actual/own - ought/other discrepancy. Scott and O'Hara (1993) also illustrated that clinically depressed and nondepressed individuals differ in terms of actual-own - ideal/own discrepancy, while clinically anxious and non-anxious people differ in their actual/own - ought/other discrepancies.

The discrepancies are discussed in terms of their associations with several other psychological concepts such as narcissism and self-esteem (Barnett & Womack, 2015), the big five personality traits (O'Rourke, 2000), temperament, recalled parenting styles, and self-regulation (Manian et al., 1998), and purpose in life (Stanley, 2015). Cross cultural differences in terms of different standpoints on the self are also examined (Cukur, 2002).

There is not abundant literature on self-discrepancy in Turkish context. Hortaçsu (1989) studied with Turkish adolescents to investigate the associations between their self-concept and reflected appraisals of significant others and Kapıkıran (2011) investigated the associations between state-trait anxiety and discrepancies in Turkish university students. Tan (2010) compared clinical and nonclinical Turkish people in terms of their discrepancies. Türe (2021) studied with Turkish mothers to understand the relationship between the *maternal self-discrepancy* and shaming memories and negative emotions of mothers. Küçün et. al (2021) studied online consumer behavior in the light of self-discrepancy theory.

The present study is interested in the relationship between self-discrepancies and psychotherapy process. Therefore, in the following parts, the place of self-concept in clinical psychology and psychotherapy will be detailed.

1. 2. Self Issue in Psychotherapy Process

Our parents, occupations, professors, and even psychotherapists consciously or unconsciously encourage each of us to maintain what is prevailing in the society, in our selves (Watkins, 1992). Watkins (1992) summarizes the way how psychotherapy should serve to reveal the cultural structures in us that are thought to be solely individualistic:

> Psychotherapy could serve as a powerful ear to the messages of our culture, for in therapy we listen deeply to that distillation of culture we have labelled "inner life." ……What is "inner" has become the personal, the private; we have lost our ear for the resonances between the personal and the cultural, the private and the collective. Our task is to learn a way of listening, in therapy and in our own lives, to much of what is presented as personal suffering so *that we can hear the culture in it;* hear how personal suffering reflects aspects of suffering in the paradigms of our cultural reality. (p. 56)

The formation of ideal and ought selves cannot be thought independently from what Watkins (1992) mentioned as paradigms of cultural reality. The psychotherapist should be careful about realizing what comes from the client's inner world, what comes from the social structure and how these two interact. In line with the scope of this study, we will focus on the expectations from the self that could emerge in psychotherapy setting. For a cognitive behavioral therapist this could correspond to the *should and must statements* (Beck, 2011), for a schema therapist it could equal to the *demanding parent mode* and *unrelenting standards schema* (Young et. al, 2003), and for therapists working based on Lacanian thought, it could correspond to *desire* (Lacan, 1970).

Although various psychotherapy schools could be discussed in terms of discrepancies, Rogerian psychotherapists have much more to say on this issue. Rogers' client-centered therapy approach is mostly based on self-related concepts. Rogers recognizes the self as a process and highlights its fluency (Frager & Fadiman, 1998). For him, the self is constantly reforming with the changing situations (Frager & Fadiman, 1998). In his theory, this change is not limited to the childhood, it continues throughout life (Feist & Feist, 2008). Since his theory is humanistic, Rogers did not distinguish between different pathologies, rather he focused on the incongruence between the self and the experience, and the distortion and denial of reality (Gürcan, 2015). Rogers believed that every individual experience

incongruence at some level, but there is a much more gap between the experience and the self of the neurotics (Gürcan, 2015).

Rogers' perspective leads us to the consideration that the self and its dimensions could change through psychotherapy process. He was the first to quantify the relationship between the real self and the ideal self, using a Q-sort technique (Ogilvie, 1987). Rogers (1954) examined one of her female client's psychotherapy processes in five time periods, asking her to distribute 100 statements for two sorts. For the first sort, she predicated on her present self, which is called self-sort. And the second sort was done according to her ideal sort which is the way she would like to be. The result of the psychotherapy process showed that, over the five time periods the correlation between two sorts increased (Rogers, 1954). Subsequent clinical research supports Rogers' (1954) findings (Butler & Haigh, 1954; Friedman, 1955). Gürcan's (2015) case study of a university student is also a precious source to understand how incongruence between different selves change through psychotherapy. Lady E. starts to psychotherapy process with the compliant of not knowing who she really is and what she really wants. She has a conventional and strict family. When she starts to university, her vision of life becomes to change. She becomes to differ from her family in many ways. For example, she has a boyfriend, and this is unacceptable for her family. Gürcan (2015) argues that, through psychotherapy process she realized her different selves. According to Gürcan's (2015) observation, the discrepancy between her actual/own and ought/other selves and, the anxiety and shame that she feels when she goes back to her family home decreased. Her actual/own - ought/own discrepancy also decreased and she does not feel guilty as much as before. Watkins' (1992) illustrated a case, as well. Karen is a 40-year-old biologist asking for help for her depression. No matter what she does, it is never enough for her. Through psychotherapy, her expectations from herself were revealed. And Watkins (1992) sees that her mother couldn't provide unconditional love. Watkins (1992) emphasizes that while the expectations of her mother and the expectations of her new environment differ, they are the same at the core. The message from both sources is that to be loved and respected, you must excel. She (1992) stresses that Karen's neurosis dissolves through working on her relationship with her mother since her mother was the first and most powerful representative of the prevailing demanding culture. Expressing the link between the early parental expectations and the expectation of our culture is especially important for Watkins (1992). As she argues (1992) this link brings us the realization that our personal thoughts are hand

in hand with the cultural realities: “Our culture has gotten into our minds; indeed, our minds are made up of our culture.” (p.65)

In this section, we have elaborated on how self-issues emerge in psychotherapy setting. In the following parts, we will deepen what has been discussed, regarding the psychotherapist’s self.

1.2.1 Psychotherapist’s process

Becoming a psychotherapist is a process that has many facets. One of those facets is developing a professional identity. When professional identity is formed at a certain level, it becomes a basis on which the psychotherapist can base his/her work on (Kaslow & Friedman, 1984). Ekstein and Wallerstein (1958/1972) stress that in a profession such as psychotherapy, acquisition of professional identity should be considered among fundamental training goals. Professional identity is a higher form and an extension of the self-concept. And this extension has external and internal components. The external part includes being recognized by others as a professional figure, and the internal part is about the process of this acquisition and the identification with the supervisors (Ekstein & Wallerstein, 1958/1972). When addressing this professional development, it is important to note that it is hand in hand with the personal development of the psychotherapists (Jacobsson et al., 2012; Uyar Suiçmez, 2019). For this reason, the psychotherapist’s self is getting more attention in the psychotherapy literature (Aveline, 2005; Bugental, 1964; Eckler-Hart, 1987; Castonguay & Hill, 2017; Heinonen & Nessen-Lie, 2020; Reupert, 2008; Riscalla, 1971; Rober, 2005).

The psychotherapists’ features are mostly associated with the theoretical orientation choices of the psychotherapists (Arthur, 2000; Topolinski & Hertel, 2007; Tremblay et al., 1986). Furthermore, some studies highlight the importance of the psychotherapist’s personality and traits on the psychotherapy outcome (Aveline 2005; Beutler et al., 2004; Heinonen et al., 2012; Heinonen & Nessen-Lie, 2020; Lambert, 1992, Strupp & Anderson, 1997; Wampold & Imel, 2015). Tavares et al. (2006) call attention to the reverse and highlight the importance of also looking at how the professional roles of psychotherapists affect their personal functioning. However, they (2006) do not see these two variables as truly distinct. Instead, they (2006) argue that a *self-organization* process takes place when an individual employs the psychotherapist role. The authors (2006) examine how the

psychotherapist construct “I as a psychotherapist” in the light of the psychotherapists’ dialogue with their clients. This self-organization might also be influenced by the qualities associated with a successful psychotherapist which are highlighted in the literature. For instance, Aveline (2005) argues that although doing good work as a psychotherapist does not necessarily require to be a genial person, being genial fits well with the psychotherapist role and it eases the practice. And some other characteristics are seen central like being compassionate, kind, emphatic, and trustworthy (Aveline, 2005). Examples for other characteristics which are wanted in a psychotherapist are genuineness and responsiveness (Bohart et al., 2002), having a facilitative attitude (Anderson et al., 2009) and being convincing (Oddli & Rønnestad, 2012). However, there is not a prototype of an ideal effective psychotherapist. Some effective therapists might not have a characteristic that is seen as necessary (Aveline, 2005). This brings another significant characteristic, as Aveline (2005) wrote “Therapists need to be confident in their method and humble about the limits of their craft.” (p. 161). Also, Nissen-Lie. et al. (2017) highlight that better psychotherapists have self-doubt about their clinical work. As they (2017) argue, this provides them a way that is more acceptant and less attacking when they treat themselves as persons.

All the characteristics that are associated with a good psychotherapist might influence the psychotherapists’ professional journey. Some psychotherapists might choose a theoretical orientation that is most convenient to their personality. Some of them might choose a theoretical orientation and try to transform themselves according to the expectations of their supervisors. Besides, in the same orientation, psychotherapists would differ in their style in accordance with their selves (Rowan & Jacobs, 2002). Their own ideas about an ideal psychotherapist might also affect their professional development.

There are some studies that intended to better understand the components related to the development and personal issues of the psychotherapists, in Turkish context. For instance, motivations of the psychotherapists in choosing this profession (Çevrim, 2017), therapists' experience of strengthening their own healthy adult modes which is one of the schema modes in schema therapy (Boyraz Giriş, 2020), perceived theoretical orientation choices of psychotherapists (Bulut, 2015), and professional identity development of psychotherapists in supervision process (Uyar Suiçmez, 2019) are studied. However, psychotherapist’s self is not the focus in Turkish context. Since the focus of this thesis is the self-discrepancies of the psychotherapists, it will be detailed in the following part.

1.2.2. Psychotherapist's self-discrepancies

There are not many examples of studies that address the different selves of the psychotherapists. However, as one of those rare studies, Eckler-Hart's (1987) qualitative study conducted with trainee psychotherapists, is a precious source to find out what are the concerns of the trainee psychotherapists in terms of their selves at the beginning of their professional development. One of those concerns is that being successful in conducting psychotherapy is seen not just as a success in profession. It can also be evaluated as the success related to the self. This is mostly because the qualities that are matched with a desirable person is also expected to be found in a psychotherapist (Eckler-Hart, 1987). As Kottler (2017) puts it, all the skills used in psychotherapy setting such as observation, perception, and sensitivity are also works for family and friends. The second concern is the possibility that the real selves of the psychotherapists are not convenient to conduct psychotherapy. (Eckler-Hart, 1987) This concern creates a discrepancy between a psychotherapist's actual self and the ideal self specific to his/her profession. Lee (2018) examined this discrepancy in his study that is conducted with counselors. He (2018) defined three different selves which are *the personal self*, *the professional self,* and *the reflected self*. The personal self corresponds to who the counselors really are, the professional self corresponds to how they present themselves professionally, and the reflected self corresponds to their perception of how the others view them (Lee, 2018).

In this study, psychotherapists' self-discrepancies will be examined in terms of their professional identities. In more detail, the focus will be the differences between a psychotherapist's actual self as a psychotherapist and ideal, ought and undesired selves as a psychotherapist. Their supervisors, and professors whom they accept as significant for them is accepted to be the significant others of self-discrepancy theory. Throughout this thesis, self-discrepancies of psychotherapists in terms of their profession will be called as *professional self-discrepancy*. Professional self-discrepancies of psychotherapists would show themselves in two different processes: supervision and self-psychotherapy. Therefore, these processes will be detailed in the following parts.

1.2.3. Supervision process

Supervision has such a vital role in the development of a psychotherapist that it enables the safe application of what has been learnt. Therefore, the factors related to this process have been a focal point in psychotherapy literature (Allen et al., 1986; Balsam & Garber, 1970; Daggett et al., 1979; Hess, 1987; Hogan, 1964). The supervisor has a significant role throughout this journey since s/he provides training during the process, tracks the development of the trainee, and has the responsibility for the well-being of the patients (Watkins, 1994). The supervisory relationship would affect all these components. Therefore, it has been examined in multiple studies (Delaney & Moore, 1966; Friedlander & Ward, 1984; Handley, 1982; Leddick & Dye, 1987; Lemons, 1974; McElhose, 1975; Moskowitz & Rupert; 1983; Pistole, 1995). The importance of the supervisor regarding this thesis is that s/he becomes a role model for the trainee psychotherapist, especially during the early years of psychotherapy education (Kottler, 2017). The supervisor takes a "significant other" role in the trainee's professional life. S/he always has an eye on the supervisee and shares his/her evaluations. These evaluations inevitably give a message to the addressee about an ideal psychotherapist. Therefore, the supervisors will be accepted as significant others of self-discrepancy theory. In addition to the supervisors, other professors whose opinions they give importance to will also be accepted as significant others. However, in graduate education, it can be observed that these professors are mostly the supervisors (Leddick, 1987; Pistole, 1995; Watkins, 1994).

We have already discussed how self-discrepancies would become visible through psychotherapy. Other than supervisory relationship, supervision process is also important for its role as own psychotherapy. In addition to acquisition of therapeutic skills, supervision also encourages the trainee to elaborate on his/her own reactions, considerations, and emotions. However, for most theorists, supervisee's professional development should be the focus of supervision rather than personal transformation (Macran & Shapiro, 1998). Therefore, a second way is needed to focus on personal transformation, which is own psychotherapy. Psychotherapists' own psychotherapy is a much deeper and influential process than supervision regarding personal development of them (Kaslow & Friedman, 1984). Hence, it is much more possible that professional self-discrepancies are revealed throughout this process. For this reason, it will be explained and detailed.

1.2.4. Personal psychotherapy

It is probable that long-term psychotherapy is mostly demanded by psychotherapist clients (Geller et al., 2005). As Norcross (2005) noted," Psychotherapists' training, identity, health, and self-renewal revolve around the personal therapy experience" (p. 841). In the literature, psychological treatment of both experienced and novice psychotherapists is mostly called as *personal therapy*, since it encompasses psychotherapy processes of mental health professional by means of various theoretical orientations (Norcross, 2005). Throughout this thesis, it will be called as *personal psychotherapy*, since we value to indicate the detail that this profession deals with mental health. Psychotherapy schools differ in both how they name it and how they approach it. Therefore, we will discuss the place of personal psychotherapy in different psychotherapy schools.

Personal psychotherapy has been discussed since the advent of psychoanalysis (Freud (1912/1958, 1937/1964; Jung, 1946/2013). From those years that Freud analyzed his followers, clinical analysis of the trainee psychoanalyst, known as *the training analysis*, has been accepted by psychoanalytic schools as a must (Lasky, 2005). The emphasis on the training analysis is mostly about working on unconscious. Freud (1910/1957) saw the training analysis as a requirement to understand the power of the unconscious. Besides, Fordham (1962) highlights the value of experiencing multiple psychopathological states in the training analysis before handling them as a psychoanalyst. In addition, returning to the personal psychotherapy throughout professional life is also suggested by Freud (1937/1964). He recognized that as the psychotherapist conducts psychotherapy, h/she is exposed to the effects of psychopathology. This brings the need to know and utilize own unconscious responses in psychotherapy setting (Norcross, 2005). Today, psychodynamic, and psychoanalytically oriented psychotherapy schools either necessitate or highly recommend personal psychotherapy. Some scholars even argue that conducting psychotherapy before a personal psychotherapy experience is dangerous (Fromm-Reichman, 1950) that it hurts both self of the professional and his/her clients (Chessick, 1974). The psychotherapists are expected to be able to realize their own unresolved problems affecting their reactions in psychotherapy setting (Kumari, 2011).

Humanistic psychotherapy approaches such as person-centered (Rogers, 1961), existential (Schneider & May, 1995), gestalt (Perls et al., 1951) and new forms of person-

centered approach such as emotion-focused (Greenberg, 2002) especially emphasize the personal growth of the psychotherapist. Therefore, these approaches value personal psychotherapy in addition to the growth-oriented experiences such as in vivo experiential workshops and personal journaling (Elliott & Partyka, 2005). On the other hand, they also differ in their perspectives. While all the orientations promote personal psychotherapy, the gestalt tradition highlights its place more in the training of a psychotherapist (Elliott & Partyka, 2005). Indeed, there is a recommendation to undergo personal psychotherapy throughout psychotherapists' careers. Reasons mentioned in the literature for this are that gestalt therapists are seen responsible for self-development (Clarkson, 1989/2004) and they can process their emotions and get support from another expert through personal psychotherapy (Korb et al., 1989).

Historically, there has not been a focus on psychotherapist as a human, in Cognitive Behavioral Therapy (CBT) as it has been in aforementioned approaches. This is mostly because of the emphasis on the structure, goals, and behavioral change more than the therapeutic relationship (Edelstein, 1985). In fact, compulsory personal psychotherapy integrated into the training was seen as contradictory to the principle of voluntary collaboration in this approach (Laireter & Willutzki, 2005). However, some scholars started to accept practicing what has been learnt during the training on oneself as a way of strengthening skills (Friedberg & Fidaleo, 1992; Padesky & Greenberger, 1995) through what they call as *self-practice* and *self-reflection* (Bennett-Levy et al., 2001). During the last 30 years, perspectives on personal psychotherapy in CBT communities had a transformation. Today, there is a tendency to think that personal psychotherapy would be a necessity for some trainee psychotherapists (Laireter & Willutzki, 2005). Besides, it is thought to have a facilitative role in terms of some training goals (Laireter & Willutzki, 2005) such as learning from a role model while observing it (DiGiuseppe, 1991) and enhancing interpersonal skills (Bennett-Levy et al., 2001) However, still, personal psychotherapy is not accepted as mandatory by CBT schools.

All these theoretical discussions apart, what does the research say about personal psychotherapy? Indeed, compared to the 100 years old discussions on it, scientific research does not say something clear-cut about its role in clinical practice. While some studies support that personal psychotherapy provides better treatment outcomes (Kernberg, 1973; Norcross et al., 1988) some do not illustrate that (Clark, 1986; Greenberg & Staller, 1981;

Macaskill, 1988; Macran & Shapiro, 1998). Moreover, there are also scholars claiming that undergoing personal psychotherapy during training might have noxious effects on clients since the supervisees would not focus totally on them but also on their own problems (Glass, 1986; Wheeler, 1991). On the other hand, qualitative studies conducted with psychotherapists who have undergone personal psychotherapy illustrate that it is accepted as a positive experience in terms of personal and professional growth (Daw & Joseph, 2007; Dima & Bucută, 2012; Kumari, 2011; Macran et al., 1999; Murphy, 2005; Norcross & Guy, 1989; Oteiza, 2010; Rake & Paley, 2009; Stringer-Seibold, 1998). Results of a study conducted with 185 doctoral-level psychoanalytically oriented psychologists support that there is a strong positive correlation between the duration of personal psychotherapy and professional self-awareness (MacDevitt, 1987).

While most European countries require individuals to take a determined number of personal psychotherapy hours to be accepted as a licensed psychotherapist; in the United States, only psychoanalytic schools and some graduate programs make it compulsory (Geller et al., 2005). Prevalence research on personal psychotherapy in the United States shows that approximately three-quarters of psychotherapists take at least one session of personal psychotherapy no matter the theoretical orientation (Norcross, 2005). Psychoanalytically oriented psychotherapists have the highest rates of attending their own psychotherapy, humanistic psychotherapists get second place, and behavioral clinicians rank last (Norcross, 2005). At the global level, similarly, 92% of psychodynamic therapists and 92% of humanistic therapists have personal psychotherapy experience whereas the ratio for cognitive-behavioral therapists is 60% (Orlinsky et al., 2005).

In Turkey, although there is a strong recommendation by most scholars to earn at least a graduate degree before starting to conduct psychotherapy, there is no legal regulation about the process of becoming a psychotherapist. Graduate programs or psychotherapy schools do not require mandatory personal psychotherapy. Only Istanbul Psychoanalytical Association requires the applicants to undergo their own analysis as 45-minute episodes, three times a week. After 2 years of personal analysis, candidates are allowed to apply (IPA, n.d.). This situation in Turkey mostly leaves the decision to the psychotherapists to have personal psychotherapy experience. This is especially important for the scope of this thesis.

As illustrated so far, studies on personal psychotherapy focus on its necessity, prevalence, and relationship with both professional and personal change. The current study

is interested in the intersection of professional and personal elements since it addresses professional self-discrepancies. Some scholars posit that *work with the self* throws light on the personality of psychotherapists. In this way, they understand if they are suitable for the profession (Malikiosi-Loizos, 2013). This makes personal psychotherapy a possible process that professional self-discrepancies both reveal and transform. We have already discussed how self-discrepancies could appear in psychotherapy process. The same procedure might apply to personal psychotherapy.

1.3. Main Research Questions and Aims

The purpose of the current study is to examine psychotherapists' professional self-discrepancies. Additionally, it seeks to understand the connections between personal psychotherapy and professional self-discrepancy. Based on these aims the research questions are,

1) What are the common ideal selves of psychotherapists in terms of their profession?
2) What are the common ought selves of psychotherapists in terms of their profession?
3) What are the common undesired selves of psychotherapists in terms of their profession?
4) What are the factors that contribute to professional self-discrepancy among psychotherapists?
5) What role does personal psychotherapy play in terms of psychotherapists' professional self-discrepancies?

1.4. Significance of the Study

Several studies support that as one of non-specific factors, the personality of the psychotherapist is more effective on treatment outcome than his/her theoretical orientation (Lazarus, 1978; Strupp, 1978). However, details regarding the personality of the psychotherapist are not studied widely. Similarly, there is a general tendency to promote personal psychotherapy, however, still there is a lack of research about in which areas the personal psychotherapy creates change. This thesis aims to contribute filling these gaps. In

addition, to our best knowledge, there are no studies conducted in Turkey to better understand different selves of the psychotherapists. Besides, there is no research aimed at exploring personal psychotherapy experiences of the Turkish psychotherapists.

This thesis will serve to increase the psychotherapists' awareness of their self-discrepancies in terms of their profession. Besides, it will inform the psychotherapists how personal psychotherapy could place a role in handling these discrepancies. Lastly, this study is important in terms of its role approaching a social psychology theory in the frame of clinical psychology.

2. METHOD

2.1. Participants

Purposive sampling was employed since the participants of the study were selected from a particular occupational group. Clinical psychology master's and doctoral level students, clinical psychologists and psychiatrists who are working as psychotherapists are reached. 17 participants are recruited. To represent various perspectives, it was aimed to include individuals with diverse qualities in terms of years of experience, chosen theoretical orientation, and professional background. Additionally, special attention was given to including both participants who have personal psychotherapy experience and participants who have not undergone a psychotherapy process. Detailed information of the participants can be found in Table 2.1.

