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THE RELATIONSHIP BETWEEN CLIENTS' ETHNICITY AND  
PSYCHOTHERAPISTS' PRESUMED EMOTIONAL AND BEHAVIORAL  
REACTIONS

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The Relationship between Clients' Ethnicity and Psychotherapists'  
Presumed Emotional and Behavioral Reactions

Danışanların Etnik Kökeni ve Terapistlerin Duygusal ve Davranışsal  
Tepkileri arasındaki İlişki

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## Table of Contents

ABSTRACT.....	viii
ÖZET .....	ix
ACKNOWLEDGEMENTS .....	iii
INTRODUCTION.....	1
CHAPTER 1 .....	2
LITERATURE REVIEW .....	2
1.1. DISCRIMINATION .....	2
1.1.1. Ethnic / Racial Discrimination.....	2
1.1.2. Gender Discrimination .....	3
1.1.3. Psychodynamic Understanding of Discrimination.....	3
1.2. CULTURE AND DISCRIMINATION IN THE CLINICAL SETTING ..	6
1.2.1. Culture, Discrimination and Diagnosis.....	8
1.2.3. Culture, Discrimination and the Analytic Third .....	11
1.2.4. Case Examples.....	12
1.3 THE PRESENT STUDY .....	13
CHAPTER 2.....	16
METHOD.....	16
2.1. SAMPLE.....	16
2.2. INSTRUMENTS.....	19
2.2.1. Demographic Information Form.....	19
2.2.2. Clinical Situation Vignettes .....	19
2.3. PROCEDURE .....	22
CHAPTER 3.....	24
RESULTS.....	24
3.1. DESCRIPTIVE STATISTICS FOR THERAPISTS' EMOTIONAL REACTIONS.....	24
3.2. COMPARISON OF THERAPIST'S AFFECT TOWARDS CLIENTS OF DIFFERENT ETHNICITY AND GENDER .....	30
3.2.1. Affect in Frame Violation Situation .....	30
3.2.2. Affect in Happy/Positive Situation .....	37
3.2.3. Affect in Sad/Negative Situation .....	40
3.2.4. Affect in Unexpected News/Situation.....	43
3.2.5. Overall Comparison of Ethnicity-Gender Groups .....	48
3.2.6. Summary of the Comparisons for Affect.....	55

<b>3.3. COMPARISON OF THERAPIST’S REACTIONS TOWARDS CLIENTS OF DIFFERENT ETHNICITY AND GENDER.....</b>	<b>56</b>
3.3.1. Therapists’ Reactions in Frame Violations .....	57
3.3.2. Therapists’ Reactions in Happy/Positive Situation .....	58
3.3.3. Therapists’ Reactions in Sad/Negative Situation.....	59
3.3.4. Therapists’ Reactions in Unexpected News/Situation.....	60
3.3.5. Therapists’ Overall Reactions .....	61
3.3.6. Summary of the Comparisons for Reaction.....	61
<b>CHAPTER 4.....</b>	<b>63</b>
<b>DISCUSSION.....</b>	<b>63</b>
<b>4.1. THERAPISTS’ EMOTIONS WITH REGARD TO CLIENTS’ ETHNICITY AND GENDER .....</b>	<b>63</b>
<b>4.2. THERAPISTS’ REACTIONS WITH REGARD TO CLIENTS’ ETHNICITY AND GENDER .....</b>	<b>67</b>
<b>4.3. THEORETICAL UNDERSTANDING OF THE FINDINGS .....</b>	<b>68</b>
<b>4.4. LIMITATIONS.....</b>	<b>69</b>
<b>REFERENCES .....</b>	<b>72</b>
<b>APPENDICES.....</b>	<b>78</b>
Appendix A: Informed Consent Form .....	78
Appendix B: Instrument-Form A.....	79
Appendix C: Instrument-Form B.....	104
Appendix D: Demographic Information Form .....	129
Appendix E: The Purpose of the Study.....	131
Appendix F: Vignette Sets for Expert Ratings .....	132
Appendix G: Names List.....	142

## LIST OF TABLES

<b>Table 2.1.1.</b>	Frequencies of the Demographic Characteristics of the Sample...	16
<b>Table 2.1.2.</b>	Information about Participants' Professions.....	18
<b>Table 2.2.2.1.</b>	Names Used in Vignettes.....	21
<b>Table 3.1.1.</b>	Descriptive of Therapists' Emotional Reactions with Regard to Client's Ethnicity and Gender in Case of Frame Violations.....	25
<b>Table 3.1.2.</b>	Descriptive of Therapists' Emotional Reactions with Regard to Client's Ethnicity and Gender in Case of Happy/Positive Situation.....	26
<b>Table 3.1.3.</b>	Descriptive of Therapists' Emotional Reactions with Regard to Client's Ethnicity and Gender in Case of Sad/Negative Situations.....	27
<b>Table 3.1.4.</b>	Descriptive of Therapists' Emotional Reactions with Regard to Client's Ethnicity and Gender in Case Unexpected News/Situations.....	28
<b>Table 3.1.5.</b>	Descriptive of Therapists' Emotional Reactions with Regard to Client's Ethnicity and Gender.....	29
<b>Table 3.2.1.1.</b>	The Results of ANOVA for the Effect of Ethnicity and Gender on Therapists' Disappointment in Frame Violation.....	31
<b>Table 3.2.1.2.</b>	The Results of ANOVA for the Effect of Ethnicity and Gender on Therapists' Anger in Frame Violation.....	32
<b>Table 3.2.1.3.</b>	The Results of ANOVA for the Effect of Ethnicity and Gender on Therapists' Blame in Frame Violation.....	33
<b>Table 3.2.1.4.</b>	The Results of ANOVA for the Effect of Ethnicity and Gender on Therapists' Inadequacy in Frame Violation.....	34
<b>Table 3.2.1.5.</b>	The Results of ANOVA for the Effect of Ethnicity and Gender on Therapists' Sadness in Frame Violation.....	35
<b>Table 3.2.1.6.</b>	The Results of ANOVA for the Effect of Ethnicity and Gender on Therapists' Surprise in Frame Violation.....	36
<b>Table 3.2.1.7.</b>	The Results of ANOVA for the Effect of Ethnicity and Gender on Therapists' Worry in Frame Violation.....	37
<b>Table 3.2.2.1.</b>	The Results of ANOVA for the Effect of Ethnicity and Gender on Therapists' Happiness in Happy/Positive Situation.....	38

<b>Table 3.2.2.2.</b> The Results of ANOVA for the Effect of Ethnicity and Gender on Therapists' Relief in Happy/Positive Situation.....	39
<b>Table 3.2.2.3.</b> The Results of ANOVA for the Effect of Ethnicity and Gender on Therapists' Surprise in Happy/Positive Situation.....	40
<b>Table 3.2.3.1.</b> The Results of ANOVA for the Effect of Ethnicity and Gender on Therapists' Sadness in Sad/Negative Situation.....	41
<b>Table 3.2.3.2.</b> The Results of ANOVA for the Effect of Ethnicity and Gender on Therapists' Surprise in Sad/Negative Situation.....	42
<b>Table 3.2.3.3.</b> The Results of ANOVA for the Effect of Ethnicity and Gender on Therapists' Worry in Sad/Negative Situation.....	43
<b>Table 3.2.4.1.</b> The Results of ANOVA for the Effect of Ethnicity and Gender on Therapists' Anger in Unexpected News/Situation.....	44
<b>Table 3.2.4.2.</b> The Results of ANOVA for the Effect of Ethnicity and Gender on Therapists' Disappointment in Unexpected News/Situation.....	45
<b>Table 3.2.4.3.</b> The Results of ANOVA for the Effect of Ethnicity and Gender on Therapists' Inadequacy in Unexpected News/Situation.....	46
<b>Table 3.2.4.4.</b> The Results of ANOVA for the Effect of Ethnicity and Gender on Therapists' Sadness in Unexpected News/Situation.....	47
<b>Table 3.2.4.5.</b> The Results of ANOVA for the Effect of Ethnicity and Gender on Therapists' Surprise in Unexpected News/Situation.....	47
<b>Table 3.2.4.6.</b> The Results of ANOVA for the Effect of Ethnicity and Gender on Therapists' Worry in Unexpected News/Situation.....	48
<b>Table 3.2.5.1.</b> The Results of ANOVA for the Effect of Ethnicity and Gender on Therapists' Disappointment.....	49
<b>Table 3.2.5.2.</b> The Results of ANOVA for the Effect of Ethnicity and Gender on Therapists' Happiness.....	50
<b>Table 3.2.5.3.</b> The Results of ANOVA for the Effect of Ethnicity and Gender on Therapists' Anger.....	51
<b>Table 3.2.5.4.</b> The Results of ANOVA for the Effect of Ethnicity and Gender on Therapists' Surprise.....	52

<b>Table 3.2.5.5.</b> The Results of ANOVA for the Effect of Ethnicity and Gender on Therapists' Inadequacy.....	52
<b>Table 3.2.5.6.</b> The Results of ANOVA for the Effect of Ethnicity and Gender on Therapists' Worry.....	53
<b>Table 3.2.5.7.</b> The Results of ANOVA for the Effect of Ethnicity and Gender on Therapists' Sadness.....	54
<b>Table 3.2.5.8.</b> The Results of ANOVA for the Effect of Ethnicity and Gender on Therapists' Relief.....	55
<b>Table 3.3.1.</b> Therapists' Reactions with Regard to Ethnicity and Gender in Frame Violations.....	58
<b>Table 3.3.2.</b> Therapists' Reactions with Regard to Ethnicity and Gender in Happy/Positive Situations.....	59
<b>Table 3.3.3.</b> Therapists' Reactions with Regard to Ethnicity and Gender in Sad/Negative Situations.....	60
<b>Table 3.3.4.</b> Therapists' Reactions with Regard to Ethnicity and Gender in Unexpected News/Situations.....	60
<b>Table 3.3.5.</b> Therapists' Reactions with Regard to Ethnicity and Gender in.....	61

## **ABSTRACT**

The main purpose of this study is to investigate the effects of clients' ethnicity and gender on therapists' emotional and behavioral reactions in hypothetical therapy situations. The data for the research was gathered through an online survey. A total of 102 participants completed the survey. The survey package consisted of the Informed Consent Form, Clinical Situation Vignettes Form, The Demographic Information Form, and The Purpose of the Study, respectively. In Clinical Situation Vignettes Form, there were affectively charged situations that could happen in a therapy room. These descriptions of the situations included the name of the patient, which was selected and ascribed by the researcher to represent male and female clients from different ethnicities.

It has been hypothesized that in situations, which are expected to provoke negative emotions, there will be higher levels of negative emotions for minorities, and for females in general compared to Turkish clients. Another hypothesis was that in situations, which are expected to provoke positive emotions, there will be higher levels of positive emotions for Turkish and males in general, compared to minorities, and female clients in general.

The results showed that clients' ethnicity, gender, and the interaction of ethnicity and gender had an effect on therapists' emotional and behavioral reactions. In situations that expected to provoke positive emotions, therapists' positive emotions like Happiness were higher for Turkish, especially males.

