

THE ROLE OF UNCERTAINTY IN PSYCHOTHERAPY: A QUALITATIVE
STUDY WITH EARLY-CAREER THERAPISTS

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**THE ROLE OF UNCERTAINTY IN PSYCHOTHERAPY: A QUALITATIVE
STUDY WITH EARLY-CAREER THERAPISTS**

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ABSTRACT

Uncertainty has increasingly been recognized as an essential and transformative aspect of therapeutic practice in contemporary psychoanalytic literature. Yet, the emotional and experiential dimensions of engaging with uncertainty—particularly for early-career psychotherapists—remain underexplored. This study aimed to address this gap by examining how novice therapists make sense of, experience, and respond to clinical uncertainty. Eight early-career therapists who had between one to five years of experience in Türkiye participated in semi-structured interviews. Data were analyzed using thematic analysis. Findings revealed a dynamic process in which participants initially encountered uncertainty as a source of anxiety accompanied by a need for clarity and control. At times, this discomfort led them to mentally withdraw or distract themselves. In some cases, their responses appeared to be shaped by past relational experiences and developmental challenges. Moreover, many participants described a feeling of self-doubt and questioned their adequacy. The specific socio-cultural and professional landscape in Türkiye also appeared to shape how participants related to uncertainty. Over time, however, with the support of supervision, peer relationships, and personal therapy, participants shared that they began to develop a greater tolerance for ambiguity. They described a shift toward more realistic self-placement, increased reflective capacity, and a growing openness to complexity. These findings emphasize the value of understanding uncertainty as a formative and relational element woven into the journey of becoming a therapist. Clinical implications of the findings, as well as the study's limitations and suggestions for future research, are discussed.

Keywords: Early-career Therapists; Clinical Uncertainty; Self-Doubt; Therapist Development; Tolerance of Uncertainty

ÖZ

Güncel psikanalitik literatürde belirsizlik, terapötik uygulamanın temel ve dönüştürücü bir boyutu olarak giderek artan bir şekilde kabul görmektedir. Ancak belirsizlikle yüzleşmenin duygusal ve deneyimsel yönleri—özellikle mesleğe yeni başlayan psikoterapistler açısından—henüz yeterince araştırılmamıştır. Bu çalışma, kariyerinin başındaki terapistlerin klinik belirsizliği nasıl anlamlandırdıklarını, bu belirsizliği nasıl deneyimlediklerini ve bu deneyime nasıl tepkiler verdiklerini inceleyerek bu boşluğu doldurmayı amaçladı. Türkiye’de çalışan, bir ila beş yıl arasında klinik deneyime sahip sekiz terapist ile yarı yapılandırılmış görüşmeler gerçekleştirildi. Veriler tematik analiz yöntemiyle değerlendirildi. Bulgular, katılımcıların belirsizlikle karşılaştıklarında genellikle kaygı yaşadıklarını ve bu durumun netlik ve kontrol ihtiyacını beraberinde getirdiğini ortaya koydu. Bu rahatsızlık hissi, bazen zihinsel olarak geri çekilmelerine ya da dikkatlerini başka yöne kaydırmalarına sebep oldu. Bazı durumlarda, katılımcıların tepkilerinin geçmişlerindeki ilişkisel deneyimlerden ve gelişimsel zorluklardan etkilendiği gözlemlendi. Ayrıca, birçok katılımcı zaman zaman kendilerinden şüphe ettiklerini ve mesleki yeterliliklerini sorguladıklarını ifade etti. Türkiye’nin kendine özgü sosyo-kültürel ve mesleki koşullarının da katılımcıların belirsizlikle ilişkilerini etkilediği görüldü. Bununla birlikte, süpervizyon, meslektaş ilişkileri ve kişisel terapi gibi destekleyici unsurlar sayesinde katılımcılar zamanla belirsizliğe daha rahat tahammül edebilmeye başladıklarını paylaştılar. Kendilerini daha gerçekçi bir yerde konumlandıklarını, değerlendirme kapasitelerinin arttığı ve kompleks deneyimlere gittikçe daha açık hale geldikleri bir değişim süreci anlattılar. Bu bulgular, belirsizliğin terapist olma yolculuğuna içkin, dönüştürücü ve ilişkisel bir unsur olarak anlaşılmasının önemini vurguladı. Bulguların klinik yansımaları, çalışmanın sınırlılıkları ve gelecekteki araştırmalar için öneriler de ayrıca ele alındı.

Anahtar Kelimeler: Mesleğe Yeni Başlayan Terapistler; Klinik Belirsizlik; Kendinden Şüphe Etme; Terapist Gelişimi, Belirsizliğe Tahammül

To Fatma —for being my emergency contact, my backup plan, and my best friend in every lifetime...

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INTRODUCTION

1.1. Situating the Problem of Uncertainty

Novice therapists enter the clinical field with substantial training in theory and technique, yet they soon discover that the practice of psychotherapy is filled with uncertainties. Therapy unfolds in real time between two or more people and creates a complex system that cannot be reduced to simple formulas. Therapists often cannot be sure what a client will bring to a session, how their relationship will develop over time, or which interventions will be beneficial for the client. The open-endedness of the dialogue and the irreducible complexity of the human psyche make it impossible to fully predict or control the therapeutic process. In fact, contemporary perspectives increasingly recognize the unique place of uncertainty in clinical practice. (Brothers, 2007; Connolly, 2021)

Psychoanalyst Wilfred Bion (1967/1991) was one of the first to highlight the unknown not only as a challenge to be overcome but as a precondition for analytic insight. His recommendation for therapists to be present in each session without memory or desire indicates his reliance on it as a generative space. Similarly, Kohut was one of the pioneers who emphasized the centrality of uncertainty for clinical practice. His self-psychology was grounded in the belief that human understanding cannot be fully verified. In defending this position, self-psychology placed ambiguity at the heart of psychological inquiry (Brothers, 2007; Kohut, 1979/1991). Furthermore, Donnel Stern (1983, 1997) emphasized that the therapeutic process is driven not by what is already known or formulated, but by what has yet to take shape between two subjectivities. According to him, therapy is a space for verbalizing the “unformulated experience.” For meaning to emerge from dialogue, tolerance for uncertainty is required.

Although there is an increasing theoretical appreciation for uncertainty in the literature, novice therapists often clash with the emotional reality of their work. The period that begins with clinical training and extends into the first years in the field is a time when therapists try to form their professional identities. As studies on therapist development

have also shown, this is a critical and vulnerable period in which feelings of inadequacy and self-doubt are frequently experienced (Brightman, 1984; Bruss & Kopala, 1993; Eckler-Hart, 1987; Skovholt & Ronnestad, 1992; Rønnestad & Skovholt, 2003). The theory and technique learned during clinical training are often not sufficient to provide clear answers in clinical practice. Most new therapists who begin providing therapy do not know what to do during sessions.

The nature of therapy, which demands that the therapist use the self as an instrument, adds to the difficulty. It expects creativity and flexibility—qualities that are still developing for novice practitioners. As a result, they often find ambiguity and not-knowing threatening rather than fertile. The absence of clear structures and ready-made answers tends to evoke performance anxiety, self-doubt, or an urgent desire for control (Skovholt & Ronnestad, 2003). While these responses are entirely human, they can obscure the value of staying open, curious, and emotionally present in the face of uncertainty.

A general framework has been outlined to emphasize the centrality of uncertainty in therapeutic processes, suggesting that the ability to tolerate ambiguity and not-knowing is essential to being a “good enough” therapist. The early professional years of novice therapists, and the associated challenges of establishing a professional identity, have also been briefly addressed. What follows will be a literature review to understand how uncertainty has been conceptualized in psychoanalytic theory, beginning with contributions of key figures such as Bion, Winnicott and Kohut and continuing into contemporary developments in relational and intersubjective approaches. Also, complexity-informed perspectives will be included. Finally, the unique challenges that uncertainty presents for early-career therapists will be discussed, and the rationale for the present study—which seeks to qualitatively examine how novice therapists engage with and navigate uncertainty in their clinical work—will be established.

LITERATURE REVIEW

2.1. Early Psychoanalytic Contributions to the Concept of Uncertainty

The contemporary emphasis on uncertainty in psychoanalytic literature have deep roots in earlier theoretical contributions. Psychoanalytic method started its journey with Freud's (1927/1955) claim of "a method of research, an impartial instrument, rather like the infinitesimal calculus" (p. 36). Freud desired to create a method akin to science, answering psychology's questions with certitude. In the classical ego-psychology, analyst has the knowing and isolated position in the dyad. However, in following decades, several theoretical contributions challenged the image of analyst as a detached interpreter. Although not considered "relational" in the historical sense, figures such as Wilfred Bion, Donald Winnicott and Heinz Kohut significantly reshaped the understanding of uncertainty within the clinical encounter. Each emphasized the analyst's emotional presence, receptivity and capacity to work in the face of ambiguities. These ideas laid the essential groundwork for relational and intersubjective developments in the contemporary psychoanalytic theory.

Wilfred Bion (1967/1991) famously articulated one of the clearest instructions for therapists to embrace uncertainty. He advised that analysts should approach each session without memory or desire meaning that therapists must let go of memories of past sessions, their theoretical preconceptions and specific hopes for the patient. By this, Bion was not suggesting a literal amnesia but a mental stance of open-mindedness. He believed that holding on to what one already "knows" about the patient or adhering a preconceived agenda would hinder the therapist's capacity to truly hear the patient in the present moment:

"What is 'known' about the patient is of no further consequence: it is either false or irrelevant. If it is 'known' by patient and analyst, it is obsolete. [...] The only point of importance in any session is the unknown. Nothing must be allowed to distract from

intuiting that. In any session, evolution takes place. Out of the darkness and formlessness something evolves.” (1967/1991, p. 381)

This aligns with Bion’s broader view that the ultimate truth in a psychoanalytic encounter, which he referred to as “O,” cannot be fully known, but can only be approached through “negative capability” and a willingness to remain in uncertainty (Civitarese, 2019).

Bion borrowed the idea of “negative capability” from poet John Keats and applied it to the analyst’s mindset. According to Keats, “negative capability” refers to the capacity to remain “in uncertainties, mysteries, doubts, without any irritable reaching after fact and reason” Keats, (1817/2009 , p.60). Bion (1967/1991) argued that the therapist’s tolerance for ambiguity allows for genuine insights to emerge. For example, if a therapist feels anxious about not fully understanding a patient, they might make a premature interpretation or rely on technical formulas. While this creates an illusion of certainty in the session, it often interrupts the patient’s unfolding narrative. Bion instead encouraged therapists to resist this urge and to sit with the “not-knowing”. In practical terms, this might mean listening to patient’s associations without immediately categorizing them into diagnostic labels or theoretical concepts. When therapist maintain this stance of receptive uncertainty, they can be more attuned to subtle cues and new meanings.

Donald Winnicott approached uncertainty from a developmental and relational point of view. In his seminal work *Playing and Reality* (1971, 2005), he suggested that “Psychotherapy has to do with two people playing together” (p. 51). In play, outcomes are not predetermined, there is an openness to the possibilities. According to Winnicott (1971, 2005), psychological growth can take place in the “transitional space” that is neither internal nor external, but something in between. In this space reality and fantasy, self and other continually overlap. Therefore, it can be argued that this place is paradoxical and full of uncertainty. Transitional space remains crucial in both adult life and analytic setting. Tolerating its ambiguity ensures the development of the capacity to exist with complex, contradictory experiences. Within the safe “holding environment” that therapist provided, the client can begin to play with new ways of being.

Heinz Kohut, the founder of self-psychology, added a different yet deeply resonant dimension. He framed uncertainty as inevitable and essential for any understanding of human subjectivity. As Brothers (2007) puts it, Kohut was among the firsts turning away from the Freudian positivist paradigm, hence psychology of certainty. With his departure from classical ego psychology, he also considered the implications of relativity theory and quantum physics for his epistemology. Consistent with these implications, self-psychology rested on a view that observer and observed are inseparable and mechanistic, cause-and-effect explanations are insufficient (Sucharov, 1992). All these premises aligned with a psychology grounded in uncertainty (Brothers, 2007). Kohut suggested “It is ... our willingness to tolerate ambiguity, our ability to acknowledge the relativity and transience of even our most prized concepts and theories that will protect our great science from a premature death,” (1979/1991, p. 470). For him, even his central concept “self” is not a fixed object to be known, but something always unfolding in relation. Therefore, analyst needs to have empathy to enter a space where absolute knowledge is not possible (Kohut, 1981/1991).

Together, Bion, Winnicott, and Kohut, all of them preeminent figures of psychoanalytic discourse, represent a shift from an interpretive model of analysis to one grounded in presence, ambiguity and emotional responsiveness. Their work challenged the analyst’s stance of omniscience and framed uncertainty as essential. Later on, the developments in the object-relations psychology, self-psychology, relational and intersubjective perspective, all together led to what Brothers (2007) calls “a psychology of uncertainty”. To better understand this psychology of uncertainty, taking a closer look at relational and intersubjective perspectives would be beneficial.

2.2. Relational Perspectives on Uncertainty

Contemporary relational and intersubjective psychoanalytic theory further elaborated on the theme of uncertainty. For them, psychotherapy is a relational process, constructed through the interaction between two subjects. Unlike the models that assume one-way transmission of insight from therapist to client, intersubjective and relational approaches

emphasized that meaning emerges from mutual influence. In this framework, uncertainty is not a byproduct of insufficient knowledge, but a necessary outcome of the fluid, co-constructed nature of the therapeutic relationship.

Mitchell (1993, p.40) brings uncertainty to the forefront of the discourse by asking a fundamental question: “What does the analyst know?”. This inquiry, rather than helping clarification, reveals the limits of the analyst’s knowledge and challenges the ideal of clinical certainty. He identifies a critical shift in the field from the image of the confident, knowing analyst to a more honest confrontation with the position of not-knowing. While navigating in this epistemological rupture, Mitchell outlines several responses including empiricism, phenomenology and constructivism. Although a full discussion of these frameworks is beyond the scope of this review, each contributing to the discussion of epistemology in psychoanalysis.

Constructivist perspectives, in particular, offer a useful lens for a better understanding of relational theory. Instead of traditional positivist epistemologies, constructivist perspectives suggest that patients’ experience is fundamentally “ambiguous”. This ambiguity does not stem from mysteriousness of their narrative, but because experience “is understood only through a process that organizes those elements, puts them together, assigns them meaning, and prioritizes them” (Mitchell, 1993, p. 56-57). This process is inherently selective and shaped by the relational context. In terms of practicality, this assumption suggests that there can be multiple valid interpretations of an experience in the clinical setting rather than a single correct answer. Later, Mitchell (1998), notes also on unconscious processes’ elusive nature and impossibility of grasping them as fixed entities. In this framework, both the ambiguity originating from multiplicity and the definitive obscurity of unconscious processes shape the inevitable uncertainty of analytic work.

A significant extension of the understanding of uncertainty comes from relational psychoanalyst Donnel Stern’s (1983, 1997) work on the concept of “unformulated experience” which refers to vague mental contents that have not yet taken any structured form. According to Stern, these experiences are not hidden or defensively repressed in the way unconscious material is understood within the classical psychoanalytic model.

Instead, it has never been fully formed or symbolized to begin with. In the therapeutic encounter, both therapist and patient come across these unformulated dimensions of their psyches. Therefore, Stern suggests that formulating these experiences is not discovery of once formed then forgotten unconscious content, but an active creation of meaning in dialogue. Therapy, from this view, becomes a shared endeavor of formulating what has no form.

Stern (1983) further distinguishes two ways “unformulated experience” can manifest: “familiar chaos” and “creative disorder”. Familiar chaos refers to “defensively motivated unformulated experience” (p.89). In this state, chaotic uncertainty is both anxiety-provoking and oddly comforting. Drawing on Sullivan’s concept of “selective inattention,” Stern (1983) explains that individuals may resist symbolizing threatening meanings, keeping them in a pre-logical, “parataxic mode” of experience. As he notes, “Because we mistrust the unfamiliar, being afraid that it will threaten our security, we may not symbolize it in communicable terms” (p. 76). In contrast, creative disorder describes the disorientation that accompanies any symbolization process. It is fertile chaos from which new patterns of thinking and feeling can emerge. Stern explains it as “chaos, subjectivity, and disorder are more than the absence of communicability and mutuality—they are also the source of novelty.” (p. 86). In this view, the analytic task cannot be searching for hidden meanings or trying to impose coherence prematurely. Instead, both therapist and patient must accept the uncertainty of their endeavor and tolerate it until meaning crystallizes from once unformulated areas of experience. Curiosity and patience are needed for both parties to allow the unknown gradually sculpted. Stern’s contribution thus deepens the relational emphasis on uncertainty by framing it as an essential medium of creativity and transformation.