Table 2.1. Detailed Information of Participants

Participant	Age	Education	Experience	Theoretical Orientation	Personal Psychotherapy
Mr. A	31	graduate student	1 year	CBT narrative therapy	no
Ms. B	28	master's degree	3 years	CBT	yes
Mr. C	36	psychiatrist	7 years	schema therapy CBT, ACT	no
Mr. D	28	master's degree	3 years	relational psychoanalysis	yes
Ms. E	26	master's degree	2 years	experiential play therapy emotion-focused therapy	yes
Mr. F	29	PhD student	3 years	CBT	no
Mr. G	34	psychiatrist	7 years	schema therapy EMDR, CBT	yes
Ms. H	27	master's degree	3 years	psychodynamic	yes
Ms. I	36	PhD graduate	10 years	schema therapy psychodynamic	yes
Mr. J	27	graduate student	2 years	psychodynamic	yes
Ms. K	24	graduate student	1 year	schema therapy	yes
Ms. L	33	psychiatrist	8 years	CBT	no
Ms. M	35	PhD graduate	10 years	psychoanalytic psychodynamic	yes
Ms. N	35	PhD graduate	11 years	psychodynamic	yes
Ms. O	25	graduate student	1 year	schema therapy	no
Ms. P	34	PhD graduate	9 years	schema therapy psychodynamic	yes
Ms. Q	36	psychiatrist	10 years	CBT schema therapy	no

2.2 Ethical Considerations

The ethical approval (see Appendix 5) was obtained from Ethics Committee of Başkent University. Informed consent form (see Appendix 1) which includes the information about the aim of the study, was presented to the participants. In that form, confidentiality of the participants was ensured, and they were also informed about their right to withdraw the survey and interview at any time, in case of any personal discomfort.

2.3. Data Collection

Participants were reached through purposive sampling since the target of this study is a specific occupational group. The interviews were conducted face to face, and the survey was presented before the interview. Interview questions can be seen in Appendix B. All the interviews were recorded via an audio recorder with the permissions of the participants.

2.4. Measures

A demographic information form (see Appendix 2) and Integrated Self Discrepancy Index (ISDI) (see appendix 3) will be used.

2.4.1. Demographic information form

Participants' age, gender, marital status, education level and monthly income was obtained. Besides, questions regarding their psychotherapy practices, supervision processes, and personal psychotherapy experiences were asked.

2.4.2. Integrated self-discrepancy index

In 2009, Hardin and Lakin proposed the Integrated Self Discrepancy Index (ISDI), based on the studies with Selves Questionnaire (Higgins et al., 1985). Their purpose was to eliminate the shortcomings of already present measures by integrating the idiographic and nomothetic methods (Hardin & Lakin, 2009). In the first part of the index, participants are asked to list five traits for each self-state, for both their own and other standpoints. In the

second part, the participants are shown 100 adjectives. If they couldn't generate five traits in the first part, they have a chance to complete it by selecting some traits from the list. They can also modify their list after seeing the adjectives. After they complete all the traits, the participants are asked to rate each of them from 1 (completely applies to me) to 5 (doesn't apply to me at all). In the scoring procedure, the researchers average the scores of the five traits of all self-states. Higher scores of ideal and ought self-states indicate larger self-discrepancies, whereas higher scores of undesired self-states indicate lower self-discrepancies (Hardin & Lakin, 2009; Hardin & Leong, 2005). Hierarchical analyses of the scale revealed strong validity. The Cronbach's alpha reliability was found as .81 for ideal self-discrepancies, and .80 for ought self-discrepancies. Therefore, ISDI is a reliable and valid index to measure self-discrepancies (Hardin & Lakin, 2009).

In 2015, Gürcan translated ISDI into Turkish and adapted it to the Turkish culture through a study in which 729 participants were reached. Unlike the original version, Gürcan (2015) asked the participants to rate the adjectives from 1 (does not describe me at all) to 5 (completely describes me). Since ISDI was developed based on the self-discrepancy theory, validity analysis was conducted regarding its assumptions about the relationship between specific self-discrepancies and specific emotions. Results indicated good validity for ideal and undesired self-discrepancies, whereas ought self-discrepancies did not reveal good validity. Gürcan (2015) explains possible reasons for this in her study, however, this is not going to be detailed here, since the scope of this study does not include examining the relationship between self-discrepancies and depression or anxiety symptoms. Cronbach's alpha coefficient was .78 for ideal self-discrepancies, .81 for ought self-discrepancies, and .86 for undesired self-discrepancies. Overall, the Turkish version of ISDI is a reliable and valid scale to measure self-discrepancies (Gürcan, 2015).

In the current study, the Turkish version of ISDI is modified according to professional self-discrepancies of psychotherapists. Both the original developers (Hardin & Lakin, 2009) and Gürcan (2015) were informed about the research, and they allowed us to make little modifications and use the scale. One of the changes made was rearranging the questions in the scale and prompting psychotherapists to reflect on their professional selves. Another change involved reviewing the adjectives given in the scale. The researcher, along with two colleagues, her thesis advisor, and another professor, examined the adjectives in terms of their relevance to psychotherapists and replaced some other adjectives in place of those they

deemed irrelevant. On the other hand, in this study, this scale was not used to measure participants' professional self-discrepancies. Instead, it was used to help participants better understand the concept of professional self-discrepancy, to encourage them to reflect on their ideal, ought, and undesired professional selves, and to create a mental framework before the interviews.

2.4.3. Semi-structured interview

Since professional self-discrepancies of psychotherapists were not studied before, a semi-structured interview seemed to be crucial to comprehensively examine the discrepancies from the first person. The semi-structured interview was conducted by the researcher and recorded via an audio recorder. Interviews took approximately 50 minutes. The questions were created with the aim of revealing different professional self-discrepancies of psychotherapists, also considering their personal psychotherapy experiences. After the researcher had generated questions, the thesis advisor edited them. The semi-structured nature of the interview provided flexibility and enabled the researcher to rearrange some questions according to the information obtained from the interviewee. The questions could be found in Appendix E.

2.5. Qualitative Research

Researchers' approaches determine their preferred research methods. Measurement-oriented approaches require quantitative methods, while exploratory and holistic approaches lead researchers towards qualitative ones (Kuş Saillard, 2022, p. 4). The purpose of the research determines the reasoning style. Qualitative research aligns with inductive reasoning, while quantitative research employs deductive reasoning. A complete or partial inductive progression is necessary in qualitative methods (Kuş Saillard, 2022, p. 5). Therefore, the most important characteristic of qualitative method is not expecting hypothesized outcomes from the data but rather thoroughly examining what the data has to say. Qualitative research also has the potential to provide detailed accounts examining the experiences of each participant fairly (McLeod, 2001).

The professional selves of psychotherapist is not a widely explored topic in psychotherapy literature. There is a lack of research specifically examining him/her

professional selves, professional self-discrepancies, personal psychotherapy process and the possible relationships between these concepts. Therefore, to gain a comprehensive understanding and explore the individual experiences of the participants without preconceived notions, it was deemed to employ a qualitative method. Thematic analysis used in this study will be explained in the next section.

2.5.1. Thematic analysis

Qualitative approaches enable the researcher to comprehend the *experiences* in-depth (Harper & Thompson, 2012). Thematizing meaning is a requisite ability across all qualitative analyses (Holloway & Todres, 2003). Braun & Clarke (2006) define thematic analysis (TA) as: "a method for identifying, analyzing and reporting patterns (themes) within data" (p. 79). More specifically, it reveals the important themes in relation to the subject studied (Daly et al., 1997). Beyond describing the data in detail, it also enables the researcher to evaluate it (Boyatzis, 1998). Indeed, the themes could be both explicit and implicit. To examine the implicit content, specific criteria is needed to avoid high subjectivity (Joffe, 2012). TA has been widely used in both psychology and other fields without acknowledging it as a specific method (Braun & Clarke, 2006). Recently, it has started to be accepted as a separate method for qualitative analysis (Joffe, 2012).

In this study, after every individual interview, the researcher transcribed the record by herself. She read all the transcripts repeatedly to familiarize herself with the data. While reading, the researcher also took notes on sections that could potentially become themes. In the first place, she used paper-pencil. Microsoft Office Word Program was used after the initial codes were determined. Themes and subthemes for every individual interview were generated. Later, these themes were compared with each other. Some subthemes were merged, while others were replaced. When determining the final themes, emphasis was placed on both the repetition of the themes in the data and their significance in relation to the research question. After determining all the themes, the researcher received feedback from her thesis advisor regarding whether the themes are clearly distinct from each other and if the quotations represent the themes. According to this feedback, necessary adjustments were made. At the end, each theme and subtheme were named.

2.5.2. Reflexive statement

In qualitative research, the researcher's influence during both the interview and analysis stages cannot be ignored. In this regard, it is recommended for the researchers to observe themselves throughout the entire process and acknowledge their potential impact on the study outcome. They should also communicate any self-reflections or considerations that might have influenced the process and analysis. This is especially important for ensuring the trustworthiness of the study (Berger, 2015; Fischer, 2009; Morrow, 2005; Willig, 2013). In this regard, the researcher found the following aspects valuable to share:

I am a 26-year-old graduate student in clinical psychology who has theoretically adopted Gestalt approach. Throughout my educational journey, I have learnt a lot about the client. However, classes and trainings that encouraged self-reflection always excited me more, which also aligns with my theoretical orientation. I knew the importance of curiosity when choosing a thesis topic. During my graduate studies, I realized how much I enjoyed reading studies on psychotherapists, and I become certain that I wanted to conduct research about it. Especially during my undergraduate years, I couldn't see some qualities I thought should be present in an ideal psychotherapist. It was probably my own professional self-discrepancies that pushed me to explore this subject. My interest in personal psychotherapy likely emerged from observing my own transformation through my personal psychotherapy process and realizing that it provides a wonderful opportunity for self-reflection. The suitability of the subject for qualitative research was also important to me. I was particularly drawn to studies conducted with qualitative methods, as they emphasize the details and provide in-depth exploration.

As someone who enjoys meeting new people, I found great pleasure in getting to know my colleagues by means of my research. During and after the interviews, I paid close attention to my emotions and thoughts. Along this journey, one thing I noticed about myself was that I tended to share my opinions more when they aligned closely with those of the interviewee. However, while asking questions about personal psychotherapy, I tried to not share my opinion. Moreover, if the participant believed in the necessity of personal psychotherapy like me, I attempted to take a more critical position and asked questions that would challenge this necessity. Another observation I made was that during the interviews with more experienced psychotherapists, especially with ones who continue their academic

work, I found myself being both a researcher and a curious student eager to learn from their experiences and insights. In contrast, when I interviewed psychotherapists at a similar experience level to mine, the shared experiences felt more common, and a sense of familiarity took precedence over curiosity. Apart from these aspects, I can say that I felt a great sense of excitement in all the interviews. Many of my colleagues also expressed that the interview prompted them to contemplate their professional identities, and they found it to have a therapeutic effect. I personally observed this as well. The interviews I conducted as part of my study on psychotherapists' self-work were inherently meaningful to me, as they directly served the purpose of self-reflection. The satisfaction and excitement I experienced took a blow with the earthquake that occurred on February 6th in Turkey, causing significant devastation. As a psychologist, I felt the need to do my best to help in the aftermath of the situation, while also continuing with the interviews without prolonging the pause. It became challenging for me to discuss topics that seemed luxurious when basic needs such as shelter, and food were still unmet for many citizens. There were moments when I unfortunately felt a sense of disconnection, questioning my purpose in that situation. Focusing on my thesis was quite challenging during the difficult times Turkey was going through. On the other hand, this challenge also made me to contemplate deeply about my thesis topic. My actual self wanted to act from a fundamentally humane place in the face of difficulties, doing everything in my power to make a positive impact. My ideal professional self urged me to stay connected with society and use my expertise for the greater good whenever needed. On the one hand, completing a thesis was in relation with both my ideal and ought professional selves. Throughout this process, I tried to become aware of these different aspects of myself and strived to strike a balance between them.

I became acquainted with qualitative methodology through this study. Engaging with the data was delightful for me as it allowed me to delve into the details, but I struggled coding and thematizing. The inherent subjectivity of the process constantly pushed me to question my own perspective and get my peers opinions. Particularly, I faced challenges in analyzing the initial interviews, but over time, I found easier to approach data with an eye for identifying themes.

3. RESULT

According to the thematic analysis, four main themes were identified. These themes are *psychotherapist in the other chair, the frame, portrait of the psychotherapist,* and *fitting game.* Subthemes of each of the main themes can be seen in Table 3.1.

Table 3.1. Main Themes and Subthemes Emerged as a Result of Thematic Analysis

1. Psychotherapist in the other chair
1.1. Know yourself
1.2. Acquainted with psychotherapy
1.3. Pit stop for the self
2. The frame
2.1. Ideal-based requirements
2.2. Never-ending road
3. Portrait of the psychotherapist
3.1. Humble psychotherapist
3.2. Patient psychotherapist
3.3. Not me, the others
4. Fitting game
4.1. Psychotherapist dress on me
4.2. Away from ideal
4.3. Mediator self
4.4. Hide or reveal

3.1. Psychotherapist in the Other Chair

Almost all psychotherapists expressed the belief that it is necessary for psychotherapists to engage in their own psychotherapy when asked about their thoughts regarding psychotherapist's own process. Some believe that it should be a requirement regardless of the therapeutic approach, while others suggested that it may not be mandatory for CBT therapists. The theme was differentiated from other themes by including only

explanations regarding the need or necessity of personal psychotherapy. This theme is composed of subthemes which are *know yourself, acquainted with psychotherapy*, and *pit stop for the self.*

3.1.2. Know yourself

Almost all psychotherapists argued that personal psychotherapy is necessary for psychotherapists to understand themselves better. Mr. J mentions that while supervision is helpful in addressing challenging issues in psychotherapy practice, he finds personal psychotherapy more beneficial in understanding why and how he struggles:

> Yani ıı şart gibi ya şu açıdan benim özellikle belli tip danışanlarda çok zorlandığım konular oluyordu hani niye zorlandığımı anlamama yardımcı oldu mesela benim hani. Süpervizyon da buna katkı veriyor ama terapinin kendisi hani orada beni kitleyen şeyin ne olduğunu biraz bulmama yardımcı oldu. Iı işte bu mesela bazen işte süreyi tutamadığım zamanlar bazen danışanın beni çok zorladığını hissettiğim zamanların biraz böyle bir tür benzer yollar izlediğini aslında o şekilde fark ettim.

Some psychotherapists emphasized the difficulty of remaining in the psychotherapist role when they have similar issues with their clients. They mentioned that they see personal psychotherapy as a place to work on these issues. Ms. H highlights that while everyone has subjective experiences, there are common issues that every individual can work on:

> Yani çünkü insana dair tüm meseleler yani tabii ki geçmişimiz, öznel deneyimlerimiz çok farklı ama bir taraftan da hani çekirdek meseleler var işte ne bileyim ayrışma, yakın ilişkiler, sınırlar gibi ve yani danışanlarımızda gördüğümüz birçok mesele aslında yani kendimize dair meseleler ve bunlarla ıı çalışmış olmak çok önemli diye düşünüyorum.

Similarly, Ms. P, stresses that psychotherapists may not be able to assist clients effectively in areas where they struggle themselves:

> İşte yani insanın kendine hani kör noktalarını fark etmesi açısından yani kendi zorlandığı konularda da ıı başka işte danışanlarına vakalara hani yeterli müdahalede bulunabileceğini düşünmüyorum tabii ki ya da bir şekilde günlük hayatındaki zorluklar işte ilişkilerine yansıyan bir şeyler sonra işte terapide de tekrar eden şeyler haline geliyor tabii ki. O örüntüler orada da hemen ortaya çıkıyor sahnelenmeye başlıyor. O yüzden tabii ki bir şeylerin incelenmesi güzel olur.

Additionally, psychotherapists who have not undergone their own psychotherapy yet contended that engaging in personal psychotherapy would contribute to their self-discovery and facilitate the refinement of their therapeutic skills. For instance, Mr. C, regarded the lack

of personal psychotherapy experience as a deficiency when answering the question where the researcher requested self-evaluation. As a schema therapist, he emphasizes the importance of undergoing his own schema therapy in terms of identifying the points where his own schemas may hinder the clients' processes:

> Nerede buluyorsunuz dediniz ya kendinizi, burada önemli bir eksikliğim kendi terapimden henüz geçmemiş olmam belki…Bu da bana çok katkı sağlar diye düşünüyorum. Çünkü ıı danışanı anlarken ister istemez az önce söyledim ya kendi şemalarım da engel oluyor buna. Yani o kişi işte ıı mesela erken müdahalelere başlamak danışanın değişmesi için. İşte benim belki yüksek standartlar şemam. Veya danışanda ıı belirlediğim veya hedeflediğim sürede bir değişiklik olmayınca kendimi belki böyle çabuk yargılama…Acaba neyi eksik yapıyorum gibi şeyler. Bunlar da benim kendi şemalarımla ilgili olduğu için bunlarla ilgili çalışmak da şeyi artırır diye düşünüyorum aslında.

Mr. F, who is one of the participants without personal psychotherapy experience, also mentioned that when evaluating himself, he noticed that he tends to inhibit his countertransference reactions when he becomes aware of them. He says that if he were undergoing personal psychotherapy, he might have developed an approach more focused on understanding rather than inhibiting:

> Iı ben de aynı şekilde bir şeyler aktarabiliyorum ve o aslında şeyi fark ettiğim anda, ben kendim bir şey aktardığımı fark ettiğim anda onu direkt ketlemeye yönelik bir şey yapıyorum. Halbuki işlemlenecek bir şey de olabilir. Yani işte o şey seansın uzaması, yani evet orada şak diye kesiyorum, kendime şeyde de yazmıştım orada da spontan bir alan bırakmıyorum. Halbuki spontan bir alan bırakabilirim diye düşünüyorum. Onu daha sonra işlemleyebilirim. Belki işte kendi terapime gidiyor olsaydım orada işlerdim.

In a similar manner, Ms. L, who is another participant without personal psychotherapy experience, pointed out that she can acquire certain qualities she desires as a psychotherapist by working on them in personal psychotherapy. She displays self-criticism in terms of being balanced and believes that she needs to address it in her psychotherapy and supervision processes:

> Dengeli ve sabırlı…Burada kendimi biraz eleştiriyorum. Iı zorlanıyorum gerçekten bazen böyle işte dengeli olmak kendi içsel süreçlerimle alakalı bu hani kendi terapi ve süpervizyon süreçlerinde halletmem gereken şeyler belki ama bazen böyle hakikaten hastanın bende yarattığı duyguyu çok fazla regüle edemediğim oluyor zaman zaman. Özellikle de hala hekimliğimin başındaki gibi ergen hastalarda (laughs).

Apparently, most of the psychotherapists believe that psychotherapy practice is a profession that requires self-awareness. In this context, they also consider it necessary for the

psychotherapist to benefit from the services provided by their profession to facilitate self-discovery.

3.1.3 Acquainted with psychotherapy

Many psychotherapists who have experienced personal psychotherapy indicated that their concerns about becoming a psychotherapist diminished throughout the process. It can be said that an important factor in reducing this concern is observing their own psychotherapist's mistakes and realizing that making mistakes does not cause as much harm to the therapeutic process as they initially thought. Moreover, psychotherapists acknowledge that successful psychotherapists also experience failures. In the following dialogue, Mr. J describes his own observation of the limited impact of the psychotherapist's mistakes. Additionally, he emphasizes that his psychotherapist's openness to feedback is included in this observation and that his psychotherapist serves as a role model in this regard:

> Mr. J: Yani ıı özellikle böyle kırılma anları için ne yapılabilir nasıl ele alınabilir ya da mesela bir terapistin kusurları ne kadar etki eder süreceyi görmek açısından çünkü şöyle bir şey var ben de mesela terapistimin görece kusurlu olduğunu düşündüğüm yanları fark etmiştim. Sonra dönüp baktığımda bu süreci çok bozan bir şey değilmiş. Onu görmek bana iyi geldi. Kendim için de biraz bu hani şey oldu referans oldu yani ne bileyim bazen çok ıı karşı tarafa ulaşmayan bir yorum ya da ıı ya bunu böyle yapmasaydım dediğim bir şeyin süreci o kadar da bozmayabileceğini fark ettim.
> Interviewer: Benim terapistime saygım var, işine güvenim var ve o da hata yapıyor.
> Mr. J.: Evet. Evet haklısın. Hani ıı ve hata yapmasına rağmen bana iyi gelen şeyler oluyoru görmek sanırım kendime de bir açıdan şeyi getirdi yani bu olur hani ıı karşında şey görmek bence bu terapistimin açıklığıyla da alakalı bir şeydi çünkü kendisi geribildirim almaya da açıktı bazen kendini almaya da açıktı ve şey değildi yani hata yapsa da ya da bir şeylere bir konuda afallasa bile bir şekilde dağılmadan durabiliyordu. Hani benim için iyi bir örnek oldu açıkçası. Ben çünkü kendi hatalarıma karşı daha hassastım. Ona biraz tahammül etmemi sağladı.

Similar to Mr. J, Ms. I also mentions that her own psychotherapy process has reduced her anxiety. She explains that she has come to understand that being a good psychotherapist is not about being able to make complex formulations, but rather being able to establish a good relationship in a much simpler way:

> Iı yani orada tabii ki şey çok fazla oldu diyebilirim birebir onu yaşadığımızda yani terapist ne yapıyor dediğim gibi ne gerçekten bana o an dokundu işte vs çok basit söylediği çok çok basit bir şey örneğin… Onun bende yarattığı duygusal etki. Ve hani sonrasında şeyi düşünmeye başlamıştım evet belki de bu çok

komplike bir şey değil. Yani orada işte benimle birlikte olması, benim tam olarak deneyimimi çok böyle derinlemesine anlaması, benim gözümle görmesi, yani çok dediğim gibi belki her gün çevremdeki insanların bana söyleyebileceği bir şey ama onun o şekilde söylemesi….İşte ne bileyim danışana çok böyle komplike formülasyonlar söylemek zorunda değilsiniz. Bazen bir kelime bir bakış. Iı bunları yaşayarak aslında oldu diyebilirim yani çok model aldığımı söyleyebilirim. Iı ve belki işte kendim kaygılandığım işte iyi bir terapist nasıl olurla ilgili endişelerim de aslında azaldı diyebilirim.