*Keywords:* ethnicity, gender, discrimination, therapists' emotions, therapists' reactions

## ÖZET

Bu çalışmanın temel amacı danışanların etnik kökenlerinin ve cinsiyetlerinin, farazi durumlarda, terapistlerin duygusal ve davranışsal tepkilerine olan etkiyi ölçmektir. Tez verileri çevrimiçi anket yöntemiyle toplanmıştır. 102 katılımcı anketi tamamlamıştır. Anket içeriği sırasıyla Bilgilendirilmiş Onam Formu, Klinik Durum Hikayeleri, Demografik Bilgi Formu ve Çalışmanın Amacı'ndan oluşmaktadır. Klinik Durum Hikayeleri'nde, terapi odasında gerçekleşebilecek durumlar, danışanların adlarıyla birlikte yer almaktadır. Bu isimler farklı etnisiteden kadın, erkek isimleridir.

Olumsuz duygular oluşturabilecek durumlarda, terapistlerin, azınlıklara ve genel olarak kadın danışanlarına, Türkler ve genel olarak erkeklere oranla daha yüksek seviyelerde olumsuz duygu hissetmeleri beklenmiştir. Ayrıca, olumlu duygular oluşturabilecek durumlarda, terapistlerin, Türklere ve genel olarak erkek danışanlara, azınlıklara ve genel olarak kadın danışanlara oranla daha yüksek seviyelerde olumlu duygular hissetmeleri beklenmiştir.

Araştırmanın sonuçları, danışanların etnik kökeninin, cinsiyetinin ve etnik köken ve cinsiyetin etkileşiminin terapistlerin duygusal ve davranışsal tepkilerine etkisi olduğunu göstermektedir. Sonuçlar, olumlu duygular oluşturabilecek durumlarda, terapistlerin mutlu olma seviyelerinin Türklerle, özellikle Türk erkeklerle daha yüksek olduğunu göstermiştir.

*Anahtar Kelimeler:* etnik köken, cinsiyet, ayrımcılık, terapistlerin duyguları, terapistlerin davranışsal tepkileri

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## INTRODUCTION

One of the major criticisms for psychoanalytic theory is based on the fact that the theory is derived from a certain coterie of the society. This coterie is defined as being white, Anglo-Saxon, and patriarchal. As psychoanalytic and psychodynamic practices have begun being practiced in various countries with various people from different backgrounds, the before-mentioned criticism became an important problem. (Suchet, 2004).

Research has shown that culturally determined components such as race, ethnicity, and gender is a fundamental part of an effective therapy (e.g. Fouad, 2006). Furthermore, it was found that therapists' sensibility to issues of culture, positively affects the therapeutic alliance and hence therapy outcome (Atkinson & Lowe, 1995; Sue & Sue, 1990). Research has also supported that treatment, which is not culturally sensitive has an adverse effect on treatment and diagnosis (Gushue, 2004). Besides having adverse effects on diagnosis and treatment, culturally insensitive treatment is unethical as well (Gordic, 2014).

The question of whether issue of race has enough density in psychodynamic theory and practice has different answers from different researchers. Some authors claim that there is enough space for race and cultural issues in psychodynamic theory (Altman, 2010). On the other hand, there are some others who defend the idea that psychodynamic theories are based on the dynamics of "whites" (Greene, 2007), and that the only focus is on the intrapsychic processes and there was a silence about race issues until recent years (Dimen, 2000; Leary, 2000).

In recent years there are numerous studies, which concern the issue of race and culture in the therapy room. However, the majority of these studies relied on detailed case studies in which the authors ponder his or her experience of the treatment (see Altman, 2000; Suchet, 2004). Thus, this study attempts at presenting an initial inclusive picture of the reactions of psychotherapists to various clinical situation including clients of different gender and ethnicities.

## **CHAPTER 1**

### **LITERATURE REVIEW**

#### **1.1. DISCRIMINATION**

According to Cambridge Dictionary, discrimination is “treating a person or particular group of people differently, especially in a worse way from the way in which you treat other people, because of their skin colour, sex, sexuality, etc...” (Cambridge International Dictionary of English, 1995, p. 392). Among the various types of discriminations, for the sake of this study ethnic discrimination and gender-based discrimination will be defined as well.

Discrimination is experienced and reported at almost all areas of life, such as school (see Swearer & Hymel, 2015 for a review), workplace (see Avery, McKay, & Wilson, 2008), and healthcare (e.g. Hanssens, Detollenaere, Pottelberge, Baert & Willems, 2017). It has severe adverse consequences on the overall health, but especially mental health, of individuals (Carter, Lau, Johnson & Kinkinis, 2017; Schmitt, Branscombe, Postmes & Garcia, 2014).

There are many forms and reasons for discrimination. Race and/or ethnicity; age; gender; height, weight and/or other aspects of appearance, sexual orientation, income and/or socioeconomic status, religion, and physical disability are the ones that are most commonly listed in the literature. (e.g. Boutwell et al., 2017; Rodriguez, 2008). For the purposes of this study, ethnic / racial discrimination and gender discrimination, as most commonly encountered issues in the clinical literature, will be defined.

##### **1.1.1. Ethnic / Racial Discrimination**

Ethnic discrimination, as reported by Pager and Shepherd (2008), is unjust treatment of person or group with regard to their ethnicity. They also argue that ethnic discrimination might be due to prejudice, stereotypes, or racism, however, the definition of ethnic discrimination does not infer any specific underlying cause.

According to McPherson, the definition of institutional racism is:

the collective failure of an organisation to provide an appropriate and professional service to people because of their colour, culture or ethnic origin. It can be detected in processes, attitudes and behaviours which amount to discrimination through unwitting prejudice, ignorance, thoughtlessness and racist stereotyping which disadvantages ethnic minority people (Macpherson, 1999).

The word “race” does not simply refer to the skin color (Helms & Cook, 1999; Leary, 2000; Suchet, 2004). Race and differences due to race, as also proposed for gender, are socially constructed rather than biologically determined. The meaning of the race is coming from the social and political conditions (Suchet, 2004).

### **1.1.2. Gender Discrimination**

Gender-based discrimination, again according to Cambridge Dictionary, is “a situation in which someone is treated less well because of their sex, usually when a woman is treated less well than a man” (Cambridge International Dictionary of English, 1995, p, 586).

Even though sex, gender, and gender roles are different concepts, they are used interchangeably. Therefore giving their definition will be beneficial. According to American Heritage Dictionary sex was defined as “the condition or character of being female or male; the physiological, functional, and psychological differences that distinguish the female and male” (American Heritage Dictionary, 1994, p. 6585). In the same dictionary, gender was defined as “sexual identity, especially in relation to society or culture.”

### **1.1.3. Psychodynamic Understanding of Discrimination**

As the brief introduction and definitions suggest, discrimination might be operating in various ways accross multiple settings. The perceived level and

adverse impact of discrimination on the target of it are more commonly documented, yet the reason why the committers are discriminating people on the basis of any characteristic is not that clear. A further complication is that some individuals may not even be aware that they are discriminating (APA Presidential Task Force on Preventing Discrimination and Promoting Diversity, 2012). Thus, self-reports might be misleading. Thus, further associations with background characteristics, personality dynamics and political views might not offer a conclusive picture. At this point, psychoanalytic theory proposes some insights into the mechanism that underlies discrimination, knowingly or unknowingly.

Kleinian Object Relations Theory sheds light on the perception of the other as “bad.” Melanie Klein (1946) depicted infant’s experience with regard to the breast in a two strongly polarized way. At one point there is a “good breast” which is full of nutrition and gives love. The infant feels the “good breast” when he is not hungry and loved. On the other point, there is a “bad breast” which is hateful and full of bad milk. The infant feels the “bad breast” when he is hungry and this hunger is felt from the inside of the body. The infant tries to keep these two breasts separated in order the “good breast” to remain “good” and not to be affected by the “bad breast”. The state in which the good objects and the bad objects are perfectly separated and cannot be combined was called as “paranoid-schizoid position” by Klein (Klein, 1946). Paranoid in this term refers to the anxiety and the fear coming from outside. The “badness” and “bad objects” intimidate the person to infect all the “goodness”. Schizoid on the other hand, refers to the main defense of the person. This main defense is splitting. A person who faces an intense fear and cannot confront or try to work through the problem which induces that fear gets into paranoid-schizoid position described by Klein (Spillius, 1988 as cited in Lowe, 2006). Identifying with projected “bad” and directing aggression to the other might be a dynamic underlying discrimination and devaluation.

Another perspective that might be related to discrimination is offered by Sullivan’s Interpersonal Psychoanalysis. Sullivan (1953) defined three aspects of interpersonal collaboration for the infant’s endurance. These are “good-me”, “bad-me”, and “not-me”. He argued that the third one, “not-me”, is available when people

are asleep and dreaming. Furthermore, it is encountered by people who are suffering from a severe schizophrenic state. This personification emerges by slow degrees because its foundation is experience of intense anxiety. These experiences cause uncanny emotions and cause-effect relationship cannot be drawn. Also, they persist all through life as primitive, unprocessed symbols (Sullivan, 1953). Altman (2000) suggested that these dynamics play a role in the universal human necessity to put others into categories of in-groups and out-groups in order to endure the differences and similarities. According to him, people from different races and ethnicities fall into the category of out-group and this can be named as “not-me” in Sullivan’s terms (Altman, 2000).

Other contributions in understanding the dynamics of discrimination, as other forms of mistreatment, come from more contemporary psychoanalytic perspectives, especially attachment-based theory of Mentalization by Peter Fonagy and the conceptualization of Intersubjectivity by Jessica Benjamin. Both theorists point to the negation of the “other,” as a subject that limits the intersubjective situations to power dynamics. Fonagy et al. (2002) define mentalization as the capacity to attribute wishes, thoughts, intentions to the other’s mind; in other words to perceive the other as a subject of his/her own experience. This is a capacity that develops through the early attachment relationship with the primary caregiver. If the child is treated as having a mental world of his/her own, s/he develops the ability to perceive others as such as well as to regulate his/her own affect. As Fonagy (2003) suggests, “Where mentalisation fails, violence results” (p. 191). Inability of the caregiver to provide the child with the safety that allows him/her to perceive and explore the other’s mind results in “*apparent callousness*” in the child (Fonagy, 2002, p. 191). The unprocessed aggression and failure to perceive other as a subject leads to violence. In cases of discrimination, the discriminator, with the high level of aggression might be failing to perceive the target as a subject with his/her own thoughts, emotions, or intentions. Similarly, Benjamin (1990) points to the importance of recognition by the caregiver; as the child is recognized by the caregiver as a subject, s/he can develop the capacity to recognize others as subjects. If this does not happen, interpersonal encounters will collapse to the dynamic of

self-as-subject and other-as-object that can only operate on dynamics of “doer and done to, powerful and powerless” (Benjamin, 1990, p. 43). The roles in this dynamic are reversible, yet “relating” as two subjects is not possible. Considering discrimination, the discriminator in from Benjamin’s perspective again fails to perceive the other as subject; thus “uses” him/her for intrapsychic purposes via exerting power, instead of “relating” as the co-creators of an experience.

## **1.2. CULTURE AND DISCRIMINATION IN THE CLINICAL SETTING**

Culture and related discrimination issues come into clinical setting both by therapists and clients. There are two ways for these issues to enter the therapy room, directly/consciously or indirectly/unconsciously. If these issues are raised up in therapy room directly/consciously, usually they are verbalized. Example for the direct form would be a client directly asking to see a female therapist or explicitly verbalizing his/her anxiety that a therapist of different ethnicity would not be able to understand him/her. However, when these issues are raised indirectly/unconsciously, usually they come as enactments and both parties might not be aware of them. For example, a therapist might experience intense anxiety with a client from a different ethnicity without knowing the reason or a client might “forget” to talk about certain issues with his/her therapist from the opposite sex.