Where Stern highlights the creative potential of engaging with unformulated experience, Philip Bromberg (1993, 1996/2001) extends this emphasis on uncertainty into the domain of self-multiplicity and dissociation. Although Bromberg did not write explicitly about uncertainty as a formal concept, his work on trauma, dissociation, and the multiplicity of self-states resonates with these themes. In Bromberg’s (1993) view, therapeutic progress

is marked not by integration into a singular self, but by the capacity to "stand in the spaces" between different self-states without losing any of them.

Tolerating multiplicity thus becomes one of the therapist's central tasks. As Bromberg (1996/2001) emphasizes, "The analyst's struggle with his own confusion—his ability to make creative use of contradictory realities within a single analytic field, without unduly inflicting his need for clarity of meaning upon the patient—plays as much of a role in the analytic process as do empathy or interpretation" (Bromberg, 1996/2001, p. 288). For Bromberg, the heart of the therapeutic work lies in creating a space where shifting realities can be lived without necessity of choosing between them. Change, in this sense, arises from the growing capacity to inhabit multiplicity alongside another mind. The work of Bromberg already hints at a view of the self as multiple and fluid, Intersubjective Systems Theory will take this position further by proposing that psychological experience itself cannot be separated from the relational fields it emerges (Atwood & Stolorow, 1984)

2.3. Intersubjective System Theories

Building on the relational emphasis of mutual influence, Intersubjective Systems Theory offers a profound rethinking of clinical experience. A central contribution of intersubjective perspective lies in its radical moving away from Cartesian epistemology, which assumes that there is a stable external reality accessible through objective inquiry. Instead, it moves toward a post-Cartesian view of human experience as fluid, co-constructed and dynamic (Atwood & Stolorow, 1984; Atwood et al. 2002). From this perspective, self and its milieu are inseparable, any change in one inevitably transforming the other. Therefore, psychological phenomena only can be understood within the intersubjective context that continually shape and reshape itself and its inhabitants (Atwood & Stolorow, 1984; Stolorow, 2002). In this view, certainty is not something to be achieved once and for all, it is something created – and even then, it remains open to mutations, ever-changing. Furthermore, Orange (2001) argues that clinging to Cartesian ideals of certainty often acts like a defense against the anxiety of “not-knowing”; and if it is maintained, can hinder the creativity.

2.4. Complexity and Dynamic Systems Perspectives

Another way of situating uncertainty in the psychotherapeutic context comes from complexity theory and dynamic systems thinking. As already discussed, over the past few decades, psychoanalytic thinking has drawn from philosophical developments that question the stability of knowledge and experience (Brothers, 2007). Alongside the developments in relational and intersubjective theories, perspectives influenced by complexity theory and dynamic systems thinking have also entered the analytic conversation. With many parallels with the intersubjective systems thinking, these approaches intend to offer an explanatory framework for psychoanalytic theory. Using these broader theories as ground, they try to understand the “fluidity, dynamism and unpredictability of human systems.” (Coburn, 2014).

Coburn (2014) introduces complexity theory as a useful lens for how psychoanalysis can reimagine itself. Complexity theory, rooted in disciplines like physics and biology, invites psychoanalysis to view human subjectivity as an open, continually self-organizing system. From this perspective, individuals cannot be reduced to diagnostic categories. Our subjectivity is a dynamic product of ever-shifting interactions of our pasts, presents, and environment. Furthermore, the boundaries between these forces are forever indeterminate. Therefore, according to Coburn (2014) therapeutic action is less about identifying fixed structures and more about preparing the conditions for emergent, self-organized change.

Coburn (2014) also critiques the inclination towards certainty in psychology, noting how diagnostic frameworks, like the DSM, offer a reassuring yet reductive caricature of individual complexity. With Phillips’ (1999) words in mind “fear of the unknown is cured through flight into the intelligible” (p. 110), Coburn suggests embracing the attitude of “epistemological ineptitude” – an honest awareness of limits and errors of our knowing. “Our experiential worlds are always changing as they are emerging and emerging as they are changing. As complexity theorists are wont to say, the rules of the game change as a result of the play.” (p. 63).

This complexity-oriented view finds its early expression in the developmental work of Beebe and Lachmann (2003), who showed that even basic affect regulation in infancy is provided by cycles of mismatch and repair. They suggest that stability is not the result of perfect attunement but the system's ability to reorganize itself after disruption. Following the same lineage, Tschacher and Haken (2019) conceptualize psychotherapy as a dynamic process which involves both "deterministic" and "chaotic change" processes. In their framework, successful therapy first invites the client to a period of instability where prior patterns loosen, a wider range of thoughts, affects and behaviors become accessible. This "chaotic change" process is needed for clients to explore new ways of being. In complexity terms, therapy temporarily widens the "basin of attraction", allowing movement across a broader emotional and relational landscape before a new equilibrium gradually settles. According to Connolly (2021), the therapist's role within the relational field is enabling this shift through synchrony, attunement, and shared affective resonance. In essence, stability at the relational level permits beneficial instability and transformation at deeper levels of psychic organization.

Taken together, these theoretical perspectives – whether grounded in psychoanalytic attention on not-knowing, relational and intersubjective understanding of co-created meaning, or complexity-informed views on transformation – converge on a shared appreciation for uncertainty as intrinsic to the therapeutic process. However, while these frameworks offer valuable conceptual tools for practitioners, the lived experience of the uncertainty remains anxiety-inducing especially for novice therapists. Besides, tolerating uncertainty is not the only challenge they encounter. In the early phases of clinical practice, therapists also undergo their own internal reorganization. Without a fully formed professional identity and usually with a limited clinical confidence, they must learn to tolerate uncertainty that theory celebrates. Uncertainty might be presented with its generative aspects in theory, but for novice therapists it can easily be a source of disorientation. Since, this study's aim is exploring the lived realities of novice therapists encountering uncertainty, a better understanding of development of their professional identity and emotional landscape is needed.

2.5. Early Stages of Becoming a Psychotherapist

Therapist development is a gradual and deeply transformative process, and a central part of this journey is the formation a professional identity. It is argued that, building a professional identity is similar to a child's growing sense of personal identity in many ways (Bischoff, 1997; Eckler-Hart, 1987; Guinee, 1998; Skovholt & Ronnestad, 1992). In fact, it is plausible to ask whether these two concepts – professional and personal identities - ever can be separated. Guinee (1998) suggests that, during graduate training and the transition to clinical work, individuals face some sort of “identity crisis” like in Erikson's (1975) psychosocial stages. The development of a therapist's professional identity is deeply intertwined with their personal identity; one's values, needs and personal style inevitably shape their way of practicing (Bruss & Kopala, 1993). This identity formation process which begins in the training phase continues over the early years of practice as novice therapists deal with the questions of who they are as a practitioner and how this new professional self fits with their pre-existing self-concept (Bruss & Kopala, 1993; Guinee, 1998; Skovholt & Rønnestad, 1992).

Progress in skill and confidence is not linear, and it is common for beginning therapists to feel simultaneously excited and overwhelmed as they start their careers (Skovholt & Ronnestad, 1992) Becoming a psychotherapist is a dynamic process and it involves unique challenges that novice practitioners must confront. A consistent theme in the literature on early-career therapist development is the prevalence of intense emotional challenges. Especially self-doubt, role confusion, and performance anxiety are common reactions to the complex nature of their work (Skovholt & Ronnestad, 2003). Skovholt and Ronnestad (2003) observe that novice therapists are often self-conscious and worried about their adequacy, second-guessing their interventions and fearing they will “do it wrong”. Usually, this self-doubt is not a sign of professional incompetency but an almost universal experience in the early stages of therapist development. New therapists are inclined to feel immense pressure to “help” the clients despite their limited experience and “inadequate conceptual maps”. While they need support to cope with these challenging emotions, they also have a persistent concern about being evaluated by supervisors or “gatekeepers” of the profession. They might oscillate between idealized

expectations of being a “healing expert” and an inner sense of fraudulence (Skovholt & Ronnestad, 2003).

According to Bischoff’s (1997) qualitative study of beginning family therapists, development of therapist confidence is the primary challenge in the initial phase of practice. Despite years of academic training, the real-world therapeutic work frequently reveals an unanticipated fragility in their sense of competence. Gabbard and Ogden (2009), note that the formation of a therapeutic identity is marked by the gradual dismantling of omnipotent fantasies about being a healer. Many novice therapists unconsciously internalize an ideal of the “good therapist” – someone who knows what to say, can tolerate anything, and create meaningful change in every session. When reality inevitably departs from this ideal, the doubts about competence arise.

Ronnestad and Skovholt (2003), emphasize that this self-doubt is a structural feature of early professional life. Also, they suggest that “ambiguity of professional work is the major catalyst for novice stress” (Skovholt & Ronnestad, 2003, p. 45). Still, self-doubt in the face of uncertainty is not inherently problematic. On the contrary, it might be a developmentally appropriate response to anticipated clinical responsibility. But, without adequate holding – reflective supervision, peer connection, or a permission to “not know” – it can harden into rigid defenses. Novice therapists might seek external sources of authority by heavily holding on to technique, theory or supervision. When stress arises, what often proves most helpful is a relational space where mistakes are met with acceptance and curiosity is kept alive (Bischoff, 1997; Ronnestad & Skovholt, 2003).

Although the uncertainty in clinical practice is widely acknowledged in theory and recognized in therapist development literature as a key source of stress, empirical studies on how therapists relate to it remain limited. A recent qualitative study by Quinlan et al. (2021) addressed this gap and examined practicing psychologists’ relationship with uncertainty. They interviewed 24 psychologists about their experience of uncertainty. Participants reported “complex and risky client situations”, “lack of therapeutic engagement and direction” and “ethical dilemmas” as key triggers. Also, the study found that therapists experienced a variety of stress responses to such uncertainty. They reported “physiological”, “emotional” and “cognitive” responses in the face of uncertain situations

such as “racing heart”, “frustration”, and “negative self-attributions”. To cope, many reported seeking increased supervision or calling upon sources that they can get external validation from. Others coped by “focusing themselves”, using techniques of self-regulation or by “focusing on the client” trying to gather more information. Yet, most participants reported improvement in tolerance for uncertainty as they gained experience.

Another qualitative research which examines the senior psychotherapists’ relationship with uncertainty was conducted by Roeske (2014). In this narrative study, she interviewed 8 therapists who had ten years or more postdoctoral practice about how they experience and navigate uncertainty in their work. She focused on how self-doubt interacts with the tolerance of uncertainty throughout the therapists’ maturation process. Main findings of this doctoral study highlight the significance of uncertainty in clinical work while emphasizing its self-doubt inducing nature especially during the early stages of a therapist’s career. The research shows that when therapists interpret their self-doubt as a personal failure, it often leads to disengagement. Also, it proposes that self-doubt and tolerance of uncertainty exist in an ongoing dialectical relationship and “faith” could be the enabling force for generative usage of self-doubt.

While these studies significantly deepen our understanding of therapist development and analytic uncertainty, they are largely conducted in Western settings where psychotherapy is more formally institutionalized. Since the present study seeks to expand this literature by investigating novice therapists’ lived experience in Türkiye, the specific professional and sociopolitical context of Türkiye might be also relevant. Despite growing demand for mental health services, the absence of clear legal regulations for practice of psychologists (Şen & Karkin, 2024) contributes to a professional ambiguity. Many early-career therapists enter the field with limited institutional support and try to navigate uncertainty both in the therapeutic space and within broader sociopolitical and economic instability. It can be argued that these conditions also shape how uncertainty is experienced and managed by novice therapists.

2.6. The Present Study

As indicated in previous sections, contemporary psychoanalytic and relational theories have increasingly framed uncertainty as an inherent and necessary aspect of the therapeutic work. Yet, the emotional reality of navigating uncertainty especially for early-career therapists remains underexplored. Existing studies have demonstrated that novice therapists often experience intense self-doubt and desire for certainty while they struggle to form a professional identity (Ronnestad & Skovholt, 2003; Skovholt & Ronnestad, 2003). Although these themes are acknowledged in the therapist's development literature, there is no study that specifically focuses on how novice therapists encounter and respond to uncertainty in their actual clinical practice. Moreover, current research has largely been conducted in Western countries (Quinlan et al. 2021; Roeske, 2014) where clearer professional structures are in place. It can be argued that the Türkiye context might pose additional layers of ambiguity due to lack of legal regulations regarding psychotherapy (Şen & Karkın, 2024) and broader sociopolitical instability. But, again, there is significant gap in understanding how these dynamics shape novice therapists' lived experience.

Taken together, this study attempts to contribute to the existing literature by addressing these gaps. Through semi-structured interviews, this research aims to hear the voices of novice therapists and exploring their lived experiences of uncertainty. This exploration also holds practical implications. A deeper understanding of early-career therapists experiences with uncertainty can inform the development of targeted supervision and training strategies. In this regard, the research questions guiding this study are: how do early-career psychotherapists conceptualize and experience uncertainty in their clinical practice (1), how do early-career psychotherapists navigate uncertainty, which strategies do they employ to maintain their professional efficacy (2), and how does early-career psychotherapists' relationship with uncertainty evolve over time, and what is the role of training, supervision and self-reflection in this process (3).

METHODS

This study employed a qualitative research design with thematic analysis in line with the framework developed by Braun and Clarke (2006) to explore how early career therapists experience and relate to uncertainty in their clinical work. Qualitative research design is particularly well-suited for understanding subjective and nuanced experiences (Willig, 2013) and thematic analysis allows for elaboration of patterned meanings across different narratives while retaining their contextual complexity. This study is positioned in a constructivist-interpretivist paradigm which acknowledges the co-construction of knowledge between researcher and participants and seeks to hold multiple perspectives on given subject. (Ponterotto, 2005). Given the exploratory nature of the research and aim to investigate the personal experiences of novice therapists, thematic analysis provided a flexible yet rigorous approach.

3.1. Participants

The sample size of the study was planned to be 8-10 in line with the Braun and Clarke's (2013) recommendation for small scale qualitative research. A total of eight early-career-therapists (seven women, one man) participated in the study. Participants were recruited based on the inclusion criteria outlined in the ethics board application: (a) having a graduate or undergraduate degree in psychology (b) currently practicing psychotherapy, (c) having between one and five years of clinical experience. Having one to five years of clinical experience were consistent with (Rønnestad & Skovholt, 2003) description of the novice professional phase in therapist development. These criteria were selected to ensure that participants had sufficient clinical experience to encounter uncertainty while still being in the early stages of professional development. Exclusion criteria included having less than one year or more than five years of clinical experience and lacking a supervised clinical training.

The participants ranged in age from 26 to 36 years ($M=29.5$), and lived in urban areas in Türkiye including Istanbul, Ankara and Bursa. Five participants held graduate-level degrees, and three held undergraduate degrees. Their clinical experience varied from one to five years ($M = 2.5$). The majority of participants reported using a psychodynamic orientation, though some of them integrated systemic or experiential models. Five of the participants were working with adult clients and other three were working with children and adolescents. All participants received supervision in some periods of their practice, five of them actively have supervision, and all but one were currently in therapy themselves. Participants practiced in various settings, including private offices, online platforms, hospitals and counseling centers. A full summary of participant demographics is presented below in table 2.1.

3.2. Data Collection

After the Istanbul Bilgi University Ethics Committee's approval, participants were recruited using convenience sampling method. The researcher reached the potential participants by announcing the study in graduate program mailing lists and social media platforms such as Instagram and WhatsApp.

Eight participants who met the inclusion and exclusion criteria participated in the study. Participants who volunteered for the study contacted the researcher via e-mail. The researcher shared with the potential participants an informed consent form (Appendix B) which explained the aims, procedures and voluntary nature of the study and a socio-demographic form (Appendix C) to check their eligibility. Participants gave their consent to the study in a written format via e-mail. With those who fulfilled the criteria above, individual semi-structured interviews were scheduled.

Interviews were conducted online via Google Meets between February and April 2025. Each interview lasted between 25 and 60 minutes and was audio-recorded with participants' permission. The interviews were conducted in Turkish and then transcribed to English. An interview guide with open-ended questions (Appendix D) was designed for facilitating the conversation. Questions addressed the participants' definitions of

uncertainty, specific clinical moments of uncertainty, their emotional responses to such moments, and their perceived strategies for coping. The guide was designed to be flexible enough to allow follow-up questions and elaboration in line with qualitative interviewing principles (Braun & Clarke, 2022). A pilot interview was held to test the effectiveness of the interview guide for capturing the intended data. After the pilot interview, it was decided to continue without further changes in the interview guide. The pilot interview also was included in the actual dataset.