Some participants stressed the importance of seeing how their chosen approach is applied or works in practice. Ms. K, she became intrigued by the schema therapy approach, but initially had doubts about whether certain techniques would be effective. However, as she started receiving schema therapy and witnessed its impact, she explains that her confidence in the approach grew as she saw it working for herself:

Ben böyle şey düşünüyordum şimdi teoride dersini görüyorum şema terapiyi ama mesela imgeleme atıyorum tekniği aa nasıl yapacağım ya bu nasıl oluyor acaba şeyi de sorguluyorum ben… Ben şema terapi seçmeden önce daha psikanalitik bir ekolle gitmeyi tercih ediyordum bu işte ya bu teknik de işe yarıyor mu insan da oraya gider mi ya falan diye düşünüyordum. İnanmadığımız bir şeyi yapmak da bence hiç ıı faydalı olacağını düşünmüyorum. Onun için mesela o tekniklerin bana uygulanması ve işe yaradığını görmek beni daha da bağladı şema terapiye. Daha da emin oldum. Tamam dedim ben buradan ilerlerim. Hala böyle çünkü muallaktaydım ilgimi çekiyor iyi ama nasıl ya olur mu o daha bilişsel tarafında hep soru işaretlerim vardı.

In addition to observing how the theory and techniques operate, some participants also focused on the importance of personal psychotherapy in understanding what the client experiences through the process. In this regard, they expressed that personal psychotherapy greatly contributes to the development of their empathy skills, which are essential in the practice of psychotherapy. Mr. G, describes the role of personal psychotherapy in understanding the experiences of the client, ranging from the emotions they may feel after sessions addressing difficult topics to scheduling appointments:

O koltuğa oturduktan sonra oradaki ruh halin, beklentin, girdiğin rol… Ya da sen çıkınca bir malzemeyle gidiyorsun bunları biliyorum ben. Mesela terapist… tek terapist gözüyle baktığımda seni görüyorum 45 dk sonra seansım bitiyor, ben birini alıyorum…Ama o hasta o malzemeyle gidiyor….Bu malzemeyle bir hafta daha yoksun. Ve kafan onunla meşgul….Şeyi çok iyi sağlıyor, empati becerisini çok geliştiriyor…Daha da basitinden yani gelip bekleme salonunda beklemek nedir, randevu planlamak nedir, sekreterle muhatap olmak nedir, onları da görmüş oluyorsun….Yani o tarafta olmayı çok iyi öğretiyor. Ve buna ihtiyacımız var diye düşünüyorum. Aynı travmaları yaşamış olmaya gerek yok…eşekten düşenin halinden eşekten düşmüş anlar demiyorum. Öte yandan da o koltuktan ben de geçtim ve biliyorum o koltuğun anlamını. Beklentiyi de biliyorum.

Despite not having personal psychotherapy experience yet, Mr. A also emphasizes the significance of personal psychotherapy in developing a deeper comprehension of the client's journey:

> Anlatan tarafta olmadığın takdirde… Tabii her tecrübe birbirinden farklıdır ama biraz olsun anlatan tarafta olduğumuzda karşı tarafı daha iyi anlayabileceğimizi de düşünüyorum. Yani sonuçta kolay bir şey değil bazen bazı şeyleri anlatabilmek. Biz bunu sürekli olarak karşımızdaki insandan talep ediyoruz aslında hani. Soru soruyoruz, açmaya çalışıyoruz. Karşı tarafta olmanın… Belki o soruları sorarken dikkat edilmesi gereken noktalar var bir şeyler var. Onlar anlamında da kafa açacağını düşünüyorum.

In summary, psychotherapists believe that seeking personal psychotherapy serves the purpose of truly understanding what psychotherapy is, examining and evaluating the meanings they attribute to being a psychotherapist, and additionally learning how psychotherapy is experienced by the client during the process.

3.1.4. Pit stop for the self

Many participants highlighted that personal psychotherapy also opens up a space for the psychotherapists themselves. Ms. H, while facing challenges in her own life, expresses the difficulty of being in a position to help others with their issues and the need for sharing:

> Bir yandan iyi ki öyle bir alan var, yani hem kendi hayatımızdaki meselelerle boğuşuyoruz hem işte başkalarının meselelerine işte o yardım eden rolünü üstleniyoruz. Dolayısıyla birisiyle hani o duyguları zorlukları paylaşmaya bence çok ihtiyacımız oluyor bu açıdan. Iı kesinlikle çok kıymetli ve olmazsa olmaz bir şey gibi.

In the same vein, Mr. J described personal psychotherapy as a source of support for himself. He specifically refers to personal psychotherapy as a safe haven for him:

> Bir yandan kendimi korumaya alabileceğim bir alan açtı bana yani hani muhtemelen terapi olmadan devam etsem yani ıı daha tüketici olurdu. En azından öyle koruyucu bir yer açtı yani. Iı dayanak buldum diyebilirim o süreçte yani. Bir de çünkü tahmin ettiğimden fazla görüşme yaptım hani daha doğrusu öngörebildiğim bir şey değildi ne kadar görüşme yapacağım. O yüzden ıı o süreçte öyle bir destek almak terapist desteği almak beni biraz korudu açıkçası onu söyleyebilirim.

Ms. N, being constantly in the role of psychotherapist and trying to understand someone else's experience, talks about the accumulated fatigue and the role of personal psychotherapy in eliminating this fatigue as follows:

> …çünkü orada bir yorgunluk birikmiş oluyor yani hani ve dolayısıyla çok bu rolden bakıyorsun hastaya ve bu rolden bakmak da bazen zor oluyor yani sürekli diğerinin iç dünyasına girmek onu hayallemek falan filan ama sen de haftanın bir günü bir saat gidip danışan koltuğunda oturduğunda zaten hani öyle bir duygusal ve zihinsel bir kanal kendi şey olmuş oluyor böyle bir temizlenmiş oluyor yani.

Ms. Q, who does not have personal psychotherapy experience yet, addressed the question of why personal psychotherapy is a necessity by pointing out the negative effect of the issues discussed in the psychotherapy room on the psychotherapist. She explains that the issues commonly seen in clients can sometimes create a sense of "Might I also experience this?" in the psychotherapist, and personal psychotherapy can serve as a space to neutralize this effect:

> …bir süre sonra toksik hale geliyor o dinamik. Hep sıkıntı dinlemek. Bizim şemalarımızı da aktive ediyor. Hani herkes etrafta bütün danışanlar aldatıyorsa aldatılma ihtimalim daha yüksek gibi hissetmeye başlıyoruz falan. Bunu nötrlememiz lazım biraz. Yani böyle sürekli değil ama bir kereye mahsus… Bilmiyorum böyle çok böyle şey bir ailede çok böyle hiç travmasız çok nötr yetiştirilmiş çok ideal hiçbir kaygısı olmayan varoluşsal anlamda her şeyi çözmüş falan birisi gitmeyebilir ama…

When participants were asked about the duration of personal psychotherapy, the majority indicated that it could be a lifelong process. It can be said that they perceive it as a process that can fluctuate in intensity, sometimes decreasing and sometimes increasing, and can be assessed as needed. Ms. O, who has not had personal psychotherapy experience yet, draws attention to the psychotherapist having a place to connect, highlighting the weight she feels after the sessions:

> Yani sürekli olarak bilmiyorum ya bence devam edebilir yani hani. Hani bir de bende mi oluyor bilmiyorum. Mesela ben daha iki seanstan çıktıktan sonra ve ikisinde de hani böyle çok olumsuz bir yaşam deneyiminden bahsedildiyse ben biraz kendimi yüklü hissediyorum kendimi gün içinde. Akşama kadar değil ama böyle bir iki saat böyle bir kendime gelemiyorum bazen….Belki hani ben de gidip kendi terapistime anlatsaydım hani böyle böyle bir seans yaşadım ve bu benim için yorucuydu neden öyle belki bir şey çıkacak buradan. Belki ben de anlatabilsem o yükü hafifletirdim. Acaba ben sürekli devam etmeli der miydim onu düşünüyorum etmeli bence ya hani bir terapistin de hani belki atıyorum her hafta değil. Biri olmalı ya ulaşabileceği bir yeri olmalı.

As a result, it can be said that the majority of psychotherapists feel the need to receive psychotherapy both for the difficulties they experience in their personal lives and the challenges they face as practitioners of this profession.

3.2. The Frame

When answering the question "How should a psychotherapist be?", all the participants mentioned somehow that there is no end to professional development. It was observed that many psychotherapists described their professional development as a never-ending journey, regardless of their practice experience. The distinct aspect of this theme is that it includes references to the notion that professional development has no clear beginning or end, and that learning is an ongoing process. In this regard, two subthemes are identified: *ideal-based requirements* and *never-ending road.*

3.2.1. Ideal-based requirements

When the researcher asked the participants regarding their thoughts on how a psychotherapist should be and where they see themselves in relation to this, both novice psychotherapists and relatively more experienced ones mentioned certain qualities as "aspects I have developed", while also expressing their efforts to work on acquiring certain qualities. In the following extract, Ms. I who has been practicing psychotherapy for more than eight years, talks about how she started to be able to accept some human experiences that she previously found unacceptable and how she became more empathetic over time. She mentions that her own life experiences that accumulated as time passed also played a role in this:

> Yani belki daha şeyde daha çabuk mesela ıı ne bileyim bazen bazı şeyleri anlaya… yani kendimi çok empati kuramazken bulurdum. Iı şimdi artık biraz daha şeye dönüşüyor yani insanoğlu her şeyi yapabilir. Her şeyi hissedebilir. Iı işte ne bileyim belki geçmişte çok kabul edilemez bulacağım çok yıkıcı bulacağım şeyleri bugün evet yani bir insan belki öyle bir noktaya gelir ki bunu yapabilir dediğim bir şey olmaya başladı. Yani kendi hayatınıza da herhalde birazcık böyle hani hayat deneyimlerinizi böyle tekrar düşünerek de öyle bir noktaya geliyorsunuz yani sadece terapide değil de ıı ya insanlar neler yaşıyor neler olup bitiyor…

Ms. H, as a three-year psychotherapist, believes that she will cultivate a specific quality over time, despite not possessing it at the moment. On the other hand, she emphasizes the importance of trying and seeking supervision to nurture and enhance that quality:

> Ms. H: Hızlı aksiyon alamıyorum açıkçası. Yani ıı hele de böyle çok uzun uzadıya konuşan da biriyse o sırada kendim bir şey yakalıyorsam ve o anda bir şey söylesem mi hani bir şey var zihnimde ıı söylemesem mi hani bunu değerlendirirken orası geçiyor zaten… gibi olabiliyor. Hani o dursun ben öyle başlayayım

gibi ıı bir eğilimde oluyorum genelde. Halbuki işte bir şey diyeceksek diyedebiliriz. Iı ama onda bir zorlanıyorum hani. Karasızlık yaşıyorum işte bunu şu anda söylesem mi söylemesem mi… gibi öyle geçip gidebiliyor o hızlı aksiyon alamıyorum. Iı daha yavaş bende şu an (they both laugh)
Interviewer: Şu an dedin. Yani bunun zamanla gelişen bir şey olduğuna mı inanıyorsun?
Ms. H: Evet yani tabii süpervizyon alıyorsak vs kendiliğinden (they both laugh) sanmıyorum da.

It was noted that the participants not only discussed the qualities they believed they have developed or would develop over time but also mentioned the characteristics they dislike about themselves. For instance, Mr. C shared that during sessions, he finds himself explaining psychotherapy theoretically to clients when the client is unsure about what s/he wants or when there isn't much material to work with. He expresses his wish to break free from this:

Iı benim kendimde gördüğüm, arkadaşlarımla da akran süpervizyonunda konuştuğumuz… Bazen terapiyi anlatırken buluyorum kendimi. Yani terapiyi yaparken değil de anlatırken. Iı bu benim en ıı sık son zamanlarda da fark ettiğim bir şey. Yani ıı özelikle… Dirençli demeyim dirençliyi çok sevmiyor şema terapi ama böyle zor… Zor çalışılan danışanlar deyim. İşte atıyorum çok konuşmuyorsa, seansa bir şey getirmiyorsa veya ne istediğini tam bilmiyorsa filan ıı duyguları bastıran birisiyse şimdi orada böyle deneyimsel şeyleri yapmaktan ziyade böyle işte burada şöyle olmuş böyle olmuş yani teorik anlamda terapiyi anlatırken buluyorum kendimi. Bence hani bir psikoterapist terapi anlatmamalı aslında terapiyi yapmalı yani. Çünkü başkasının üzerinden bir şeyler anlattığımızda bu… Bilmiyorum ben kendimi kötü hissediyorum açıkçası…Burayla çalışıyorum yani kendimde şu anda.

Additionally, Ms. N discusses how her inability to say no and her tendency to overwork can be detrimental to both her own well-being and psychotherapy processes. She views this as a problem area that needs to be resolved:

Ya mesela benim hani kendimde kurtulmak istediğim şeylerden bir tanesi bu hayır diyememe ve fazla çalışma. Yani fazla çalışma meselesi. Ben çok mesela kolay kolay seans iptal edemem. Doğru düzgün kendi kendime tatil zamanı ayarlayamam falan hani. İhtiyaç duyduğum halde yapamam. Bunlar sıkıntılı şeyler tabii ki yani bunlar hem bana zaten zarar verme potansiyeli olan şeyler ve dolayısıyla terapi süreçlerine de zarar verme potansiyeli olan şeyler. Bir dur diyememe problemim var. Bu böyle çok üstün insan olduğum için vırt için zırt için falan değil. Yani hani bu baya bir ıım halledilmesi gereken bir problem yani bu.

In summary, it can be said that in all the interviews, psychotherapists shared both the aspects they believe they have developed over time and the areas they believe they will continue to develop.

3.2.2. Never-ending road

One of the common responses from the participants to the question "How should a psychotherapist be?" was "A psychotherapist should not believe that s/he is at the pinnacle". In many discussions, it was emphasized that this profession requires a constant desire for reading, researching, and self-improvement. Ms. Q explains that there is no limit to knowledge and there is an infinite amount to learn about psychotherapy. Therefore, she never sees herself as perfect and believes there will always be room for improvement. She describes it as follows:

> Şöyle bilginin sınırı yok daha çok bilgi edinmem lazım yani ne yaparsan yap kendini mükemmel göremezsin yani hep bir adım geride görüyorsun. Bitmiyor. Psikoterapi derya deniz yani. Psikoterapi süreçleri de bilgi de bilim de derya deniz öyle olunca sürekli araştırmak lazım kendini geliştirmek lazım. Bir psikoterapist aynı zamanda buna açık olmalı kendini geliştirebilmeli. Öyle olunca bilgi ve yeterlilik hep böyle bir tık hani 5'in bir tık altında. Hani orta ve ortanın bir tık üstünde olarak kalmak orada olduğunu düşünmek zorundaymışız gibi geliyor.

In the following quote, we see that Ms. I discusses how it is not good for a psychotherapist to confine his/her competence only to the training and certificates s/he has received and close his/herself off from learning:

> Yani şeye kapalı bir bakış açısı belki yani ben bunu öğrendim. Yani biz insanla çalışıyoruz bu işte tamam eğitimimi aldım işte şu derneğin işte şu bilmem neyin eğitimlerine gittim. Sertifikam da burada tamam artık ben ıı her istediğimi yaparım. (they both laugh) Bu kötü bir terapistlik oluyor.

Ms. M emphasizes that in addition to psychology and psychotherapy trainings, a psychotherapist should also be familiar with other fields that shed light on human beings, such as philosophy, anthropology, and sociology:

> Ms. M.: Ama ben geştaltı da çok severim….O yüzden felsefe diyorum yine çünkü hepsi biraz temelini oradan alıyor yani o felsefeyi insan varoluşunu anlamamız lazım…Plato'nun devlet kitabı…İşte 2500 yıl önce yazılmış kitap diyor işte anlatan podcastteki adam, bugün okuduğunda bizi anlatıyor gibi diyor….Yani orada anlattığı her şey insan doğası ve insan böyle bir şey. Yani çok temel şeyler tekrar ediyor…O yüzden felsefe o yüzden antropoloji o yüzden sosyolojiyle beslenmeli. (Interviewer: Kesinlikle) Bu da psikoloji eğitiminde psikoterapi eğitiminde eksik bir şey. Yani kişilik özelliği artı bu tip insanı insan yapan fenomenler neler… Farklı çerçevelerden yani şu an pozitif bilim olarak bakınca psikolojiye doğa bilimlerinin içerisinde bir yerlere sıkıştırmaya çalışınca olmuyor yani (Interviewer: Kesinlikle) bu insanla ilgili başka şeyleri de bilmemiz lazım bizim.

Additionally, Ms. H expresses that, with a specific perspective on the situation in Turkey, the responsibility for self-improvement of a psychotherapist lies within him/herself:

> Imm ya da ımm işte bir terapist tabii ki kendini işte geliştirmek için çaba harcamalı işte eğitimdir süpervizyondur hani bunları takip eden birisi yok bir yasa yok bir hani kurum yok. Bu biraz kendi sorumluluğu. Iı ve işte hastalarına danışanlarına karşı sorumluluğu. Iı bu kısmı da çok önemli bence.

In brief, psychotherapists perceive their profession not as a job that starts after completing their education, but rather as a field where they begin practicing while continuing their development simultaneously.

3.3. Portrait of the Psychotherapist

Psychotherapists shared numerous different opinions regarding how a psychotherapist should or should not be. However, the common characteristics expressed in most of the interviews were included in this theme. What sets this theme apart from the others is its detailed examination of these characteristics and the specific attitudes of individuals when discussing these traits. The subthemes identified are *patient psychotherapist, humble psychotherapist,* and *not me, the others.*

3.3.1. Patient psychotherapist

The word patient in English can indeed refer to both “a sick person” and “a person having patience”. In this context, it is used in the sense of having patience. Patience was emphasized by many participants in discussions. Participants highlighted the need for the psychotherapist to be patient in various ways. While some mentioned the significance of demonstrating patience towards professional development, others pointed out the need to be patient with the pace of the client. Additionally, some psychotherapists expressed their own impatience and willingness to change it. For example, Ms. E shared that she can experience disappointment when a client doesn’t progress at the pace she expected, and she reminds herself to be patient in such situations. As a play therapist, she also expressed her need to ask for patience from parents:

> Onun dışında sabırlı olması gerekiyor. Sabırsız bir insanım, bunun üzerine de çok çalışıyorum. Sabırlı olması gerekiyor yani, herkesin kendi hızı var. Bazen hayal kırıklığına uğruyorum toparlamadığı noktada

danışan direnç gösterdiğinde vs böyle. Niye böyle oluyor vs oluyor. Ama işte oyun terapisinde mesela ıı benim de sabırlı olmam gerekiyor ebeveynlere de diyorum sabır istiyorum sizden de hani diye.

On the other hand, some psychotherapists mentioned patience as a strong characteristic of theirs. One of those participants is Ms. M:

Interviewer: ...sizi iyi bir psikoterapist yapan özellikleriniz nelerdir o zaman, hani mizaç da demişken ondan bahsedelim.
Ms. M.: İyi bir terapistsem şayet (gülüyor)
Interviewer: Ya da bu mesleği kolaylaştıran hani yapmayı kolaylaştıran özellikler…
Ms. M.: Çok sabırlıyım. Bence o şey zamanı çok şey yapabiliyorum seans esnasında da süreci düşünürsek de sebat öyle bir kelime mi ya onu kullanmak istedim (G: Sabır, sebat) evet sebat öyle bir şeyse eğer…

Mr. J also mentions that without patience in the profession, one can easily reach a point of saying "I can't do it", and emphasizes that patience is necessary for sustaining the work:

Iı biraz sabırlı olması gerekiyor çünkü çok bıktırıcı bir tarafı olabiliyor bu mesleğin şey olarak yani hani kolayca ben yapamıyorum noktasına gelebilecek bir meslek. O süreçte sanırım biraz ıı sabretmeye çalışması hani bunu öğrenmek gerekiyor.

In addition to all of this, Mr. D discussed patience in a comprehensive manner, addressing not only patience towards professional development but also towards the client's rhythm and the challenges that arise in the therapeutic process. His words provide a concise summary of what all the other participants shares:

….çok sabırlı olmamız gerekiyor yani uzun bir süreç olduğu için bu….ya işte mesela 65 yaşında biri ama hala aynı kaygıları yaşayabiliyor dönem dönem. Hani ben 10 yaşıyorsam o 8, 8 değil 8 çok az oldu da, o 3-4 yaşıyordur ama yaşıyor onu, her kaygıyı….O yüzden biraz sabırlı olmak lazım hani, mesleki gelişimine güvenmek lazım…Hastanın değişimine sabretmek lazım ve hani o bir lineer eğri olmadığı için o bir inişiler çıkışlar var şey lafı var ya… o yırtıkla o rupturela o yırtıkla daha iyi baş edebilmek….Ve hani sonuçta şöyle, ıı bir voodoo bebek var elimizde gibi düşün ve ona o regrese hasta ıı istediğini yapıyor. Öfkeleniyor, kızıyor, onun kolunu yırtıyor onun üstüne tükürüyor, kusuyor neyse ya da. Onu seviyor, onunla uyuyor hani ama hepsine bunların sabretmek ıı gerek yani.

To summarize, psychotherapists believe that being a psychotherapist requires patience in many aspects. In this regard, considering their emphasis on how lack of patience would be challenging for themselves while practicing this profession, it can be said that they consider being patient as a must to continue in their journey.

3.3.2. Humble psychotherapist

Almost all psychotherapists illustrated their thoughts on psychotherapists needing to be humble, accepting their imperfections, and not assuming a position of being the *subject-supposed to know* (Lacan, 1964) in their relationships with their clients. Some psychotherapists stressed that developing such an understanding is particularly important and necessary for the psychotherapists themselves. For example, Ms. H mentioned that if a psychotherapist sees him/herself as too powerful, s/he would tend to attribute every negative consequence to him/herself, leading to a constant state of self-blame. She pointed out that this is highly demanding, as it is not realistic to expect oneself to achieve perfection in everything. She also stresses not undermining the value of just being there for the patient:

> Biri, bence o tüm güçlü fantezilerimizden kurtulmak. Iı yani çünkü öyle olduğunda hem kendimize de büyük bir hem güç hem sorumluluk atfetmiş oluyoruz ve her giden olumsuz şey kendimizle ilgiliymiş gibi oluyor biri drop olduysa. Benim yüzümden oldu, ben şunu yapamadığım için oldu, bundan oldu falan böyle bir kendimizi sürekli bir suçlama hali. Bu çok tüketici bir şey (laughs) Böyle yapmamak gerekiyor oluyor yani işte bazen droplar da oluyor evet bazen… Ya her şeyi mükemmel yapmak zaten mümkün değil. Ama… Ya işte iyi yapmak için çabalamak, orada olmak, anlamaya çalışmak… Yani bunlar da çok kıymetli. Belki bunları değersizleştirmemek gerekiyor.