The literature on discrimination in clinical setting almost solely focus on the “conscious aspect” of the “client” perspective on discrimination. The focus of this study, on the other hand, is the “unconscious aspect” of the “therapist.” In the psychotherapy and psychoanalysis community, issues of diversity awareness have been frequently brought forward, especially in the last 20-30 years. Therapists are encouraged not to discriminate and respect differences, and most of them consciously do so. However, the unconscious part of discrimination is unknown and uncontrollable. Within this framework, this study attempts at taking a step towards making this unconscious aspect conscious.

Thomas (1992) advocated the idea that in order for a psychotherapist to work with people from different cultures and ethnicities, he or she needs to heed

his or her own racism, prejudices, and projections onto other cultures and ethnic groups. Lowe (2006) reported that even though therapists' ideas and prejudices are critical issues, the contemporary psychoanalytic psychotherapy does not take this problem as a serious one. Having said that, there has been a growing body of literature on this subject, (e.g. Rustin, 1991; Young, 1994; Morgan, 1998; Gordon, 1993; Garner, 2003; Lowe, 2006).

According to Lowe (2006), not owning or facing feelings about cultural and ethnic differences is due to usage of primitive defenses such as denial, splitting, projection, and projective identification. He asserts that this operation is in progress both on individual and societal level. Even Freud, Lowe says, was silent about this issue although he had experience of racial ill treatment as a Jew (Lowe, 2006). Lowe (2006) argues that in order to work with patients from different ethnicities and backgrounds, psychic motives, mechanisms, and means should be examined deeply. However, this work is averted since psychoanalysis and psychoanalytic training institutes are generally white dominated in terms of both their membership and culture (Lowe, 2006).

In psychoanalytic institution there is a tendency to see race and ethnicity as political issues. However, there are some psychoanalytic works, which oppose this idea and claim that these issues should be brought up in the therapy room (Timimi, 1996; Garner, 2003 as cited in Lowe, 2006). There is an idea of both therapist and patient may have ideas about each other based on ethnicity. Kareem (1992) called this phenomenon as "societal transference," and Thomas as "pre-transference." According to Kareem, it is the responsibility of the therapist to bring up this issue in the therapy room, if there is such an issue (Kareem, 1992). Notwithstanding the importance of bringing up such an issue, due to the lack of race and ethnicity issues in training, therapists might not be able to do so or not to know how to work with it (Lowe, 2006).

Race and ethnicity is not an issue only for cross-race therapist-patient combination. Davies (1998) says that this might be the case even for same-race therapist-patient dyads, and this is due to hidden split-off parts of the patients. Suchet (2004) takes race not only as a skin color but as a blend of class, education,

income, etc. Therefore, Suchet also is in favor of the idea that race issues can be seen between same race patient therapist dyads (Suchet, 2004).

Psychoanalysis and psychodynamic psychotherapies are practices, which value talking and thinking. Even though talking and thinking are crucial in therapy, race, ethnicity, and racism barely become topics in the therapy (Lowe, 2006). Lowe (2006) claims that the reason for that is the lack of reflection on issues related to race, ethnicity, and racism. He makes an analogy between psychodynamics of racism and borderline phenomena. According to him, thinking racism as borderline issue enables people to understand the white people's inability to make a contact with the other since it causes enormous anxiety and also a fear of loss, of fragmentation of self and identity (Lowe, 2006).

Lowe (2006) argues that racism is kept at the boundary with a conscious and unconscious effort. He claims that doing this is a protection factor, which prevents invasion and destruction of the self. By referring to Freud (1924), Lowe, claims that there is a both neurotic and psychotic way of dealing with racism in psychotherapy profession. He describes the neurotic stance as flight from reality and acting like there is no race or racism. When it comes to psychotic way of dealing with racism, he says that there is a denial and remodeling of the race and racism. He asserts that the fear of invasion by black political matters is the reason for such a flight from and denial. Therefore, he says, racism and issues related to race are kept at the margin (Lowe, 2006).

Davies (2002) argues that since racist ideas take place within the therapist's most secret and shameful self, they are deterred from entering the analytic space (Davies, 2002, as cited in Suchet, 2004). Altman (2000) articulated that if therapists were not willing to talk about their prejudices and attitudes about race and ethnicity, they would remain there and affect the therapeutic process in an adverse way. The unbearable and unspoken emotions, which fall into "not-me" part, will be experienced as coming from the patient (Altman, 2000).

### **1.2.1. Culture, Discrimination and Diagnosis**

Lowe (2006) claimed that early twentieth century psychology and psychoanalysis made an analogy between Black adult and the White child. Freud also compared the Black and White at psychic level and equates Black's conscious to White's unconscious (Freud, 1913). Same distinction can be found in Totem and Taboo (Freud, 1913). In that book, Freud was making a distinction between the "psychology of primitive people and the psychology of neurotics." He was also supporting the idea that black people are sexually uncontrollable beings (Freud, 1913). Studies show that discrimination was not the problem of the early twentieth century only.

Research showed that therapists' reactions vary with respect to culture, ethnicity, and the race of the client (Lopez, 1989). A study by Mukherjee, Shukla, Woodle, Rosen, and Olarte (1983) showed that African American and Hispanic American patients with bipolar disorders are more likely to be misdiagnosed with schizophrenia than Caucasian patients with bipolar disorders. Another study showed that South African Black patients with depressive symptoms are not treated in a proper way (Elk, Dickman, & Teggin, 1986, as cited in Lopez, 1989). Regarding schizophrenia, another study found that African American patients were diagnosed more than Caucasian patients even though case summaries of both groups were identical (Blake, 1973).

As it was discussed above, race does not purely depend on skin color. A study showed that psychology trainees diagnosed the African American lower-class patients with chronic alcohol abuse more than both Caucasian lower-class and African American and Caucasian higher-class patients. (Luepnitz, Randolph, & Gutsch, 1982).

Another study that investigated therapists' ethnic biases showed that numbers of African American children in learning disability classes are higher than White children (Tucker, 1980, as cited in Lopez, 1989).

A study that investigated the effect of gender on diagnosis found that women were diagnosed more with psychosomatic-type disorders than were men (Bernstein & Kane, 1981). Another study showed that gender affects not only diagnosis but the treatment plan as well (Bowman, 1982). Bowman (1982) showed

that while insight-oriented treatment was recommended more for females, couple therapy was recommended more for male patients.

### **1.2.2. Culture, Discrimination and Countertransference**

In psychoanalytic theory, there are many definitions of transference and counter-transference, and these definitions vary based on the school of analytic thought (Nordic, 2014). Sigmund Freud, as in the case of many other analytic terms, was the very first person who defined transference. He defined the transference for the first time in the Fragment of an Analysis of a Case of Hysteria, reporting that experiences from the past are aroused and they are faced as not belonging to the past but to the present moment with the analyst (Freud, 1997). According to Hamer (2006) the most typical description is the tendency to experience the therapist/analyst with regard to past relationships and events. Hamer argues that classical psychoanalytic theory prioritize infantile relationships. However, he says, the transference concept has broadened to refer significant relationships that individuals have in their life course.

Countertransference was first presented and described by Freud as well (Racker, 1957). Countertransference at its broadest level can be described as any feelings and reactions of the therapist with regard to the patient. According to Racker (1957), Freud treated countertransference both as a great danger and an opportunity, since counter-transference is affected by therapist's experience from his or her own past relationship (Mishne, 2002; Rackner, 1957). Because of the danger it bears, there were only few publications about countertransference in first forty years of psychoanalysis (Racker, 1957).

Transference and countertransference that reflect the communication of the unconscious of the client and the therapist are mostly studied on the basis of psychopathology. The literature focuses on the commonly experienced transference and countertransference reactions of specific diagnostic categories, such as narcissistic clients or borderline clients. These studies mostly focus on the "difficult" client, in the presence of whom intense feelings of hatred or terror of

annihilation are activated. Some countertransferential feelings are generalized as characteristics of certain psychopathologies (e.g. McWilliams, 1994). Yet, although the importance of the social world on the projections and introjections that constitute transferential dynamics is acknowledged (Dalal, 2013), specific reactions that are colored by ethnicity, race or gender are not systematically studied.

Hamer (2006), one of the rare authors who directly addressed this issue, argued that there is a phenomenon called “racist transference.” Racist transference occurs in an analytic/dynamic therapy and it is a dynamic state of mind, which is built within the analytic relationship and it is shared not only by the patient but the therapist as well. The relevant tendency of each member of the dyad, the social and historical context and the aspects of the relationship in that context, identification with racial group belongingness are some aspects, which shape racist transference (Hamer, 2006). Other perspectives that take up on the existence of socio-cultural forces at work describe its role as an aspect of the co-creation of the therapeutic experience, as discussed in the next section.

### **1.2.3. Culture, Discrimination and the Analytic Third**

In his book, Altman (2011) took society as a third person in the room. Cushman (1995) and Greenberg (1991) were also supported this idea (Cushman, 1995; Greenberg, 1991 as cited in Altman, 2000). Altman’s idea of third person is coming from the Ogden’s “analytic third” concept. Ogden (1994) was arguing that within the interaction of the analyst and patient there is a new space, which is constructed intersubjectively. Chodorow (1999) also refers to culture as analytic third. He argues that culture either enters at one point into the therapy room or is always present within that room. In his paper, *Black and White Thinking*, Altman (2000), as a white, Jewish therapist, shows how racism enters into the therapy room as a third person. While working with Mr. A., Altman’s African American patient, the issue of race intervenes the therapy, and even put the skids on it. Altman (2000) works with this issue in the therapy. He argues that if as a dyad, they denied this issue and acted like racism is not “in here” but “out there” in the society, this would

be splitting off and denying the “bad object”.

Race can be described as a transitional space in the therapeutic process (Leary, 2000). There are both material reality and social constructs in this issue (Suchet, 2004). Winnicott suggested that between omnipotence reality and objective reality there is a third form, which is transitional experience. This third form is experienced through a transitional object. Transitional object is neither subjectively created nor totally controlled. On the other hand, it is not completely separate from the person. It lays somewhere in between. Transitional space is a place in between the inner and outer world, the subjective and the objective (Winnicott, 1971).

#### **1.2.4. Case Examples**

Since there isn't any empirical research that directly addresses race/ethnicity and gender-based attitudes and countertansference, most of the information comes from case analyses. In this section, three of those case examples that refer to these aspects will be briefly summarized.

Suchet (2004), in her article where she explains and explores the process of a patient of hers, Sam, argues that putting the race and class out of the frame, one could see the patient's problems simply in terms of internal object relations. Suchet is a white, South African born woman, and Sam is an African-American woman. At some point in the therapy, Suchet reported that she disclosed her own racial background and this information had changed the transference-countertransference dynamics of the therapy. When Sam was referred to Suchet, the person who referred the patient, mentioned about Suchet's being a white South African born woman. Therefore, Suchet thought that the patient already knew this information. However, Sam did not know about Suchet's racial background. By disclosing her racial background, Suchet, instead of denying the reality and being in the “paranoid-schizoid position,” the therapist decided to accept the reality and shifted to a “depressive position” (Suchet, 2004).