Table 3.1 Demographic Characteristics of Participants

Participant No	Gender	Age	Location	Years of Experience	Last Graduation	Therapy Modality	Work Status	Supervision (Current / Past)	Therapy (Current / Past)
1	F	28	Bursa	3	Master's	Psychodynamic	Full-time / Hospital, Counseling Center	Yes / -	Yes / -
2	F	33	Istanbul	5	Master's	Psychoanalytic	Part-time / Private Office, Online	Yes / -	Yes / -
3	F	26	Istanbul	2	Master's	Psychodynamic	Part-time / Private Office, Counseling Center	Yes / -	Yes / -

4	F	26	Istanbul	2	Master's	Systemic / Family Therapy	Part-time / Private Office, Online	Yes / -	Yes / -
5	F	30	Ankara	3	Master's	Cognitive Behavioral Therapy, Play Therapy	Part-time / Private Office, Online	Yes / -	No / -
6	F	36	Ankara	3	Bachelor's	Experiential Play Therapy	Part-time / Private Office	Yes / -	Yes / -
7	F	31	Istanbul	1	Bachelor's	Psychodynamic	Part-time / Private Office, Online	No / Yes	Yes / -
8	M	26	Istanbul	1	Bachelor's	Psychodynamic	Part-time / Online	No / Yes	Yes / -

The interview guide consisted of four sections: introduction, uncertainty in clinical practice, barriers and facilitators in relating uncertainty, and change in the relationship with uncertainty. In the introduction section, participants answered the questions about how they define and generally experience uncertainty. In the second section, participants were asked about the uncertainty in their clinical practice to grasp how they experience and manage the uncertainty contextually as therapists. In the next section, questions were asked to understand how participants' personal histories influence their relationship with uncertainty, what their unique challenges and supportive qualities are while relating to uncertainty. The aim of the last section was to investigate how participants' relationship with uncertainty evolved with time and what contributed to this change. Finally, participants' opinions and comments related to the interview were obtained.

Participants were assured of their anonymity and confidentiality. So, pseudonyms were used in all transcripts and reporting. Also, all data were stored in password-protected files, and only the researcher and the advisor had access to the recordings and transcripts. Audio recordings were deleted following transcription and verification.

3.3. Data Analysis

The interviews were analyzed using reflexive thematic analysis, and the six phases were followed as described by Braun and Clarke (2006). First, the interviews were transcribed verbatim. During transcription, initial ideas and reflections of the researcher regarding the data were written down. This process allowed the researcher's familiarization with the dataset. In the next step, the researcher started to code the interviews using MAXQDA Software Program. Initial codes were determined by reading the written interviews sentence by sentence and trying to capture the essence in descriptive labels. After the first interview was coded, initial codes were examined by the advisor. With the feedback of the advisor, a few revisions were made in the initial code system, and the coding process continued. Some examples of the codes created during this phase were "self-doubt/competency", "supervision support", "uncertainty-anxiety", and "learning with

experience”. Also, during this process, the researcher kept memos and wrote down emerging ideas for further steps of analysis.

After the initial codes were completed, some candidate themes appeared through the grouping of related codes as a third step. Frequencies and meanings of the initial codes determined the process of creating the candidate themes. Some of the candidate themes were “need for clarity”, “self-doubt” and “relational support”. At this stage, the researcher considered not only which codes were most frequent, but also how codes related to each other conceptually. This helped with identifying broader patterns across the dataset. These candidate themes were reviewed by the advisor and the researcher in the fourth step. They discussed the themes in detail in order to ensure they represented the essence of the data. Following this step, theme descriptions were refined, and a coherent thematic structure was created with the help of discussions with the advisor.

Throughout the analysis, the researcher monitored her own reactions and tried to stay reflexive. Some notes were written to keep track of personal responses and assumptions, especially when making sense of the themes. The analysis was conducted with the awareness that subjectivity is part of the qualitative process. As the final step of the thematic analysis, a report containing all themes and sub-themes was written by the researcher. After the analysis ended, the researcher sent an e-mail containing the thematic structure of the analysis to the participants, for the purpose of member checking.

3.4. Reflexivity

As the researcher, I hold a background in clinical psychology, and I have a psychodynamically oriented perspective. I am also in the early stages of my own clinical development, which made reflexivity a crucial component of this research process.

My interest in the experience of uncertainty emerged through multiple overlapping domains in my life. As someone engaged in artistic practices, I was familiar with moving forward without knowing the outcomes. Tolerating the ambiguity was a fundamental condition for creativity. Although uncertainty often triggers anxiety for me, I am also inclined to keep multiple possibilities open rather than reaching out immediate answers.

This curiosity around uncertainty deepened during my clinical training. I started to notice that my own relationship with uncertainty varied depending on context. This awareness motivated me to explore how others encounter and make sense of it. Ironically the very act of studying uncertainty might be interpreted as an attempt to reduce the ambiguity surrounding it.

As a novice therapist, I practice therapy in a country where the political and economic conditions are unstable. Also, for clinical psychologists, formal legal regulations are lacking. I encounter uncertainty not only in the therapeutic space but also in the broader professional context.

During the interviews, I frequently recognized parallels between participants' narratives and my own experiences. At times, I found it difficult to categorize or make sense of the material, and things felt unclear. At these instances, occasionally, I found myself avoiding the discomfort or distracting myself just like some participants described doing. These moments of uncertainty made me reflect on the subject and engage with the data in a deeper way.

What supported my presence in the interviews and later in the analysis process was a sense of curiosity. The realization that others grappled with similar concerns created a sense of shared experience. Throughout the process, I made deliberate efforts to distinguish between my personal reflections and my role as a researcher. I kept notes and monitored my internal responses to ensure transparency and minimize bias as recommended by Braun & Clarke (2022).

Still, it is important to acknowledge the inherent limitations of qualitative research. Being both the interviewer and the researcher come with the risk of contamination or subjective influence. I remained aware of these risks and tried to manage them through reflexive writing and regular consultation with my supervisor.

RESULTS

After the completion of the thematic analysis, three overarching themes emerged: “Facing Uncertainty”, “Settling into a Professional Identity” and “Negotiating Uncertainty”. Each theme and their subthemes are presented in Table 4.1 in detail.

Table 4.1 Themes and Sub-themes

Main Themes	Sub-Themes
Theme 1: Facing with Uncertainty	Uncertainty is Difficult to Hold
	Longing for Clarity and Control
	Past Echoes
	Defensive Disconnection
Theme 2: Settling into a Professional Identity	Self-Doubt
	Feeling Responsible
	Unstable Grounds
Theme 3: Negotiating Uncertainty	Relational Support
	Learning with Time and Experience
	Making Room for Complexity

4.1. Facing Uncertainty

Across participants' narratives, uncertainty was rarely treated as a neutral feature in either their private lives or in clinical setting. Instead, it was often described as an emotionally destabilizing force. This theme describes how participants initially reacted to uncertainty and which tensions appeared during these encounters. This overarching theme is explored through four interconnected subthemes: "Uncertainty is Difficult to Hold", "Longing for Clarity and Control", "Past Echoes", and "Defensive Disconnection".

4.1.1. Uncertainty is Difficult to Hold

In all eight participants' narratives, uncertainty is described as something difficult to bear. They often experienced uncertainty as something creating profound vulnerability. Participants spoke of anxiety as the first and most persistent companion of uncertainty.

"It doesn't have good connotations for me. It creates negativity. Anxiety comes to my mind when I think about it...Whether it's the future, relationships, health or waiting for news, the shared thread is anxiety" (P8).

Another participant noted similar feelings more succinctly:

"It brings unease and anxiety." (P6).

Sometimes these immediate reactions were not experienced as easily manageable discomfort. It was more like an internal state that has a powerful destabilizing effect. One participant described uncertainty as:

"Uncertainty is something I have really hard time with. My mind automatically jumps to worst-case scenarios. I catch myself doing this and I try to calm it down. But the default is always negative" (P4).

This psychological strain sometimes creates a sense of fragility in the face of unknown. Some participants described several instances that they had most difficulty with tolerating uncertainty as follows:

“I think, (It is most difficult when) I believe I won’t be able to handle what comes at the end of such (uncertain) process. So, I try to either prevent it or if can’t prevent it, I prepare myself against it.” (P8)

Another participant reflected on a similar incapacity extended into clinical work:

“...When (professionally) I feel helpless in some way in dealing with something, when I cannot stay in that uncertainty and the patient experiences something similar, I get very anxious. There, there is this feeling of “I cannot do this, I cannot stay in the face of this” because I cannot stay in the uncertainty that I am experiencing.” (P2)

This inner discord with uncertainty was not always confined to isolated moments. Sometimes it evolved into a more pervasive sense of groundlessness. Rather than being merely about unknown outcomes, at times it signified a loss of orientation. One participant described this as follows:

“For me, uncertainty is actually... like groundlessness. One side is not being able to see ahead, but the other side is not being able to feel the ground, a little bit of being lost, uncertainty always evokes something about that feeling of trust.” (P7)

This sense of disorientation seemed to blur the lines between external unpredictability and internal insecurity. It can be argued that, for some participants, uncertainty was not just a situational challenge, but an existential one which touches on deeper themes such as trust and psychic safety.

Another participant reflected on the paradox of having chosen a profession that is inherently unpredictable as someone who seeks clarity in her life:

“I once asked in my own therapy, ‘As a person who tries to establish things in my mind like ‘If X is Y, if A is B’, as a person who tries to clarify everything, I wonder why I chose this profession and this method?’ (P8).

This tension between the desire for fixed meanings and the uncertainty that therapeutic work entails points to another dimension of their experience, namely a yearning for clarity, predictability and control. Although they were not aiming to resolve uncertainty for good, they were seeking a sense of stability.

4.1.2. Longing for Clarity and Control

As the previous theme highlighted, participants did not approach uncertainty with ease. It rarely arrived in silence, rather it elicited an impulse to react. They attempted to actively resolve it. Their first reactions often involved efforts to gain some sense of direction: planning, organizing and trying to make things tangible. These were not always conscious strategies. Sometimes, they appeared more like a reflex against the felt unsettlement.

“There’s something in me that wants it to end as soon as possible. I think it’s my nature. I like things to be clear, predictable, planned. Otherwise, it feels like I will get lost in that uncertainty.” (P8).

For many participants, facing uncertainty creates a need for organizing, predicting and preparing. Planning seems to be not only a practical habit but also serves as a psychological anchor.

“I have always had a 5-year plan for as long as I can remember. I mean, it always changes, new things are always added, [...] I give up on some things, my goals change, etc. But there is always a plan, only the content of the plan changes.” (P3)

“As I said, I like to anticipate things. Sometimes, even if I can do something at that moment, I don't feel very comfortable because I didn't plan it in advance. Like even when there are no obstacles.” (P5)

For her, the discomfort did not come from the situation itself. She needed a mental preparation beforehand.

Their effort to anticipate the future functioned as a way to soften the blow of the unknown. Several participants described creating different possible scenarios in their minds in order to reduce the element of surprise. One of them noted:

“I try to organize it as much as I can. Since there is such an anxious part of me, it also prepares me. For example, I enter a mental preparation process that goes like what if it happens like this, what if it happens like that. And sometimes I actually try to remind myself that not everything may turn out the way you planned.” (P5)

However, this strategy was not always comforting. Another participant reflected on how this need to anticipate and reduce emotional overwhelm could turn into a compulsive loop:

“So generally, I think through all the possible outcomes of that uncertainty—what I could do in each one, how bad it would be if this happened, how much better it would be if that happened—and I sort of weigh and evaluate them in my head. Preparing myself for them in my own way feels helpful. Sometimes, it can even become obsessive. I keep thinking over and over again, ‘If this happens, I’ll do that,’ and it can become something that keeps me up at night.” (P8)

Some participants reflected on the difficulty of truly accepting the lack of control. One of them expressed that confronting this truth can make harder to tolerate uncertainty:

“Saying ‘There is absolutely nothing I can control about this situation’—that’s really hard. Even in the moment, I find myself thinking, ‘How did I not control this?’ We have this kind of omnipotent assumption. I guess I still hold onto that a little—like, ‘I didn’t control the past, but how come I still can’t control the future?’ That makes it harder to tolerate. Because saying ‘I can change things’ gives a sense of control.” (P2)

This insight brings a deeper tension into focus: letting go of control means also letting go of the fantasy that life can be fully known and mastered. One of the participants similarly observed that we often act as if things are certain, even when they are not. She described this as a kind of adaptive illusion:

“Realizing that the idea that some things are certain is actually an illusion... In fact, most of us don’t always realize this. The moments we call uncertain or feel as uncertainty are not really that special among all the others. Maybe it’s more about noticing that through reflection and trying to make peace with it—which is a process.”(P2)

Another participant brings another aspect of the need for control by saying:

“There are things I can control and things I can’t. But when I place the burden of also having to control what I can’t on myself, it creates a kind of pressure. As if I should be the one to control everything, as if I should handle everything better.” (P7)

She highlighted how internalizing this expectation of control creates also an emotional weight. Taken together, these reflections show that need for certainty and control has outcomes twofold. Letting go of it may invite growth, but it also comes with the risk of revealing a more vulnerable part of the self.

4.1.3. Past Echoes

Some participants reflected on how earlier life experiences might shape their current relationship with uncertainty. These weren't always clearly articulated causal links. They emerged through their narratives on their personal characteristics while interacting with uncertain situations. Uncertainty seemed to resonate with familiar feelings from the past.

One of the participants, for instance, described herself as a compliant child, someone "seen as a proper little lady". Reflecting on this, she said:

"Maybe this part about keeping things under control comes from there. Because in order to always do what's expected, you need to know what's expected and act accordingly. Back then I wasn't doing any of this consciously, but I remember being someone who would automatically adjust to the person, the situation, or whatever was required. My childhood and teenage years were quite steady — not too many ups and downs." (P5)

For her, it can be argued that the impetus behind her need for control is not fear of uncertainty but a feeling of the necessity of knowing. Knowing the expectations can ensure meeting them, thus securing the relational needs. Similarly, others traced their difficulty with uncertainty back to early experiences of being seen as capable. Even though, in these accounts perfectionism and internalized expectations were not explicitly imposed, they were subtly absorbed.

"I think it's a trauma response. I've always had this part of me that tries to read what's coming and adapt accordingly. [...] That inner voice which saying 'You shouldn't feel this anxious, you should do better for your client' feels very strong for me. I think it comes from a perfectionistic background." (P7)

“I was an only child. [...] and my family had high expectations. [...] I always got messages about being successful, I’ve always been a successful child. I’ve always got messages that I had to continue this. Even though it was not spoken, it was always implied. [...] Over time, I internalized it so much that now I expect even more from myself than they ever did.” (P4)

On the other hand, for others, uncertainty sometimes invoked emotional states rooted in loss. A participant described early-grief as something deeply altered her capacity to tolerate the unknown, at least for a while:

“I think I encountered loss at a young age. I also think it prevents many things for a time. Because it leads to more intense anxiety.” (P2)

Furthermore, she spoke of how loss and entailing obscurity could evoke a psychic vulnerability:

“After a loss, the world becomes unfamiliar. That’s the most challenging part, remaining in that uncertainty because I didn’t know the world without it. [...] The process itself, maybe grief itself, is a kind of uncertainty. What will happen to me after this loss? That’s also uncertainty. And the future... the future without that person.” (P2)

This sense of groundlessness was not confined to the past. It resurfaced in her response to recent traumatic events. Also, her narrative was touching upon how relational grounding increases the tolerance of unknown.

“During the earthquake, I was alone in Istanbul. I was thinking, ‘How will we get through this?’ A few days later I saw my mother. She was alive back then. We hugged, we talked about what had happened [...] and while returning, I remember my feet were on the ground again. Now that she’s gone, that ground feels lost. [...] She taught me how to stay with uncertainty, and now she’s not here.” (P2)

Another participant also spoke of a foundational rupture in early life – the loss of her father – and its enduring effect on her internal world.