Accepting that psychotherapists cannot be perfect in every way can bring them a sense of relief. Mr. D's statements indicate that it can be reassuring, particularly for novice psychotherapists, to see that experienced psychotherapists also have their own challenges in certain areas:

> Tabii tabii yani ıı mesela şey var ıı işte kaç yaşında işte süpervizörlerle psikanalistlerle tanışıyorum konuşuyorum ediyorum filan. Hani onlarda da mesela her seansta bir kaygı olması, her seansta bir şey ve hani bazan o dış gerçekliğe çok önem verip o iç gerçekliğe ıı boş vermelerinin falan yaşanması ıı olması bu beni rahatlatıyor.

Some psychotherapists also highlighted the importance of a psychotherapist having tolerance for their own mistakes to understand how their needs and mindset can impact the therapeutic process. Ms. I, in the following statement, talks about the necessity of tolerating not being the best to maintain differentiation from the client's process:

> Ya da kendimizi tatmin etmek için bir şeyler yapıyoruz ya da yapmıyoruz. Yani bunları görebilmeli. Yani ben burada bunu söyledim ama yani bu gerçekten benim danışanıma lazım olan şey miydi yoksa bana mı

(Interviewer: Kendim için mi) evet. Yani bunun adı ne diyebiliriz. Yani belki (Interviewer: Öz farkındalık da var sanki bunda) farkındalık evet ve biraz da şey gibi yani hata yapmaya yanlış yapmaya en iyi olmamaya da biraz tolerans gösterebilen bir terapist olmalı ki bu şeyi görebilsin yani o ben yaptım söyledim canım ben de senelerin işte terapistiyim. O dirençle (they both laugh) diyorsa ıı yani bu çok şey değil evet bir sürü kuram ve bir sürü eğitimlere de gidebiliriz. Bir sürü şeyi de bilebiliriz. Danışan gerçekten de dirençli olabilir. Ama biraz hani o şeyi gören kendini fark eden bir terapist diye düşünüyorum.

Experience is generally seen as a positive aspect in terms of professional competence. The participants also, especially the novice psychotherapists, expressed that they need more experience to acquire certain qualities. On the other hand, a few participants mentioned the potential arrogance that experience can create in a psychotherapist and drew attention to the importance of avoiding it. Ms. Q is one of them:

Deneyim önemli deneyimi de bilgiyle beraber götürmek. Bilgiyi sürekli artırmak. Tamam ben artık 10 yıldır terapistim falan olmamalı. Iıı işte 30 yıldır hocayım falan olmamalı. Deneyim bazen kötü de olabiliyor yani. Iı danışanın ilk cümlesinden son cümlesini tahmin etmeye çalışmamalıyız.

Many psychotherapists regarded the ability to admit "I don't know" when they lack knowledge and to clearly delineate the boundaries of their competence as a strong characteristic. For instance, Ms. L describes the ability to refer the client to someone else when she cannot meet the client's needs as "self-awareness" and shares it as one of the aspects that contribute to being a good psychotherapist:

Ben bunu yapabilirim, sürecimize başlayalım yani hani birlikte yürütebiliriz diyebilmek ya da işte ben sizin aradığınız insan değilim…bu yetkinlikte değilim diyebilmek benim için çok önemli ve çok oluyor öyle. Mesela travma çalışmalarında çok aktif rol almıyorum….Yani hani destek olabilirim elbette ki bir psikolojik ilk yardım düzeyinde…destek olabilirim ama ilerisine çok götürebileceğimi düşünmüyorum. Medikasyon manasında…destek veririm ama bunu gerçekten iyi yapan insanlara bırakmak varken işte kendimi buradan da geliştireyim deyip işte ıı o işe de girmiyorum mesela. O benim güçlü özelliğim hani biraz şey biliyorum kendimi.

It appears that psychotherapists believe in the significance of being modest both to avoid exhausting themselves and to be able to perform their work effectively. In this sense, while valuing experience, some have developed a mindset of protecting themselves from the arrogance that experience level may bring.

3.3.3. Not me, the others

One of the patterns observed by the researcher during the interviews was that participants often included criticisms of their colleagues when answering the question "How should a psychotherapist not be?". This might suggest that concretizing the undesired is being expressed when responding in that manner. For instance, Ms. B, highlights the importance of a psychotherapist staying with certain boundaries and brings the attention to CBT therapists who engage in casual conversations with their clients outside of sessions:

> Örneğin bu mesela, seans dışında işte mümkün olduğunca zaten minimum iletişim. Ama mesaj kullanmalı mı kullanmamalı mı gibi. Iıı ya da işte sadece e-mail. Ya da sadece telefon gibi. Bu olabilir. Iı onun dışında yani bunu neden söylüyorum örneğin işte ıı hani seans dışında da sohbet eder gibi konuşan örneğin BDT terapistleri falan var. Bu duyulduğu için… Kendime öyle yorumluyorum.

One of the responses Ms. K gave on "How a psychotherapist should not be?" was that "S/he should not be arrogant." When answering the question, we see that she criticizes her colleagues whom she perceives as being like that:

> ….belki işte şey olabilir çok kibirli olmak mesela beni rahatsız ediyor. İnsan olarak da bazı öyle hani ıı meslektaşlarım var ki başka yerlerden tanıdığım yani nasıl bu kadar hani harika olduğundan emin olabilirsin ki merak ediyorum onun bir seansına girmek istiyorum mesela ne yapıyor yani bu kadar onu merak ediyorum. Yani bence öyle olmamalı terapist ıı işte ben tam oldum dememeli bence.

Similarly, Ms. L also shared the undesirable trait through her colleagues' behavior when discussing her belief that a psychotherapist should not be someone who gives advice to the client. She criticizes her colleagues who engage in this practice:

> Yani mesleki hayatımda gördüğüm yine birlikte çalıştığımız psikolog arkadaşlarımdan ve onların gördüğü danışanlarından böyle geribildirimler gelirdi hastanedeyken. Ama çok yetkin ve böyle süpervizyonla ilerleyen terapi süreçleri olmadığı için ya da terapistler olmadığı için hastaya şöyle geribildirimler veren duydum boşanmak mı nasıl boşanırsın Türkiye'de boşanmış bir kadın olmak ne demek biliyor musun gibi belki kendi hayat öyküsünden edindiklerini aktarmak. İyi niyetle yapılan ama aslında insana zarar veren şeyler. Bir terapist böyle olmamalı.

In summary, it was observed that psychotherapists who do not answer the question of how one should be by referring to their colleagues, tend to bring criticism of their colleagues when answering the question of how one should not be.

3.4. Fitting Game

While psychotherapists were assessing their own psychotherapy practices, they displayed various forms of discrepancies and consistencies between their different selves. This theme encompasses these and psychotherapists' approaches to them. What sets apart this theme from other themes is its exclusive focus on the professional self-discrepancies. It consists of the subthemes which are *psychotherapist dress on me, away from ideal, mediator self,* and *hide or reveal.*

3.4.1. Psychotherapist dress on me

When the researcher asked participants to evaluate themselves based on the qualities, they believed to be essential or ideal in a psychotherapist, it was observed that many individuals indicated a discrepancy or consistency between their actual selves and ought/ideal professional selves. It is important to note that there wasn't a direct question asking about this discrepancy or consistency, among the interview questions. The characteristics were not separately addressed as ideal and ought professional selves since it was observed that the participants do not have a clear distinction in their minds in this regard. An example of discrepancy can be seen in the following excerpt, where Ms. L describes how she struggles with her own personality traits when considering that a psychotherapist should be patient and balanced:

> Sabırlı olmak ve dengeli olmak onlar birazcık böyle bazen kendi kişilik özelliklerimin etkisiyle biraz böyle dürtüsel olmam işte çok aktif olmam…Hadi sadede gel demek (interviewer laughs) istemem gibi böyle özelliklerim o süreci biraz zorlaştırabiliyor benim için. Dinlemeyi zorlaştırabiliyor. O bence gelişmesi gereken bir özelliğim yani bir tık daha…Tabii ki sözünü kesip de hadi anlat falan demiyorum ama (Interviewer: Ama içten içe) ama içten içe böyle bir ayağımı sallamaya başlıyorum hadi (they both laugh) yapıyorum yani.

Ms. L, in addition to discrepancy, also mentioned the consistency between her personality traits and her ideal/ought professional selves. Here, she explains that she has possessed the qualities of inclusiveness, respect for others, and a non-condescending attitude, which she believes are crucial for a psychotherapist, since her childhood:

> Oldukça iyi olduğumu düşünüyorum. Yani hiç mütevazı olmayacağım çünkü zaten hani insan olarak da sahip olmamız gereken özellikler ve çok küçük yaşlarımdan beri bu noktada iyiyimdir yani hani çok

> kapsayıcıyımdır her türlü renkten (they both laugh) cinsten insan hayvan her türlü herkesi kapsarım yani ve severim hani kıymet veririm karşımdaki her ne ise ona…bu eleştirdiğim işte yargılayan tavsiye veren saygısız müdahaleci ve küçümseyen terapist tavırlarının hiçbirine sahip değilim. İleride de olacağımı düşünmüyorum.

Ms. M shares her difficulty in confronting others during sessions, which goes against the expectation of not struggling with confrontations. She explains that this challenge of being hesitant to be hurtful towards clients is also a personal challenge she experiences in her daily life:

> Bu benim hayatımın zorluğu. Ben kimseyi kıramıyorum ki hayatımda. Her negatiflik benim için kırma gibi geliyor. Hani olmamam gerekenlerde zorlanmalarım da hep benim kişisel özelliklerime denk geldi….Onu da hep şeyden dolayı bak bu senin zaten hayatının zorluğu. Sen kimseye bunu yapamıyorsun hastalarına da yapamazsan sen napıyorsun o zaman yapmayacaksan…Ms. M değilsin sen orada neticede yani kocan değil annen değil kardeşin değil (Interviewer: En yapman gereken) Evet bu insanların tam da buna ihtiyacın var. Seninle ilgili bir şey yok orada zaten.

She also mentions that she possesses the ability to remain calm during crisis moments, which she expects to see in a psychotherapist, and that she has this characteristic in her personal life as well:

> …O en başlarda söylediğim orada durabilmek o tepkiyle kalabilmek. Bu deneyimle geliyor ama benim kişilik özelliğim de öyle ben krizlerde genelde sakin kalırım normalde sakin bir tip değilim kendi özel hayatımda ama bir kriz varsa yeryüzünün en sakin insanı benimdir.

Additionally, Mr. A discusses the skill of speaking in a non-hurtful way as an essential skill for psychotherapists. He explains that since he speaks more casually in everyday life and doesn't pay much attention to the construction of his sentences, he struggles with forming sentences in his therapeutic relationships:

> Bir terapistte olması gereken bir özellik noktasında, şimdi şeyi konuşmayı çok zorlanıyorum açıkçası ben, ıı mesela bir şey söylemem gerekiyor, söylemem gereken şeyin doğru olduğunu düşünüyorum. Yani o söylenecek. Ama… Orada bir dil var ya, terapist dili, daha böyle biraz daha incitmeden, kırmadan böyle tatlış tatlış… O cümleyi bazen kuramıyorum ya da kurmakta çok zorlanıyorum. Mesajlaşırken de oluyor yani bu nasıl… Arkadaşımı arıyorum, ya böyle bir şey söylemem gerekiyor da bunu en güzel nasıl ifade edebilirim falan diye. Bu konuda baya zorlanıyorum çünkü gündelik hayatta biraz daha şeyim, ıı gelişigüzel konuşabiliyorum, kırılır mı kırılmaz mı çok böyle arkadaşlarım, insanlar… Çok şey yapmıyorum yani.

In addition to the discrepancies and overlaps between actual self and ought/ideal professional self, two participants discussed how their professional ought/ideal self has transformed their actual selves. One of these participants, Mr. G, stated that a psychotherapist should be non-

judgmental, and he himself claimed to be embody this quality as a psychotherapist. He further explains that his non-judgmental state also impacts his actual self:

> Mr. G.: Dini olmamalı. Politik görüşü olmamalı. Ahlaki yargıları bile yeri geldiğinde olmamalı diye düşünüyorum. Yani…Varsa yanlı olacaktır yani yeterince yardımcı olamayacaktır. Ahlaki şeyleri gidip dini kitaplardan ya da ne bileyim ahlakını yargılayacak kişilerden de öğrenebilir.…
> Interviewer: Bu anlamda neredesiniz?… Hiçbir yargınız yok mu yani yargısı olmayacaksa?
> Mr. G.: Bazen öyle hissediyorum. Gerçekten böyle şey ımm mizahın olduğu durumlar hariç böyle arkadaş sohbetlerinde de artık oraya sirayet etmiş de olabilir ya da onun devamı da olabilir. Hep böyle hayatı kenardan izliyor gibi… Yani gözlemci kenardan izliyor, çekiniyor kenardan izliyoyu kastetmiyorum. Gözlemci gibi hep.

Ms. M, on the other hand, describes that she already possesses qualities such as patience and curiosity, which facilitate her as a psychotherapist, but she explains that these qualities have further developed with her profession:

> Bence zaten öyleydim psikoterapistlikle gelişti ve çok etki etti psikoterapist kimliği bana. Bence zaten sabırlıydım istikrarlıydım meraklıydım. Her zaman insana çok meraklıydım ben. Her şeye etrafımdaki insana dair her şeye çok meraklıydım….Çekingenliklerim de vardı ama terapist olmamı kolaylaştırdı ve iyileştirdi o da kesin. Gelişti böyle beraber ikisi gelişti diyebilirim yani.

Some of the questions asked by the researcher aimed at understanding the relationship between supervision processes and professional self-discrepancies. In response to these questions, the participants' answers revealed two distinct supervision styles: supportive supervision and critical supervision. Supervision relationships that emphasize expectations and have low tolerance for errors can potentially contribute to increased professional self-discrepancies among psychotherapists. Ms. I, who has had various supervision experiences, shared one of them in which she felt that she was expected to fully devote herself to the profession. She talks about the guilt she felt during that process and her need for a more supportive attitude:

> Bu mesajı almak şöyle ya bazen tabii ki suçluluk hissettiriyor. Çünkü bazen kendinizi o kadar belki işte belli bir danışanla ya da işte belli bir süre çok başka ihtiyaçlarınız olabiliyor. Iı çok öyle hissetmiyorsunuz çok bütün onun içinde gibi hissetmeyebiliyorsunuz. İşte o zaman yani bu sürekli hani niye yapmıyorsun hadi yap gibi bir şey olduğunda suçlu hissettiriyor insanı. Ama hani ıı bir yandan da tabii ki şey tarafı da var yani bir evet yani bu işi böyle bir gündem yapmalı yani bir gerçekten zaman ayırmalı gerçekten böyle hani aceleye getirmemeli….Öğrenmek gereken bir şey varsa öğrenmeli. Hani genel olarak hani böyle bir çalışkan olmak gibi bir şeyi var. Kötü bir şey değil ama dediğim gibi yani bunu yapamadığınız yerlerde de bunu anlayan bunu kabul eden işte nerede yardıma ihtiyacım var diyen bir şey lazım süpervizör lazım.

Diğer türlü işte böyle hani utançla böyle bir suçluluk hisleriyle ya da sanki ödevini yapamayan öğrenci gibi hislerle oluyor.

Ms. E, another participant who expressed the need for supportive supervision, talked about her first supervision group. She expresses that the supervisor made everyone in her group feel very inadequate and during that process she never believed she could be a successful psychotherapist:

Ms. E.: Iı yani bazı eğitimlerde bazı durumlarda mesela şey hani yüksek lisanstaki süpervizörüme göre asla olmayacak hani, asla olmayacak (gülüyor) Belki BDT'den vazgeçmem BDT'yi daha az kullanmamın nedeni bu.
Interviewer: Asla olmayacak?
Ms. E.: Yani asla terapist olamayacağım gibi hani asla bir şeyler yapamayacağım gibi hani çünkü şey böyle hani sürekli bir yetersizliği tetikleme vardı. (gülüyor) Hatta kadının üzerine konuşuyorduk yani, kadın şöyle olabilir böyle olabilir falan gibi. Imm…Yani bunu parçalara…
Interviewer: Ne açıdan yani bir psikoterapist nasıl olmalıydı da sen ona göre olamayacaktın?
Ms. E.: Yani hep bir yetersiz… Tam olarak yapamıyorsunuz olmuyor.
Interviewer: Genel olarak böyle bir tutum.
Ms. E.: Evet evet herkese tavrı öyleydi yani işte süpervizyonda. Ağlattı süpervizyonda birini şeyde sınıfta o kadar şeydi.

In summary, during the interviews, when psychotherapists asked to evaluate themselves based on their professional ideal or ought image in their minds, it was observed that they often referred to their actual selves outside the profession when making such self-reflections. In addition, it was observed that, critical supervision has an important place regarding professional self-discrepancies.

3.4.2. Away from ideal

Some participants indicated that external circumstances are not conducive for them to have or engage in things they ideally want or are deemed necessary within the professional community. One example of this could be the constant emphasis on the necessity of training and supervision, which often comes with a financial cost. Ms. E believes in the importance of continuous training and supervision, but she struggles economically and cannot continue with them in the way she desires:

Mesela süpervizyon hani, her danışan için süpervizyon almamızın gerektiğini işte iki yıl boyunca süpervizyonsuz devam etmeyin falan. Iı ama hani ben maddi olarak bunun çok mümkün olduğunu

düşünmüyorum artık. Yok yani öyle bir yol yok. Baktığımızda… Imm hani orada biraz ben kendimi şey olarak rahatlatmıştım hani zarar verme diyerek rahatlatmıştım ilk başladığımda…öyle bir bütçem yok hani baktığımızda...deneyimsel oyun terapisinde mesela…işte şeyin Byron Norton'ın videoları var. Iı eğitimin üzerine izlenmesi gerekenler. Hani tavsiye edilenler… Okey onları da izleyeyim ama bilmem kaç dolar yani. Bu hep bir şey vardır hani işte eğitimler hep devam edecek…gerçekten olması gereken bu bence de.
Interviewer: Ama ne zaman para kazanacağız (gülüyor)
Ms. E.: Aynen öyle ya (gülüyor) Kesinlikle. O zaman şey hani ben şey oluyorum hani içe giriyorum sürekli baktığımızda. Bu danışan bana ne kadar mal oluyor falana gidiyor yani hani o nokta.

Ms. K also expressed a similar sentiment, mentioning that the expected requirements throughout her educational journey have not been easy. After graduating, she experienced concerns about finding a job and reflects on what she would do if she couldn't fulfill the expectation of obtaining a master's degree. She explains that the circumstances in Turkey make it quite challenging to fulfill this expectation:

Mesela X'te (her school) çok şeydi o konuda ıı çok yetkin olmalısın yeterli olmalısın asla yüksek lisans yapmadan danışan görmemelisin…Biz böyle hani diğer arkadaşlarımla konuştuğumuzda böyleydik. Sonra mezun olduk. E iş yok, yüksek lisansa girmek zor. Ama yok yapamayız biz asla yüksek lisans yapmadan işe giremeyiz. E böyle olunca hayatta da bizim yapmak zorunda olduğumuz şeyler var e onları yapamıyoruz. Ben bir süre direndim neyse ki yüksek lisansa hemen girdim diyorum yoksa ne yapardım bilmiyorum mesela o hani o telaşla. Mesela çoğu arkadaşım işte hemen eğitim aldılar atıyorum BDT eğitimi en ulaşılabilir belki çoğu için ve danışan görmeye başladılar. Başta eleştiriyordum ama sonra diyorum ki yani… hani ülke şartları bunu gerektiriyordu…Belki de yeterli yani bunu yapacak düzeyde. Her arzın talebi var aslında yani…Eskiden çok katıydım çok eleştireldim artık değilim yani hani. Bize de bunu biraz abartı kafamıza sokmuşlar gibi düşünüyorum. Belki yaptığı şey doğru değil ama birilerine iyi geliyorsa yapsın yani hani. Daha umursamaz mı (laughs) daha umursamaz mıyım…

It can be said that the conditions of the work environment also contribute to professional self-discrepancies of psychotherapists. In the following extract, we see that Ms. B expresses her struggle to maintain the confidentiality of her personal information as a psychotherapist, which she sees as a responsibility, due to the nature of her workplace being a hospital:

Hıı hı. Iı mesela şimdi ben hastanede çalışıyorum ıı ve burada sağlık çalışanlarından gelenler oluyor. Iı ancak hastane içerisinde bilgi gizliliği sıkıntı biraz. Yani şöyle örneğin bizim TC kimlik numaralarımız tüm whatsapp gruplarında paylaşılıyor gibi. Iı normalde hani terapistle ilgili bir bilginin böyle ortada olmaması lazım. Ancak işte birinin eline geçerse benim tüm sağlık kayıtlarım çıkabilir mesela. E böyle bir şeyin önünü kesmem lazım benim aslında terapist olarak. Ancak yapamıyorsunuz mesela burada. Iı hani o konuda sıkıntı yaşıyorum mesela. Onun paylaşılmaması için ne yapılabilir bunu düşünüyorum işte. Çalışan haklarını aramıştım mesela hani. Bizim TC kimlik numaralarımız neden ortada dolaşıyor diye.

Some participants pointed out the difficulty of continuing personal psychotherapy due to the high cost of psychotherapy fees, despite believing in the necessity of it. For example, Mr. D, mentions that he had to terminate his own psychotherapy due to financial reasons, but he firmly believes that it should be started as the psychotherapist reaches a certain number of clients:

> …çünkü ne oluyor mesela sen bir hastadan para kazanıyorsun, hadi iki hasta olsun, iki hasta senin zaten bir seansına genelde denk gelir. Şu anda da işte biraz gündemimde şey var o da belki etkiliyordur hani sorulara verdiğim cevapları hani ıı bir tık maddi kaygılar bir tık o dış gerçekliğe biraz daha şey yapma hani dedim ya işte kendi terapimi bundan bıraktım çoğunlukla...O yüzden hani hakikaten yani 2. 3. yılında, bende tam hani 3 ve 4 yıl arasındayım şu an mesleki tecrübe olarak, kesinlikle gidilmeli olduğunu düşünürüm yani.

In conclusion, it can be said that there is a gap between what psychotherapists desire to have according to what they have learnt theoretically and realities they encounter in practice.