Altman (2000), in his article discusses the therapists' ethnic discrimination

with regard to his patient. His patient, Mr. A is an African-American male, and Altman, defines himself as white-Jewish and “privileged” (Altman, 2000, p. 594). In therapy process, Altman realizes that checks from his patients were bouncing. However, in retrospect, he realizes that he thought Mr. A would not pay him. He argues that he thought he would not be paid because in his thoughts being black meant being irresponsible and criminal (Altman, 2000).

Elefetheriadou (2010) shows the effect of ethnicity by giving an example from a patient of her. Her patient, Ben, during the therapy, starts to shout racial abuse at people passing-by. She explains her patient’s behavior as a way of introducing racial issues to therapy. Elefetheriadou, is a Greek woman in London, and she argues that her patient’s behavior opened up a space to talk about differences and whether the ethnic difference between them will allow the therapy (Elefetheriadou, 2010).

### **1.3 THE PRESENT STUDY**

Turkish Republic is a country in which there are people from numerous ethnic groups. According to Konda (2006), in Turkey, there are Turks, Kurds, Armenians, Arabs, Gypsies, Circassians, and many other ethnicities. Unfortunately, the Turkish Statistical Institute (TUIK) that is the official reference source does not provide information about the population of minorities in Turkey. Thus, exact number of people from different ethnicities who live in Turkey are unknown. Having said that, it is an undeniable fact that different ethnic groups are living in Turkey and issues related to race, racism, and ethnicities are unavoidable in the therapy room in Turkey, as in the case of other countries where they host people from different backgrounds.

In the current study Kurdish and Armenian were selected as minority groups. There are ongoing social and administrative problems about both groups (Falk, 2011). Therefore, these groups were included in the current study.

Gender discrimination is another big issue in Turkey. Studied showed that in family life (see Can, 2014), business life (see Çakır, 2008; Bora, 2012), education

(see Özyaydınlık, 2014) there is a gender-based discrimination in Turkey. Therefore, in the current study the effect of gender will be investigated as well.

The main purpose of this study is to examine the effect of clients' gender and ethnicity on therapists' emotional and behavioral reactions in hypothetical therapy situations. As discussed above, therapists would rarely acknowledge having prejudices or differentially treating clients, due to the emphasis on diversity awareness in the training and practice. Thus, rather than asking for a direct report, this study attempts at indirectly eliciting the reactions of the therapist. As will be detailed in the method section, hypothetical clinical situations were created and different names that represent Turkish, Kurdish and Armenian as ethnicities and male and female as gender were ascribed to equivalent clinical situations. The comparison of the affective and technical responses of the therapists to these situations is expected to provide information on differential reactions. In order to prevent social desirability, the aim of the study was partially disguised prior to the completion. Thus, the sole probe were the names of the clients.

The hypothesis of the present study are listed below:

- 1) Ethnicity will be associated with emotions.
  - a. In situations, which are expected to provoke negative emotions, there will be higher levels of negative emotions for Kurdish and Armenian clients compared to Turkish clients.
  - b. In situations, which are expected to provoke positive emotions, there will be higher levels of positive emotions for Turkish clients compared to Kurdish and Armenian clients.
  - c. In all situations, negative emotions, especially anger and blame will be higher for Kurdish and Armenian clients compared to Turkish clients.
- 2) Gender will be associated with emotions.
  - a. In situations, which are expected to provoke negative emotions, there will be higher levels of negative emotions for female clients compare to male clients.

- b. In situations, which are expected to provoke positive emotions, there will be higher levels of positive emotions for male clients compare to female clients.
- c. In all situations, negative emotions, especially anger and blame will be higher for female clients compared to male clients.

## CHAPTER 2

### METHOD

#### 2.1. SAMPLE

The sample of the study consisted of 102 practicing psychotherapists, all of whom participated voluntarily. Initially, 465 participants attempted the survey, 103 participants completed and 102 were valid. Two versions of the same instrument were presented as Forms A and B (See Instruments section). There were 230 participants who started to fill Form A and 62 of them completed it, and there were 235 participants started to fill Form B and 41 of them completed it.

Of the 102 participants, 95 (93%) of them were female, 6 (6%) of them were male; and 1 participant did not report his/her gender. Ages of the participants ranged between 22 and 57, with a mean of 31.91 and a standard deviation of 7.812. Majority of the participants (74%) were between 22 and 35 years. One participant did not report his/her age. Regarding ethnicity, 74 of the participants reported themselves as Turkish, 9 of them as Kurdish, 2 of them as Armenian, 14 of them as Other. There were 3 participants who did not prefer to respond to the ethnicity question. In terms of educational attainment, 8 (7.8%) participants had a BA degree, 31 (30.4%) were MA students, 43 (42.2%) had MA degrees, 14 (13.7%) were PhD students, and 6 (5.9%) were PhD graduates. Demographic characteristics of the participants are presented in Table 2.1.1.

**Table 2.1.1.**

*Frequencies of the Demographic Characteristics of the Sample (N = 102)*

	<i>N</i>	<i>%</i>
Gender		
Woman	95	93.1
Man	6	5.9
Age		

	22-28 years old	45	44.1
	29-35 years old	31	30.4
	35+ years old	25	24.7
Level of Education			
	Bachelor Degree	8	7.8
	Master Degree Student	31	30.4
	Master Degree Graduate	43	42.2
	PhD Student	14	13.7
	PhD Graduate	6	5.9
Ethnicity			
	Turkish	74	72.5
	Kurdish	9	8.8
	Armenian	2	2.0
	Other	14	13.7
	Did not report	3	2.9

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Twenty-five (24.5%) of the participants defined their professional title as “psychologist”, 27 (26.5%) of them as “psychotherapist”, and 40 (39.2) of them as “both psychologists and psychotherapist.” The remaining 10 participants defined their title as “counselor” (4; 3.9%) or “as psychologist, psychotherapist, and counselor” (6; 5.9%). With regard to theoretical orientation 46 (45.1%) of the participants reported that their orientation is “just psychoanalytic.” The remaining half of the sample reported their orientation as cognitive-behavioral, existential, systemic, or combinations of these theoretical orientations. Professional characteristics of the sample are presented in Table 2.1.2.

Years of experience of the sample ranged from less than 1 year to 33 years, with a mean of 5.27 and a standard deviation of 6.173. Majority of the participants 76 (74.5%) had less than 5 years of experience. Number of clients actively seen by

the participants ranged between 1 and 50 with a mean of 11 and a standard deviation of 8.

**Table 2.1.2.**

*Professional Characteristics of the Sample (N = 102)*

	N	%
<b>Occupation</b>		
Psychologist	25	24.5
Psychotherapist	27	26.5
Psychologist and Psychotherapist	40	39.2
Counselor	4	3.9
Psychologist, Psychotherapist, and Counselor	6	5.9
<b>Theoretical Orientation</b>		
Only Psychoanalytic	46	45.1
Other	66	54.9
<b>Personal Therapy</b>		
Never Gone	22	21.5
Still Going	52	51.0
Terminated	28	27.5
<b>Experience</b>		
0-5 years	76	74.5
6-10 years	16	15.7
10+ years	10	9.8
<b>Number of Clients</b>		
1-8 patients	53	51.0
10-20 patients	39	39.2
20+ patients	10	9.8

Twenty-two (21.5%) of the participants reported that they have not received any personal therapy. Fifty-two (51%) of the participants were continuing, and 28 (27.5%) of them terminated their personal therapy (See Table 2.1.2).

## **2.2. INSTRUMENTS**

### **2.2.1. Demographic Information Form**

The Demographic Form was created by the researcher in order to gather information about the background of the participants. In that form, information about participants' age, ethnic origin, educational attainment, theoretical orientation, number of patients, and personal therapy were asked (see Appendix D).

### **2.2.2. Clinical Situation Vignettes**

In order to observe psychotherapists' affect and reactions to different clients under commonly experienced clinical conditions, vignettes were prepared by the researcher. In the first step, vignettes were prepared, evaluated and matched without any client identifiers. In the second step, names that would represent different ethnicities were selected and assigned to the vignettes. In the third step, response options for the vignettes were specified.

Initially, a total of 40 vignettes that briefly explained a clinical situation that has a potential to elicit an emotional reaction in the therapist were created. These vignettes were organized under four main themes: sad/negative situation, happy/positive situation, unexpected news/situation, and frame violation. Under each category, there were 10 vignettes. All vignettes were phrased so that the situation was described by two sentences of approximately equal length. Since the manipulation would include names of the clients, the name of the client was included in both sentences for all vignettes. During vignette creation and selection process, specific names were not included, but represented as "XXX." The reason

for that was to not distract the researchers and experts with the names, and let them focus only on the theme of the vignette.

All 40 vignettes were sent to four experts for an evaluation on how representative of the theme identified by the researcher each vignette was and the intensity of affect it would generate. Experts were psychotherapists with at least 3 years of clinical experience, who were blind to the aim and method of the current study. For each vignette, they were asked to rate both representativeness and intensity of affect on 7-point Likert scales from 0 to 6 (See Appendix F for the expert rating sheet). Mean scores of the four experts were used to evaluate the vignettes.

Two vignettes that had a mean representativeness rating below 5 were eliminated. Next, four vignettes that received mean affect intensity ratings below 3 were eliminated due to their low potential of provoking affect. Further, seven vignettes that were rated as 6 by all experts were also eliminated, since the situation was deemed so extreme in terms of the intensity of the affect that they provoked that it might have overridden individual differences.

For this study, combinations of 3 ethnicities and 2 gender categories (Kurdish-Female, Kurdish-Male, Turkish-Female, Turkish-Male, Armenian-Female, Armenian-Male) would be compared that required 6 vignettes of matching theme and affective intensity. Thus, the remaining vignettes were organized into groups of six vignettes under each theme on the basis of affect intensity ratings, in order to make sure that names were assigned to clinical situations of equivalent nature.

Second step for creating the vignettes was choosing the names. Separate lists of names that represent Kurdish, Turkish and Armenian ethnicities were prepared by the researcher. Each ethnicity was represented by 32 names, half of them female and half male. These names were assessed by 3 raters in terms of the extent to which they characterize the ethnicity. Raters were clinical psychologists or candidates. Lists of names for each ethnic group were presented separately to the raters, with an instruction that asks the raters to judge the name with regard to the ethnicity provided. For example for the Kurdish name list, raters were asked to rate

the each name from 1 to 10 according to “how Kurdish it sounds.” The lists and the instructions are presented in Appendix F.

The averages of 3 raters for each name were calculated. The minimum and maximum mean ratings for each group are summarized in Table 2.2.2.1

**Table 2.2.2.1**

*Name Used in Vignettes*

		Min.	Max.	M	SD
Kurdish	Female	3	10	7.3	1.9
	Male	3.3	9	6.6	1.8
Turkish	Female	4.7	9.7	7.4	1.5
	Male	4.3	9	7.3	1.4
Armenian	Female	4	9.7	7	1.7
	Male	4.7	10	7.7	1.9

Since there were 4 clinical themes (sad/negative situation, happy/positive situation, unexpected news/situation, and frame violation), 4 names from each gender-ethnicity combination were required to be assigned to 4 vignette themes. First, the names that had characterization ratings below 7 and over 9 were eliminated. After the elimination, 11 Kurdish Female, 7 Kurdish Male, 6 Turkish Female, 8 Turkish Male, 7 Armenian Female, and 6 Armenian Male names remained for selection. For Turkish and Kurdish name lists, four names with ratings around 8 were selected. The mean characterization ratings and distributions was slightly different for the Armenian name list. For Armenian male names overall ratings were higher and there were only two names around 8; thus, 2 names with a rating of 9 were also included. On the other hand, for the Armenian female names, three of the names with a rating around 8 were extremely similar to each other; thus, 2 of them were discarded and one name with a rating of 9 was included. The mean characterization ratings for each group remained around 7, and each name was less than 1 standard deviation above or below the mean.