“Because I was there, I actually experienced it, but since I didn’t yet have the mental tools to process it, I can’t remember it or make sense of it. So, because of the difficulties

coming from those times, uncertainty is already a big thing for me. Because here's the thing—when a loss happens that early, and I know this, I see this, especially when it's a deep and sudden loss like my father's death, it shakes the whole family, right? [...] And you only have two main figures when you grow up. One of them dies, and the other is also affected by that death. So that's why I always feel like I have to pull out my Plan B.” (P3)

For another participant, loss was not the only source of uncertainty in the past. Also, her narrative echoed from a long-standing socio-political vulnerability. She reflected on how growing up with a Kurdish identity shaped her experience:

“Throughout my education I realized that being Kurdish is something difficult in this country. [...] You grow up knowing life will be harder for you, that you'll need to struggle more. [...] In my story, that awareness helped me. When the earthquake happened, it wasn't something entirely new. I had already witnessed destruction—by nature, but also by human hands.” (P2)

Rather than romanticizing hardship, her narrative reveals how sometimes exposure to systemic precarity might cultivate a kind of resilience. While this does not erase the emotional toll, it may grow into a capacity to remain present during large-scale obscurities.

Not all reflections were tied to specific losses or traumatic events. For some, their attitude towards uncertainty was shaped by broader emotional tone of their childhood environment. One of the participants, for instance, recalled a phrase frequently repeated by his mother:

“‘Better to stay awake than to have a bad dream.’ It really feels like a reaction to uncertainty like saying, ‘Instead of having nightmares, I'd rather not sleep at all; I'd rather stay alert.’ That's what came to mind when thinking about my upbringing. My mom, my dad, and in general, my family had a similar mindset. And maybe I was also raised a bit like that — to play it safe, to be cautious, to avoid taking too many risks. This applies to many different areas. For example, I know I score low on the ‘openness to experience’ dimension — I'm like that in many ways. I don't enjoy taking big risks in most things. So, I think this upbringing shaped that; it's not so much about what's happening

in my life now, but more about how my character was formed in the past. I may not be able to point to a specific moment, but it feels more like a combination of internal and external factors that shaped who I am today.” (P8)

Taken together, these narratives suggest that for some, uncertainty was not experienced in a vacuum. It carries echoes from the formative years, from losses that maybe were not fully metabolized, or from environments where knowing meant security.

4.1.4. Defensive Disconnection

When uncertainty became emotionally overwhelming, several participants described retreating into various forms of defensive disconnection. It seems like these are automatic and habitual responses that helped them distance from anxiety. These defenses vary from denial and avoidance to distraction or numbing. They shared the common function of regulating the affect by reducing emotional contact with what felt uncontrollable or maybe daunting.

One of the participants reflected on denial as one of the most immediate defenses:

“It seems to me what makes it harder (to tolerate the uncertainty) is avoidance, like denying. At the beginning, that’s already the most basic defense we use. I mean, we deny. But, staying in denial, that’s a bit (an issue). I mean, in moments of uncertainty or anxiety, I can find myself doing things constantly, staying in action.” (P2)

She also described how familiar routines, or past experiences could serve as a safe zone when the future felt too threatening with its unknowability:

“It might be retreating into something known, something familiar – past experiences maybe. Sometimes the uncertainty of the future becomes so anxiety-provoking that living in the past feels like not creating the future. It’s something we all do. But this freezing (of time) must not last for a long time.” (P2)

Another participant articulated a similar impulse, describing her hesitation about taking steps that might resolve uncertainty:

“I avoid thinking about it. Like looking for an apartment, or the moment it will all happen... Even though, the goal is for it to be over and done, for the uncertainty to end – that’s the expectation. But I find myself thinking ‘Let’ not go there, what if it turns out bad? It could be good, though...’ [...] So I feel like, I’ve just realized that I want this current state to linger, to stretch out...” (P6)

In other moments, some of the participants described something more like a disconnection from their negative inner experience altogether:

“If we talk about the getting rid of the negative situation that uncertainty created, (my way) is escapism. I immediately escape from there, and everything ends, both mentally and emotionally.” (P6)

“Maybe, a bit of ignoring... I try not to remind myself that inherent uncertainty of things or feeling of uneasiness it brings. I turn my back on that feeling, in a way.” (P7)

Substance use, repetitive behaviors, and digital media consumption were also cited as temporary yet accessible forms of relief. Although they were not always described as problematic, they were often framed as mechanisms that worked just for a while. In the long term their potentially limiting effects were also articulated.

“Smoking for a while, drinking... they do offer some kind of protection. They can be useful. But when it goes on too long, you begin to act like the uncertainty isn’t there at all. When you keep doing the same things without opening space for anything new, you create the assumption that uncertainty doesn’t exist.” (P2)

Other participants reflected on how they would habitually distract themselves. One of them described how she instinctively turned to screens, food, or social media:

“I would always turn to social media. I hadn’t really thought about it until now. Looking back, I see it more clearly. The moment something came up, I would open social media, or I’d go to watch something, eat something...” (P4)

Others similarly described how distraction came easily as a way to not feel the full weight of uncertainty:

“I try to distract myself most of the time, to get away from anxiety. It’s not something I do consciously—it just comes automatically.” (P6)

“I can distract myself really easily. I just do it. I also love thinking, I think a lot. That helps me too, in a way—it calms me down.” (P1)

A participant added that screen use could also prevent emotional processing:

“What came to my mind was screens. [...] When it comes to dealing with uncertainty, screens seem to calm you in the moment, but they stop you from building the capacity to tolerate it. They cause you to postpone constantly.” (P2)

Across these accounts, what emerges is a complex interplay of strategies that attempt to procrastinate, reduce intensity, or provide an illusionary sense of safety. However, participants were often aware of the limits of these strategies. While defensive disconnection may offer temporary relief, it can also hinder the engagement with the very uncertainty that must eventually be faced.

4.1. Settling into a Professional Identity

While the previous theme explored how participants responded to uncertainty in both personal and professional contexts, this theme focuses mostly on the role of uncertainty in the early stages of professional life. Clinical work demands both facing unknown in real-time and a continuous negotiation of one’s emerging professional self. For many participants, this phase was marked by a heightened sensitivity to perceived inadequacy and felt emotional responsibility. Sometimes, these tensions also interacted with pre-existing personal patterns and contextual stressors such as economic or sociopolitical instability. This theme explores how novice therapists grappled with uncertainty while trying to anchor a stable professional identity with three subthemes: “Self-Doubt”, “Feeling Responsible”, and “Unstable Grounds”.

4.1.1. Self-Doubt

For almost all participants, the development of professional identity was marked by persistent experiences of self-doubt. This was especially evident during moments of clinical uncertainty which often triggered internal questioning regarding the competence and adequacy. Usually, participants described experiences where they adopted a critical attitude towards their effectiveness as therapists:

“Uncertainty regarding clinical practice is often accompanied by anxiety and feelings of inadequacy. [...] I question my competency. Am I competent or not? Am I doing things wrong?” (P1)

These concerns were particularly heightened in the very early stages of their careers. One participant recalled the pressure to know and to be skilled:

“At the beginning, I was fixated on being competent. I had to be competent, I had to know things. Do I know enough, do I know this part, too?” (P1)

Another reflected on how her default interpretation was often self-critical when facing client withdrawal:

“Instinctively, the first thing that comes to my mind is ‘Is it because I’m incompetent? Did the patient leave now because I didn’t hear them well enough? Why did they leave now?’” (P2)

“When (withdrawals) come in a row, I question my competence a lot. I ask questions like ‘What did I do last week? Is it because I did something and ruined people, so is that why this week I am experiencing this?’” (P4)

Although these expressions usually surfaced during sessions, sometimes it seemed to influence how participants framed the entire profession and their own suitability for it. As one participant put it, encountering difficult cases early in her work led her to question her overall capacity:

“There were many times that I thought I can’t tolerate it, I can’t do it, maybe I should quit, it would be better for me. Because that was (the uncertainty) exactly what I couldn’t

stand. I mean, 'what are we working now, and will I really be able to invite this patient into reality? [...] And I encountered this case in my first year of the profession. I really had a hard time. [...] I didn't know if I'd always meet such patients. That unknown future made things even scarier. Many times, I asked myself 'Am I cut out for this?'' (P2)

For some participants holding the uncertainty while trying to remain effective was an emotional labor. When therapeutic interactions did not yield clear or affirming outcomes, it seemed that tolerating the uncertainty became harder. One of the participants expressed self-blame when they could not perceive progress:

"There were moments when I felt the process wasn't moving, like it was stuck somewhere. In those times, I blamed myself. In many times I thought 'Am I inadequate? Am I not using my tools well enough? Maybe I haven't settled these (theoretical) frameworks in my mind, and this is why things aren't working.' (P4)

It can be argued that the feeling of inadequacy did not always relate to lack of theoretical knowledge or clinical skills. Sometimes, it might be triggered in seemingly ordinary ambiguous situations in sessions:

"In even the smallest moment of uncertainty, while playing or after the sessions, I completely fall apart. I mean falling apart like I think 'I'm inadequate, I'm failing.' So, uncertainty in the professional setting is harder for me." (P6)

She bound her difficulty with uncertainty to a deeper sense of fragile self-trust. It can be suggested that, for her, the challenge was not coping with the uncertain situation, but believing in her ability to cope:

"Maybe it's trust... A lack of self-trust. It's not that I can't cope, but it's like 'I couldn't manage' or 'I can't manage until this uncertainty disappears.' I think that's the biggest obstacle. To stay with that uncertainty is hard because I don't believe in myself." (P6)

Although participants felt more adjusted as time went on, moments of self-doubt continued to arise. It seems that, these were often provoked by the open-ended nature of therapy and the lack of immediate results:

“Now I feel a bit more used to it, after finishing my internship and entering the field. But it is still difficult for me. I mean, it (uncertainty) triggers feelings of inadequacy. Because it’s uncertain—what happened, what didn’t, what effect did I have? [...] Sometimes I feel like, ‘Did I actually do something? Did I manage to? Or not at all?’” (P8)

Also, another concern was that a client’s silence or ambiguous feedback might reflect on their competence:

“Since I often hear negative feedback from clients, I end up questioning my own skills and adequacy more. That pushes me to want more certainty in the process. Like, I begin to fantasize about saying something and immediately seeing a positive effect or hearing it from the client. Because the process is ambiguous and I can’t quite tell if things are going well or not, and what I do hear is mostly dissatisfaction. When this is the case, it become harder to bear uncertainty, I say bear because it implies the negative aspect. When things get difficult it is not staying with uncertainty but bearing it.” (P8)

The dyadic nature of the therapeutic relationship also played a role in shaping participants’ experience of uncertainty. One of the participants observed that she could tolerate uncertainty more easily when working with clients who seemed engaged, open to change or reflective. In contrast, more resistant clients intensified her self-doubt:

“With clients who are open to change and come with motivation, the process just flows. But when someone is more ‘stubborn,’ not open to change, maybe trying to preserve the status quo—of course they might have many fears- I start asking myself: ‘Why isn’t this working? [...] I question my competence there and have more difficulty tolerating this uncertainty.’” (P4)

Same participant noted how clinical decisions, such as a bold intervention, could prolong a state of uncertainty for a while and amplify anxiety:

“Let’s say I made a bold intervention in the session. Then waiting to see how the client will come back next week—that uncertainty becomes difficult to sit with.” (P4)

Finally, internal criticism and perfectionism added yet another layer to the experience of self-doubt. As one participant observed:

“There’s a voice inside me that says I shouldn’t be feeling this anxiety. That critical voice makes it harder. I try to analyze where it comes from. It was very dominant back then. Now it’s better but I hear it especially in early sessions or with new clients. In daily life, I can pass through it more easily. But in sessions, it’s more intense, even if I feel like I can handle it.” (P7)

In summary, self-doubt emerged as almost a pervasive emotional experience in the professional lives of participants. It can be argued that this was mostly shaped by internalized standards and the ambiguity of therapeutic work. The opaquer the process – or we can call uncertain – the more it seemed to invite projections of inadequacy. While some participants also described a developing resilience to this self-doubt, the narratives illustrate that it remains one of the most challenging parts of their chosen profession.

4.2.1. Feeling Responsible

Another thread that closely intertwined with self-doubt was the load of relational and professional responsibility. Several participants described an enduring internal demand to be helpful, effective and emotionally available within the therapeutic relationship. Although grounded in clinical ethics and empathy, this desire at times became emotionally taxing. The inability to clearly see their interventions’ effect often intensified a perceived obligation to do more or to do better. It can be suggested that they had a sense of personal accountability for the progress of therapy itself.

“It’s like... uncertainty creates this: Will I be able to help this client?” (P2)

“At times when I felt like ‘I should be doing more,’ it could get very difficult.” (P4)

A participant noted that her felt responsibility was not limited to the therapeutic space. When she felt that others in her personal lives might be affected by the uncertainty or by her distress, the burden became heavier:

“If I’m not alone, if others around me—like my kids—feel the same anxiety, then it gets harder to cope. That’s when it really gets difficult.” (P6)

Another participant reflected on how holding both her emotional responses and the perceived needs of the client sometimes could become hard to contain:

“It’s like I have to be present, aware of my own feelings, but also be there for the client and handle it all. So, I can’t ignore that unsettling feeling (of uncertainty which I can ignore in my personal life) In fact, there is also a critical voice that telling me not to ignore. [...] and, again that critical voice tells ‘Why is there this anxiety here?’ I try to analyze it while it’s happening.” (P7)

This voice was not only critical but also linked to a fantasy of sustaining the therapeutic relationship through effortful doing:

“I mean, there is always an uncertainty about whether that relationship will continue. [...] At the beginnings (of the processes) maybe one side of me takes more responsibility with such an illusion about the sustainability of that relationship. There could be a root belief like “If I do something, they will stay.” (P7)

Similarly, another participant reflected on her tendency to assume responsibilities that were not hers to carry:

“Sometimes I realize I’m taking too much responsibility, carrying too much. I take what I shouldn’t be take. I shouldn’t be taking responsibility for things that actually belong to the client. That’s already what (therapeutic) process requires. But, when I shift out of that mindset, it becomes a barrier for me.” (P4)

Others observed that uncertainty became more tolerable when they felt assured of the client’s safety. In contrast, if they doubted the client’s well-being outside the session, their feelings of responsibility increased:

“If I know my client is safe outside the session, [...] I can tolerate uncertainty more easily. But if I’m unsure, I don’t tolerate this uncertainty. I think it’s an option. I try to hold things more tightly. That can mean checking in with the parents, calling, or even scheduling another session.” (P3)

These reflections suggest that the wish to help – especially when amplified by internalized expectations – may shape a heavy relational responsibility. Even though rooted in care,

this weight sometimes might obscure the collaborative nature of the therapeutic relationship. Also, for early-career therapists, it might make it harder to maintain the balance between supporting clients and respecting their own limits.

4.2.3. Unstable Grounds

Participants' narratives revealed that the challenging aspects of uncertainty was not confined to personal experiences within clinical space. Instead, it extended into the broader socio-economic and political landscape they lived in. While previous themes emphasized internal struggles and relational tensions, this theme highlights how external and systemic factors further complicated the picture.

According to participants' accounts, economic concerns were a recurring source of anxiety. They frequently described how economic instability, irregular client flow, and unpredictable income affect their tolerance level. One participant reflected on how these conditions created a constant feeling of precarity:

"I can say that I often find myself struggling financially. There are so many times I can't see ahead. Especially in the past five months, I've felt like I was constantly trying to stay afloat." (P4)

This financial uncertainty seems to create almost a threat to the basic sense of security. The same participant described how the unpredictability of client numbers directly impacted her sense of stability:

"There was this one week in past months, I clearly remember, when three or four clients suddenly said they needed a break. That week, I was really shaken. I thought, 'Will I even be able to pay my rent? Can I continue in this profession? Will I have to give up?'" (P4)

These anxieties were not just about personal finances. They were interwoven with a broader sense of socio-political uncertainty. The participants spoke of how living in a country marked by political instability, economic crises, and natural disasters create a lack of foreseeability. One of them described how the earthquake in 2023 shattered any illusion of control they had:

“I think the earthquake, that collective trauma, broke something. Because I was caught in something I didn’t know and in a way, I didn’t know. It wasn’t just about tolerating uncertainty anymore. It was about realizing that uncertainty would not go away. We experienced it once, and there’s no guarantee it won’t happen again. That’s just part of living here.” (P2)

The same participant reflected on how socio-political conditions in Türkiye created a chronic sense of anxiety and making it difficult to hold on to any sense of hope:

“While life itself, the future itself, is always uncertain, it becomes more uncertain and complicated with certain policies implemented in the country we live in. Even if you have a high tolerance for uncertainty, this creates a sense of hopelessness. Sometimes you can’t say, ‘these will pass, and there will be room for better’. [...]. I think tolerance is being able to say something like ‘Yes, I may experience other obstacles and difficulties that will challenge me in the future. This is the cycle of life. But I will be able to overcome these somehow, with the help of connections I have established.’ The geography you live in is one of the things that create that sense of belonging. But, when there is intense anxiety about that place, [...] when it creates hopelessness, it is harder to tolerate uncertainty.” (P2)

For some, this external instability also permeated their transition from academic training to professional life. The same unstable environment that fostered anxiety on a societal level seemed to echo within their experiences of entering the field. One of the participants vividly described a sense of unpreparedness for the realities of the profession:

“I think during the internship, while studying, and even during the master’s program, we were not really told much about what actually happens when you start working. That’s why there were times when I felt like a fish out of water. I saw it in my friends too. I am currently working independently, not affiliated with any center. Many people see this as more challenging, like you’re on your own, you have to find clients somehow. But the worst part is that I also have friends who work at centers, and they struggle with similar issues, like the lack of client referrals. And none of this was really mentioned to us. Of course, no one ever said ‘Finding clients will be very easy’, but they also didn’t say, ‘If

you struggle to find clients or if these things happen during a process, like a client suddenly ghosts you...’ That’s also a kind of uncertainty.” (P4)

Other participants similarly described the beginnings of professional life with full of uncertainties:

“Especially when I think about the first days, a lot of things come to my mind, starting from what kind of place I will work in, what kind of order it will have, how communication will be established, what will happen when the first client comes, what will happen if there is something I cannot do...” (P5)

“Right now, one of the most uncertain things in my life is my professional future. I mean, I can’t say ‘I see myself here in five years, professionally.’ Sometimes it feels like good things will happen, and other times, I feel like I’ll never be able to establish myself, and I’ll eventually give up being a therapist. I keep oscillating between these two extremes, wandering in between, but I always touch both ends. And external conditions make this uncertainty even more difficult.” (P8)

These narratives illustrate how participants’ relationship with uncertainty shaped by the external realities. It can be argued that the uncertain future they faced was not only a personal struggle, but also a reflection of the unstable grounds they lived on.