3.4.3. Mediator self

The expectations set by teachers and supervisors or the commonly accepted views by the community in the educational process shape the ought/other and ideal/other professional selves of psychotherapists. When asked about how they were expected to be as psychotherapists during their training or supervision process, it was observed that some participants showed a tendency to embrace their own styles by incorporating qualities that would not typically be expected of a psychotherapist, in the field. For example, Mr. D explained that he perceived his colleagues in group supervision as being much more questioning and adopting a confrontational attitude towards the client, which makes him different from the group. He mentioned that personally, he tends to have a more positive attitude towards people. While he believes that this is a characteristic that shouldn't be present in a psychotherapist, he also acknowledged that he has accepted this aspect of himself and has embraced his own style:

> Iı daha tabii ki gelişmiş bir yerde görüyorum ama işte ıı benim de bir insani huyum var. Yani hani ıı nasıl diyeyim, daha olumluyu daha hani saf bir tarafım var ama bizim saf olma lüksümüz yok…Hani biraz daha sorgulayan hani meraklı olmak biraz öyle ya… Ama hani şuna da kesinlikle katılmam, ıı bazı arkadaşlarım vardı akranlarım mesela çok kötücül düşünüyordu yani kötücül dediğim yani çok şey ıı hani işte yalan söylüyor act out yapıyor bunu yapıyor…Ben çok öyle değilim yani. Ama işte bu da benim terapist

sesim…Bu benim çok terapist halim. Ya ben böyle çalışabiliyorum hani. Ama hani ilk baştaki gibi de hay hay değil yani. İki hafta arka arkaya seansa gelmesin mesela diyelim, hani hay hay değil tabii ki yani o.

When asked if there were any aspects in his own practice that deviated from what was expected of him in the trainings he had received so far, Mr. G said that he uses an informal language in therapeutic relationships. In Turkish there are two words used for "you". One of them is "sen" which is informal and the other one is "siz" which is formal. Mr. G said that he never uses "siz". He explained that developing a more intimate relationship with clients aligns with his temperament. He highlights that even though he does not disregard the knowledge that comes from previous theorists, he still manages to express his own personality in his style:

Interviewer: Peki… Var mı başka savaş açtığınız bir konu hocam? (laughs)
Mr. G.: Kahrolsun (gülüyorlar) Iı başka… Aslında… Bu soruları önden verseydin daha keyifli düşünürdüm üzerine deyip senin canını sıkayım biraz. (they both laugh)
Interviewer: Sunum hazırlayıp gelebilirdiniz bana.
Mr. G.: Şimdi, fışt (sunum hareketi yaparak) Iı savaş açtığım yok tabii ki. Bu yine kibirliliğin bir tarafı olur. Yani insanların yıllarca deneyimlediği, bu mevzulara dikkat edin dediği, hocaların işte kendi kitaplar yazan eskilerin de tut da işte Freud'dan Adler'den tut da işte terapi ekollerinin kurucuları Jung'a kadar… Oradan tut da işte benim başımda hocalık yapan insanlara kadar da… Iı bu şey kendi varoluşunu o kadar önemsememek lazım….Yani o yüzden de her şeye savaş açmış değilim. Belli konuları mizacıma oturttum diyelim. Mizacımı oranın içinde var edebiliyorum diyelim. Ben zaten bıcır bıcır enerjik böyle, hastaya sataşmayı seven, arada hasta da biraz sataşsın diye böyle bir dürten, samimi ve içten bir çerçeve oluşturabilen biriyim.

It was observed that many participants shared their thoughts on working in a specific style or with a particular school of thought, and they also question the compatibility of what they have learned or what they want to become, with themselves. They reported that their choices are shaped accordingly, taking into consideration whether it aligns with their own suitability. For example, when Mr. F thought about what kind of a psychotherapist he wants to be, he recalled two supervisors whom he considers as idols. He mentioned that one of them has a warmer approach, while the other has a more confrontational style, questioning the client more. In fact, he would ideally want to be like both, but when considering his own characteristics, he associates having a warmer approach with nurturing qualities. Since he doesn't see these qualities in himself, he says that he might be more inclined to embrace the other style:

> Yani hani nasıl… Yani orada, o kucaklayan sıcak tarafta biraz daha anaç özelliklerin ön planda olduğunu düşünüyorum ben. Öyle gördüm en azından. Bir kişiden gördüğüm için tamamen hani oradan gelen şeyler bunlar. Iı orada daha anaç şeyler görüyorum ama o anaç şeyler bende çok oturmuyor yani kendimde o özellikleri göremiyorum. O yüzden oraya biraz daha belki hani mesafe olarak beceri konusunda mesafe koyabilirim oraya. Yoksa onun dışında hani yani düşündüğümde o koltukta hani güzel bir şey görüyorum yine. O terapi sürecinde güzel bir şey görüyorum yine de.

Another issue where psychotherapists strive to create a balance between their different selves can be the working environment and conditions. Ms. L, as a CBT therapist, stated that she does not ideally want to practice CBT, but found it necessary, especially during her time working in a hospital. However, she indicates that she does not strictly work with this approach in her current practice and shapes it:

> Hani bilişsel davranışçı terapi benim çok sevdiğim ve bayılarak uyguladığım bir şey mi değil ama hani cost effective bir kere. Iı ve hani devlette çalışırken özellikle böyle hızlıca müdahale etmemiz gereken durumlarda ve hani ekonomik olarak imkân çok olmayan hastalarda falan gerçekten işe yaradığı alanlar da var. Ama hani ben BDT'yi uygularken de kendimi zaten sadece BDT ile sınırlayıp işte tamı tamına böyle dört dörtlük yapılandırılmış ve hani seanslar düzeyinde planlı ilerleyen bir BDT hiçbir zaman uygulamıyorum. Yani onu hastaya göre birazcık böyle şey houte couture diyorlar ya o şekilde düzenliyorum işte kendi görüşme tekniklerimle…

To sum up, it can be said that psychotherapists engage in a process mediating between their ideal/ought-own/other professional selves and actual selves. Those who accept the unchangeable aspects of their actual self, construct their psychotherapy practice around this reality. This process determines their actual professional selves. Additionally, working conditions emerge as a factor where psychotherapists seek a balance between their ideals and their actual practices.

3.4.4. Hide or reveal

It can be stated that while some psychotherapists feel the need to recognize their professional self-discrepancies and work on them, others may struggle to feel comfortable addressing these issues during supervision and personal psychotherapy. The second group might experience more performance anxiety rather than finding ease exploring such matters. Mr. A can be an example of the first group. Below, he explains that his supervisors generally

do not adopt a critical approach and that he prefers to receive more feedback on what he is doing right or wrong:

> Evet. Belki yani… Muhtemelen o tarafta da şöyle bir düşünce olabilir çok kırmayalım şey yapmayalım heveslerini ya da mesleki olarak şey yapmayalım diye ama yani kırmadan da ya da çok böyle sert bir şekilde olmasa da bir tık daha fazla eleştiri gerekiyor bence…Yani bir şeyleri doğru yapıyorsam ya da yanlış yapıyorsam daha net bir şekilde bilmek isterim. Biraz hani iyi bir görüşme geçmiş şu noktalara şey yapmışsın deyip böyle üstünkörü gitmektense bir tık daha hani şu noktada şöyle bu noktada böyle daha spesifik bir şekilde gitmeleri gerekiyor diye düşünüyorum.

Contrary to Mr. A, In the quote below, we see that Mr. J finds it difficult to write transcripts for supervision, feels uncomfortable and unable to relax during the sessions he will share, and primarily focuses on receiving positive feedback:

> Aklıma yatmayan bir yerde sorabiliyordum bu açıdan çok zorlanmıyordum ama beklentiyi karşılamak beni çok strese sokuyordu. Zaman zaman mesela transkript yazmakta zorlandığım oluyordu. Bu görüşmenin içerisinde kendimi daha çok sıktığım ve kendi çağrışımlarıma kapattığım zamanlar oluyordu yani şeyi fark ettiğim bir süreç vardı mesela yani süpervizyona götürmediğim vakalarda daha rahatım ve daha esneğim ama süpervizyona götürdüğüm sanki bir tür performans konusuydu benim için ve şey yaptığımı fark ediyordum yani hani işte bunu iyi yapmalıyım çünkü bundan bir geribildirim alacağım dediğim yerler oluyordu.

Ms. M, on the other hand, drew attention to the attitudes aimed at concealing professional self-discrepancies in personal psychotherapy. She described an observation regarding her psychotherapist clients. Sometimes the issues that clients struggle with while practicing are addressed. She emphasizes the concern of the clients regarding what she will think about them in terms of their professional self:

> Terapist hastalarım da oldu. Orada da en tipik gördüğüm şeydi böyle ilk zamanlarda ya da zaman zaman o böyle akseden şey benimle ilgili ne düşünecek… Kendi pratiği işte ben bunda zorlanıyorum o zaman ben iyi bir terapist olamıyorum gibi böyle benimle ilgili düşünür mü gibi bunun böyle hissiyatlarını aldığım zaman zaman konuştuğumuz oluyordu.

Ultimately, it is observed that some psychotherapists are more open to recognizing their self-discrepancies, even actively seeking for their professional self-discrepancies to be acknowledged, while others tend to be more closed off in both recognizing and being recognized in terms of their discrepancies.

4. DISCUSSION

The aim of this thesis was to explore actual, ideal, and ought professional selves and professional self-discrepancies of psychotherapists. In addition, the researcher was also curious about the possible factors that contribute these discrepancies. The place of personal psychotherapy in understanding professional self-discrepancies was particularly the focal point. Certainly, the answers to all these questions were sought in the interviews. However, an inductive approach was followed which means that the themes emerged by allowing them to reveal themselves, while keeping the research questions in the background. Four main themes revealed: *psychotherapist in the other chair, the frame, portrait of the psychotherapist,* and *fitting game.* In this section, previous findings regarding these themes, relationships between some themes or subthemes, and possible explanations on findings are discussed.

4.1. Psychotherapist in the Other Chair

Although the main aim of the study was not to explore the opinions of psychotherapists in terms of the necessity of personal psychotherapy, *psychotherapist in the other chair* emerged as a theme. Psychotherapists regarded personal psychotherapy as a need in several aspects. The subthemes are *know yourself, acquainted with psychotherapy,* and *pit stop for the self.* Psychotherapists perceive personal psychotherapy as an effective way to learn about themselves which would facilitate their practice. Moreover, personal psychotherapy is accepted as an area that provides them the true nature of psychotherapy, both by the psychotherapist and the client. Especially being in the client role enables them to be more empathetic. In addition, they value their own process since it provides them self-care. Indeed, this self-care encompasses both the personal challenges and the difficulties that comes up through the profession. The subthemes are in parallel with the literature. In general, psychotherapists view personal psychotherapy as a pleasant encounter (Daw & Joseph, 2007; Dima & Bucută, 2012; Kumari, 2011; Macran et al., 1999; Murphy, 2005; Norcross & Guy, 1989; Oteiza, 2010; Rake & Paley, 2009; Stringer-Seibold, 1998). Specifically, similarly to the findings of this study, psychotherapists experience the benefits of personal psychotherapy in terms of self-awareness (Kumari 2011; Macran et al., 1999; MacDewitt, 1987; Rake & Paley, 2009), self-care (Bellows, 2007; Daw & Joseph, 2007),

deeply understanding therapeutic process and related theories (Daw & Joseph, 2007; Kumari 2011, Rake & Paley, 2009) and enhancing empathy skills (Daw & Joseph, 2007; Kumari 2011, Macran & Shapiro, 1998; Macran et al., 1999). Of particular interest to *know yourself,* Aveline (2005) reminds the necessity of self-awareness in psychotherapy practice in terms of depicting psychotherapists' own biases and realizing how they interact with the client. In line with the *pit stop for the self,* Oteiza (2010) found that personal psychotherapy has an important role in reminding the psychotherapists to let go of the illusion of perceiving themselves as the "healthy ones". Similarly, Macran et al. (1999) point out that personal psychotherapy provides a more equal therapeutic relationship with clients by reminding the psychotherapist that s/he is also a human being. May (1939/1989, as cited in Hayes, 2002) also draws attention to the psychotherapist's self-care by pointing out that psychotherapists can practice only through themselves. Therefore, it is of the utmost importance that the self is well-functioning as an element of psychotherapy. Furthermore, Chaplin (2005) expresses that being a psychotherapist is directly related to self-healing and personal development, and that is a lifelong journey, which also aligns with the one of the themes *the frame.*

4.2. The Frame

Psychotherapists were all agree that there is no end to professional development. This theme emerged encompassing two subthemes: *ideal-based requirements* and *never-ending road.* While seeking an answer to what is the ideal in psychotherapists' minds, it is meaningful to find that there is not a peak point to reach but rather the ideal is being on the road. In accordance with this, Orlinsky et al. (2011) emphasize that over the past years the prevailing understanding in the field has transformed regarding professional competency. They state that the notion that completing education makes someone completely competent is not held anymore. In relation to this, ongoing personal psychotherapy as well as attending seminars and educational meetings are seen fruitful (Orlinsky et al., 2011). On the other hand, Chaplin (2005) states that formal trainings have a narrow space in becoming a psychotherapist, and that becoming requires its own time. She highlights that the emotional and spiritual growth of the psychotherapist is also utmost importance.

Bugental (1964) defines mature psychotherapist as someone who never asserts having all answers about psychotherapy-related concepts. The *ideal-based requirements* subtheme illustrates that both experienced and novice psychotherapists have something to

work on themselves. Also, both mentioned some ideal qualities that they have strengthen over time. As a psychotherapist, experiencing a professional discrepancy regarding a specific quality, but also acknowledging that there is a potential to enhance it over time may decrease the negative state the discrepancy creates. Further research might approach professional self-discrepancy in this regard. Moreover, a possible explanation of *ideal-based requirements* emerging as a subtheme could be that psychotherapists as an occupational group, might be more inclined to believe in progression, human potential, and transformation (Kottler, 2017). The idea that there is no end to improvement in this profession might also be in relation with the impact of therapeutic relationship on psychotherapists. Bugental (1964) claims that therapeutic relationship is nurturing for both two parties in the therapy room:

> Growth potential is infinite, and the therapist who is an authentic participant in his work with his patient has repeated stimulation and opportunity to increase his realization upon his own potential. In a climate in which genuineness is requisite and yet always sought anew, that which is false and self-defeating in the therapist himself must ever and again be illuminated for the shoddy self-deception it is. The therapist who has come to love the realization of human potential-and I am convinced this is a distinguishing characteristic of the dedicated therapist-will be continually renewed in his own growth (pp. 274-275).

In line with Bugental's view, Bloomfield (2005) also talks about the therapeutic effect of practicing psychotherapy. She explains that since starting to see clients, there have been significant changes in how she forms relationships with others and what she prioritizes in life. Kottler (2017), similarly, emphasizes the nourishing aspect of psychotherapy for the psychotherapist, criticizing the training approach that solely focuses on negative conditions such as secondary trauma and compassion fatigue. Kottler and Carlson (2006) illustrate in what ways psychotherapists were changed by their clients. They point out three ways. First, psychotherapists mention having deep emotional experiences with certain clients, stating it as a positive experience. Second, psychotherapists value when their clients do not respond to their usual interventions, as it forces them to step outside of their comfort zone and seek new approaches. And last, they talk about clients who have left a deep impression through providing them new perspectives. There are also findings regarding psychotherapist's vicarious post-traumatic growth after working with trauma survivors, such as being more kind towards others, experiencing greater sense of fulfillment in life, and expressing emotions more freely with loved ones (Arnold et al., 2005; Bartoskova, 2015; Linley & Joseph, 2007).

4.3. Portrait of the Psychotherapist

One of the issues that the researcher was wondering about was how psychotherapists define an ideal psychotherapist, in addition to how they describe an undesired professional image. Three subthemes emerged: *humble psychotherapist*, *patient psychotherapist* and *not me the others.*

Humble psychotherapist presents that psychotherapists emphasize the need to be able to accept their deficiencies both for themselves and their practice. Bugental (1964) considers humility as the first step in psychotherapists' maturation. Being open to see their own mistakes and accept it as a normal occurrence protects them from self-harm arising from much criticism. In line with the discourses of the participants of the current study, Nissen-Lie et al. (2017) reported that the psychotherapist's humility enables him/her to be compassionate towards him/herself. There are also remarkable effects of psychotherapist's humility in terms of psychotherapy outcome. Macdonald and Mellor-Clark (2014) state that when the psychotherapist is mindful of him/her own limitations and considers the undesired outcomes, s/he can better recognize the obstacles throughout the therapeutic process. Studies also demonstrated the importance of balanced self-reflection and constructive self-criticism. While *negative personal reaction* is associated with a negative effect on therapeutic alliance, *professional self-doubt* provides better alliance and client change (Nissen-Lie et al., 2010; Nissen-Lie et al., 2013). Another finding that aligns with the achievement through professional self-doubt is that psychotherapists who are more successful stated having made more mistakes than others (Najavits & Strupp, 1994). Value differences also play a role in terms of psychotherapist effectiveness. Lafferty et al. (1999) found that less effective psychotherapists devalue intellectualism. Intellectualism requires reflection and inquisition. And modesty is hand in hand with continuous self-reflection and inquisition. In accordance with all of these, Bugental (1964) addresses the guilt that comes with being a psychotherapist and that the psychotherapist should accept this guilt:

> This is a story of the therapist's guilt. If I am to be a growing, evolving person, each old patient I see again is an accusation; each patient of former years will be in some measure someone who trusted me, and whom I failed by today's standards. If I become despondent or self-punitive, I am acting out a neurotic type of guilt; but if I recognize the legitimate responsibility I had in this matter, I am revitalized in my own growth (p. 276)

This passage also touches upon the foregoing subtheme *never-ending road*. In this regard, it can be stated that accepting the never-ending nature of this profession naturally brings forth humility. Furthermore, the *professional self-doubt* (Nissen-Lie et. al, 2010) or *guilt acceptance* (Bugental, 1964) requires a psychotherapist to know him/her limitations in terms of professional competency, which was also highlighted by the participants of the current study. Extant literature also emphasizes that a psychotherapist should be able to recognize a possible mismatch between him/herself and the client, and s/he should refer the client to another colleague (Bond et. al, 2002).

Patient psychotherapist emerged as a subtheme representing necessary patience towards various aspects such as client's pace, lengthy nature of the profession, and professional growth. Indeed, this subtheme ties into the subthemes discussed so far: Psychotherapists should attend personal psychotherapy and be patient through the process. The nature of this profession does not allow for a sense of "having arrived", they are continuously on the path, which also requires patience. Psychotherapists should be humble, be patient with themselves, and be open to personal change.

In addition to the ideal professional selves of the psychotherapists, the researcher was also curious about the undesired professional selves of them. *Not me, the others* emerged regarding the pattern that most psychotherapists give an example of an undesired characteristic from outside, the colleagues they criticize. This tendency of psychotherapists aligns with the way Sullivan (1938), the pioneer of interpersonal psychoanalysis, explains anxiety as the most significant factor in the formation of interpersonal relationships. According to Sullivan, newborns oscillate between tension and relief to fulfill their needs. If the caregiver meets the needs of the infant, the tension does not pose a problem. This applies not only to babies but also to adults who engage in complementary relationships to fulfill their needs lifetime. While Sullivan acknowledges these needs as a natural aspect of the infant's inner process, he defines anxiety as something that is transmitted from outside. The tension that arises in the process of needs being fulfilled dissipates once the needs are met. However, the tension caused by externally transmitted anxiety does not disappear since the caregiver who meets the need is the very source of it. Sullivan argues that the primary differentiation in the infant's experience is between anxious states and non-anxious states. The anxious reflects the bad mother, while the non-anxious reflects the good mother. The infant gradually becomes aware that its own reactions influence whether the mother will be

good or bad. Situations in which baby's actions provoke intense anxiety and the caregiver transmits it to the baby result in amnesia for the experiences just before preceding it. Therefore, these activities are never experienced as parts of the baby's own experiences; they become dissociated states that are incorporated into the self-system as "not me". As the self-system develops, it enables predominantly "good me" to be conscious and completely excluding "not me" (Mitchell & Black, 1995). When discussing the desired qualities in a psychotherapist, the participants of the current study did not provide specific examples regarding their colleagues, while they were able to provide clear examples when asked about undesired traits. This pattern seems to be consistent with Sullivan's theory, as the participants externalized their undesired professional selves as "not me".

4.4. Fitting Game

One of the main objectives of the current study was to examine the professional self-discrepancies of psychotherapists. The answers to the questions asked in this regard formed four subthemes: *psychotherapist dress on me, mediator self, away from ideal,* and *hide or reveal.*

Psychotherapist dress on me represents professional self-discrepancies of psychotherapists and consistencies between their actual selves and ideal-ought/own-other professional selves. As per self-discrepancy theory (Higgins, 1987), it is possible to acknowledge professional self-discrepancies as a negative state, while considering consistencies between different selves as a desired case. However, the situation may not be as clearly divided into good and bad. Vasco and Dryden (1994) discuss the *dissonance* between a psychotherapist's personal beliefs and his/her theoretical orientation's assertations as not totally negative. They explain that a high level of alignment between personal beliefs and assertions theoretical orientation can lead to a rigid adherence to that school of thought (Strupp, 1981, as cited in Vasco & Dryden, 1994). Moreover, dissonance might have a motivating effect, encouraging psychotherapists to embrace change and growth (Riegel, 1979, as cited in Vasco & Dryden, 1994). Lastly, it can help psychotherapists to accept the natural contradictions of the human condition (Kitchener, 1983, as cited in Vasco & Dryden, 1994). All these considerations can also be true for professional self-discrepancies. In addition to the negative emotions possibly elicited by discrepancies

(Higgins, 1987), discrepancies might also make psychotherapists more open to development, and lead them to an understanding of acceptance regarding natural human incongruities.

Indeed, the researcher had defined a professional self-discrepancy as a mismatch between the actual professional self and ideal-ought/own-other professional selves. However, the results indicated that there is no clear distinction between psychotherapists' actual selves and actual professional selves. Similarly, Lee (2018) reported that there is a positive significant correlation between counselors' *personal selves*, which corresponds to the actual self, and *professional selves*, which corresponds to the actual professional self. Furthermore, Reupert (2008) emphasizes that, although psychotherapists refer their personal and professional personas as distinct aspects of their selves, they also recognize a consistency in terms of sense of self. These findings are also consistent with *mediator self* subtheme.