Following the name selection process, one name from each gender-ethnicity group was randomly assigned to each of the six vignettes within each theme; so that all six gender-ethnicity groups were represented once within a theme. Then, the vignettes were randomly ordered to create the first version of the instrument (Form A). In order to eliminate any influence of the specific name and vignette combinations, the process of random name assignment and random ordering was repeated to create a second version of the instrument (Form B). Form A is presented in Appendix B and Form B is presented in Appendix C.

The third step was to create the affective and behavioral response options. The possible reactions were listed by the researcher as Pity, Pride, Disappointment, Gratitude, Disgust, Envy, Anger, Derision, Worry, Happiness, Blame, Surprise, Shame, Sadness, Fear, Relief, and Jealous. The respondents were asked to rate each affect on a 7-point Likert scales. The reaction options were formulated as Nothing, Exploration, Boundary-Setting, Interpretation, and Supportive Intervention. The respondents were asked to select one response that represents what she/he would most likely do.

### **2.3. PROCEDURE**

Before the data collection procedure, an ethical approval was received from Ethics Committee Board of Istanbul Bilgi University. All data was collected via an online survey website ([www.surveymonkey.com](http://www.surveymonkey.com)), the link to which was shared via e-mail and social media posts. Participants initially received an informed consent form (see Appendix A) to ask for voluntarily participation. In that form, participants were told that they will be given some situation that they might experience in the therapy room, and they will be asked for their emotional reaction and what they would do in that specific situation. In the same form, it was also told that it will took around 20-25 minutes to fill the form. Beside this information, they were also informed about their right to quit at any point, and confidentiality of the data. Researcher's contact information was also given, and participants were encouraged to contact the researcher in case they have a question or concern with regard to the

study and/or their participation. Upon their approval of the Informed Consent Form, the instrument explained above was presented. Initially, Form A and Form B were planned to be presented to approximately equal numbers of participants. However, the Form B link that was activated after the de-activation of the Form A, could not elicit the desired number of responses. The data consisted of 62 responses for Form A, and 41 responses for the Form B.

The Demographic Information Form was administered following the completion of the vignettes, to prevent any priming to gender and ethnicity. After the Demographic Information Form, the participants were given brief information that the current study was designed to examine the therapists' reactions to clients of different gender and the ethnic origin. Once, the participants were given this information, there was no option for going back to vignettes and changing their answers, but they had the option not to submit their responses.

## **CHAPTER 3**

### **RESULTS**

#### **3.1. DESCRIPTIVE STATISTICS FOR THERAPISTS' EMOTIONAL REACTIONS**

As described in the Method section an instrument of 24 vignettes were used to assess therapist's emotional and behavioral reactions towards various hypothetical clinical situations. These vignettes were under four different categories, namely, Frame Violations, Happy/positive Situation, Sad/negative Situation, and Unexpected Situation. For each category of clinical situation, vignettes were assigned a name from one of the following ethnicity-gender combinations: Turkish Male, Turkish Female, Kurdish Male, Kurdish Female, Armenian Male and Armenian Female. Response options included ratings of 9 emotions (Disappointment, Anger, Surprise, Inadequacy, Happiness, Worry, Sadness, Relief, and Blame) and a behavioral reaction selected among 5 options of do nothing, explore, set boundary, make interpretation or make a supportive intervention. Prior to data analysis, a comparison of responses of Form A and Form B revealed no vignette or order specific effects. Thus, responses were pooled together.

First, descriptive statistics for emotions with regard to each category were calculated separately for 4 different clinical situations. Means and standard deviations for each gender-ethnicity combination can be seen in Table 3.1.1 for Frame Violations, Table 3.1.2 for Happy/positive Situation, Table 3.1.3 for Sad/negative Situation, and Table 3.1.4. for Unexpected Situation. Further, means and standard deviations for each emotion across clinical situations were calculated and presented in Table 3.1.5.

**Table 3.1.1.***Descriptive of Therapists' Emotional Reactions with Regard to Client's Ethnicity and Gender in Case of Frame Violations*

	Turkish		Turkish		Kurdish		Kurdish		Armenian		Armenian	
	Male		Female		Male		Female		Male		Female	
	M	SD	M	SD	M	SD	M	SD	M	SD	M	SD
Disappointment	1.36	1.49	2.81	2.12	1.96	1.99	1.40	1.65	1.84	2.00	1.25	1.45
Anger	1.94	1.59	3.06	1.95	2.75	1.78	2.15	1.62	2.94	1.91	1.78	1.51
Surprise	2.01	1.72	2.92	1.93	2.95	2.15	2.15	1.78	1.89	1.77	1.98	1.69
Inadequacy	1.64	1.58	2.33	1.90	1.94	1.81	1.61	1.54	1.87	1.93	1.28	1.62
Happiness	.87	1.07	.69	.80	.63	.66	.84	1.06	.74	.94	.75	1.06
Worry	1.58	1.46	1.91	1.78	1.44	1.68	1.98	1.71	1.48	1.66	1.35	1.50
Sadness	1.02	1.15	1.79	1.84	1.29	1.55	.93	1.07	1.12	1.39	.91	1.19
Relief	.88	1.07	.69	.86	.61	.62	.71	.78	.75	.97	.76	1.06
Blame	1.27	1.36	1.94	1.98	1.73	1.83	1.28	1.43	1.67	1.85	1.20	1.49

**Table 3.1.2.***Descriptive of Therapists' Emotional Reactions with Regard to Client's Ethnicity and Gender in Case of Happy/Positive Situation*

	Turkish		Turkish		Kurdish		Kurdish		Armenian		Armenian	
	Male		Female		Male		Female		Male		Female	
	M	SD	M	SD	M	SD	M	SD	M	SD	M	SD
Disappointment	.60	.60	.59	.60	.69	.65	.60	.62	.64	.67	.59	.60
Anger	.60	.60	.59	.60	.63	.61	.59	.62	.63	.64	.59	.60
Surprise	1.16	1.28	1.25	1.47	1.81	1.99	1.25	1.51	1.56	1.58	1.25	1.47
Inadequacy	.63	.61	.62	.66	.80	.94	.60	.62	.68	.75	.59	.60
Happiness	4.91	1.41	4.88	1.29	3.96	1.77	4.59	1.77	3.81	1.67	5.31	1.36
Worry	.72	.81	.69	.80	1.26	1.49	.83	1.05	.77	.91	.88	1.14
Sadness	.62	.61	.59	.60	.64	.70	.63	.67	.61	.63	.65	.70
Relief	3.41	2.18	2.84	2.26	2.92	2.01	3.18	2.27	2.65	2.00	4.00	2.13
Blame	.63	.69	.59	.60	.63	.60	.61	.65	.60	.63	.21	.60

**Table 3.1.3.***Descriptive of Therapists' Emotional Reactions with Regard to Client's Ethnicity and Gender in Case of Sad/Negative Situation*

	Turkish		Turkish		Kurdish		Kurdish		Armenian		Armenian	
	Male		Female		Male		Female		Male		Female	
	M	SD	M	SD	M	SD	M	SD	M	SD	M	SD
Disappointment	.99	1.35	.91	1.10	.68	.82	.93	1.25	.79	.94	.87	1.00
Anger	.76	.88	.72	.83	.66	.74	.61	.60	.78	.92	.64	.66
Surprise	2.82	2.33	2.49	2.11	3.39	2.32	3.95	2.17	4.14	1.85	1.39	1.56
Inadequacy	1.12	1.45	.97	1.21	.75	.94	.79	1.01	1.14	1.39	.74	.81
Happiness	.66	.78	.59	.60	.59	.60	.71	.89	.60	.60	.74	.98
Worry	2.76	2.46	3.29	2.10	4.02	2.10	2.62	2.01	4.35	1.78	1.94	1.77
Sadness	3.28	2.16	4.34	1.49	4.43	1.94	2.60	1.94	4.18	1.96	3.57	1.77
Relief	.63	.69	.62	.69	.59	.60	.71	.86	.63	.63	.67	.83
Blame	.72	.75	.70	.79	.63	.66	.60	.60	.76	.95	.69	.73

**Table 3.1.4.***Descriptive of Therapists' Emotional Reactions with Regard to Client's Ethnicity and Gender in Case of Unexpected News/Situation*

	Turkish		Turkish		Kurdish		Kurdish		Armenian		Armenian	
	Male		Female		Male		Female		Male		Female	
	M	SD	M	SD	M	SD	M	SD	M	SD	M	SD
Disappointment	2.24	1.95	2.75	2.11	2.83	2.13	1.77	1.72	1.77	1.84	2.32	2.12
Anger	1.84	1.70	1.90	1.77	2.07	1.89	1.32	1.46	1.36	1.53	2.01	1.92
Surprise	3.96	1.82	3.82	1.95	4.01	1.94	3.96	1.68	4.20	1.77	3.95	1.86
Inadequacy	2.07	1.90	2.34	1.95	2.18	1.84	1.63	1.72	1.82	1.90	2.08	1.95
Happiness	1.08	1.41	.59	.60	.59	.60	.62	.66	.59	.60	1.00	1.11
Worry	1.87	1.77	1.86	1.74	2.85	1.99	2.41	1.91	2.40	1.92	2.16	2.02
Sadness	1.17	1.43	1.57	1.60	2.44	1.93	1.97	1.74	1.59	1.70	1.67	1.86
Relief	.69	.76	.64	.69	.59	.62	.58	.60	.61	.62	.62	.65
Blame	1.22	1.39	1.18	1.35	1.38	1.59	.99	1.17	1.02	1.22	1.36	1.56

**Table 3.1.5.***Descriptive of Therapists' Emotional Reactions with Regard to Client's Ethnicity and Gender*

	Turkish		Turkish		Kurdish		Kurdish		Armenian		Armenian	
	Male		Female		Male		Female		Male		Female	
	M	SD	M	SD	M	SD	M	SD	M	SD	M	SD
Disappointment	1.30	.97	1.77	1.10	1.54	1.08	1.18	.92	1.26	.97	1.26	.94
Anger	1.29	.86	1.57	.96	1.53	.92	1.17	.80	1.43	.81	1.25	.83
Surprise	2.49	1.34	2.62	1.39	3.04	1.56	2.83	1.27	2.95	1.21	2.14	1.07
Inadequacy	1.36	1.04	1.57	.97	1.42	1.03	1.16	.92	1.38	.99	1.17	.94
Happiness	1.88	.72	.69	.56	1.44	.69	1.69	.72	1.43	.67	1.95	.71
Worry	1.73	1.17	1.94	1.22	2.39	1.32	1.96	1.24	2.25	1.16	1.58	1.18
Sadness	1.52	.95	2.07	.95	2.20	1.12	1.53	.92	1.87	1.03	1.70	.90
Relief	1.40	.86	1.20	.88	1.18	.76	1.29	.84	1.16	.81	1.51	.81
Blame	.96	.83	1.10	.99	1.09	.95	.87	.79	1.01	.88	.96	.93

## **3.2. COMPARISON OF THERAPIST'S AFFECT TOWARDS CLIENTS OF DIFFERENT ETHNICITY AND GENDER**

In order to investigate the differences in therapists' affective reaction towards clients of different gender and ethnicity, Two-factor Repeated Measures ANOVAs were conducted for each of the four clinical situations, namely Frame Violation, Happy/positive Situation, Sad/negative Situation, and Unexpected news/situation. In these analyses, there were 2 repeated measures factors; first ethnicity with 3 levels (Turkish, Kurdish, and Armenian) and secondly gender with 2 levels (male and female). Each emotion's variance and distribution were checked regarding the assumption violations. Those that qualified were analyzed. Bonferoni Correction was conducted in order to adjust the possibility of finding false positive results due to multiple testing. Due to the homogeneous composition of the sample, any between-subjects factor was not included. In order to examine the differences in therapists' behavioral reactions with regard to client's ethnicity and gender, Chi-square tests were used.