4.3. Negotiating Uncertainty

Although all participants are in their early years in the profession, their narratives suggest that their relationship with uncertainty did not remain static. Rather than experiencing a sudden mastery of uncertainty, they described a gradual development. Their capacity to stay present and reflective in ambiguous situations somehow expanded. This transformation was not a linear one. For most of them, an important factor in this change was the relational support they received from several sources. Others pointed to time and experience as key factors. Finally, some spoke of making room for complexity—embracing the multiplicity of events, exploring rather than resolving ambiguity, and letting curiosity guide them. This overarching theme is explored through three

interconnected subthemes: “Relational Support,” “Learning with Time and Experience,” and “Making Room for Complexity.”

4.3.1. Relational Support

For almost all participants, relational support functioned as a buffer against the pressing challenges of uncertainty. Whether through supervision, personal therapy or connections with peers and friends, these relationships offered a sense of grounding for the participants. For many, being able to share, reflect and receive support made the uncertainty more easily bearable. They shared that these relationships allowed them to process their anxieties and gain different perspectives.

“The relationship itself crosses my mind. When I establish strong bonds, when I can allow that relationship... [...] I think what makes easier (to tolerate uncertainty) is to be able enter a relationship. Because I always think like this ‘I will experience this uncertainty in my life, the unknown. But I am not alone. There are people, there are bonds who will be with me, who will accompany me through that time.’” (P2)

“I think I have the hardest times with uncertainty when I am alone. When I think ‘I have to struggle alone, I have to deal with everything’ I panic a lot and I can’t see what’s ahead.” (P4)

Across the participant accounts, supervision was one of the support methods most frequently used in coping with ambiguity in clinical practice. It provided a space where they could voice their concerns about ongoing processes and receive feedback from experienced colleagues. For some, supervision was both a practical guide and a relationship which helped them to regulate their disconcerting emotions.

“I think, supervision has a more direct effect here. When I say direct, I mean a bit more on point. For example, if there is an uncertainty that I experience in a process, talking about what triggers me in that process and talking about what I can do about it or how I can approach the client (helps me). (P8)”

Fortunately, I got out of that (difficult) time with supervision. Because, for a while I was very clear that 'I can't afford supervision. But at some point, I realized that it wasn't a matter of whether I can afford it or not; my mental health was at stake.' (P4)

Another participant similarly highlighted the regulatory aspect of the supervision relationship. She also described how her supervisor helped her to maintain a clearer focus by distinguishing between client-related concerns and personal issues:

"My supervision supports me. Thanks to my supervisor, they stand behind me. They calm my worries. They tell me which concerns worth considering, which ones are more about my clients' processes, and which ones are things I need to talk about in my therapy and analysis." (P3)

Sometimes, supervision helped participants to normalize their struggles and to feel seen.

"So, supervisor means, there is someone who has experienced these things professionally, who thinks that these things can be dealt with, and who somehow tells me that I can do it. [...] When I believed I could do it, when I thought they (supervisor) saw my potential, somehow, I said, 'Yes, I can face this, we can work on this.'" (P2)

"Even if it didn't do anything, even if it didn't improve my therapeutic work at any point, there was a comfort in it. It was a great relief to be able to open up about my concerns there, to hear from someone else - a therapist with more experience than me- that what I was going through was normal." (P4)

"In supervision, what helps is discussing what can I do in therapy I'm providing or my supervisors' normalizing my concerns – saying things like 'Yes, this can be a more sensitive issue for a new therapist, it can be challenging. But you've already done what you could. At some point, it's also about where the client will go in the process and what they will do.' That's comforting. It also teaches me about like what to do and how to do it" (P8)

Personal therapy was also an important source of support like supervision for participants:

"Even when I was struggling the most, I had my therapist, my supervisor... they were like a safety net." (P6)

Beyond supervision, personal therapy provided participants a space to explore their own vulnerabilities and understand their reactions.

“I try to tolerate uncertainty by establishing closer ties with psychoanalysis. How does it work? When I think about it, I try to make sense of why it might have happened like this in my private life, in my own past, why I have this need to know so much.” (P3)

For most of them, therapy became a place to delve into the origins of their anxieties which were triggered by situations where they can't foresee the outcomes. One of the participants shared an instance about how she regulated her panic after an arduously uncertain session with personal therapy:

“After working on this in my own therapy – looking into it more deeply and understanding why it affected me so much - I started to gain some balance.” (P6)

Another participant described how their therapeutic process helped them to regain a sense of perspective when uncertainty felt paralyzing:

“Now, by going to therapy and talking to my therapist, I have come to a point where I can say ‘I can't do anything more right now, I'm doing my best.’” (P4)

While supervision and therapy offered somehow a structured support, according to participants, peer relationships provided a sense of shared experience and normalizing effect.

“(I need to share) Not like, ‘Correct me, where am I wrong?’ but to somehow convey that feeling. I feel the need to convey that inability to stay with uncertainty.” (P6)

“I can continue by consulting my colleagues or teachers and talking about this issue getting the necessary help and support.” (P4)

Another participant similarly reflected on the need for spaces where they can talk without fear of judgement while practicing a solitary profession like this.

“Because of my already harsh internal dynamics I am very afraid of being judged, I feel awful when I'm judged. [...] So, when I hear a critical voice from the outside, it overwhelms me. That's why, if you ask me, I would recommend having a space among

colleagues or friends where you can talk about the mistakes made, where you can be understood without being judged. Not in a way where someone's wagging their finger and saying, 'Don't ever do that again!' but rather, 'Look, what you did here connects to this. How can we do this better? What could be a better way?' I suggest creating networks where we can aim for better without causing or experiencing narcissistic injury. If it's possible, everyone has that one friend. The one you can call at your worst moment. The one you think of asking for advice after a really bad session. There's always someone like that. I think those relationships are really valuable. Because sometimes, this is a very lonely profession." (P3)

This sense of solidarity was particularly valuable in the early stages of their careers, where many felt isolated and somehow lost. One participant described how peer support helped her navigate this phase:

"Sharing things with peers, especially with colleagues who are just starting out...Like when someone comes to me with something, I feel that we're all going through the same thing. Because, as I mentioned, that critical voice has a big role in making harder to tolerate uncertainty. One of the things that quiets that voice is realizing 'We are sharing this, we all started the process like this, we are all going through the same struggles and we grow over time.'" (P7)

Collectively, these narratives show how relational support acted as a network of safety. This network helped participants maintain their capacity to remain with uncertainty, even when it felt like caught in a whirlwind. It did not always resolve their conflicts, yet it provided a sense of shared humanness which made things more bearable.

4.3.2. Learning with Time and Experience

At the outset of their professional journeys, participants commonly experienced uncertainty as an unsettling factor, often accompanied by self-doubt and a sense of helplessness. However, as they continued to practice and accumulate experiences, they began to notice subtle shifts in their ability to navigate ambiguity. This subtheme

highlights how time and experience became a transformative force that promotes a more grounded and adaptive approach to uncertainty.

For some participants, the anxiety they experienced at the beginning was almost paralyzing. But it seems that it is gradually became more manageable.

“At first, I couldn’t regulate myself. But over time, I slowly learned. I used to struggle so much.” (P4)

“I remember feeling paralyzed at first. If something uncertain came up, I would freeze. Now I can stay with it a bit better. [...] Just being able to stay with it through experience... Being able to remain in that place as you gain experience. Like being there without being overwhelmed, staying with it instead of being pierced by it... Maybe that's something that develops gradually.” (P6)

Another participant expressed a similar sentiment, underlying how her critical inner voice used to amplify her stress more:

“The anxiety I mentioned started to retreat over time. At first, it felt so overwhelming, but then it became more confined to specific moments, like initial sessions.” (P7)

Many participants emphasized that their growing tolerance for uncertainty was not a result of a better learning of theory alone, but rather a product of direct engagement with the clients. Mistakes were just unavoidable, and they became valuable learning opportunities.

“It’s not about avoiding mistakes. We learn by mistakes. Making mistakes is an important part of the profession.” (P2)

“As my experiences grows, I began to understand that you really have to be ‘seasoned’ in this work. You know, it’s kind of like craftsmanship.” (P1)

“You can’t really know without trying. I guess we don’t know if we can overcome the challenge of uncertainty until we try.” (P7)

For another, the accumulation of experience replaced the need for perfect control with a more flexible mindset:

"I have noticed that as I grew older and gained more experience, my expectations from myself decreased. I used to think it would be the opposite, but I can now say 'It's okay, we'll figure it out' more easily." (P4)

This shift was not only about technical improvement. Participants also described a change in their self-perception. Several participants spoke about how their understanding of their role became more realistic over time. It can be argued that they moved away from a sense of omnipotent responsibility. Instead, they recognized their limits and accepted that they could not control everything in the therapy process:

"I just accompany them, I go wherever they take me, I can't do anything unless they take action. There's nothing I can do. I don't have a magic wand. (P4)

"And my limit is this, my capacity is that. For a given task, I know I need this much time, these many resources. I can do this much, and I can't do that much. I think that sense of 'this is my boundary' formed over time, and it has helped me. [...] Because now I can say, 'I'm not in a position to do that, but I am in a position to do this,' about most things." (P5)

"Well, before we started a process with this client, they were alive and somehow came here. They already have a certain power. Sometimes I think about where I put myself, right? If I put myself in a very crucial place, it means that my client is miserable without me. [...] But it's not how it works. Because they actually see me for forty-five minutes once a week, how little it is." (P3)

Another participant described how growing a capacity to stay with uncertainty felt like developing a new skill, one that grew stronger with practice and get sensitive catching differences:

"Yes, maybe I'm feeling this way right now, and sure, there's a background to it, but I started asking, 'What is happening right now that I'm feeling this so intensely?' And I found myself being able to take something out of that and transform it. Interestingly, this change happened quite quickly—about a year. It's a development that surprised me. I was actually afraid of this before I started sessions. I used to worry, 'What will I do when my anxiety gets really high? What if the client stays silent for too long? I can't stay in

silence, what will I do?’ [...] But somehow, tolerance for uncertainty... how can I say... it’s like a muscle that becomes stronger. The more I experience it, the more I notice how its tone shifts from one relationship to another. Yes, there is always a part of me that can’t fully tolerate uncertainty, but the tone of that feeling changes with each session and each situation. And being able to observe this change developed over time—like a muscle.”
(P7)

Taken together, these reflections suggest that as participants spent more time in the field, they began to see uncertainty less a threat and more a part of their work and something to be engaged with.

4.3.3. Making Room for Complexity

While previous subtheme emphasized how time and experience eased participants’ encounter with uncertainty, this subtheme focuses on a slightly different aspect shaped by their evolving attitudes. Their narratives suggest that shifts in their approaches towards ambiguity lead to more meaningful contacts with it. They described moments when they chose to engage with ambiguity, allowing themselves to explore the multiplicity it inheres with curiosity.

Participants began to notice that uncertainty was not always a problem. Sometimes, it was a space to think, to feel, or even to wonder. For most of them, this shift did not come easily. It meant living with a tension between wanting clarity and making space for the unknown. One participant spoke comprehensively about curiosity’s role in her relationship with uncertainty:

"In some cases, it even feels more exciting, more hopeful—like, ‘I wonder what will happen next? [...] If there is something intriguing within it, holding onto that curiosity makes it easier to cope. [...] I have a very alive sense of curiosity, and when I can feel it, I genuinely begin to stay within it more comfortably.” (P7)

"I notice that in moments of anxiety, if I can shift from ‘Why is this happening?’ to ‘What’s going on here?’ it helps me stay present.” (P7)

Another participant described a similar evolution:

"Before, I couldn't tolerate it—I struggled a lot. When I first started my internship, I was always asking, 'What will I do? What should I do? Oh God, help me, I'm so bad.' But over time, it changed. My questions shifted from 'What should I do?' to 'Why did they say this? Where did this come from? What does it connect to?' My focus moved from doing to thinking. I hope this means I've become better at tolerating uncertainty. Doing is something concrete, but thinking is a much more layered and deeper space. I hope it keeps evolving." (P3)

Others described how recognizing multiple possibilities helped them to see the unknown from a new perspective, without feeling pressured to find a single answer:

"Nothing has a single cause. There can be many reasons, and it may not always be clear what they are. Because sometimes I do something, and I have many ideas about what it might stem from. But I don't really know which one it is or how much each one affects it. I try to tolerate not knowing, sometimes in the context of my clients too. I don't want to memorize any of them, nor do I want to do anything in a formulaic way. Instead, I try to progress through the process with a focus on their unique subjectivity, benefiting from theoretical knowledge without trying to attach something to them as if they were a case study from a textbook. That, in a way, supports tolerating uncertainty." (P3)

Some participants also talked about moving away from the need to control everything to a more accepted stance, even it did not come with ease:

"I also remind of myself of this. When something happens, at first you think 'Oh, no, I wish this hadn't happened,' but after a while, you realize there's nothing you can do. You either go along with it as it is, or you take steps to change it. I just try to adapt myself to the situation that comes. That feels a bit better. At some point, you just accept it and move on – there really isn't much else to do. I mean, I've worried enough so far, asking 'What will happen' and then it did. And now, somehow, I can actually feel a bit more at ease." (P8)

"After hitting rock bottom, I sort of let go. And I thought, 'Alright, it's clear that constantly tying this to myself, to my own worth, isn't doing me any good. After doing my

best, I won't keep attaching everything to myself.' I think that moment of shifting to this perspective might be a turning point for me. [...] At the end of the day, saying to myself, 'I guess I won't die,' somehow comforts me. Because this is a process. Things will probably get better after a while. Or maybe they won't—and if they don't, I'll find another way." (P4)

Another participant also similarly reflected on how acceptance and staying present with emotions that arise from that situation helped her cope:

"Maybe it's about being able to stay even in that intense anxiety, in that chaotic atmosphere. Being able to think about what is happening, maybe allowing yourself to feel whatever emotions that uncertainty brings. Otherwise, you somehow manage—if managing is what we're talking about. I guess it's about not avoiding turning inward. It feels like showing calmness, composure, and acceptance." (P2)

Faith and hope also emerged as powerful tools for several participants while navigating through the unknown. For one of the participants, this faith was deeply connected to her spiritual upbringing:

"I was raised by a religious mother. Her spiritual side was very strong. She would share own experiences, tell us stories, talk about dreams, and always speak of another world. She would always remind that we cannot control everything, that anything can happen at any moment. I grew with a very patient and serene mother. Her faith created a sense of acceptance and tolerance for me. 'Anything can happen to me because that's the story of my creation. Don't deny it, love it, because it comes from God.'" (P2)

For another, hope was something they found through psychoanalysis in general:

"Psychoanalysis played a huge role in this change. It held me. Not just contained me, but I saw that I could take shelter in it. It gave me so much hope. My two supervisors during my internship were such supportive people. They gave me hope. Seeing my clients get better gave me hope. It gave me hope for myself, for my clients, for the future. Because to be honest, my childhood was tough. When childhood is hard, you don't always make the best choices growing up. [...] But with psychoanalysis, with my master's program, with psychodynamic theories, that white noise in my mind began to take on meaning." (P3)

One participant reflected on how she drew hope from a belief that even difficult experiences had a purpose:

"I've always had this belief, and I still do: If something happens to me, it has a function in my life. Even if it's something negative, I tell myself that in two or three years, I'll probably look back and say, 'I'm grateful this happened.' [...] In moments of uncertainty, I think, 'Okay, something is happening now, or maybe nothing is happening... It's all a bit blurry, but it has a meaning. Later, you will understand, later you will see.'" (P6)

Across these narratives, it becomes clear that this subtheme was not about a smooth progression. It reflects on the possibility of discovering different ways of engaging with complexity. Participants found value within ambiguity, recognizing its potential through curiosity, acceptance, or faith.