Mediator self illustrates how psychotherapists build their practices by engaging in a negotiation between their actual selves and ideal-ought/own-other professional selves. When a specific characteristic, which is not wanted ideally, of the psychotherapist seems impossible to change in him/her perspective, s/he also accepts it as an immutable part of their professional self. Psychotherapists express this issue through statements such as "This is my style…", "This is the way how I can conduct psychotherapy…", or "This is me as a psychotherapist…". In a similar vein, the qualitative study conducted by Reupert (2008) with 16 psychotherapists illustrates that all psychotherapists claim that they bring several aspects of their authentic selves into psychotherapy in addition to what they have learned. Authenticity is emphasized widely, especially in humanistic tradition, in terms of its effectiveness in therapeutic process (Cooper, 2006; Reupert, 2008; Schnellbacher & Leijssen, 2009). Chaplin (2005), acknowledging the importance of adherence to specific rules during training at the outset, states that strict adherence can potentially restrict psychotherapists and drain their energy. Therefore, she encourages psychotherapists to have confidence in themselves and find their own way. In a similar way, Aveline (2005) discusses how influential psychotherapists are not of a uniform type. He gives an example of a psychotherapist who cannot feel the emotions of others, not even his own emotions. He highlights that even though being robotic is not a desirable characteristic, the psychotherapist was genuinely caring for his patients and the patients experience his oddness as a magical side of psychotherapy, therefore they progressed well. Extant literature shows that

psychotherapists tend to incorporate their personal characteristics into their practice as they gain expertise (Mason, 2012; Rønnestad & Skovholt, 2013). Similarly, they become more able to choose a theoretical orientation based on their personal characteristics as their years of experience go up (Mason, 2012; Topolinski & Hertel, 2007; Vasco & Dryden, 1994). Participants of the current study, reiterating the earlier findings (Bitar et al., 2007; Bulut, 2015; Edwards & Bess, 1998; Lee, 2018; Mason, 2012; Vasco & Dryden, 1994), also emphasized choosing a theoretical orientation that is consistent with their actual self. Chaplin (2005), in a similar vein, shares that during the theoretical training, she felt unable to put her actual self on the stage due to the rules that did not comply with it:

> …unspoken 'rules', such as that we should not disclose any information about ourselves. This kind of rule went against everything I believe about authentic relationships between people. And while I realize that the sessions are not there to talk about the therapist, honest answers to clients' questions did not seem unreasonable. I felt that I could not be myself there (p. 176).

We can say that psychotherapists' bringing their actual selves into the forefront not only provides them a comfort but also serves the practice of psychotherapy. As Rogers (1986, as cited in Reupert, 2008) puts is: "The more the therapist is himself or herself in the relationship, putting up no professional front or personal facade, the greater is the likelihood that the client will change and grow in a constructive manner" (p. 135). Psychotherapists' attempt to integrate their actual selves into their practice is an act of mediating. In addition to that, when work environment does not match their ideals, they should engage in a similar process. In such cases, what matters is to find ways to reconcile their ideal-ought/own-other professional selves and the job conditions. *Away from ideal* subtheme is exactly about this case.

Away from ideal displays the perceived obstacles that interposes in between psychotherapists and their ideal-ought/own-other professional selves. These obstacles include restricted conditions in their workplaces in addition to financial costs of required trainings and personal psychotherapy. Extant literature shows that congruence between oneself and the work environment is in relation with greater job satisfaction (Super, 1992; Dawis, 2005; Holland, 1997) in addition to overall life satisfaction (Hardin & Donaldson, 2014). Hardin & Donaldson (2014) approached *person-environment fit* from two different perspectives: *ideal-job actualization* and *actual-job regard*, based on the distinction made regarding self-discrepancies by Hardin and Larsen (2014). Ideal-job actualization takes into consideration to what extent the environment is congruent with the person, whereas actual-

job regard deals with to what extent the person matches the environment. Discussing the fit of the job with the individual is a familiar topic, especially regarding career choice. However, discussing the fit of the individual with the work environment becomes crucial in situations where changing the environment is not easy (Hardin & Donaldson, 2014). Finding a middle ground between the ideal-ought/own-other professional selves and work environment might be an act that psychotherapists can handle themselves. However, regarding the financial cost of personal psychotherapy, especially when it is mandatory as part of a training program, trainees are compelled to seek personal psychotherapy even if they postpone it in their ideals. Regarding mandatory personal psychotherapy, Kumari (2011) reported that psychotherapists have trouble in covering its cost, which leads them to work extra hours, resulting in spending less time with their families, and creating tension in their relationships. These and similar findings raise questions about the compulsory personal psychotherapy in training. Considering that trainees are expected to undergo their own processes to be competent in their work and to perform better, when it becomes overly demanding to continue personal psychotherapy, it could potentially inhibit their professional growth.

Hide or reveal encompasses two different approaches to professional self-discrepancies. While some psychotherapists are more open and willing to acknowledge and discuss these discrepancies, some are less inclined to explore them. Most participants of the current study reported performance anxiety that they experienced in early times of their professional journey, which might be a cause of hiding their discrepancies. In a similar vein, Skovholt and Ronnestad (1992a, 1992b) illustrated an extreme anxiety in graduate level trainees which they term as *pervasive anxiety*. The authors mention that they obtained this information from professionals who have years of experience between 20 to 40. They report that these participants talked about the intense anxiety they experienced at the beginning of their careers. On the other hand, the researchers state that they could not obtain such data from the student-level participants. They interpret this suggesting that beginner-level participants may have a need to conceal their insecurities and demonstrate their professional competence (Ronnestad & Skovholt, 2013). Dryden and Spurling (1989), in their book titled "*On Becoming a Psychotherapist",* included professional journeys of many psychotherapists by their own words. In their evaluations regarding the essays in the book, they point out that receiving cognition and approval is an issue for many psychotherapists in terms of constitution of the self. It can be claimed that all these can lead difficulties in addressing psychotherapists' professional self-discrepancies. This, in turn, might put the

psychotherapist in an inescapable cycle. Especially in supervision and personal psychotherapy processes, professional self-discrepancies need to be brought to light to be worked through. Without addressing them, the transformation becomes difficult, and the discrepancy experienced possibly persists.

5. FINAL WORD

Overall, several general conclusions can be drawn from the foregoing themes. The findings of the current study indicate that psychotherapists perceive becoming a psychotherapist as a long process which requires patience, also emphasizing the importance of psychotherapists working on themselves as well as taking care of themselves. They also highlight the necessity of humility both for their own comfort and their effectiveness. Considering professional self-discrepancies, psychotherapists experience specific congruences and incongruences regardless of their years of experience, but they do not see the incongruences as unchangeable which aligns with the nature of the profession as an endless journey. Furthermore, psychotherapists shape their practices by accepting the parts of their actual selves them seem unalterable. Details regarding the factors influencing professional self-discrepancies and psychotherapists' approaches to them have also been discussed. Finally, in this section, the focus of the study which was the relationship between actual-ideal-ought/own-other professional selves, professional self-discrepancies and personal psychotherapy will be discussed. Afterwards, the limitations of the study and potential areas for future research will be presented.

Firstly, psychotherapists highlighting the necessity of a psychotherapist to be patient and humble is consequential in terms of personal psychotherapy. It can be claimed that starting psychotherapy requires humility to some extent, and continuing the process requires patience. Secondly, we have discussed how psychotherapists tend to embrace their actual selves and make a compromise with their ideals while shaping their professional practices. Personal psychotherapy can be highly functional in helping psychotherapists delineate the boundaries of their actual selves which was also indicated by them in the current study through describing personal psychotherapy as a way of self-exploration. The participating psychotherapists also defined personal psychotherapy as a tool to become acquainted with what psychotherapy truly is. Specifically, witnessing the mistakes of their respected psychotherapists during their own process, acknowledging that it is natural, and realizing that the process is not complicated as it may appear from the outside can play a significant role in the formation of their ideal/own and ought/own professional selves. Psychotherapists expressed a big relief after seeing these moments through their own psychotherapy journeys. This relief could be related to the shift in their ideal-own and ought-own professional selves, which were previously far from reality and difficult to attain.

The researcher's belief in the necessity of the personal psychotherapy and her ongoing engagement in her own process may have caused bias during the interview and analysis phases. This could be seen as a limitation of the study.

Professional self-discrepancies of psychotherapists in relation with their personal psychotherapy experiences is not a topic that has been studied in the literature, that is why the researcher has chosen a qualitative method. Each theme and subthemes reveled can potentially generate new research ideas. Studies in which interviews are conducted with the same participants at different times can be fruitful to follow the transformation of professional self-discrepancies of psychotherapists. Furthermore, actual-ideal-ought/own-other selves and professional self-discrepancies of several other occupational groups could be discovered.

REFERENCES

Adler, A. (1964). *Problems of neurosis.* Harper Torchbooks.

Allen, G. J., Szollos, S. J., & Williams, B. E. (1986). Doctoral students' comparative evaluations of best and worst psychotherapy supervision. *Professional Psychology: Research and Practice, 17*(2), 91–99. https://doi.org/10.1037/0735-7028.17.2.91

Allport, G. W. (1955). *Becoming: basic considerations for a psychology of personality.* Yale University Press.

Anderson, T., Ogles,, B. M., Patterson, C. L., Lambert, M. J., & Vermeersch, D. A. (2009). Therapist effects: Facilitative interpersonal skills as a predictor of therapist success. *Journal of Clinical Psychology, 65*(7), 755–768. https://doi.org/10.1002/jclp.20583

Arnold, D., Calhoun, L. G., Tedeschi, R. G., & Cann, A. (2005). Vicarious posttraumatic growth in psychotherapy. *Journal of Humanistic Psychology, 45*(2), 239– 263.

Aron, A., & Aron, E. (1986). *Love and the expansion of self: Understanding attraction and satisfaction*. Hemisphere Pub. Corp.

Arthur, A. R. (2000). The personality and cognitive-epistemological traits of cognitive-behavioural and psychoanalytic psychotherapists. *British Journal of Medical Psychology, 73*(2), 243–257. https://doi.org/10.1348/000711200160453

Aslan-Yılmaz, H. (2016). Bir derleme: Benlik kavramına ilişkin bazı yaklaşımlar ve tanımlamalar. [A review: Some approaches and definitions about the self concept]. *Sosyal Bilimler Dergisi, 48,* 79-89.

Aveline, M. (2005). The person of the therapist. *Psychotherapy Research, 15*(3), 155–164. https://doi.org/10.1080/10503300500090902

Baldwin, S. A., & Imel, Z. E. (2013). Therapist effects: Findings and methods. In M. J. Lambert (Ed.), *Bergin and Garfield's handbook of psychotherapy and behavior change* (6th ed., pp. 258–239). Hoboken, NJ: Wiley.

Balsam, A., & Garber, N. (1970). Characteristics of psychotherapy supervision. *Academic Medicine, 45*(10), 789–97. https://doi.org/10.1097/00001888-197010000-00011

Bandura, A. (1977). Self-efficacy: Toward a unifying theory of behavioral change. *Psychological Review, 84*(2), 191–215. https://doi.org/10.1037/0033-295x.84.2.191

Barnett, M. D., Moore, J. M., & Harp, A. R. (2017). Who we are and how we feel: Self-discrepancy theory and specific affective states. *Personality and Individual Differences, 111*, 232–237. https://doi.org/10.1016/j.paid.2017.02.024

Barnett, M. D., & Womack, P. M. (2015). Fearing, not loving, the reflection: Narcissism, self-esteem, and self-discrepancy theory. *Personality and Individual Differences*, *74*, 280–284. https://doi.org/10.1016/j.paid.2014.10.032

Bartoskova, L. (2015). Research into post- traumatic growth in therapists: A critical literature review. *Counselling Psychology Review*, *30*(3), 57– 68.

Beck, J. S. (2011). *Cognitive behaviour therapy: Basics and beyond* (2nd ed.). Guilford Press.

Bellows, K. F. (2007). Psychotherapists' personal psychotherapy and its perceived influence on clinical practice. *Bulletin of the Menninger Clinic*, *71*(3), 204–226. https://doi.org/10.1521/bumc.2007.71.3.204

Bem, D. J. (1972). Self-perception theory. *Advances in Experimental Social Psychology Volume 6*, 1–62. https://doi.org/10.1016/s0065-2601(08)60024-6

Bennett-Levy, J., Turner, F., Beaty, T., Smith, M., Paterson, B., & Farmer, S. (2001). The value of self-practice of cognitive therapy techniques and self-reflection in the training of cognitive therapists. *Behavioural and Cognitive Psychotherapy*, *29*(2), 203–220. https://doi.org/10.1017/s1352465801002077

Berger, R. (2015). Now I see it, now I don't: Researchers' position and reflexivity in qualitative research. *Qualitative Research*, *15*(2), 219–234. https://doi.org/10.1177/1468794112468475

Bergin, A. E. & Lambert, M. J. (1978). The evaluation of therapeutic outcomes. In S. L. Garfield and A. E. Bergin (Eds.), *Handbook of Psychotherapy and Behavior Change: An Empirical Analysis* (2nd ed.). John Wiley.

Beutler, L. E., Malik, M., Alimohamed, S., Harwood, T. M., Talebi, H., Noble, S., & Wong, E. (2004). Therapist variables. In M. J. Lambert (Ed.), *Bergin and Garfield's handbook of psychotherapy and behavior change* (5th ed.), (pp.227–306). John Wiley & Sons.

Bitar, G. W., Bean, R. A., & Bermudez, J. M. (2007). Influences and processes in theoretical orientation development: A grounded theory pilot study. *The American Journal of Family Therapy*, *35*(2), 109-121. https://doi.org/10.1080/01926180600553407

Bloomfield, I. (2005). Through therapy to self. In W. Dryden, & L. Spurling (Eds.), *On becoming a psychotherapist* (pp. 30-49). Routledge.

Bohart, A. C., Elliott, R., Greenberg, L. S., & Watson, J. C. (2002). Empathy. In J. C. Norcross (Ed.), *Psychotherapy relationships that work: Therapist contributions and responsiveness to clients* (pp. 89–108). Oxford University Press.

Bond, T., Ashcroft, R., Casemore, R., Jamieson, A., & Lendrum, S. (2002). *Ethical framework for good practice in counselling and psychotherapy.* British Association for Counselling and Psychotherapy.

Boyatzis, R. E. (1998). *Transforming qualitative information: Thematic Analysis and Code Development*. Sage Publications.

Boyraz Giriş, D. (2020). *Psychotherapy processes in schema therapy model: an investigation on therapists' experience of strengthening healthy adult modes* [Master's thesis, Marmara University]. Ulusal Tez Merkezi. https://tez.yok.gov.tr/UlusalTezMerkezi/tezSorguSonucYeni.jsp

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, *3*(2), 77–101. https://doi.org/10.1191/1478088706qp063oa

Bugental, J. F. (1964). The person who is the psychotherapist. *Journal of Consulting Psychology*, *28*(3), 272–277. https://doi.org/10.1037/h0049013

Buhler, C. (1971). Basic theoretical concepts of humanistic psychology. *American Psychologist*, *26*(4), 378–386. https://doi.org/10.1037/h0032049

Bulut, G. (2015*). Perceived theoretical orientation choices of psychotherapists* [Master's thesis, Middle East Technical University]. Ulusal Tez Merkezi. https://tez.yok.gov.tr/UlusalTezMerkezi/tezSorguSonucYeni.jsp

Butler, J. M, & Haigh, G. V. (1954). Change in the relationship between self-concepts and ideal concepts consequent upon client-centered counseling. In C. R. Rogers & R. F. Dymond (Eds.), *Psychotherapy and personality change* (pp. 55-75). University of Chicago Press.

Castonguay, L. G., & Hill, C. E. (Eds.). (2017). *How and why are some therapists better than others? Understanding therapist effects.* American Psychological Association.

Chaplin, J. (2005). Rhythm and blues. In W. Dryden, & L. Spurling (Eds.), *On becoming a psychotherapist* (pp. 165-184). Routledge.

Chessick, R. D. (1974). *The Technique and Practice of Intensive Psychotherapy.* Jason Aron.

Clark, M. M. (1986). Personal therapy: A review of empirical research. *Professional Psychology: Research and Practice*, *17*(6), 541–543. https://doi.org/10.1037/0735-7028.17.6.541

Clarkson, P. (2004). *Gestalt counselling in action* (3rd ed.). SAGE. (Original work published 1989)

Cooley, C. H. (1983). *Human nature and the social order* (1st ed.) Routledge. (Originally published 1902) https://doi.org/10.4324/9780203789513

Cooper, M. (2006). Humanizing psychotherapy. *Journal of Contemporary Psychotherapy, 37*(1), 11–16. https://doi.org/10.1007/s10879-006-9029-6

Cornsweet, C. (1983). Nonspecific factors and theoretical choice. *Psychotherapy: Theory, Research & Practice, 20*(3), 307–313. https://doi.org/10.1037/h0090201

Cukur, C. S. (2002). *Extending self-discrepancy theory: the role of different standpoints on self-regulation across cultures* (Publication No. 3055268). [Doctoral dissertation, University of Nebraska]. ProQuest Dissertations and These Global.

Çevrim, M. (2017). *Exploration of explicit and implicit motivations of candidate psychotherapists for practicing psychotherapy psychotherapists* [Master's thesis, Middle East Technical University]. Ulusal Tez Merkezi. https://tez.yok.gov.tr/UlusalTezMerkezi/tezSorguSonucYeni.jsp

Daggett, C.J., Cassie, J.M., & Collins, G.F. (1979). Research on clinical teaching. *Review of Educational Research, 49*(1), 151-169.

Daly, J., Kellehear, A. & Gliksman, M. (1997). *The public health researcher: A methodological approach*. Oxford University Press.

Daw, B., & Joseph, S. (2007). Qualified therapists' experience of personal therapy. *Counselling & Psychotherapy Research, 7*(4), 227–232. https://doi.org/10.1080/14733140701709064

Dawis, R. V. (2005). The Minnesota theory of work adjustment. In S. D. Brown & R. W. Lent (Eds.), *Career development and counseling: Putting theory and research to work* (pp. 3-23). Wiley.

Deci, E. L., & Ryan, R. M. (1985). *Intrinsic Motivation and Self-Determination in Human Behavior*. Springer.

Delaney, D. J., & Moore, J. C. (1966). Student expectations of the role of practicum supervisor. *Counselor Education and Supervision, 6*(1), 11–17. https://doi.org/10.1002/j.1556-6978.1966.tb00442.x

Derin., S. (2009). Mevlana ve İbn Arabi'de ben ve öteki. [The self and the other in Ibn Arabi and Rumi.]. *İlmi ve Akademik Araştırma Dergisi, 2*(23), 109-130.

DiGiuseppe, R. (1991). A rational-emotive model of assessment. In M. E. Bernard (Ed.), *Using rational-emotive therapy effectively: A practitioner's guide* (pp. 151–172). Plenum Press. https://doi.org/10.1007/978-1-4899-0641-0_6

Dima, G., & Bucuţă, M. D. (2012). The experience of therapeutic change for psychologists preparing to become psychotherapists. *Procedia - Social and Behavioral Sciences*, *33*, 672–676. https://doi.org/10.1016/j.sbspro.2012.01.206

Dryden, W., & Spurling, L. (Eds.). (1989). *On becoming a psychotherapist.* Routledge.

Eckler-Hart, A. H. (1987). True and false self in the development of the psychotherapist. *Psychotherapy: Theory, Research, Practice, Training*, *24*(4), 683–692. https://doi.org/10.1037/h0085768

Edelstein, B. A. (1985). Empirical evaluation of clinical training. *The Behavior Therapist, 8*(4), 67-70.

Edwards, J. K., & Bess, J. M. (1998). Developing effectiveness in the use of self. *Clinical Social Work Journal, 26*, 89–105. doi:10.1023/A:1022801713242

Ekstein. R. & Wallerstein. R. (1972). *The teaching and learning of psychotherapy.* International Universities Press. (Original work published 1958)

Elliott, R., Partyka, R. (2005). Personal therapy and growth work in experiential-humanistic therapies. In J. D. Geller, J. C. Norcross & D. E. Orlinsky (Eds.), *The psychotherapist's own psychotherapy: Patient and clinician perspectives* (pp. 34-40). Oxford University Press.

Feist, J., & Feist, G., J. (2008). *Theories of Personality* (7th ed.). McGraw-Hill.

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

Fordham, M. (1962). Reply. *Journal of Analytical Psychology*, *7*(1), 24–26.

Frager, R., & Fadiman, J. (1998). *Personality and Personal Growth* (4th ed.). Longman.

Freud, S. (1957). Future prospects for psycho-analytic therapy. In J. Strachey (Ed. and Trans.), *The standard edition of the complete psychological works of Sigmund Freud* (Vol. 11, pp. 139–151). Hogarth Press. (Original work published 1910)

Freud, S. (1958). Recommendations to physicians on the psychoanalytic method of treatment. In J. Strachey (Ed. and Trans.), *The standard edition of the complete psychological works of Sigmund Freud* (Vol. 12, pp. 109–120). Hogarth Press. (Original work published 1912)

Freud, S. (1961). The ego and the id. In J. Strachey (Ed.), *The standard edition of the complete psychological works of Sigmund Freud* (Vol. 19, pp. 12-66) Hogarth Press. (Original work published 1923)

Freud, S. (1964). Analysis terminable and interminable. In J. Strachey (Ed.), *The standard edition of the complete psychological works of Sigmund Freud* (Vol. 23, pp. 216-253). Hogarth Press. (Original work published 1937)

Friedberg, R. D., & Fidaleo, R. A. (1992). Training inpatient staff in cognitive therapy. *Journal of Cognitive Psychotherapy, 6*(2), 105–112. https://doi.org/10.1891/0889-8391.6.2.105

Friedlander, M. L., & Ward, L. G. (1984). Development and validation of the Supervisory Styles Inventory. *Journal of Counseling Psychology, 31*(4), 541–557. https://doi.org/10.1037/0022-0167.31.4.541

Friedman, I. (1955). Phenomenal, Ideal, and projected conceptions of self. *The Journal of Abnormal and Social Psychology, 51*(3), 611–615. https://doi.org/10.1037/h0041038

Fromm-Reichman, F. (1950). *Principles of intensive psychotherapy.* University of Chicago Press.

Gecas, V. (1982). The self-concept. *Annual Review of Sociology, 8, 1-33.*

Geller, J. D., Norcross, J. C., Orlinsky, D.E. (2005). *The psychotherapist's own psychotherapy: Patient and clinician perspectives.* Oxford University Press.

Glass, J. (1986). Personal therapy and the student therapist. *The Canadian Journal of Psychiatry, 31*(4), 304–312. https://doi.org/10.1177/070674378603100404

Greenberg, L. S. (2002). *Emotion-focused therapy: Coaching clients to work through their feelings.* APA.

Greenberg, R. P., & Staller, J. (1981). Personal therapy for therapists. *American Journal of Psychiatry, 138*(11), 1467–1471. https://doi.org/10.1176/ajp.138.11.1467

Gürcan, D. (2015). Benlik farklılıklarına Rogers'ın danışan odaklı terapisi ile yaklaşım: Vaka çalışması. [Approaching self-discrepancies through Rogers' client-centered therapy: A case study.]. *Ayna Klinik Psikoloji Dergisi, 2*(1), 13–26. https://doi.org/10.31682/ayna.470648

Gürcan, D. (2015). *Perceived parental relationship, self-discrepancy, and personality characteristics in relation to psychological well-being* [Doctoral dissertation, Middle East Technical University]. Ulusal Tez Merkezi. https://tez.yok.gov.tr/UlusalTezMerkezi/tezSorguSonucYeni.jsp

Hall, C. S., & Lindzey, G. (1957). *Theories of personality.* John Wiley & Sons.