### **3.2.1. Affect in Frame Violation Situation**

In case of frame violation, initial investigation of the variance revealed that Happiness and Relief had low mean and variance, thus excluded from further analyses. Analyses were conducted for Disappointment, Anger, Blame, Inadequacy, Sadness, Surprise and Worry as presented below.

A two-way ANOVA with repeated measures was conducted to examine the effect of ethnicity and gender on therapists' Disappointment in case of frame violation in therapy (see Table 3.2.1.1.). Mauchly's Test of Sphericity indicated that the assumption of sphericity had not been violated for ethnicity,  $\chi^2(2) = 4.72$ ,  $p = .095$ . The results showed that there was an effect of ethnicity on therapists' Disappointment,  $F(2, 202) = 6.82$ ,  $p = .001$ ,  $\eta^2 = .06$ . Therapists' Disappointment for Turkish clients ( $M = 2.09$ ,  $SD = 1.59$ ) was higher than for Kurdish ( $M = 1.68$ ,  $SD = 1.66$ ) and for Armenian ( $M = 1.54$ ,  $SD = 1.55$ ) clients. Mauchly's Test of

Sphericity indicated that the assumption of sphericity had been violated for the interaction of gender and ethnicity,  $\chi^2(2) = 21, p = .00$ . Therefore, degrees of freedom were corrected using Greenhouse-Geisser estimates of sphericity. The test results showed that there was an interaction of ethnicity and gender,  $F(1.68, 169.82) = 50.96, p = .000, \eta^2 = .34$ . It was observed that for Turkish clients, Disappointment towards female were higher than males, whereas for Armenian and Kurdish clients Disappointment toward male were higher than females. The effect of gender on therapists' Disappointment was not statistically significant,  $F(1,101) = 1.04, p = .31, \eta^2 = .01$ .

**Table 3.2.1.1.**

*The Results of ANOVA for the Effect of Ethnicity and Gender on Therapists' Disappointment in Frame Violations*

Cases	Sum of Squares	df	Mean Square	F	p	$\eta^2 p$
Ethnicity	32.67	2	16.34	6.82	.001	.06
Gender	1.47	1	1.47	1.04	.310	.01
Ethnicity * Gender	140.07	1,68	83.31	50.96	.000	.34

A two-way ANOVA with repeated measures was conducted to examine the effect of ethnicity and gender on therapists' Anger in case of frame violation in therapy (see Table 3.2.1.2.). Mauchly's Test of Sphericity indicated that the assumption of sphericity had not been violated for ethnicity,  $\chi^2(2) = .48, p = .79$ . Sphericity had not been violated for the interaction of ethnicity and gender,  $\chi^2(2) = 1.39, p = .50$ . Results of ANOVA showed that there was a statistically significant effect of gender on therapists' Anger,  $F(1, 101) = 4.61, p = .03, \eta^2 = .04$ . Therapists' Anger for male clients ( $M = 2.55, SD = 1.38$ ) was higher than for female clients ( $M = 2.33, SD = 1.35$ ). The effect of ethnicity on therapists' Anger was not statistically significant,  $F(2, 202) = .53, p = .59, \eta^2 = .01$ . However, test results also showed that the effect of the interaction of gender and ethnicity on therapists'

Anger was statistically significant,  $F(2,202) = 45.03$ ,  $p = .000$ ,  $\eta^2 = .31$ . As in Disappointment, for Turkish clients Anger towards female was higher than males, whereas for Armenian and Kurdish clients, Anger towards male was higher.

**Table 3.2.1.2.**

*The Results of ANOVA for the Effect of Ethnicity and Gender on Therapists' Anger in Frame Violation*

Cases	Sum of Squares	df	Mean Square	F	p	$\eta^2$
Ethnicity	1.97	2	.99	.53	.588	.005
Gender	7.12	1	7.12	4.61	.034	.044
Ethnicity *						
Gender	143.69	2	71.84	45.03	.000	.308

A two-way ANOVA with repeated measures was conducted to examine the sense of Blame in therapists with regard to patients' ethnicity and gender in case of frame violation in therapy (see Table 3.2.1.3.). Mauchly's Test of Sphericity indicated that the assumption of sphericity had not been violated for ethnicity,  $\chi^2(2) = .53$ ,  $p = .77$ , and had not been violated for the interaction of ethnicity and gender,  $\chi^2(2) = 3.31$ ,  $p = .19$ . The results showed that there was a statistically significant effect of the interaction of the gender and ethnicity on the therapists' sense of Blame in case of frame violation,  $F(2, 202) = 20.77$ ,  $p = .000$ ,  $\eta^2 = .17$ . However, the effect of ethnicity  $F(2, 202) = 1.33$ ,  $p = .268$ ,  $\eta^2 = .01$ , and the effect of gender,  $F(1, 101) = .78$ ,  $p = .38$ ,  $\eta^2 = .01$  were not statistically significant. Similar to the effect observed in Disappointment and Anger, therapists tended to feel Blame more towards female for Turkish and more towards male for Armenian and Kurdish clients.

**Table 3.2.1.3.**

*The Results of ANOVA for the Effect of Ethnicity and Gender on Therapists' Blame in Frame Violation*

Cases	Sum of Squares	df	Mean Square	F	p	$\eta^2$ p
Ethnicity	3.21	2	1.60	1.33	.268	.01
Gender	1.02	1	1.02	.78	.379	.01
Ethnicity *						
Gender	42.87	2	21.43	20.77	.000	.17

A Two-way ANOVA with repeated measures was conducted to examine the sense of Inadequacy in therapists with regard to patients' ethnicity and gender in case of frame violation in therapy (see Table 3.2.1.4.). Mauchly's Test of Sphericity indicated that the assumption of sphericity had not been violated for ethnicity,  $\chi^2(2) = 1.16$ ,  $p = .56$ , and had not been violated for the interaction of ethnicity and gender,  $\chi^2(2) = 3.43$ ,  $p = .18$ . The results showed that there was a statistically significant effect of the ethnicity on the therapists' sense of Inadequacy in case of frame violation,  $F(2, 202) = 3.80$ ,  $p = .02$ ,  $\eta^2 = .04$ . Therapists' Blame for Turkish clients ( $M = 1.99$ ,  $SD = 1.45$ ) was higher than for Kurdish ( $M = 1.78$ ,  $SD = 1.49$ ) and Armenian ( $M = 1.58$ ,  $SD = 1.45$ ) clients. Also the effect of the interaction of the gender and ethnicity on the therapists' Blame in case of frame violation was statistically significant,  $F(2, 202) = 12.90$ ,  $p = .000$ ,  $\eta^2 = .11$ . The same pattern described for the aforementioned emotions was true for Blame. Results showed that the effect of gender on therapists' Blame was not statistically significant,  $F(1, 101) = .54$ ,  $p = .47$ ,  $\eta^2 = .01$ .

**Table 3.2.1.4.**

*The Results of ANOVA for the Effect of Ethnicity and Gender on Therapists' Inadequacy in Frame Violation*

Cases	Sum of Squares	df	Mean Square	F	p	$\eta^2$ p
Ethnicity	16.89	2	8.45	3.80	.025	.04
Gender	.86	1	.86	.54	.466	.01
Ethnicity *						
Gender	47.16	2	23.58	12.90	.000	.11

A Two-way ANOVA with repeated measures was conducted to examine the effect of ethnicity and gender on therapists' Sadness in case of frame violation in therapy (see Table 3.2.1.5.). Mauchly's Test of Sphericity indicated that the assumption of sphericity had not been violated for ethnicity,  $\chi^2(2) = .99$ ,  $p = .61$ . The results showed that there was an effect of ethnicity on therapists' Sadness,  $F(2, 202) = 10.64$ ,  $p = .000$ ,  $\eta^2 = .095$ . Therapists' Sadness for Turkish clients ( $M = 1.41$ ,  $SD = 1.29$ ) was higher than for Kurdish ( $M = 1.11$ ,  $SD = 1.20$ ) and Armenian ( $M = 1.02$ ,  $SD = 1.14$ ) clients. Mauchly's Test of Sphericity indicated that the assumption of sphericity had been violated for the interaction of gender and ethnicity,  $\chi^2(2) = 24.71$ ,  $p = .00$ . Therefore, degrees of freedom were corrected using Greenhouse-Geisser estimates of sphericity. The results showed that there was an effect of interaction of ethnicity and gender of the client on therapist,  $F(1.64, 165.68) = 19.54$ ,  $p = .000$ ,  $\eta^2 = .16$ . Therapists tend to feel Sadness for females for Turkish clients, and more for males for Kurdish and Armenian clients. Results of two-way ANOVA showed that the effect of gender of the client on therapists' Sadness was not statistically significant,  $F(1,101) = .91$ ,  $p = .34$ ,  $\eta^2 = .01$ .

**Table 3.2.1.5.**

*The Results of ANOVA for the Effect of Ethnicity and Gender on Therapists' Sadness in Frame Violation*

Cases	Sum of Squares	df	Mean Square	F	p	$\eta^2$ p
Ethnicity	16.99	2	8.50	10.64	.000	.095
Gender	.72	1	.72	.91	.342	.009
Ethnicity *						
Gender	38.75	2	19.37	19.54	.000	.162

A Two-way ANOVA with repeated measures was conducted to examine the effect of ethnicity and gender on therapists' level of Surprise in case of frame violation in therapy (see Table 3.2.1.6.). Mauchly's Test of Sphericity indicated that the assumption of sphericity had not been violated for ethnicity,  $\chi^2(2) = 5.88$ ,  $p = .053$ , and had not been violated for the interaction of ethnicity and gender,  $\chi^2(2) = 1.76$ ,  $p = .42$ . The results showed that there was a statistically significant effect of the ethnicity of the client on the therapists' sense of being Surprised in case of frame violation,  $F(2, 202) = 8.9$ ,  $p = .000$ ,  $\eta^2 = .08$ . Therapists' sense of being Surprised was lower for Armenians ( $M = 1.94$ ,  $SD = 1.47$ ) than for Turkish ( $M = 2.47$ ,  $SD = 1.53$ ) and Kurdish ( $M = 2.55$ ,  $SD = 1.68$ ) clients. Also the effect of the interaction of the gender and ethnicity on the therapists' sense of being Surprised in case of frame violation was statistically significant,  $F(2, 202) = 18.64$ ,  $p = .000$ ,  $\eta^2 = .16$ . For Turkish and Armenians, therapists' Surprise level was higher for females, whereas it was higher for males for Kurdish clients. Results showed that the effect of gender on therapists' sense of being Surprised was not statistically significant,  $F(1, 101) = .36$ ,  $p = .55$ ,  $\eta^2 = .00$ .