DISCUSSION

The present study aimed to explore how early-career therapists experience uncertainty in their clinical practice, which strategies they used to navigate and how their relationship with uncertainty evolved over time. Through the thematic analysis of semi-structured interviews, three main themes were identified, each reflecting a distinct aspect of how therapists experience and manage uncertainty.

The first theme, “Facing with Uncertainty”, captures the initial and often destabilizing experiences of uncertainty. This theme emphasizes the emotional intensity of facing with unknown for participants in their both personal and professional lives. This theme consists of four subthemes; “Uncertainty is Difficult to Hold”, highlighting participants’ struggle with the discomfort of ambiguity; “Longing for Clarity and Control”, stating participants need for certainty and predictability; “Past Echoes”, showing how past personal experiences might influence current reactions to uncertainty; and “Defensive Disconnection”, where participants may detach or avoid difficult feelings as a way to cope.

The second theme, “Settling into a Professional Identity”, explores how participants navigate their emerging sense of professional self with uncertainty. The subthemes of this overarching theme are “Self-Doubt”, reflecting novice therapists inner questioning of competency when they are in an uncertain situation; “Feeling Responsible” which participants feel a strong sense of responsibility for their processes with clients, sometimes to an overwhelming degree; and “Unstable Grounds”, which captures a broader sense of uncertainty and insecurity stemming from external factors such as sociopolitical or economic instability.

The third theme “Navigating Uncertainty”, focuses on the ways participants adapt to and reshape their experiences of uncertainty with time. Sub-themes under this theme include “Relational Support,” highlighting the importance of supervision and peer support in managing ambiguity; “Learning with Time and Experience” which illustrates how early-career therapists’ tolerance for uncertainty increases with accumulated experience; and

“Making Room for Complexity”, emphasizing how therapist develop a greater appreciation for the ambiguous yet rich and multifaceted nature of therapeutic work.

In this section, these three themes will be analyzed in relation to the existing literature. It will be discussed how this study’s findings align with, expand upon, or challenge previous research. The ways in which therapists develop a more nuanced understanding of uncertainty will be emphasized. Furthermore, implications for clinical practice and training will be considered. Finally, the limitations of the study will be addressed and suggestions for future research will be provided.

5.1. Discussion of the Themes

5.1.1. Facing the Uncertainty

In the narratives of the participants facing the uncertainty emerged as a challenging experience often accompanied by a sense of anxiety both their professional and personal lives. This finding resonates with long-standing views in psychoanalysis that the tension between “knowing” and “not-knowing” can generate profound anxiety (Petrucci, 2018). Donnel Stern (1983) encapsulates this human reaction as “mistrusting the unfamiliar, being afraid that it will threaten our security” (p.76). In other words, people are inclined to avoid what they don’t know since the unknown is felt as unsafe.

For many participants, the anxiety associated with uncertainty was manifesting itself as an urgent need for control. Miceli and Castelfranchi (2005) provide a useful framework for understanding this dynamic, describing anxiety as an “epistemic emotion”. In their framework uncertainty is very destabilizing because it disrupts one sense of control. They argue that anxiety arises from the need to predict and make sense of future outcomes. According to them, this need for control has two primary forms: “pragmatic control” which involves the ability to directly influence outcomes, and “epistemic control” which is the need to foresee future events. The present study’s participants’ accounts often revealed a tension between these two needs. While some of the participants described compulsive planning and organizing behaviors (pragmatic control), others described

trying to anticipate the future by thinking of possible scenarios (epistemic control). This dual need for control reflects the core of their anxiety – an inability to feel secure without either acting or knowing.

The desire for control seems to be a way to defend against a more profound emotional threat. As Freud suggested (1926) anxiety can arise from either unacceptable impulses or from external threats. When the source of these threats is unknown, the felt helplessness can be intense. In this context, the participants' effort to impose control can be seen as a defense against this helplessness. Defensive disconnection, another common theme, can be seen as further manifestation of this defensive quality. When uncertainty cannot be tolerated, some participants described mentally disengaging, numbing, or retreating into familiar routines. Sullivan (1953), as cited by Stern (1983), observed that “not thinking about it” is one of the primary defenses. This can be achieved through “selective inattention”. In other words, by simply turning their attention away from troubling unknown – for instance by scrolling in social media – one may indeed reduce their immediate anxiety. Yet, as Stern (1983) further elaborated, “anxiety is prevented, of course, but this strategy is equally effective in the prevention of learning” (p.76). Some participants were also aware of the potential negative effects of defensive disengagement and reflected on its short-term efficiency.

The roots of these defensive responses can often be traced back to earlier life experiences. As psychoanalytic perspectives widely recognized, early relational dynamics often leave internal templates that influence today (Blatt & Levy, 2003; Greenberg & Mitchell, 1983; McWilliams, 1999; Shedler, 2022). For participants who described being the compliant or high-achieving child, the early internalization of parental expectations seemed to foster an increased need for control, especially in the face of uncertainty. For others, early experiences of loss or instability appeared to deepen their sensitivity to the unknown. These incidents left psychic imprints where any new uncertainty can be felt like a potential loss. These patterns can be seen as adaptive strategies shaped in a context where control or preparedness seemed vital. Understanding these past echoes might allow therapists to recognize that their struggle with uncertainty sometimes is a remnant of their

early emotional landscape. Also, such awareness might gradually reduce the effects of these patterns and foster a more flexible attitude toward unknown.

Before concluding, it is noteworthy to contextualize these insights within another body of research on uncertainty tolerance. In literature, especially in healthcare research, there are several theoretical models and constructs around the concept of uncertainty. Although conceptualized and measured in numerous ways, constructs like “intolerance of uncertainty” (IU) or “uncertainty tolerance” (UT) target very similar phenomena (Hillen et al. 2017). IU refers to a dispositional tendency to see uncertainty as threatening and something to be avoided (Bredemeier & Berenbaum, 2008). It has been empirically linked to higher anxiety levels across various populations, and it is a known risk factor for generalized anxiety disorder (Birrell et al., 2011; Freeston et al., 1994; Gu et al., 2020). Current study does not adopt this framework as a central lens, rather it discusses uncertainty from a psychoanalytic and relational perspective. Nonetheless, it is noteworthy that present study’s findings seem consistent with this body of evidence. The participants’ accounts describe the same correlation seen in quantitative research: low tolerance for uncertainty and high anxiety often go hand in hand.

5.1.2. Settling into a Professional Identity

Psychotherapists do not simply acquire a professional identity; they need to construct it gradually. The process of developing a professional self is marked by uncertainty, self-reflection, and often, self-doubt (Bischoff, 1997; Brightman, 1984; Bruss & Kopala, 1993; Eckler-Hart, 1987; Ronnestad & Skovholt, 2003). The role novice therapists stepped in demands both technical competence and emotional resilience. But the very qualities that make therapy meaningful – its unpredictability, emotional depth, and relational complexity – also make it a space hard to navigate. Both the narratives of the participants and the literature on therapist development show that questioning oneself or feelings of self-doubt are not just occasional visitors for novice therapists; they are almost inevitable companions (Bischoff, 1997; Skovholt & Ronnestad, 1992; Skovholt & Ronnestad, 2003).

In the findings, self-doubt emerged as a troubling experience for many participants. They described instances where they questioned their competence, decisions, and even their suitability for the profession. This struggle is consistent with what Skovholt and Ronnestad (2003) describe as “acute performance anxiety,” where novice therapists become so preoccupied with their own sense of adequacy that their attention is redirected inward away from the client. Rather than feeling present and responsive, they become self-conscious, worried about making mistakes (Bischoff, 1997; Skovholt & Ronnestad, 2003). Similarly, a recent study with therapists in Türkiye identified “lacking in confidence that one can have a beneficial effect on a patient” as the most frequently reported difficulty, followed by uncertainty about how to intervene effectively. The same study also found that trainees experienced higher levels of professional self-doubt compared to experienced therapists (Bilican & Soygüt, 2015). These findings support the prominence of self-doubt as a defining emotional experience in the early stages of therapist development.

Self-doubt was often fueled by the therapeutic encounter’s very nature, where outcomes are ambiguous and feedback is subtle or delayed (Therriault et al., 2009). For the participants in this study, self-doubt predominantly appeared in negative forms such as self-criticism and a sense of inadequacy. Even facing with ordinary ambiguities such as a client’s withdrawal, a moment of silence, or a lack of clear progress often interpreted as personal failures. This is consistent with Misch’s (2000) observation that novice therapists often hold the mistaken belief that they should “completely see and understand everything.” When such unrealistic expectations are not met, they not only amplify self-doubt but also create a sense of shame.

The persistent sense of inadequacy described by participants may also be understood through Hermann et al. (2002) perspective that self-doubt is an expected occurrence in any valued endeavor. When individuals are concerned with their performance, the potential for failure can feel like a threat to self-worth. Consequently, defensive behaviors such as self-handicapping or overachievement may emerge. In a similar vein, McGregor et al. (2008) describe the Imposter Phenomenon as individuals with high ambitions feel like they are merely “getting away with” a false image of competence and fearing

exposure as “fraud”. For some participants, self-doubt seemed to trigger this sense of inauthenticity, leaving them caught in a cycle of self-scrutiny and self-criticism.

Although the participants in this study focused only the negative experience of self-doubt, the literature suggests that self-doubt can serve also constructively. Theriault et al. (2009) found that for some therapists, it led to greater in-session focus, strategic adaptations, and a heightened sense of responsiveness. Dewane (2006) similarly argues that self-doubt, when approached with a willingness to reflect, can be a catalyst for professional growth. It can encourage therapists to seek supervision, refine their techniques, and develop a more nuanced understanding of their clients. Yet, the absence of such evaluation in participants accounts can still be meaningful. As Carroll et al. (2009) argue, self-doubt can initiate a downward but ultimately realistic self-revision. In this process, the initial anxiety and self-questioning give way to a more attainable vision of the self. The participants' intense focus on their own competence, though distressing, may reflect an ongoing process of recalibrating their self-expectations.

However, this movement toward a more realistic self-placement is not only an individual process; it is also profoundly relational. The self-doubt experienced by novice therapists is often intertwined with their heightened sense of responsibility within the therapeutic relationship. For many, the internalized expectations include to be effective and helpful to the clients. Yet, what began as a sense of professional ethics seemed to turn into a burden. This dynamic is vividly captured in Brightman's (1984) concept of the “grandiose professional self,” where novice therapists attempt to compensate for their underlying feelings of insecurity with an idealized image of an omniscient, benevolent, and omnipotent healer. This fantasy of being all-knowing, all-caring, and all-powerful is not just a defensive reaction to self-doubt but also a relational stance, shaped by the therapist's perception of the client's needs and expectations.

Skovholt and Ronnestad (2003) also describe how early-career therapists often enter the field with “glamorized expectations,” believing they will dramatically transform clients' lives. But when this idealized image of the healer encounters the reality of the work—where change is slow, outcomes are unpredictable, and progress is influenced by factors beyond the therapist's control—such expectations can become a source of pressure.

Furthermore, for the participants in this study, uncertainty was not only relevant within the therapeutic space. It extended beyond the clinical room, becoming inseparable from the broader socio-political and economic context they inhabited. Research shows that living a country marked by political instability, economic crises, and natural disasters create a profound vulnerability for mental health problems (Akyuz & Karul, 2023; Çalıyurt, 2022; Garfin & Silver, 2023). With this in mind, such conditions seem to both intensify their internal struggles and transform uncertainty into almost an existential experience. Psychologists working in Türkiye have described the professional landscape as fragmented and unpredictable, citing the absence of clear job roles, inadequate practical training, and financial strain as ongoing challenges. The effort to maintain a viable professional identity under these conditions often depended on external certifications and self-funded training, which further blurred the boundary between survival and development. Such conditions reflect not only personal struggles but also the systemic fragility of the institutional environment (Kurban, 2022).

From a psychoanalytical perspective, these experiences can be understood as ruptures in what Winnicott (1960) would describe as a “holding environment” – not in the maternal or therapeutic sense, but in the broader social and institutional context. In a more stable environment, the inevitable anxieties of professional development might be buffered by clear regulations, economic stability, and more predictable career pathway. Participants’ experiences resonate also with Bion’s (1962) concept of “container-contained”, where the external world failed to serve as a container for their anxieties. Instead, the socio-political instability of Türkiye context acted as almost a chaotic force, and they are constrained to bear the full burden of their emotional responses. For instance, The Türkiye-Syria earthquake in 2023, as one participant described, not only shattered their illusion of control but also revealed the fragility of the structures they relied upon for safety (Yıldız et al., 2023). This intersection of personal and systemic uncertainty suggests that the problem of “tolerating uncertainty” in this context is a reflection of living in a world where even the most fundamental sense of security cannot be taken for granted.

5.1.3. Negotiating Uncertainty

As discussed in early themes in detail, novice therapists describe uncertainty as a pervasive, often anxiety-inducing experience in their practice. Yet, the findings also indicate that these struggles with uncertainty doesn't stay immutable. What starts as overwhelming ambiguity gradually becomes something more tolerable even meaningful as novice therapists gain support, accumulate experience, and reshape their mindset toward "not knowing". This developmental trajectory aligns with the literature on therapist growth which portrays professional maturation as a shift from "pervasive anxiety" to a "quiet comfort and confidence" (Ronnestad & Skovholt, 1992; Ronnestad & Skovholt, 2003).

The participants of this study consistently emphasized that supportive relationships including supervision, peer support and personal therapy were crucial in transforming the effects of professional uncertainty. As one of the participants also stated, the inherently solitary nature of clinical work can leave novice therapists feeling alone with "heavy emotional demands" of clients. (Posluns & Gall, 2019). In this context, relational support serves as a protective buffer, counteracting feelings of incompetence or isolation. This has also been observed in qualitative studies conducted in Türkiye, where psychologists emphasized the importance of peer consultation and supervision not only as professional resources but also as relational spaces that strengthen perceived self-efficacy and emotional resilience (Bilican & Soygüt, 2015; Kurban, 2022). In the present study many of the participants described how their supervisors provide them a "safe container" in which they voice doubts and hardships. In fact, research shows that new practitioners actively seek guidance and validation from supervisors to ease their anxiety (Bischoff, 1997; Bruss & Kopala, 1993; Friedman & Kaslow, 1986; Skovholt & Ronnestad, 2003).

Friedman and Kaslow (1986) make parallels between identity development of children and professional development of therapists. They discuss the effect of supervisor's ability to see and respond to the trainee's needs as a major element. This also aligns with Ronnestad and Skovholt's (2003) developmental model, which notes that beginning therapists have a "fragile and insecure self" and they often rely on support and

encouragement from mentors. Similarly, Nelson and Friedlander (2001) found that when supervisory alliance is strong and supportive, trainees feel more able to reflect while conflictual supervision leaves them feeling confused and isolated. In this study, effective mentoring and support coming from the colleagues clearly fostered the reflective capacity of the participants. Discussing uncertainties within empathetic environments helped them make sense of difficult cases, normalize their experiences and gain perspective. Several participants also noted the value of personal therapy during their clinical training and afterwards. Having their own therapists gave them a confidential space to work through their anxieties related to uncertainty.

Alongside external supports, participants described how accumulated experience reshaped their relationship with uncertainty. Although all the participants were in their first several years in clinical practice, even in this short period of time, they notice changes in their experiences. In the very beginnings of their practice, many felt overwhelming incompetence and haunted by thoughts of if they made a mistake or if they are cut out for this profession at all. Over time, however, these intense emotional reactions began to soften. With each new client, each uncertainty faced and survived; participants gained a bit more emotional grounding. This developmental progression again is well documented by Ronnestad and Skovholt (2003), who note that as therapists accumulate experience, their initially overwhelming feeling of inadequacy gives way to a more tempered self-evaluation.