Handley, P. (1982). Relationship between supervisors' and trainees' cognitive styles and the supervision process. *Journal of Counseling Psychology, 29*(5), 508–515. https://doi.org/10.1037/0022-0167.29.5.508

Hardin, E. E., & Lakin, J. L. (2009). The integrated self-discrepancy index: A reliable and valid measure of self-discrepancies. *Journal of Personality Assessment, 91*(3), 245–253. https://doi.org/10.1080/00223890902794291

Hardin, E. E., & Larsen, J. T. (2014). Distinct sources of self-discrepancies: Effects of being who you want to be and wanting to be who you are on well-being. *Emotion, 14,* 214-226. doi:10.1037/a0033893

Hardin, E. E., & Leong, F. T. (2005). Optimism and pessimism as mediators of the relations between self-discrepancies and distress among Asian and European Americans. *Journal of Counseling Psychology, 52*(1), 25–35. https://doi.org/10.1037/0022-0167.52.1.25

Hardin, E. E., & Donaldson, J. R. (2014). Predicting job satisfaction: A new perspective on person–environment fit. *Journal of Counseling Psychology, 61*(4), 634–640. https://doi.org/10.1037/cou0000039

Harper, D., & Thompson, A. R. (2012). *Qualitative research methods in mental health and psychotherapy: A guide for students and Practitioners*. John Wiley & Sons.

Hayes, J. A., (2002). Playing with fire: Countertransference and clinical epistemology. *Journal of Contemporary Psychotherapy, 32* (1), 93–100.

Heinonen, E., Lindfors, O., Laaksonen, M. A., & Knekt, P. (2012). Therapists' professional and personal characteristics as predictors of outcome in short- and long-term psychotherapy. *Journal of Affective Disorders, 138*(3), 301–312. https://doi.org/10.1016/j.jad.2012.01.023

Heinonen, E., & Nissen-Lie, H. A. (2020). The professional and personal characteristics of effective psychotherapists: a systematic review. *Psychotherapy Research, 30*(4), 417–432. https://doi.org/10.1080/10503307.2019.1620366

Hess, A. K. (1987). Psychotherapy supervision: Stages, Buber, and a theory of relationship. *Professional Psychology: Research and Practice, 18*(3), 251–259. https://doi.org/10.1037/0735-7028.18.3.251

Higgins, E. T. (1987). Self-discrepancy: A theory relating self and affect. *Psychological Review, 94*(3), 319–340. https://doi.org/10.1037/0033-295x.94.3.319

Higgins, E. T. (1989). Continuities and discontinuities in self-regulatory and self-evaluative processes: A developmental theory relating self and affect. *Journal of Personality*, *57*(2), 407–444. https://doi.org/10.1111/j.1467-6494.1989.tb00488.x

Higgins, E. T. (1999). When do self-discrepancies have specific relations to emotions? the second-generation question of Tangney, Niedenthal, Covert, and Barlow (1998). *Journal of Personality and Social Psychology*, *77*(6), 1313–1317. https://doi.org/10.1037/0022-3514.77.6.1313

Higgins, E. T., Bond, R. N., Klein, R., & Strauman, T. (1986). Self-discrepancies and emotional vulnerability: How magnitude, accessibility, and type of discrepancy influence affect. *Journal of Personality and Social Psychology, 51*(1), 5–15. https://doi.org/10.1037/0022-3514.51.1.5

Higgins, E. T., Klein, R., & Strauman, T. (1985). Self-concept discrepancy theory: A psychological model for distinguishing among different aspects of depression and anxiety. *Social Cognition, 3*(1), 51–76. https://doi.org/10.1521/soco.1985.3.1.51

Higgins, E. T., Roney, C. J., Crowe, E., & Hymes, C. (1994). Ideal versus ought predilections for approach and avoidance distinct self-regulatory systems. *Journal of Personality and Social Psychology*, *66*(2), 276–286. https://doi.org/10.1037/0022-3514.66.2.276

Hogan, R. A. (1964). Issues and approaches in supervision. *Psychotherapy: Theory, Research & Practice*, *1*(3), 139–141. https://doi.org/10.1037/h0088589

Holland, J. L. (1997). *Making vocational choices: A theory of vocational personalities and work environments* (3rd ed.). Prentice-Hall.

Holloway, I., & Todres, L. (2003). The status of method: Flexibility, consistency and coherence. *Qualitative Research*, *3*(3), 345–357. https://doi.org/10.1177/1468794103033004

Horney, K. (2008). *Are you considering psychoanalysis?* W.W. Norton & Company. (Original work published 1946)

Horney, K. (1950). *Neurosis and human growth*. W.W. Norton & Company.

Horney, K. (1966). *New ways in psychoanalysis*. W.W. Norton & Company. (Original work published 1939)

Hortaçsu, N. (1989). Turkish students' self concepts and reflected appraisals of significant others. *International Journal of Psychology*, *24*(1-5), 451–463. https://doi.org/10.1080/00207594.1989.10600058

Horvath, A. O., Re, A. C. D., Flückiger, C., & Symonds, D. (2011). Alliance in individual psychotherapy. *Psychotherapy Relationships That Work*, 25–69. https://doi.org/10.1093/acprof:oso/9780199737208.003.0002

Istanbul Psychoanalytical Association. (n.d.). *Who can apply?* Retrieved October 26, 2022 from https://www.istanbulpsikanalizdernegi.com/en/psychoanalytical-training/who-can-apply

Jacobsson, G., Lindgren, T. E., & Hau, S. (2012). Rites of passage: Novice students' experiences of becoming psychotherapist. *Nordic Psychology, 64*(3), 192–202. https://doi.org/10.1080/19012276.2012.731313

James, W. (1918). *The principles of psychology.* H. Holt. (Originally published 1890)

Joffe, H. (2012). Thematic analysis. In D. Harper & A. R. Thompson (Eds.), *Qualitative research methods in mental health and psychotherapy: A guide for students and practitioners,* (pp. 209-224). John Wiley & Sons.

Johns, R. G., Barkham, M., Kellett, S., & Saxon, D. (2018). A systematic review of therapist effects: A critical narrative update and refinement to review. *Clinical Psychology Review, 67*, 78–93. https://doi.org/10.1016/j.cpr.2018.08.004

Jung, C. G. (2013). Psychology of the transference. In F. C. Hall (Trans.), *Collected works* (Vol. 16, pp. 163–321). Pantheon. (Original work published 1946)

Kapıkıran, N. A. (2011). Ideal-real self-concept and state-trait anxiety in Turkish university students according to chaid analysis. *College Student Journal, 45*(4), 715-725.

Kaslow, N. J., & Friedman, D. (1984). The interface of personal treatment and clinical training for psychotherapist trainees. In F. W. Kaslow (Ed.), *Psychotherapy with psychotherapists* (pp. 33-57). Haworth.

Kazdin, A. E. (1979). Nonspecific treatment factors in psychotherapy outcome research. *Journal of Consulting and Clinical Psychology, 47*(5), 846–851. https://doi.org/10.1037/0022-006x.47.5.846

Kernberg, O. F. (1973). Summary and conclusions of 'Psychotherapy and Psychoanalysis, Final Report of the Menninger Foundation's Psychotherapy Research Project'. *International Journal of Psychiatric Medicine, 11*(1), 62-77.

Korb, M.P., Gorrell, J., & Van De Riet, V. (1989). *Gestalt therapy: Practice and theory* (2nd ed.). Plenum.

Kottler, J. A. (2017). *On being a therapist* (5th ed.). Oxford University Press.

Kottler, J. A., & Carlson, J. (2006). *The client who changed me: Stories of therapist personal transformation.* Routledge.

Kumari, N. (2011). Personal therapy as a mandatory requirement for counselling psychologists in training: A qualitative study of the impact of therapy on trainees' personal and professional development. *Counselling Psychology Quarterly*, *24*(3), 211–232. https://doi.org/10.1080/09515070903335000

Kuş Saillard, E. (2022). Yöntemsel süreci anlama ve tanımlama [Understanding and defining the methodological proces]. In S. Sarı (Ed.), *Nitel araştırma yöntemlerinin psikoterapi araştırmalarına uygulanması*. (pp. 1-11). Nobel.

Küçün, N. T., Alptekin, H. D., Çetin, C., Eroğlu, S. (2021). Benlik uyuşmazlığı teorisinin tüketicilerin online satın alma davranışına yansımaları. [The reflections of self-discrepancy theory on online consumer behavior]. *Pazarlama ve Pazarlama Araştırmaları Dergisi, 14*(3), 579-604.

Lacan, J. (1964). *Book XI: The four fundamental concepts of psychoanalysis.* J.A. Miller (ed.), A. Sheridan (trans.). W.W. Norton and Company.

Lacan, J. (1970). *The seminar of Jacques Lacan book XVII, psychoanalysis upside down/The reverse side of psychoanalysis* (C. Gallagher, Trans.). http://www.lacaninireland.com/web/wp-content/uploads/2010/06/Book-17-Psychoanalysis-upside-down-the-reverse-side-of-psychoanalysis.pdf

Laireter, A., Willutzki, U. (2005). Personal therapy in cognitive-behavioral therapy: tradition and current practice. In J. D. Geller, J. C. Norcross & D. E. Orlinsky (Eds.), *The psychotherapist's own psychotherapy: Patient and clinician perspectives* (pp. 41-51). Oxford University Press.

Lambert, M. J. (1992). Psychotherapy outcome research: Implications for integrative and eclectical therapists. In J. C. Norcross & M. R. Goldfried (Eds.), *Handbook of psychotherapy integration* (pp. 94–129). Basic Books.

Lasky, R. (2005). The training analysis in the mainstream Freudian model. In J. D. Geller, J. C. Norcross & D. E. Orlinsky (Eds.), *The psychotherapist's own psychotherapy: Patient and clinician perspectives* (pp. 15-26). Oxford University Press.

Lafferty, P., Beutler, L. E., & Crago, M. (1989). Differences between more and less effective psychotherapists: A study of select therapist variables. *Journal of Consulting and Clinical Psychology*, *57*(1), 76–80. https://doi.org/10.1037/0022-006x.57.1.76

Lazarus, A. A. (1978). Styles not systems. *Psychotherapy: Theory, Research and Practice, 15,* 359-361.

Leddick, G. R., & Dye, H. A. (1987). Effective supervision as portrayed by trainee expectations and preferences. *Counselor Education and Supervision, 27*(2), 139-154. https://doi.org/10.1002/j.1556-6978.1987.tb00753.x

Lee, D. (2018). *Counselors' self-discrepancy and its impact on their burnout and wellness* [Doctoral dissertation, University of Arkansas]. ScholarWorks@UARK. https://scholarworks.uark.edu/cgi/viewcontent.cgi?article=4363&context=etd

Lemons, S. L. (1974). *A comparative study of the relation between value system similarity and the level of effectiveness of communication within, and the degree of overall satisfaction with the supervisory relationship in counselor training* (Publication No. 7505642). [Doctoral dissertation, Indiana University]. ProQuest Dissertations and These Global.

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.

Macaskill, N. D. (1988). Personal therapy in the training of the psychotherapist: Is it effective? *British Journal of Psychotherapy*, *4*(3), 219–226. https://doi.org/10.1111/j.1752-0118.1988.tb01024.x

MacDevitt, J. W. (1987). Therapists' personal therapy and professional self-awareness. *Psychotherapy: Theory, Research, Practice, Training*, *24*(4), 693–703. https://doi.org/10.1037/h0085769

Macdonald, J., & Mellor-Clark, J. (2014). Correcting psychotherapists' blindsidedness: Formal feedback as a means of overcoming the natural limitations of therapists. Clinical Psychology & Psychotherapy. DOI:10.1002/cpp.1887.

Macran, S., & Shapiro, D. A. (1998). The role of personal therapy for therapists: A Review. *British Journal of Medical Psychology, 71*(1), 13–25. https://doi.org/10.1111/j.2044-8341.1998.tb01364.x

Macran, S., Stiles, W. B., & Smith, J. A. (1999). How does personal therapy affect therapists' practice? *Journal of Counseling Psychology*, *46*(4), 419–431. https://doi.org/10.1037/0022-0167.46.4.419

Malikiosi-Loizos, M. (2013). Personal therapy for future therapists: Reflections on a still debated issue. *The European Journal of Counselling Psychology*, *2*(1), 33–50. https://doi.org/10.5964/ejcop.v2i1.4

Manian, N., Strauman, T. J., & Denney, N. (1998). Temperament, recalled parenting styles, and self-regulation: Testing the developmental postulates of self-discrepancy

theory. *Journal of Personality and Social Psychology, 75*(5), 1321–1332. https://doi.org/10.1037/0022-3514.75.5.1321

Markus, H., & Nurius, P. (1986). Possible selves. *American Psychologist, 41*(9), 954–969. https://doi.org/10.1037/0003-066X.41.9.954

Mason, M. D. (2012). *How psychotherapy trainees experience theoretical orientation development: A phenomenological study* [Doctoral dissertation, State University of New York]. (Publication No. 3549887) ProQuest Dissertations and These Global.

McElhose, R.T. (1974). *Supervisor-supervisee complementarity and relational distance as related to supervisor experience level* [Doctoral dissertation, Michigan State University]. MSU Libraries. https://d.lib.msu.edu/etd/43896/datastream/OBJ/View/

McLeod, J. (2001). *Qualitative research in counseling and psychotherapy.* SAGE.

Mead, G. H. (2015). *Mind, self, and society* (H. Joas, D. R. Huebner & C. W. Morris, Eds.). The University of Chicago Press.

Mitchell, S. A., & Black, M. J. (1995). *Freud and beyond: A history of modern psychoanalytic thought*. Basic Books.

Morrow, S. L. (2005). Quality and trustworthiness in qualitative research in counseling psychology. *Journal of Counseling Psychology*, *52*(2), 250-260.

Moskowitz, S. A., & Rupert, P. A. (1983). Conflict resolution within the supervisory relationship. *Professional Psychology: Research and Practice, 14*(5), 632–641. https://doi.org/10.1037/0735-7028.14.5.632

Murphy, D. (2005). A qualitative study into the experience of mandatory personal therapy during training. *Counselling & Psychotherapy Research, 5*(1), 27-32. https://doi.org/10.1080/14733140512331343868

Najavits, L., & Strupp, H. H. (1994). Differences in the effectiveness of psychodynamic therapists: A process-outcome study. *Psychotherapy: Theory, Research, Practice, Training, 31*, 114–123.

Nissen-Lie, H. A., Monsen, J. T., & Rønnestad, M. H. (2010). Therapist predictors of early patient-rated working alliance: A multilevel approach. Psychotherapy Research, 20(6), 627–646.

Nissen-Lie, H. A., Monsen, J. T., Ulleberg, P., & Rønnestad, M. H. (2013). Psychotherapists' self-reports of their difficulties and interpersonal functioning in practice as predictors of patient outcome. Psychotherapy Research, 23(1), 86–104.

Nissen-Lie, H. A., Ronnestad, M. H., Hoglend, P. A., Havik, O. E., Solbakken, O. A., Stiles, T. C., & Monsen, J. T. (2017). Love yourself as a person, doubt yourself as a therapist? *Clinical Psychology & Psychotherapy,* 24, 48–60.

Norcross, J. C. (2005). The psychotherapist's own psychotherapy: Educating and developing psychologists. *American Psychologist*, *60*(8), 840–850. https://doi.org/10.1037/0003-066x.60.8.840

Norcross, J. C., Aboyoun, D. C. (1994). Self-change experiences of psychotherapists. In T. H. Brinthaupt & R. P. Lipka (Eds.), *Changing the self: Philosophies, techniques, and experiences,* (pp. 253-278). State University of New York Press.

Norcross, J. C., & Guy, J. D. (1989). Ten therapists: The process of becoming and being. In W. Dryden & L. Spurling (Eds.), *On becoming a psychotherapist*, (pp. 215-239). Routledge.

Norcross, J. C., Strausser-Kirtland, D., & Missar, C. D. (1988). The processes and outcomes of psychotherapists' personal treatment experiences. *Psychotherapy: Theory, Research, Practice, Training*, *25*(1), 36–43. https://doi.org/10.1037/h0085321

Oddli, H. W., & Rønnestad, M. H. (2012). How experienced therapists introduce the technical aspects in the Initial Alliance Formation: Powerful Decision Makers supporting clients' agency. *Psychotherapy Research*, *22*(2), 176–193. https://doi.org/10.1080/10503307.2011.633280

Ogilvie, D. M. (1987). The undesired self: A neglected variable in personality research. *Journal of Personality and Social Psychology*, *52*(2), 379–385. https://doi.org/10.1037/0022-3514.52.2.379

Orlinsky, D. E., & Howard, K. I. (1977). The therapist's experience of psychotherapy. In A. S. Gurman & A. M. Razin (Eds.), *Effective psychotherapy: A handbook of research*. Pergamon Press.

Orlinsky, D. E., Rønnestad, M. H., Willutki, U., Wiseman, H., & Botermans, J. F. (2005). The prevalence and parameters of personal therapy in Europe and elsewhere. In J. D. Geller, J. C. Norcross, & D. E. Orlinsky (Eds.), *The psychotherapist's own psychotherapy: Patient and clinician perspectives* (pp. 177–191). Oxford University Press.

Orlinsky, D. E., Schofield, M. J., Schroder, T., & Kazantzis, N. (2011). Utilization of personal therapy by psychotherapists: A practice-friendly review and a new study. *Journal of Clinical Psychology*, *67*(8), 828–842. https://doi.org/10.1002/jclp.20821

O'Rourke, S. (2000). *Self-discrepancy theory and the big five: Relationships among personality factors, anxiety, and depression* (Publication No. 9998240) [Doctoral dissertation, State University of New York at Albany]. ProQuest Dissertations and These Global.

Oteiza, V. (2010). Therapists' experiences of personal therapy: A descriptive phenomenological study. *Counselling and Psychotherapy Research*, *10*(3), 222–228. https://doi.org/10.1080/14733140903337300

Padesky, C. A., & Greenberger, D. (1995). *Clinician's guide to Mind Over Mood.* Guilford Press.

Perls, F. S., Hefferline, R. F., & Goodman, P. (1951). *Gestalt therapy*. Julian.

Pistole, M. C., & Watkins, C. E. (1995). Attachment theory, counseling process, and supervision. *The Counseling Psychologist, 23*(3), 457–478. https://doi.org/10.1177/0011000095233004

Rake, C., & Paley, G. (2009). Personal therapy for psychotherapists: The impact on therapeutic practice. A qualitative study using interpretative phenomenological analysis. *Psychodynamic Practice: Individuals, Groups and Organisations*, *15*(3), 275–294. https://doi.org/10.1080/14753630903024481

Reupert, A. (2008). A trans-disciplinary study of the therapist's self. *European Journal of Psychotherapy & Counselling*, *10*(4), 369–383. https://doi.org/10.1080/13642530802577125

Riscalla, L. M. (1971). The identity struggle of a therapist. *Psychotherapy: Theory, Research & Practice, 8*(4), 294–296. https://doi.org/10.1037/h0086681

Rober, P. (2005). The therapist's self in dialogical family therapy: Some ideas about not-knowing and the therapist's inner conversation. *Family Process*, *44*(4), 477–495. https://doi.org/10.1111/j.1545-5300.2005.00073.x

Ronnestad, M. H., & Skovholt, T. M. (1993). Supervision of beginning and advanced graduate students of Counseling and psychotherapy. *Journal of Counseling & Development*, *71*(4), 396–405. https://doi.org/10.1002/j.1556-6676.1993.tb02655.x

Rønnestad, M. H., & Skovholt, T. M. (2013). *The developing practitioner: Growth and stagnation of therapists and counselors.* Routledge.

Rogers, C. R. (1951). *Client-centered therapy: Its current practice, implications, and theory.* Houghton Mifflin.

Rogers, C. R. (1954). Toward a theory of creativity. *Etc., 11,* 249–260.

Rogers, C. R. (1959). A theory of therapy, personality, and interpersonal relationships: As developed in the client-centered framework. In S. Koch (Ed.), *Psychology: A study of a science. Formulations of the person and the social context* (Vol. 3, pp. 184-256). McGraw Hill.

Rogers, C. R. (1961). *On becoming a person*. Houghton Mifflin.

Rowan, J., & Jacobs, M. (2002). *The therapist's use of self*. Open University Press.

Schafer, S. (1967). The victim and his functional responsibility. *Criminology, 5*(3), 25–29. https://doi.org/10.1111/j.1745-9125.1967.tb00707.x

Schneider, K. J., & May, R. (1995). *The psychology of existence: An integrative, clinical perspective*. McGraw-Hill.

Schnellbacher, J., & Leijssen, M. (2009). The significance of therapist genuineness from the client's perspective. *Journal of Humanistic Psychology*, *49*(2), 207–228. https://doi.org/10.1177/0022167808323601

Scott, L., & O'Hara, M. W. (1993). Self-discrepancies in clinically anxious and depressed university students. *Journal of Abnormal Psychology*, *102*(2), 282–287. https://doi.org/10.1037/0021-843X.102.2.282

Skovholt, T. M., & Ronnestad, M. H. (1992a). Themes in therapist and counselor development. *Journal of Counseling & Development, 70,* 505-515.

Skovholt, T. M., & Ronnestad, M. H. (1992b). *The evolving professional self: Stages and themes in therapist and counselor development.* Wiley.

Sloane, R. B., Staples, R. R., Cristol, A. H., Yorkston, N. J. & Whipple, K. (1975). *Psychotherapy versus behavior therapy.* Harvard University Press

Stanley, M., & Burrow, A. L. (2015). The distance between selves: The influence of self-discrepancy on purpose in life. *Self and Identity*, *14*(4), 441–452. https://doi.org/10.1080/15298868.2015.1008564

Steele, C. M. (1988). The psychology of self-affirmation: Sustaining the integrity of the self. *Advances in Experimental Social Psychology*, 261–302. https://doi.org/10.1016/s0065-2601(08)60229-4

Strauman, T. J. (1989). Self-discrepancies in clinical depression and social phobia: Cognitive structures that underlie emotional disorders? *Journal of Abnormal Psychology, 98*(1), 14–22. https://doi.org/10.1037/0021-843X.98.1.14

Strauman, T. J. (1996). Stability within the self: A longitudinal study of the structural implications of self-discrepancy theory. *Journal of Personality and Social Psychology, 71*(6), 1142–1153. https://doi.org/10.1037/0022-3514.71.6.1142

Stringer-Seibold, T. A. (1998). *Therapist's experiences in their own therapy: Impact on the development on the therapist* (Publication No. 9914233). [Doctoral dissertation, Kansas State University]. ProQuest Dissertations and These Global.