**Table 3.2.1.6.**

*The Results of ANOVA for the Effect of Ethnicity and Gender on Therapists' Surprise in Frame Violation*

Cases	Sum of Squares	df	Mean Square	F	p	$\eta^2$ p
Ethnicity	45.06	2	22.53	8.9	.000	.08
Gender	.65	1	.65	.36	.549	.00
Ethnicity *						
Gender	75.10	2	37.55	18.64	.000	.16

A Two-way ANOVA with repeated measures was conducted to examine the sense of Worry in therapists with regard to patients' ethnicity and gender in case of frame violation in therapy (see Table 3.2.1.7.). Mauchly's Test of Sphericity indicated that the assumption of sphericity had not been violated for ethnicity,  $\chi^2(2) = 4.08$ ,  $p = .13$ , and had not been violated for the interaction of ethnicity and gender,  $\chi^2(2) = 3.22$ ,  $p = .20$ . The results showed that the effect of ethnicity  $F(2, 202) = 5.35$ ,  $p = .005$ ,  $\eta^2 = .05$ , gender  $F(1, 101) = 5.90$ ,  $p = .017$ ,  $\eta^2 = .06$ , and the interaction of the ethnicity and gender  $F(2, 202) = 5.19$ ,  $p = .006$ ,  $\eta^2 = .15$ , on therapists' sense of Worry in case of frame violation were statistically significant. Therapists' sense of Worry was higher for Turkish clients ( $M = 1.75$ ,  $SD = 1.43$ ) than for Kurdish ( $M = 1.71$ ,  $SD = 1.50$ ) and for Armenian ( $M = 1.42$ ,  $SD = 1.34$ ) clients. It was also higher for females ( $M = 1.75$ ,  $SD = 1.41$ ) than for males ( $M = 1.50$ ,  $SD = 1.33$ ). Yet, as the interaction effect suggests the gender difference that Worry was higher for female clients was observable for Turkish and Kurdish clients, but not for Armenian clients.

**Table 3.2.1.7.**

*The Results of ANOVA for the Effect of Ethnicity and Gender on Therapists' Sense of Worry in Frame Violation*

Cases	Sum of Squares	df	Mean Square	F	p	$\eta^2$ p
Ethnicity	13.30	2	6.65	5.35	.005	.05
Gender	9.44	1	9.44	5.90	.017	.06
Ethnicity *						
Gender	11.89	2	5.94	5.19	.006	.05

### 3.2.2. Affect in Happy/Positive Situation

In case of happy/positive situation, means and variance of the Anger, Blame, Disappointment, Inadequacy, Sadness, and Worry were too low, thus they were excluded from further analyses. Analyses were conducted for Happiness, Surprise, and Relief as presented below.

A Two-way ANOVA with repeated measures was conducted to examine the effect of ethnicity and gender on therapists' Happiness in case of happy/positive situation in therapy (see Table 3.2.2.1.). Mauchly's Test of Sphericity indicated that the assumption of sphericity had been violated for ethnicity,  $\chi^2(2) = 9.77$ ,  $p = .008$ . Therefore, degrees of freedom were corrected using Greenhouse-Geisser estimates of sphericity. The results showed that there was an affect of ethnicity on therapists' Happiness,  $F(1.83, 184.80) = 17.26$ ,  $p = .000$ ,  $\eta^2 = .146$ . Therapists' Happiness was higher for Turkish ( $M = 4.90$ ,  $SD = 1.16$ ) clients than for Kurdish ( $M = 4.28$ ,  $SD = 1.54$ ) and for Armenian ( $M = 4.56$ ,  $SD = 1.33$ ) clients. The test results also showed that there was an effect of gender  $F(1,101) = 44.94$ ,  $p = .000$ ,  $\eta^2 = .31$ . Therapists' Happiness was higher for females ( $M = 4.93$ ,  $SD = 1.32$ ) than for males ( $M = 4.23$ ,  $SD = 1.30$ ). Mauchly's Test of Sphericity indicated that the assumption of sphericity had not been violated for the interaction of gender and ethnicity,  $\chi^2(2) = 5.16$ ,  $p = .08$ . The effect of interaction of ethnicity and gender was also significant,  $F(2, 202) = 30.63$ ,  $p = .000$ ,  $\eta^2 = .23$ . The gender effect of Happiness

towards female clients being higher was minimal for Turkish clients, but quite notable for Armenian and Kurdish clients.

**Table 3.2.2.1.**

*The Results of ANOVA for the Effect of Ethnicity and Gender on Therapists' Happiness in Happy/Positive Situation*

Cases	Sum of Squares	df	Mean Square	F	p	$\eta^2$ p
Ethnicity	39.60	2	21.64	17.26	.000	.15
Gender	74.83	1	74.83	44.94	.000	.31
Ethnicity *						
Gender	60.04	2	30.02	30.63	.000	.23

A Two-way ANOVA with repeated measures was conducted to examine the effect of ethnicity and gender on therapists' sense of Relief in case of happy/positive situation in therapy (see Table 3.2.2.2.). Mauchly's Test of Sphericity indicated that the assumption of sphericity had not been violated for ethnicity,  $\chi^2(2) = 2.71$ ,  $p = .26$ , and had not been violated for the interaction of ethnicity and gender,  $\chi^2(2) = 2.91$ ,  $p = .23$ . The results of two-way ANOVA showed that there was a statistically significant effect of the gender on the therapists' sense of being Relieved in case of happy/positive situation in therapy,  $F(1, 101) = 6.91$ ,  $p = .01$ ,  $\eta^2 = .06$ . Therapists' sense of being Relieved was higher for females ( $M = 3.34$ ,  $SD = 1.94$ ) than for males ( $M = 2.99$ ,  $SD = 1.59$ ). Also the effect of the interaction of the gender and ethnicity on the therapists' sense of being Relieved in case of happy/positive situation in therapy was statistically significant,  $F(2, 202) = 20.61$ ,  $p = .000$ ,  $\eta^2 = .17$ . Relief was observed to be higher for males for Turkish and higher for females for Kurdish and Armenian clients. Results showed that the effect of ethnicity on therapists' sense of being Relieved was not statistically significant,  $F(2, 202) = 1.99$ ,  $p = .14$ ,  $\eta^2 = .02$ .

**Table 3.2.2.2.**

*The Results of ANOVA for the Effect of Ethnicity and Gender on Therapists' Relief in Happy/Positive Situation*

Cases	Sum of Squares	df	Mean Square	F	p	$\eta^2$ p
Ethnicity	8.16	2	4.08	1.99	.139	.02
Gender	18.36	1	18.36	6.91	.010	.06
Ethnicity *						
Gender	94.80	2	47.40	20.61	.000	.17

A Two-way ANOVA with repeated measures was conducted to examine the effect of ethnicity and gender on therapists' emotional reaction of Surprise in case of happy/positive situation in therapy (see Table 3.2.2.3.). Mauchly's Test of Sphericity indicated that the assumption of sphericity had been violated for ethnicity,  $\chi^2(2) = 10.74$ ,  $p = .005$ , and had been violated for the interaction of ethnicity and gender,  $\chi^2(2) = 12.63$ ,  $p = .002$ . Therefore, degrees of freedom were corrected using Greenhouse-Geisser estimates of sphericity. The results of two-way ANOVA showed that there was a statistically significant effect of the ethnicity,  $F(1.82, 183.33) = 5.64$ ,  $p = .006$ ,  $\eta^2 = .05$ , gender,  $F(1,101) = 13.99$ ,  $p = .00$ ,  $\eta^2 = .12$ , and the interaction of the ethnicity and gender,  $F(1.79, 180.58) = 4.48$ ,  $p = .016$ ,  $\eta^2 = .04$  on the therapists' Surprise in case happy/positive situation in therapy. Therapists' Surprise was higher for males ( $M = 1.51$ ,  $SD = 1.27$ ) than for females ( $M = 1.25$ ,  $SD = 1.34$ ). It was also lower for Turkish clients ( $M = 1.21$ ,  $SD = 1.27$ ) than for Kurdish ( $M = 1.53$ ,  $SD = 1.54$ ) and for Armenian ( $M = 1.40$ ,  $SD = 1.32$ ) clients. As to the interaction, the level of Surprise reported towards the female clients of all ethnicities were the same, on the other hand for male clients, it was lowest for Turkish, slightly higher for Armenian and highest for Kurdish.

**Table 3.2.2.3.**

*The Results of ANOVA for the Effect of Ethnicity and Gender on Therapists' Sense of Being Surprised in Happy/Positive Situation*

Cases	Sum of Squares	df	Mean Square	F	p	$\eta^2$ p
Ethnicity	11.14	1.82	6.14	5.64	.006	.053
Gender	10.20	1	10.20	13.99	.000	.122
Ethnicity *						
Gender	11.24	1.79	6.29	4.48	.016	.042

### 3.2.3. Affect in Sad/Negative Situation

In case of sad/negative situation, means and variance of Anger, Blame, Disappointment, Happiness, Inadequacy, and Relief were not adequate for further comparisons. Therefore statistical tests were conducted for Sadness, Surprise, and Worry.

A Two-way ANOVA with repeated measures was conducted to examine the effect of ethnicity and gender on therapists' Sadness in case of sad/negative situation in therapy (see Table 3.2.3.1.). Mauchly's Test of Sphericity indicated that the assumption of sphericity had not been violated for ethnicity,  $\chi^2(2) = 2.65$ ,  $p = .27$ , and had not been violated for the interaction of ethnicity and gender,  $\chi^2(2) = .61$ ,  $p = .74$ . The results of two-way ANOVA showed that there was a statistically significant effect of the ethnicity,  $F(2, 202) = 3.78$ ,  $p = .024$ ,  $\eta^2 = .04$ , gender,  $F(1, 101) = 11.11$ ,  $p = .001$ ,  $\eta^2 = .099$ , and the interaction of the ethnicity and gender,  $F(2, 202) = 40.453$ ,  $p = .000$ ,  $\eta^2 = .286$  on the therapists' Sadness in case sad/negative situation in therapy. With regard to ethnicity, therapists' Sadness was lower for Kurdish clients ( $M = 3.51$ ,  $SD = 1.48$ ) than Turkish ( $M = 3.81$ ,  $SD = 1.44$ ) and Armenian ( $M = 3.87$ ,  $SD = 1.52$ ) clients. In terms of gender it was higher for males ( $M = 3.94$ ,  $SD = 1.59$ ) than for females ( $M = 3.50$ ,  $SD = 1.23$ ). Regarding interaction, for Turkish clients Sadness towards female clients was higher than

males, whereas for Armenian and Kurdish clients Sadness towards male were higher than female, the difference being most notable for Kurdish clients.