The decrease in the participant's performance anxiety was also related to an evolution in their standards. Several participants described a more realistic self-placement with time. This evolution in their perception of their resources and capabilities seems to yield settling more balanced boundaries between them and their clients. This aligns with Bischoff's (1997) work, which states that establishing the appropriate boundaries between oneself and client is one of the crucial tasks for novice therapists. According to Bischoff, novice therapists' intense desire to help can lead overly permeable boundaries, yet, increased experience with clients and relational support ensures sharing the responsibility and boundary clarification.

Another change described by participants was in their attitude toward uncertainty. As they grew in experience some participants began to see uncertainty's creatively potential aspect. This shift in their attitude did not come in an instant, rather they discovered different possibilities of approaching the uncertainty gradually. Several reported a new willingness to engage with uncertainty without rushing for answers. This reported stance seems aligned with Bion's (1991 [1967]) use of "negative capability". Consistent with this, late-stage clinicians in Roeske's (2014) narrative study recognized uncertainty as "core to analytic work" and something that enables creativity. Although they still find uncertainty "difficult to bear" at times, they no longer experienced it as a hindering force. Furthermore, it sometimes became an invitation to remain curious and hopeful about possibilities. Some of the participants, likewise, noted a growing sense of acceptance and even appreciation for complexity.

Participants' emphasis on acceptance and curiosity also aligns with Stern's (1983) call to see the potential of novelty in "unformulated experience". The change in novice therapists' approaches seems to enable the transformation of the unknown from "familiar chaos" to "creative disorder". In embracing complexity, participants developed personal ways to navigate murky situations such as mindful self-reflection, consulting theoretical principles but not rigidly, or simply allowing themselves to feel confused. These individualized strategies underscore that there is not one correct way to manage uncertainty, rather they will find their own equilibrium over time.

It is important to note again that this developmental process is non-linear. Participants accounts revealed that growth in tolerating uncertainty does not follow a straight upward trajectory. There were times when encountering a specific problem with a client or a risky situation would resurrect that familiar feeling of self-doubt. Roeske's (2014) findings suggest that, in these moments, even experienced therapists could momentarily feel like novices again. Since, experiences of self-doubt and uncertainty remain in an "ongoing dialectic". In other words, uncertainty never fully vanishes, but one's relationship to it evolves. Indeed, even after decades of practice, seasoned clinicians acknowledge that some uncertainty always persists.

5.2. Implications of the Present Study

The present study's findings carry significant implications how clinical training programs, supervision, and early career environment can better support novice therapists in navigating uncertainty. Consistent with the literature (Bischoff, 1997; Quinlan et al., 2021; Ronnestad & Skovholt, 2003; Roeske, 2014), experiences of the participants shows that uncertainty is an unavoidable aspect of the therapeutic work and can be overwhelming for novices. However, as the findings show, this uncertainty can be managed and even become a potential space for growth when therapists receive consistent relational support, accumulate experience, and develop a reflective and accepting attitude toward it. Before a detailed discussion of the implications, it is important to remind that this study took place in Türkiye where recent socio-political and economic climate uniquely amplify professional uncertainty as some participants also described. Thus, the need for robust support structures in training and practice is perhaps even more evident in this context. Therefore, the recommendations below should be adapted to local contextual stressors as well as the global practices.

Firstly, it might be suggested that clinical training programs should openly acknowledge the presence of uncertainty in therapy and frame it as an inevitable aspect of the work rather than a sign of incompetence. This can be achieved by including seminars or modules on “tolerating not-knowing” in the curriculum. To prepare students for the uncertainties of the work, they can use reflective discussions and case-based ambiguity simulations. So, students can develop more adaptive coping skills before facing uncertainty in the professional setting. Treating uncertainty as a topic of skill-building just like ethics or assessment can emphasize the idea that feeling unsure is expected and manageable. As Quinlan et al.'s (2021) and Roeske's (2014) findings suggest, while experience of uncertainty is highly distressing for novices, it becomes easier to manage with time. If training programs can accelerate this developmental shift by providing trainees with relevant tools and framework, novice therapists may enter practice with greater resilience.

Alongside the formal curriculum, the relational climate of a training program plays a crucial role in helping novices tolerate uncertainty. Findings of this study emphasize that supportive others are central in navigating unknown. So, training programs should foster peer mentorship, cohort solidarity, and access to personal therapy as standard elements of professional development. In these safe relational spaces, novices learn that uncertainty can be “contained” and thought about. This kind of supportive training programs both normalizes the uncertainty and builds the reflective capacity to use it productively. Moreover, training administrators in Türkiye should be mindful about how socio-economic instabilities might heighten trainee’s need for support. Integrating career mentorship and discussions of these realities into the curriculum can help students feel less alone in their worries.

Furthermore, the supervisory relationship is arguably the most critical relational support for a novice therapist while engaging with uncertain situations. This study’s participants highlighted how empathic and attuned supervisors helped them tolerate not knowing. This insight calls for supervision models that prioritize emotional attunement and collaborative dialogue over hierarchy. In practice, this might mean supervisors should invite supervisees to talk about their inner experiences including anxieties, self-doubt, and confusion beside the discussion of cases. Moreover, supervisors might be encouraged to share their own experiences of uncertainty, framing it as part of the clinical process. Normalizing feeling confused or making mistakes can help novice therapists to destigmatize their experiences. This stance stands in contrast to an expert-novice dynamic where the trainee might hesitate to share their doubts with the fear of negative evaluation or judgement.

The findings of this study shows that the transition from training to independent practice can be a vulnerable period for therapists since the structured support of training environment often disappears. To navigate this transition, early-career therapists should be encouraged to actively cultivate support networks such as consultation groups with peers or ongoing supervision. Employers and professional bodies also can facilitate such networks by organizing, for instance, weekly case conferences. The proliferation of such organizations reinforces the idea that uncertainty can be collectively managed.

Finally, at the level of practicing individuals, this study's findings suggest that approaching uncertainty with curiosity might reduce the felt distress. Although holding this attitude is not always easy, reminding oneself that learning to tolerate uncertainty is not a one-time lesson, but a continual practice can be helpful. Being hopeful about the process while trying to maintain a theoretical flexibility and openness can foster their progress in this journey.

5.3. Limitations and Suggestions for Future Research

Considering the scarcity of research exploring the therapists' relationships with uncertainty, the current study contributed to relevant literature by presenting how novice therapists experience and negotiate uncertainty. However, there were several limitations of this study which require further attention.

First, the sample size of the study was relatively small, comprising only eight participants. Although this is consistent with qualitative research practices for small scales, a larger sample size might have revealed a greater diversity of perspectives. Also, the participants were predominantly trained in psychodynamic therapy, with only a few representing other orientations (one systemic family therapy, one cognitive behavioral, and one experiential play therapy). This limited range of theoretical orientations may have influenced the findings, making them less generalizable to therapists from other modalities.

Second, the sample was predominantly female, with seven female participants and only one male participant. This gender imbalance may have influenced the themes identified. Future studies with a more gender-balanced sample could offer a more nuanced understanding if there is a gender difference in how uncertainty is experienced.

Third, the use of semi-structured interviews, while allowing for in-depth exploration of participants' experiences, may have constrained the range of discussed topics. Participants might have felt inclined to talk about uncertainty in ways they thought were expected rather than exploring aspects that personally meaningful to them. Moreover, data collection was limited to a single interview with each participant. This approach did

not allow for a longitudinal examination of how participants' experiences of uncertainty and coping strategies evolved over time.

Fourth, the qualitative nature of this study inherently involves a degree of subjectivity. The dual role of the researcher as both the interviewer and the analyst present a risk of bias. Despite the efforts to maintain reflexivity through reflective writing and supervision, the possibility of contamination remains. This subjectivity might have influenced how the participants' narratives were analyzed and how themes were constructed. Additionally, the process after the analysis also carried a risk of over-interpretation. While thematic analysis was employed to identify patterns within the data, there is a possibility that the connection between participants' narratives and theoretical concepts may have occasionally gone beyond the participants' intended meanings.

Finally, the study predominantly used a psychoanalytic and psychodynamic framework to interpret participants' experiences. While this theoretical lens provided valuable insights, it may have also constrained the analysis. Different theoretical frameworks such as cognitive-behavioral or existential approaches might have offered additional explanations.

Given these limitations, future research could explore the experiences of a more diverse group of therapists. A larger sample which includes participants from various theoretical orientations may offer a more comprehensive result. Also, conducting research with participants from different modalities can allow a comparative study which could reveal whether therapists from certain approaches differ in experiencing uncertainty.

Furthermore, to complement the qualitative insights gained from this study, future research could adopt a mixed-method approach. Combining qualitative interviews with quantitative measures such as the Tolerance of Uncertainty Scale would allow researchers to examine the relationship between self-reported tolerance of uncertainty and the themes emerged from narratives. Also, future studies could use longitudinal design to observe how their relationship with uncertainty evolved as they gain experience. Such studies would provide a more dynamic picture of professional identity development.

Considering that some participants spoke about the impact of economic uncertainty on their experience of professional uncertainty future studies could explore the relationship between economic instability and tolerance of uncertainty using quantitative methods.

CONCLUSION

This study aimed to explore the experiences of uncertainty among early-career therapists, showing how they encounter, navigate, and transform their relationship with ambiguity in clinical practice. Through semi-structured interviews with eight novice therapists, this study provided a detailed understanding of how uncertainty manifests in their lives. The findings revealed a complex interplay of anxiety, self-doubt, relational support and evolving attitudes over time.

Initially, uncertainty often appeared as a discomfoting experience for the participants. It was often accompanied by self-doubt and a pressing need for control. It led them to question their competence and even their suitability for the profession. They described a strong desire to be helpful and effective, yet this desire sometimes made things harder, especially when the outcomes of their interventions were unclear. In these times, uncertainty seemed to create both a sense of vulnerability and responsibility.

However, findings also show that experience of uncertainty is not a static one. With time, accumulated experience and relational support, participants gradually began to reframe their relationship with it. Supervision, personal therapy, and peer support emerged as vital resources. They provided a space for reflection, validation and emotional grounding. Participants described becoming more comfortable with not knowing as they spend more time in the field. They began recognizing their own limits and developed a more realistic sense of their professional capabilities. This helped them to navigate more easily in sessions and set healthier boundaries between themselves and their clients.

Furthermore, a growing capacity to “make room for complexity” was noticeable. Instead of seeking rigid control or certainty, some participants described approaching uncertainty with curiosity, acceptance, and even hope. What was evident in this shift was not only a change in their technical competence but also a deepening in their reflective abilities. Their relationship with uncertainty evolved in their relatively short careers, suggesting as one participant shared that tolerance of uncertainty develops like a muscle with experience.

These findings offer insights into the developmental trajectory of novice therapists. Exploring the unique challenges faced by novice therapists may allow them to normalize their experiences, emphasizing that even though uncertainty can sometimes involve negative emotions, it remains a necessary and transformative aspect of their work. Also, a better understanding of how beginning therapists engage with the unknown may inform clinical training programs, supervision practices, and future research.

REFERENCES

- Akyuz, M., & Karul, C. (2023). The effect of economic factors on suicide: an analysis of a developing country. *International journal of human rights in healthcare, 16*(5), 473-482.
- Atwood, G. E., & Stolorow, R. D. (1984). *Structures of subjectivity: Explorations in psychoanalytic phenomenology*. Hillsdale, NJ: Analytic Press.
- Atwood, G. E., Orange, D. M., & Stolorow, R. D. (2002). Shattered worlds/psychotic states: A post-Cartesian view of the experience of personal annihilation. *Psychoanalytic Psychology, 19*(2), 281–3 doi:10.1037//07369735.19.2.281
- Beebe, B., & Lachmann, F. (2002). *Infant research and adult treatment: Co-constructing interactions*. Hillsdale, NJ: Analytic Press.
- Bilican, F. I., & Soygüt, G. (2015). Professional Development Processes of Trainee and Experienced Psychotherapists in Turkey. *Turkish Journal of Psychiatry, 26*(4).
- Bion, W. R., & Bion, F. (1991). *Cogitations*. Karnac books. (Original work published 1967)
- Bion, W. R. (1962). The psycho-analytic study of thinking. *International journal of psychoanalysis, 43*(4-5), 306-310.
- Birrell, J., Meares, K., Wilkinson, A., & Freeston, M. (2011). Toward a definition of intolerance of uncertainty: A review of factor analytical studies of the Intolerance of Uncertainty Scale. *Clinical Psychology Review, 31*(7), 1198–1208. <https://doi.org/10.1016/j.cpr.2011.07.009>
- Bischoff, R. J. (1997). Themes in therapist development during the first three months of clinical experience. *Contemporary Family Therapy, 19*(4), 563–580. <https://doi.org/10.1023/A:1026139206638>

- Blatt, S. J., & Levy, K. N. (2003). Attachment theory, psychoanalysis, personality development, and psychopathology. *Psychoanalytic Inquiry*, *23*(1), 102–150. <https://doi.org/10.1080/07351692309349028>
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, *3*(2), 77–101. <https://doi.org/10.1191/1478088706qp063oa>
- Braun, V., & Clarke, V. (2013). *Successful qualitative research: A practical guide for beginners*. SAGE.
- Braun, V., & Clarke, V. (2022). *Thematic analysis: A practical guide*. SAGE.
- Bredemeier, K., & Berenbaum, H. (2008). Intolerance of uncertainty and perceived threat. *Behaviour Research and Therapy*, *46*(1), 28–38. <https://doi.org/10.1016/j.brat.2007.09.006>
- Brightman, B. K. (1984). Narcissistic issues in the training experience of the psychotherapist. *International Journal of Psychoanalytic Psychotherapy*, *10*, 293–317.
- Bromberg, P. M. (1993). Shadow and substance: A relational perspective on clinical process. *Psychoanalytic Psychology*, *10*(2), 147–168. <https://doi.org/10.1037/h0079464>
- Bromberg, P. M. (2001). *Standing in the spaces: Essays on clinical process, trauma, and dissociation*. Psychology Press, Taylor & Francis Group. (Original work published 1996)
- Brothers, D. (2007). *Toward a psychology of uncertainty: Trauma-centered psychoanalysis*. Analytic Press.
- Bruss, K. V., & Kopala, M. (1993). Graduate school training in psychology: Its impact upon the development of professional identity. *Psychotherapy: Theory, Research, Practice, Training*, *30*(4), 685–691. <https://doi.org/10.1037/0033-3204.30.4.685>

- Carroll, P. J., Shepperd, J. A., & Arkin, R. M. (2009). Downward self-revision: Erasing possible selves. *Social Cognition*, 27(4), 550–578. <https://doi.org/10.1521/soco.2009.27.4.550>
- Civitarese, G. (2019). On Bion's Concepts of Negative Capability and Faith. *The Psychoanalytic Quarterly*, 88(4), 751–783. <https://doi.org/10.1080/00332828.2019.1651176>
- Coburn, W. J. (2014). *Psychoanalytic complexity: Clinical attitudes for therapeutic change*. Routledge/Taylor & Francis Group.
- Connolly, P. (2021). Instability and Uncertainty Are Critical for Psychotherapy: How the Therapeutic Alliance Opens Us Up. *Frontiers in Psychology*, 12, 784295. <https://doi.org/10.3389/fpsyg.2021.784295>
- Çalıyurt, O. (2022). The mental health consequences of the global housing crisis. *Alpha Psychiatry*, 23(6), 264.
- Dewane, C. J. (2006). Use of self: A primer revisited. *Clinical Social Work Journal*, 34(4), 543–558. doi:10.1007/s10615-005-0021-5
- 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>
- Freeston, M. H., Rhéaume, J., Letarte, H., Dugas, M. J., & Ladouceur, R. (1994). Why do people worry? *Personality and Individual Differences*, 17(6), 791–802. [https://doi.org/10.1016/0191-8869\(94\)90048-5](https://doi.org/10.1016/0191-8869(94)90048-5)
- Freud, S. (1926). Inhibitions, symptoms and anxiety. In J. Strachey, & A. Freud (Eds.), *The standard edition of the complete psychological works of Sigmund Freud* (pp. 77-175). London: The Hogarth Press.
- Freud, S. (1955). The future of an illusion. In J. Strachey (Ed. & Trans.), *The standard edition of the complete psychological works of Sigmund Freud* (Vol. 21, pp.5–56). London, UK: Hogarth Press. (Original work published 1927)