Strupp, H. H. (1978). The therapist's theoretical orientation: An overrated variable. *Psychotherapy: Theory, Research and Practice, 15*, 314-317.

Strupp, H. H., & Hadley, S. W. (1979). Specific VS nonspecific factors in psychotherapy. *Archives of General Psychiatry, 36*(10), 1125. https://doi.org/10.1001/archpsyc.1979.01780100095009

Strupp, H. H., & Anderson, T. (1997). On the limitations of therapy manuals. *Clinical Psychology: Science and Practice, 4*(1), 76–82. https://doi.org/10.1111/j.1468-2850.1997.tb00101.x

Sullivan, H. S. (1938). Psychiatry: introduction to the study of interpersonal relations. *Psychiatry: Journal for the Study of Interpersonal Processes, 1*, 121–134.

Super, D. E. (1992). Toward a comprehensive theory of career development. In D. H. Montross & C. J. Shinkman (Eds.), *Career development: Theory and practice* (pp. 35-64). Charles C. Thomas.

Swann, W. B., Jr. (2012). Self-verification theory. In P. A. M. Van Lange, A. W. Kruglanski, & E. T. Higgins (Eds.), *Handbook of theories of social psychology* (pp. 23–42). Sage.

Tan, Ö. (2010). *Benlik uyuşmazlıkları kuramının tanı alan ve almayan örneklemde araştırılması.*[Investigation of self-discrepancy theory in clinical and nonclinical samples.]. [Master's thesis, Muğla University]. Ulusal Tez Merkezi. https://tez.yok.gov.tr/UlusalTezMerkezi/tezSorguSonucYeni.jsp

Tavares, S., Salgado, J., Gonçalves, & M. M. (2006). The psychotherapist's social role under a dialogical perspective: A study of the personal construction of "I as a psychotherapist". *European Journal of School Psychology, 4*(2), 349-372.

Topolinski, S., & Hertel, G. (2007). The role of personality in psychotherapists' careers: Relationships between personality traits, therapeutic schools, and job satisfaction. *Psychotherapy Research, 17*(3), 365–375. https://doi.org/10.1080/10503300600830736

Tremblay, J. M., Herron, W. G., & Schultz, C. L. (1986). Relation between therapeutic orientation and personality in psychotherapists. *Professional Psychology: Research and Practice, 17*(2), 106–110. https://doi.org/10.1037/0735-7028.17.2.106

Turner, J. C., Hogg, M. A., Oakes, P. J., Reicher, S. D., & Wetherell, M. S. (1987). *Rediscovering the social group: A self-categorization theory.* Basil Blackwell.

Türe, D. (2021). *Mother-shaming memories: The role of maternal self-discrepancy on negative emotions and shaming experiences of mothers* [Doctoral dissertation, Middle East Technical University]. Ulusal Tez Merkezi. https://tez.yok.gov.tr/UlusalTezMerkezi/tezSorguSonucYeni.jsp

Urban, E. (2005). Fordham, Jung and the self: A re-examination of Fordham's contribution to Jung's conceptualization of the self. *Journal of Analytical Psychology*, *50*(5), 571–594. https://doi.org/10.1111/j.0021-8774.2005.00559.x

Uyar Suiçmez, T. (2019). *Examining the process of professional identity development of psychotherapists in supervision process: a critical discursive psychological approach* [Doctoral dissertation, Middle East Technical University]. Ulusal Tez Merkezi. https://tez.yok.gov.tr/UlusalTezMerkezi/tezSorguSonucYeni.jsp

Vasco, A. B., & Dryden, W. (1994). The development of psychotherapists' theoretical orientation and clinical practice. *British Journal of Guidance & Counselling*, *22*(3), 327–341. https://doi.org/10.1080/03069889408253678

Wampold, B. E., & Imel, Z. E. (2015). *The great psychotherapy debate: The evidence for what makes psychotherapy work* (2nd ed.). Routledge.

Watkins, C. E. (1994). The supervision of psychotherapy supervisor trainees. *American Journal of Psychotherapy*, *48*(3), 417–431. https://doi.org/10.1176/appi.psychotherapy.1994.48.3.417

Watkins, M. (1992). From individualism to the interdependent self. *Psychological Perspectives*, *27*(1), 52–69. https://doi.org/10.1080/00332929208408110

Wheeler, S. (1991). Personal therapy: An essential aspect of counsellor training, or a distraction from focussing on the client? *International Journal for the Advancement of Counselling*, *14*(3), 193–202. https://doi.org/10.1007/bf00119182

Willig, C. (2013). *Introducing qualitative research in psychology*. McGraw-Hill Education.

Woźniak, M. (2018). "I" and "me": The self in the context of consciousness. *Frontiers in Psychology*, *9*. https://doi.org/10.3389/fpsyg.2018.01656

Young, J. E., Klosko, J. S., & Weishaar, M. E. (2003). *Schema therapy: A practitioner's guide*. Guilford Press.

APPENDICES

APPENDIX 1: INFORMED CONSENT FORM

Bilgilendirilmiş Onam Formu

Değerli Katılımcı,

Bu araştırma, Başkent Üniversitesi Klinik Psikoloji Yüksek Lisans Programı'nda öğrenim görmekte olan Nimet Kütük tarafından, Dr. Tuğba Uyar Suiçmez danışmanlığındaki tezi kapsamında yürütülmektedir. Çalışmanın amacı, psikoterapistlerin benlikleri ve kendi psikoterapi süreçleri arasındaki ilişkiyi ele almaktır. Katılım gönüllülük esasına dayanmaktadır. Araştırmada sizden kimlik belirleyici hiçbir bilgi istenmeyecek olup, edinilen bilgiler sadece araştırmacılar tarafından değerlendirildikten sonra bilimsel yayımlarda kullanılacaktır. Görüşme sırasında ses kaydı alınacaktır. Araştırma sonuçlarının sağlıklı sonuç verebilmesi için, soruları samimi olarak cevaplandırmanız son derece önemlidir. Doğru ya da yanlış cevap yoktur. Kendinize en yakın hissettiğiniz cevabı vermeniz yeterli olacaktır. Ankette ve görüşme sorularında genel olarak rahatsızlık verecek sorular bulunmamaktadır. Ancak, herhangi bir rahatsızlık hissetmeniz durumunda çalışmadan ayrılabilirsiniz. Araştırmayla ilgili daha fazla bilgi almak istemeniz durumunda Nimet Kütük ile iletişime geçebilirsiniz. Çalışmaya olan

katkılarınızdan dolayı teşekkür ederiz.

Bu çalışmaya tamamen gönüllü olarak katılıyorum ve istediğim zaman yarıda kesip çıkabileceğimi biliyorum. Verdiğim bilgilerin bilimsel amaçlı yayımlarda kullanılmasını kabul ediyorum.

Tarih/İmza

APPENDIX 2: DEMOGRAPHIC INFORMATION FORM

Demografik Bilgi Formu

1) Yaşınız:

2) Cinsiyetiniz:

☐ Kadın ☐ Erkek

☐ Diğer (Lütfen Belirtiniz: ……..)

3) Medeni Durumunuz:

☐ Evli ☐ Bekâr ☐ İlişkisi var

4) En son mezun olduğunuz öğrenim derecesi

- Üniversite
- Yüksek Lisans
- Doktora
- Doktora Sonrası

Ek soru: şu an hangi aşamada?

5) Aylık geliriniz:

☐ düşük ☐ orta ☐ üst

6) Ne kadar süredir psikoterapi uyguluyorsunuz?

☐ 1 yıldan az ☐ 1-3 yıl ☐ 3-5 yıl ☐ 5 yıl ve üzeri

7) Güncel olarak kaç danışan/hasta takip ediyorsunuz?

☐ 5'ten az ☐ 5-10 ☐ 10-15 ☐ 15 ve üzeri

8) Hangi terapi yaklaşımını/yaklaşımlarını uyguluyorsunuz?

……

9) Kişisel psikoterapi (personal psychotherapy) deneyiminiz var mı?

☐ Evet ☐ Hayır

10) Bu bölümde sizin psikoterapi sürecinizle ilgili sorular sorulacaktır.

- Psikoterapistinizin yaklaşımı nedir?
- Psikoterapistinizin unvanı nedir?
- Ne kadar süre gittiniz?
- Şu anda devam ediyor musunuz?
  - ✓ Ne zaman sonlandı?

11) Süpervizyon almaya devam ediyor musunuz? Hangi sıklıkla?

……

12) Akran süpervizyonu alıyor musunuz? Hangi sıklıkla?

……..

APPENDIX 3: INTEGRATED SELFDISCREPANY INDEX

INTEGRATED SELF DISCREPANCY INDEX

Bir sonraki sayfada size uygun olduğunu düşündüğünüz bazı özellikleri sıralamanız istenecektir. Üç farklı benlik için ayrı listeler yapmanız gerekmektedir.

- **İdeal benlik:** İdeal olarak sahip olmak istediğiniz özelliklerdir. Sahip olmak istediğiniz, dilediğiniz, umut ettiğiniz kişilik özellikleri ideal benliğinizi oluşturur.
- **Zaruri benlik:** Sahip olmanız gerektiğini düşündüğünüz özelliklerdir. Görev, zorunluluk, sorumluluk ya da ahlaki olarak sahip olmanız gerektiğini düşündüğünüz özellikler zaruri benliğinizi oluşturur.
- **İstenmeyen benlik:** Sahip olmak istemediğiniz özellikler istenmeyen benliğinizi oluşturur.

İdeal benlik ve Zaruri benlik arasındaki fark: Örneğin, bir kişi bir gün zengin olmayı arzuluyor, umut ediyorsa, bu kendisi için ulaşmak istediği bir hedeftir. Yani zengin olmak bu kişinin 'ideal benliği'ne ait bir özelliktir. Fakat kişi kendisini görev ve sorumluluk olarak zengin olmak zorunda hissediyorsa, zengin olmak 'zaruri benliği'ne ait bir özelliktir denebilir.

Her bir liste için, sıralamanız gereken özellikleri dikkatlice düşününüz. Özellikleri sıralarken, dilediğiniz kelimeleri kullanabilirsiniz.

Lütfen, bir psikoterapist olarak, ideal olarak sahip olmak istediğiniz, sahip olmayı dilediğiniz, umut ettiğiniz özellikleri sıralayınız.

Daha sonra bu kutucukları doldurmanız istenecektir. O zamana kadar lütfen önemsemeyiniz.

	İdeal benlik 1:
	İdeal benlik 2:
	İdeal benlik 3:
	İdeal benlik 4:
	İdeal benlik 5:

Lütfen bir psikoterapist olarak, görev, zorunluluk, sorumluluk ya da ahlaki olarak sahip olmanız gerektiğini (zorunlu olduğunu) düşündüğünüz özellikleri sıralayınız.

Daha sonra bu kutucukları doldurmanız istenecektir. O zamana kadar lütfen önemsemeyiniz.

	Zaruri benlik 1:
	Zaruri benlik 2:
	Zaruri benlik 3:
	Zaruri benlik 4:
	Zaruri benlik 5:

Lütfen bir psikoterapist olarak, sahip olmak istemediğiniz ya da sahip olmaktan korktuğunuz özellikleri sıralayınız.

Daha sonra bu kutucukları doldurmanız istenecektir. O zamana kadar lütfen önemsemeyiniz.

	İstenmeyen benlik 1:
	İstenmeyen benlik 2:
	İstenmeyen benlik 3:
	İstenmeyen benlik 4:
	İstenmeyen benlik 5:

Lütfen bugüne kadar lisansüstü eğitiminizde yer almış (ders aldığınız, birlikte çalıştığınız veya süpervizyon aldığınız) tüm hocalarınızı düşünün. Fikirlerini en çok önemsediğiniz kişiyi hatırlayın. Aşağıdaki soruları aklınıza gelen kişinin size atfedeceği ve size uygun olduğunu düşüneceği özellikleri göz önünde bulundurarak listelemeniz istenmektedir. Yeniden üç farklı benlik için ayrı listeler yapmanız gerekmektedir.

- **İdeal benlik:** Hocanızın sizin bir psikoterapist olarak sahip olmanızı istediği özelliklerdir. Sizin nasıl bir terapist olacağınıza dair sahip olmanızı istediği, dilediği, umut ettiği kişilik özellikleri ideal benliğinizi oluşturur.
- **Zaruri benlik:** Hocanızın bir psikoterapist olarak sahip olmanız gerektiğini düşündüğü özelliklerdir. Süpervizörünüzün görev, zorunluluk, sorumluluk ya da ahlaki olarak sahip olmanız gerektiğini düşündüğünü özellikler zaruri benliğinizi oluşturur.
- **İstenmeyen benlik:** Hocanızın sizin bir psikoterapist olarak sahip olmanızı istemediği özellikler istenmeyen benliğinizi oluşturur.

Her bir liste için, sıralamanız gereken özellikleri dikkatlice düşününüz. Özellikleri sıralarken, dilediğiniz kelimeleri kullanabilirsiniz.

Lütfen, hocanızın, sizin bir psikoterapist olarak, ideal olarak sahip olmanızı istediği, sahip olmanızı dilediği, umut ettiği özellikleri sıralayınız.

Daha sonra bu kutucukları doldurmanız istenecektir. O zamana kadar lütfen önemsemeyiniz.

	İdeal benlik 1:
	İdeal benlik 2:
	İdeal benlik 3:
	İdeal benlik 4:
	İdeal benlik 5:

Lütfen hocanızın; sizin bir psikoterapist olarak görev, zorunluluk, sorumluluk ya da ahlaki olarak sahip olmanız gerektiğini (zorunlu olduğunu) düşündüğü özellikleri sıralayınız.

Daha sonra bu kutucukları doldurmanız istenecektir. O zamana kadar lütfen önemsemeyiniz.

	Zaruri benlik 1:
	Zaruri benlik 2:
	Zaruri benlik 3:
	Zaruri benlik 4:
	Zaruri benlik 5:

Lütfen hocanızın, sizin bir psikoterapist olarak, sahip olmanızı istemediği ya da sahip olmanızı arzulamadığı özellikleri sıralayınız.

Daha sonra bu kutucukları doldurmanız istenecektir. O zamana kadar lütfen önemsemeyiniz.

İstenmeyen benlik 1:

İstenmeyen benlik 2:

İstenmeyen benlik 3:

İstenmeyen benlik 4:

İstenmeyen benlik 5:

Yönerge: Şimdiye dek üç farklı benlik türünde beşer adet kişilik özelliği listelemiş olmanız gerekmektedir. Eğer her bir benlik türünde beşer adet özellik yazamadıysanız lütfen aşağıda listelenmiş kelimelere bakınız ve size uygun olabilecek özellikleri seçerek listenizi tamamlayınız. Ayrıca, eğer kendi yazmış olduğunuz özellikler yerine, aşağıda listelenmiş olanlardan herhangi birinin size daha uygun olduğunu düşünüyorsanız, daha önce yazmış olduğunuz özelliği, ilgili bölüme geri dönerek, değiştirebilirsiniz. Kendinizi bu listede yer alan özelliklerle sınırlandırmanız gerekmemektedir. Eğer liste aklınıza başka özellikler getirdiyse, onları yazmakta serbestsiniz. Listenizi tamamladıktan sonra, anketi doldurmaya devam edebilirsiniz.

Agresif	Huysuz	Yardımsever	Ahlaklı	Duyarlı
Hırslı	Sağduyulu	Komik	Evhamlı	Duygusal
Cana yakın	Ayrımcı	Taklitçi	Kayıtsız	Gözü açık
Kadirşinas	Saygısız	Kusurlu	Kendine güveni olmayan	Utangaç
Artistik	Otoriter	Özgür	Normal	Enerjik
Çekingen	Hevesli	Marifetli	İtaatkar	Kindar
Patronluk taslayan	Ağırbaşlı	Yaratıcı	Nazik	Hassas
Dahi	Yeterli	İyi kalpli	İnatçı	Hoşgörülü
Tedbirli	Egoist	Tembel	Açık görüşlü	Zorlu
Çocuksu	Eğlenceli	Mantıklı	Kendine aşırı güvenen	Baş belası
Aklı başında	Kıskanç	Dengeli	Sezgileri kuvvetli	Güvenilir
Budala	Etik	Yalnız	Karamsar	Kültürsüz
Takıntılı	Hayat dolu	Geveze	Önemsiz	Kaba
Kibirli	Modaya uyan	Cimri	Felsefi	Nezaketsiz
Uyumlu	Gözü kara	İşgüzar	Sevimli	Öngörülemez
Soğukkanlı	Etkileyici	Uysal	Atik	Güvenilmez
İçten	Aklı havada	Dağınık	Radikal	Fedakar
Kültürlü	Hassas	Sistemli	Akıllı	Sıradan
Kurnaz	Dedikoducu	Ilımlı	Saf	Yalancı
Meraklı	Kolay aldanan	Modern	Entrikacı	Bilge
Hilekar	Duyarsız	Mütevazı	Küçümseyen	Zeki

Toplamda 30 adet özelliği tamamladıysanız, bir sonraki sayfaya geçiniz.

Yönerge: Şimdi ise doldurmuş olduğunuz özelliklerin yanındaki kutucukları doldurmanız istenecektir. Şu an, gerçekte sahip olduğunuz özellikler ile listelemiş olduğunuz özelliklerin ne kadar uyumlu olduğunu puanlamanız istenmektedir. Puanlamayı yaparken aşağıdaki ölçeği göz önünde bulundurunuz ve her bir özelliğin size ne kadar uygun olduğunu düşünerek yanına uygun rakamı yazınız.

Bana hiç uymuyor	Bana çok az uyuyor	Bana bir miktar uyuyor	Bana oldukça uyuyor	Bana tamamen uyuyor
1	2	3	4	5

APPENDIX 4: SEMI-STRUCTURED INTERVIEW QUESTIONS

1) Psikoterapistlerin kendi süreçlerinden geçmesiyle ilgili ne düşünüyorsunuz?
2) Sizce bir psikoterapist ne kadar süre psikoterapi almalı?
3) Kendi psikoterapistinizi seçerken nelere dikkat ettiniz?
4) Hem bir psikoterapist hem bir danışan olmak nasıl?
5) Sık psikoterapist değiştirir misiniz?
6) Psikoterapistinizin sizin için rolleri nelerdir?
7) Kendi psikoterapi sürecinizden geçmiş/geçiyor olmanızı mesleki gelişiminiz açısından nasıl yorumluyorsunuz?
8) Sizce bir psikoterapist nasıl olmalı? Kendinizi bu anlamda nerede görüyorsunuz?
9) Sizce bir psikoterapist nasıl olmamalı? Kendinizi bu anlamda nerede görüyorsunuz?
10) Lisans, yüksek lisans, psikoterapi eğitimlerinde bir psikoterapistte olması gereken özelliklere dair öğrendiklerinizle ilgili ne düşünüyorsunuz?
11) Aklınıza gelen özellikler daha çok ideal olarak olmak istediğiniz yerler mi yoksa olması gerektiğini düşündüğünüz şeyler mi?
12) Bu zamana kadarki süpervizörleriniz, hocalarınız sizden nasıl bir psikoterapist olmanızı bekledi?
13) Bu zamana kadarki süpervizörleriniz, hocalarınız sizden nasıl bir psikoterapist olmamanızı bekledi?

APPENDIX 5: ETHICAL COMMITTEE APPROVAL

Evrak Tarih ve Sayısı: 16.12.2022-187237

1993
BAŞKENT ÜNİVERSİTESİ
Akademik Değerlendirme Koordinatörlüğü

Sayı : E-62310886-605.99-187237
Konu : Nimet Kütük'ün Etik Onay Başvurusu Hk. 16.12.2022

SOSYAL BİLİMLER ENSTİTÜSÜ MÜDÜRLÜĞÜNE

İlgi : 24.11.2022 tarih ve 179991 sayılı yazınız.

Enstitünüz Klinik Psikoloji Tezli Yüksek Lisans Programı öğrencisi Nimet Kütük'ün, Dr. Öğretim Üyesi Tuğba Uyar Suiçmez danışmanlığında yürüteceği "Investigating Professional Self Discrepancies of Psychotherapists: The Role of Personal Psychotherapy" başlıklı yüksek lisans tez çalışması değerlendirilmiş ve bilgilerinize ekte sunulmuştur.

Prof. Dr. M. Abdülkadir VAROĞLU
Kurul Başkanı

Ek: Değerlendirme Formu

Sayı : 17162298.600-282 7 ARALIK 2022
Konu : Tez Çalışması

İlgili Makama

Üniversitemiz Sosyal Bilimler Enstitüsü Klinik Psikoloji Tezli Yüksek Lisans Programı öğrencisi Nimet Kütük, Dr. Öğretim Üyesi Tuğba Uyar Suiçmez danışmanlığında yürüteceği "Investigating Professional Self Discrepancies of Psychotherapists: The Role of Personal Psychotherapy" başlıklı yüksek lisans tez çalışması değerlendirilmiş ve yapılmasında bir sakınca olmadığı tespit edilmiştir.
Bilgilerinize saygılarımızla sunarız.

Başkent Üniversitesi Sosyal ve Beşeri Bilimler ve Sanat Araştırma Kurulu

Ad, Soyad	Değerlendirme	İmza
Prof. Dr. M. Abdülkadir Varoğlu	Olumlu/~~Olumsuz~~	
Prof. Dr. Kudret Güven	Olumlu/Olumsuz	
Prof. Ali Sevgi	Olumlu/Olumsuz	
Prof. Dr. Işıl Bulut	Olumlu/Olumsuz	
Prof. Dr. Sadegül Akbaba Altun	Olumlu/~~Olumsuz~~	
Prof. Dr. Can Mehmet Hersek	Olumlu/~~Olumsuz~~	
Prof. Dr. Özcan Yağcı	Olumlu/~~Olumsuz~~	

Prof. Dr. Sadegül Akbaba Altun, Üniversitemiz Sosyal Bilimler Enstitüsü Klinik Psikoloji Tezli Yüksek Lisans Programı öğrencisi Nimet Kütük, Dr. Öğretim Üyesi Tuğba Uyar Suiçmez danışmanlığında yürüteceği "Investigating Professional Self Discrepancies of Psychotherapists: The Role of Personal Psychotherapy" başlıklı yüksek lisans tez çalışmasının yapılabileceği görüşündeler.

Prof. Dr. Özcan Yağcı, Sosyal Bilimler Enstitüsü Klinik Psikoloji Tezli Yüksek Lisans Programı öğrencisi Nimet Kütük, Dr. Öğretim Üyesi Tuğba Uyar Suiçmez danışmanlığında yürüteceği "Investigating Professional Self Discrepancies of Psychotherapists: The Role of Personal Psychotherapy" başlıklı yüksek lisans tez çalışmasının uygun olduğu düşüncelerini iletmişlerdir.