- Friedman, S., & Kaslow, F. (1986). The development of professional identity in psychotherapists: Some preliminary findings. *Psychotherapy: Theory, Research, Practice, Training*, 23(2), 220–228.
- Gabbard, G. O., & Ogden, T. H. (2009). On becoming a psychoanalyst. *The International Journal of Psychoanalysis*, 90(2), 311–327. <https://doi.org/10.1111/j.1745-8315.2009.00130.x>
- Garfin, D. R., & Silver, R. C. (2023). Addressing mental health aftershocks from the Turkey–Syria earthquake: a call to action. *Nature Mental Health*, 1(4), 238-239.
- Greenberg, J. R., & Mitchell, S. A. (1983). *Object relations in psychoanalytic theory*. Harvard University Press.
- Gu, Y., Gu, S., Lei, Y., & Li, H. (2020). From uncertainty to anxiety: How uncertainty fuels anxiety in a process mediated by intolerance of uncertainty. *Neural plasticity*, 2020(1), 8866386.
- Guinee, J. P. (1998). Erikson’s life span theory: A metaphor for conceptualization the internship year. *Professional Psychology: Research and Practice*, 29(6), 615–620. <https://doi.org/10.1037/0735-7028.29.6.615>
- Hermann, A. D., Leonardelli, G. J., & Arkin, R. M. (2002). Self-doubt and self-esteem: A threat from within. *Personality and Social Psychology Bulletin*, 28(3), 395-408.
- Hillen, M. A., Gutheil, C. M., Strout, T. D., Smets, E. M., & Han, P. K. (2017). Tolerance of uncertainty: Conceptual analysis, integrative model, and implications for healthcare. *Social science & medicine*, 180, 62-75.
- Keats, J., & Scott, G. F. (2009). *Selected Letters of John Keats*. Harvard University Press. (Original work published 1817)
- Kohut, H. (1991). Four basic concepts in self-psychology. In P. H. Ornstein (Ed.), *The search for the self: Selected writings of Heinz Kohut: 1978-1981* (Vol.4, pp. 447–470). New York, NY: International Universities Press. (Original work published 1979)

- Kohut, H. (1991). Introspection, empathy, and the semicircle of mental health. In P. H. Ornstein (Ed.), *The search for the self. Selected writings of Heinz Kohut: 1978-1981* (Vol. 4, pp. 537–568). New York: International Universities Press. (Original work published 1981)
- Kurban, M. A. *Klinik psikologların iyilik hallerinin nitel yöntemle incelenmesi* (Master's thesis, Lisansüstü Eğitim Enstitüsü).
- McGregor, L. N., Gee, D. E., & Posey, K. E. (2008). I feel like a fraud and it depresses me: The relation between the imposter phenomenon and depression. *Social Behavior and Personality, 36*(1), 43–48.
- McWilliams, N. (1999). *Psychoanalytic case formulation*. Guilford Press.
- Miceli, M., & Castelfranchi, C. (2005). Anxiety as an “epistemic” emotion: An uncertainty theory of anxiety. *Anxiety, Stress, and Coping, 18*(4), 291-319.
- Misch, D. A. (2000). Great expectations: Mistaken beliefs of beginning psychodynamic psychotherapists. *American Journal of Psychotherapy, 54*(2), 172–203.
- Mitchell, S. A. (1993). *Hope and dread in psychoanalysis*. BasicBooks.
- Mitchell, S. A. (1998). The analyst’s knowledge and authority. *Psychoanalytic Quarterly, 67*, 1–31.
- Nelson, M. L.; Friedlander, M. L. (2001). A close look at conflictual supervisory relationships: The trainee’s perspective. *Journal of Counseling Psychology, 48*(4), 384-395. doi:10.1037/0022-0167.48.4.384
- Orange, D. M. (2001). From Cartesian minds to experiential worlds in psychoanalysis. *Psychoanalytic Psychology, 18*(2), 287–302. <https://doi.org/10.1037/0736-9735.18.2.287>
- Petrucelli, J. (2018). *Knowing, Not-Knowing and Sort-of-Knowing: Psychoanalysis and the Experience of Uncertainty* (First edition). Routledge.
- Phillips, A. (1999) *Darwin’s Worms: On Life Stories and Death Stories*, New York: Vintage.

- Ponterotto, J. G. (2005). Qualitative research in counseling psychology: A primer on research paradigms and philosophy of science. *Journal of Counseling Psychology*, 52(2), 126–136. <https://doi.org/10.1037/0022-0167.52.2.126>
- Posluns, K., & Gall, T. L. (2020). Dear Mental Health Practitioners, Take Care of Yourselves: A Literature Review on Self-Care. *International Journal for the Advancement of Counseling*, 42(1), 1–20. <https://doi.org/10.1007/s10447-019-09382-w>
- Quinlan, E., Schilder, S., & Deane, F. P. (2021). “This wasn’t in the manual”: A qualitative exploration of tolerance of uncertainty in the practicing psychology context. *Australian Psychologist*, 56(2), 154–167. <https://doi.org/10.1080/00050067.2020.1829451>
- Roeske, D. (2014). *From self-doubt to uncertainty in the analytic act: A narrative study of therapist maturation*. California Institute of Integral Studies.
- Rønnestad, M. H., & Skovholt, T. M. (2003). The journey of the counselor and therapist: Research findings and perspectives on professional development. *Journal of Career Development*, 30(1), 5–44. <https://doi.org/10.1023/A:1025173508081>
- Shedler, J. (2022). That was then, this is now: Psychoanalytic psychotherapy for the rest of us. *Contemporary Psychoanalysis*, 58(2-3), 405-437.
- Skovholt, T. M., & Rønnestad, M. H. (1992). Themes in Therapist and Counselor Development. *Journal of Counseling & Development*, 70(4), 505–515. <https://doi.org/10.1002/j.1556-6676.1992.tb01646.x>
- Skovholt, T. M., & Rønnestad, M. H. (2003). Struggles of the novice counselor and therapist. *Journal of career development*, 30, 45-58.
- Sucharov, M. (1992). Psychoanalysis, self psychology, and intersubjectivity. In R. D. Stolorow, G. E. Atwood, & B. Brandchaft (Eds.), *The intersubjective perspective*. Northvale, NJ: Jason Aronson.
- Sullivan, H. S. (1953). *The interpersonal theory of psychiatry*. Norton.

- Stern, D. B. (1983). Unformulated Experience: From Familiar Chaos to Creative Disorder. *Contemporary Psychoanalysis*, 19(1), 71–99. <https://doi.org/10.1080/00107530.1983.10746593>
- Stern, D. B. (1997). *Unformulated experience: From dissociation to imagination in psychoanalysis*. Analytic Press.
- Şen, C. K. N., & Karkin, A. N. The Landscape of Psychology in Türkiye: Growth and Challenges. In Bullock, M., Stevens, M. J., Wedding, D., & Clinton, A. (Eds.) *The Handbook of International Psychology* (pp. 353-358). Routledge.
- Theriault, A., Gazzola, N., & Richardson, B. (2009). Feelings of incompetence in novice therapists: Consequences, coping, and correctives. *Canadian Journal of Counseling* 43(2), 105–119.
- Tschacher, W., & Haken, H. (2019). *The process of psychotherapy*. Berlin, Germany: Springer International Publishing.
- Willig, C. (2013). *Introducing qualitative research in psychology* (3rd ed). McGraw-Hill Open University Press.
- Winnicott, D. W. (1960). The theory of the parent-infant relationship. *International Journal of psychoanalysis*, 41(6), 585-595.
- Winnicott, D. W. (2005). *Playing and reality*. Routledge. (Original work published 1971)
- Yıldız, M. İ., Başterzi, A. D., Yıldırım, E. A., Yüksel, Ş., Aker, A. T., Semerci, B., ... & Yıldırım, M. H. (2023). Preventive and therapeutic mental health care after the earthquake-expert opinion from the psychiatric association of Turkey. *Turkish Journal of Psychiatry*, 34(1), 39.

APPENDICES

Appendix A. Result of the Evaluation by the Ethics Committee

Result of the Evaluation by the Ethics Committee is available in the printed version of this dissertation.

Appendix B. Informed Consent Form

BİLGİLENDİRİLMİŞ ONAM FORMU

Sayın Katılımcı,

Bu araştırma, İstanbul Bilgi Üniversitesi Klinik Psikoloji Yüksek Lisans Programı öğrencisi Zehra Erkoç tarafından Prof. Dr. Hale Bolak Boratav danışmanlığında yürütülmektedir. Araştırmanın amacı, mesleki kariyerinin ilk 1-5 yılı arasında olan terapistlerin belirsizlikle ilişkili deneyimlerini anlamak ve belirsizlikle başa çıkma stratejilerini incelemektir. Bu araştırma, terapistlerin mesleki gelişim süreçlerine ve süpervizyon programlarının geliştirilmesine katkı sunmayı hedeflemektedir.

Bu araştırmaya katılmayı kabul ettiğiniz takdirde, yaklaşık 60-90 dakika sürecek bir görüşmeye katılmanız beklenecektir. Görüşmede, meslek hayatınızda deneyimlediğiniz belirsizliklerle ilgili düşüncelerinizi ve deneyimlerinizi paylaşmanız istenecektir. Yanıtlarınız, araştırmanın sonraki aşamalarında analiz edilmek üzere ses kaydına alınacaktır.

Araştırma yalnızca bilimsel bir amaçla yürütülmekte olup, gizlilik ve anonimlik ilkelerine tamamen bağlı kalınacaktır. Ses kayıtları, yalnızca araştırmacının ve danışmanın erişimine açık olacak şekilde şifre korumalı bir ortamda saklanacak ve beş yıl sonunda kalıcı olarak silinecektir. Araştırma raporlarında ve bilimsel yayınlarda hiçbir şekilde isimleriniz veya kimliğinizi belirleyebilecek bilgiler kullanılmayacaktır. Yalnızca anonimleştirilmiş örnek ifadeler, toplu bulguları desteklemek için raporlarda yer alabilir.

Bu araştırmaya katılım tamamen isteğe bağlıdır ve görüşmeye katılmanın üzerinizde olumsuz bir etkisi olması beklenmemektedir. Ancak görüşme sırasında yanıt vermek istemediğiniz soruları atlayabilir veya görüşmeyi dilediğiniz zaman sonlandırabilirsiniz. Ayrıca görüşmenin herhangi bir aşamasında veya sonrasında soru sormak ya da geri bildirimde bulunmak için araştırmacı ile iletişime geçebilirsiniz. Araştırmaya katılmayı kabul ettikten sonra dilediğiniz bir anda herhangi bir gerekçe göstermeksizin çalışmadan

çekilme hakkına sahipsiniz. Çalışmadan çekilme durumunda, sağladığınız bilgiler analiz sürecine dahil edilmeyecektir.

Araştırmanın bulgularını incelemeniz ve geri bildirimde bulunmanız için sonuçlar e-posta yoluyla sizinle paylaşılacaktır. Böylece görüşlerinizin doğru ve eksiksiz bir şekilde temsil edilmesi sağlanacaktır.

Araştırmayla ilgili bilgi almak, soru sormak ya da geri bildirimde bulunmak isterseniz, araştırmacı Zehra Erkoç ile iletişime geçebilirsiniz.

Eğer araştırmaya katılmayı kabul ediyorsanız, aşağıdaki metni e-posta yoluyla araştırmacıya iletebilirsiniz:

“Bu çalışmaya tamamen gönüllü olarak katılıyorum. Bana anlatılanları ve yukarıdaki açıklamaları anladım. Çalışmaya katılmayı ve verdiğim bilgilerin bilimsel amaçlı yayınlarda kullanılmasını kabul ediyorum.”

Appendix C. Socio-demographic Form

DEMOGRAFİK BİLGİ FORMU

1. Cinsiyetiniz:

a. Kadın

b. Erkek

c. Diğer: _____

2. Yaşınız: _____

3. Yaşadığınız yer (şehir/ilçe): _____

4. Eğitim Durumunuz: (Lütfen en yüksek mezuniyet seviyenizi işaretleyiniz.)

a. Lisans

b. Yüksek Lisans

c. Doktora

5. Kaç yıldır terapist olarak çalışıyorsunuz?

a. 1 yıl

b. 2 yıl

c. 3 yıl

d. 4 yıl

e. 5 yıl

6. Çalıştığınız terapi modeli (birden fazla seçebilirsiniz):

a. Psikodinamik

b. Bilişsel Davranışçı Terapi (BDT)

c. Varoluşçu/Hümanistik

d. Sistemik/Aile Terapisi

e. Diğer: _____

7. Süpervizyon aldığınız bir danışmanınız var mı veya geçmişte süpervizyon aldınız mı?

a. Evet, şu anda süpervizyon alıyorum

b. Evet, geçmişte süpervizyon aldım ancak şu anda almıyorum

c. Hayır

8. Mesleğinizi şu anda nasıl icra ediyorsunuz?

a. Tam zamanlı

b. Yarı zamanlı

c. Diğer: _____

9. Mesleğinizi uyguladığınız ortam (birden fazla seçebilirsiniz):

a. Özel ofis

b. Hastane

c. Online platformlar

d. Danışmanlık merkezi

e. Diğer: _____

10. Terapi alıyor musunuz, veya geçmişte terapi aldınız mı?

a. Evet, şu anda terapi alıyorum

b. Evet, geçmişte terapi aldım ancak şu anda almıyorum

b. Hayır

Appendix D. Semi-Structured Interview Guide

GÖRÜŞME SORULARI

A. Giriş

1. Belirsizlik sizin için ne ifade ediyor? Ne hissettiriyor?
 - a. Genel olarak belirsizliğe tahammülünüz nasıldır / nasıl değerlendirirsiniz?
 - b. Belirsizlikle başa çıkmak için ne yaparsınız? Başa çıkmanızı ne kolaylaştırır / zorlaştırır?
 - c. Belirsizliğin sizi çok zorladığını düşündüğünüz bir durum, anı geliyor mu aklınıza? Kısaca paylaşır mısınız?

B. Klinik Uygulamada Belirsizlik

1. Terapist olarak, klinik uygulamada belirsizlik sizin için ne ifade ediyor? Ne hissettiriyor?
 - a. Terapist olarak belirsizliğe tahammülünüz nasıldır? Yaşamınızın profesyonel olmayan alanlarında bu durum farklı mı? Eğer farklıysa, nasıl bir değişiklik gözlemliyorsunuz?
 - b. Terapist olarak belirsizliğe tahammülünüz farklı durumlarda değişiyor mu?
 - Değişiyorsa, hangi zamanlarda yüksek ya da düşük?
 - Bunun neyle ilgili olduğunu düşünüyorsunuz?
 - c. Terapist olarak belirsizlikle başa çıkmak için ne yaparsınız? Başa çıkmanızı ne kolaylaştırır / zorlaştırır?
 - d. Terapist olarak belirsizliğin sizi çok zorladığını düşündüğünüz bir durum, anı geliyor mu aklınıza? Kısaca paylaşır mısınız?

C. Belirsizlikle İlişkilenirken Engeller ve Kolaylaştırıcılar

1. Sizce kendinizi belirsizliğe açmak / belirsizlikte durabilmek konusunda önünüzdeki en büyük engel/(ler) neler?

a. Bu engellerin kendi geçmişinizde ya da bugününüzde hangi yaşantılarla ilgili olduğunu düşünüyorsunuz?

2. Sizce kendinizi belirsizliğe açmak / belirsizlikte durabilmek konusunda işinizi en çok kolaylaştıran özellikleriniz neler?

a. Bu kolaylaştırıcı özelliklerin kendi geçmişinizde ya da bugününüzde hangi yaşantılarla ilgili olduğunu düşünüyorsunuz?

D. Belirsizlikle Olan İlişkinin Değişimi

1. Klinik eğitiminizden bugüne kadar terapist olarak belirsizlikle olan ilişkiniz değişti mi?

a. Değiştiyse, nasıl değişti? Bu değişim neyle ilgili olabilir?

- Tahammülünüz nasıl değişti?

- Başa çıkma yollarınız nasıl değişti?

b. Değişmediyse, değişmemesi neyle ilgili olabilir?

2. Bu değişimde nelerin rolü olduğunu düşünüyorsunuz? (süpervizyon, kuram, deneyim, zaman, vb.)

3. Sizi terapist olarak belirsizliğe ve bilmeme halinde kalmaya daha açık ya da kapalı hale getirdiğini düşündüğünüz, dönüm noktası olarak adlandırabileceğiniz bir deneyim var mı? Kısaca paylaşır mısınız?

E. Öneriler ve Ek Paylaşımlar

1. Yeni başlayan terapistlere, terapist olarak belirsizliğe dair ne söylemek / önermek istersiniz?

2. Bu konuşmada değinemediğimiz, belirsizliğe ve sizin belirsizlikle ilişkiniz üzerine paylaşmak istediğiniz başka bir şey var mı?