**Table 3.2.3.1.**

*The Results of ANOVA for the Effect of Ethnicity and Gender on Therapists' Sadness in Sad/Negative Situation*

Cases	Sum of Squares	df	Mean Square	F	p	$\eta^2$ p
Ethnicity	15.02	2	7.51	3.80	.024	.036
Gender	32.49	1	32.49	11.11	.001	.099
Ethnicity *						
Gender	214.95	2	107.48	40.53	.000	.286

A Two-way ANOVA with repeated measures was conducted to examine the effect of ethnicity and gender on therapists' sense of being Surprised in case of sad/negative situation in therapy (see Table 3.2.3.2.). Mauchly's Test of Sphericity indicated that the assumption of sphericity had not been violated for ethnicity,  $\chi^2(2) = 4.55$ ,  $p = .103$ , and had not been violated for the interaction of ethnicity and gender,  $\chi^2(2) = 2.83$ ,  $p = .242$ . The results of two-way ANOVA showed that there was a statistically significant effect of the ethnicity,  $F(2, 202) = 25.90$ ,  $p = .000$ ,  $\eta^2 = .204$ , gender,  $F(1, 101) = 39.50$ ,  $p = .000$ ,  $\eta^2 = .281$ , and the interaction of the ethnicity and gender,  $F(2, 202) = 52.95$ ,  $p = .000$ ,  $\eta^2 = .344$  on the therapists' Surprise in case sad/negative situation in therapy. In terms of ethnicity, therapists' Surprise was higher for Kurdish ( $M = 3.67$ ,  $SD = 1.93$ ) and Armenian ( $M = 2.76$ ,  $SD = 1.32$ ) than for Turkish ( $M = 2.66$ ,  $SD = 1.80$ ) clients. When it comes to gender, it was higher for males ( $M = 3.45$ ,  $SD = 1.74$ ) than for females ( $M = 2.61$ ,  $SD = 1.43$ ). For Turkish and Armenian clients, therapists' Surprise for males was higher than for females. Especially for Armenian clients, the difference was statistically significant. For Kurdish clients, therapists' Surprise was higher for females.

**Table 3.2.3.2.**

*The Results of ANOVA for the Effect of Ethnicity and Gender on Therapists' Surprise in Sad/Negative Situation*

Cases	Sum of Squares	df	Mean Square	F	p	$\eta^2$ p
Ethnicity	126.73	2	63.36	25.90	.000	.204
Gender	107.92	1	107.92	39.46	.000	.281
Ethnicity *						
Gender	297.98	2	148.99	52.95	.000	.344

A Two-way ANOVA with repeated measures was conducted to examine the sense of Worry in therapists with regard to patients' ethnicity and gender in case of sad/negative situation in therapy (see Table 3.2.3.3.). Mauchly's Test of Sphericity indicated that the assumption of sphericity had not been violated for ethnicity,  $\chi^2(2) = 3.14$ ,  $p = .21$ , but had been violated for the interaction of ethnicity and gender,  $\chi^2(2) = 17.59$ ,  $p = .00$ . Therefore, degrees of freedom were corrected using Greenhouse-Geisser estimates of sphericity for the interaction effect. The results of two-way ANOVA with repeated measures showed that the effect of gender  $F(1, 101) = 58.46$ ,  $p = .000$ ,  $\eta^2 = .37$ , and the interaction of the ethnicity and gender of the client,  $F(1.72, 173.94) = 37.32$ ,  $p = .000$ ,  $\eta^2 = .270$ , has effects on therapists' sense of Worry in case of sad/negative situation in therapy. Therapists' sense of Worry was higher for males ( $M = 3.71$ ,  $SD = 1.60$ ) than for females ( $M = 2.62$ ,  $SD = 1.60$ ). For Kurdish and Armenian clients, therapists' Worry was higher for males; especially for Armenians the difference was statistically significant. For Turkish, on the other hand, therapists' Worry was higher for females. However, the effect of the ethnicity of the client was not statistically significant,  $F(2, 202) = 2.932$ ,  $p = .10$ ,  $\eta^2 = .022$ .

**Table 3.2.3.3.**

*The Results of ANOVA for the Effect of Ethnicity and Gender on Therapists' Worry in Sad/Negative Situation*

Cases	Sum of Squares	df	Mean Square	F	p	$\eta^2$ p
Ethnicity	8.63	2	4.32	2.32	.100	.022
Gender	183.37	1	183.37	58.46	.000	.367
Ethnicity *						
Gender	227.81	1.72	132.28	37.32	.000	.270

### **3.2.4. Affect in Unexpected News/Situation**

In case of unexpected news/situation, means and variance of Happiness, Blame, and Relief were not adequate. Therefore statistical tests were conducted for Anger, Disappointment, Inadequacy, Sadness, Surprise and Worry as presented below.

A Two-way ANOVA with repeated measures was conducted to examine the effect of ethnicity and gender on therapists' Anger in case of unexpected news/situation in therapy (see Table 3.2.4.1.). Mauchly's Test of Sphericity indicated that the assumption of sphericity had not been violated for the interaction of ethnicity and gender,  $\chi^2(2) = 4.52$ ,  $p = .104$ . However, sphericity had been violated for ethnicity,  $\chi^2(2) = 15.58$ ,  $p = .000$ . Therefore, degrees of freedom were corrected using Greenhouse-Geisser estimates of sphericity for the effect of ethnicity of the client. Results of ANOVA showed that the effect of the interaction of gender and ethnicity on therapists' Anger was statistically significant,  $F(2,202) = 17.10$ ,  $p = .000$ ,  $\eta^2 = .15$ . For Armenian and Turkish clients, therapists' Anger was higher for females. For Kurdish clients, however, it was significantly higher for males. However, main effects of ethnicity,  $F(1.75, 176.53) = 1.77$ ,  $p = .17$ ,  $\eta^2 = .02$ , and gender of the client,  $F(1, 101) = .02$ ,  $p = .89$ ,  $\eta^2 = .00$ , on therapists' Anger was not statistically significant.

**Table 3.2.4.1.**

*The Results of ANOVA for the Effect of Ethnicity and Gender on Therapists' Anger in Unexpected News/Situation*

Cases	Sum of Squares	df	Mean Square	F	p	$\eta^2$ p
Ethnicity	4.48	1.75	2.57	1.77	.177	.02
Gender	.03	1	.03	.02	.894	.00
Ethnicity *						
Gender	49.82	2	24.91	17.10	.000	.15

A two-way ANOVA with repeated measures was conducted to examine the effect of ethnicity and gender on therapists' Disappointment in case of unexpected news/situation in therapy (see Table 3.2.4.2.). Mauchly's Test of Sphericity indicated that the assumption of sphericity had not been violated for the interaction of ethnicity and gender,  $\chi^2(2) = .61$ ,  $p = .74$ . However, sphericity had been violated for ethnicity,  $\chi^2(2) = 17.48$ ,  $p = .00$ . Therefore, degrees of freedom were corrected using Greenhouse-Geisser estimates of sphericity for the effect of ethnicity of the client. Results of ANOVA showed that the effect of ethnicity,  $F(1.72, 174.08) = 4.75$ ,  $p = .01$ ,  $\eta^2 = .05$ , and the interaction of the ethnicity and gender of the client,  $F(2, 202) = 26.91$ ,  $p = .000$ ,  $\eta^2 = .21$  on therapists' Disappointment was statistically significant. Therapists' Disappointment was higher for Turkish clients ( $M = 2.50$ ,  $SD = 1.83$ ) than for Kurdish ( $M = 2.30$ ,  $SD = 1.66$ ) and for Armenian ( $M = 2.05$ ,  $SD = 1.82$ ) clients. However, the effect gender of the client,  $F(1, 101) = .001$ ,  $p = .98$ ,  $\eta^2 = .00$  on therapists' Disappointment was not statistically significant. Gender came into picture in interaction with ethnicity that in terms of Diappointment felt by the therapist in an unexpected situation, Kurdish male clients were higher than females, whereas Turkish and Armenian females were slightly higher than males.

**Table 3.2.4.2.**

*The Results of ANOVA for the Effect of Ethnicity and Gender on Therapists' Disappointment in Unexpected News/Situation*

Cases	Sum of Squares	df	Mean Square	F	p	$\eta^2$ p
Ethnicity	20.44	1.72	11.86	4.75	.013	.045
Gender	.002	1	.002	.001	.975	.000
Ethnicity *						
Gender	86.32	2	43.16	26.91	.000	.210

A two-way ANOVA with repeated measures was conducted to examine the sense of Inadequacy in therapists with regard to patients' ethnicity and gender in case of unexpected news/event in therapy (see Table 3.2.4.3.). Mauchly's Test of Sphericity indicated that the assumption of sphericity had not been violated for the interaction of ethnicity and gender,  $\chi^2(2) = .92$ ,  $p = .63$ . However, it has been violated for the ethnicity,  $\chi^2(2) = 15.52$ ,  $p = .00$ . Therefore, degrees of freedom were corrected using Greenhouse-Geisser estimates of sphericity for the effect of ethnicity of the client. The results of two-way ANOVA showed that the effect of the interaction of the gender and ethnicity on the therapists' sense of Inadequacy in case of unexpected news/event in therapy was statistically significant,  $F(2, 202) = 8.29$ ,  $p = .000$ ,  $\eta^2 = .08$ . As in the case of Worry, therapists' Inadequacy was higher for Turkish and Armenian females and for Kurdish it was higher for males. The results also showed that the effect of ethnicity,  $F(1.75, 176.61) = 2.93$ ,  $p = .06$ ,  $\eta^2 = .03$ , and gender,  $F(1,101) = .004$ ,  $p = .95$ ,  $\eta^2 = .00$  were not statistically significant.

**Table 3.2.4.3.**

*The Results of ANOVA for the Effect of Ethnicity and Gender on Therapists' Inadequacy in Unexpected News/Situation*

Cases	Sum of Squares	df	Mean Square	F	p	$\eta^2$ p
Ethnicity	10.86	1.75	6.21	2.93	.063	.03
Gender	.01	1	.01	.00	.947	.00
Ethnicity *						
Gender	22.52	2	11.26	8.29	.000	.08

A two-way ANOVA with repeated measures was conducted to examine the effect of ethnicity and gender on therapists' Sadness in case of unexpected news/situation in therapy (see Table 3.2.4.4.). Mauchly's Test of Sphericity indicated that the assumption of sphericity had not been violated for ethnicity,  $\chi^2(2) = .20$ ,  $p = .90$ , but had been violated for the interaction of ethnicity and gender,  $\chi^2(2) = 12.75$ ,  $p = .002$ . Therefore, degrees of freedom were corrected using Greenhouse-Geisser estimates of sphericity for the effect of interaction of gender and ethnicity of the client. The results of two-way ANOVA showed that there was a statistically significant effect of the ethnicity,  $F(2, 202) = 20.26$ ,  $p = .0000$ ,  $\eta^2 = .17$ , and the interaction of the ethnicity and gender,  $F(1.79, 180.41) = 6.997$ ,  $p = .002$ ,  $\eta^2 = .07$ , on the therapists' Sadness in case of unexpected news/situation in therapy. Therapists' Sadness was higher for Kurdish ( $M = 2.21$ ,  $SD = 1.49$ ) and Armenians ( $M = 1.63$ ,  $SD = 1.57$ ) than for Turkish ( $M = 1.37$ ,  $SD = 1.28$ ). Therapists' Sadness was significantly higher for Kurdish males. For Turkish and Armenians, again, it was higher for females. On the other hand, the effect of gender,  $F(1,101) = .001$ ,  $p = .98$ ,  $\eta^2 = .000$ , was not statistically significant.

**Table 3.2.4.4.**

*The Results of ANOVA for the Effect of Ethnicity and Gender on Therapists' Sadness in Unexpected News/Situation*

Cases	Sum of Squares	df	Mean Square	F	p	$\eta^2$ p

Ethnicity	75.12	2	37.56	20.26	.000	.17
Gender	.002	1	.002	.001	.978	.00
Ethnicity *						
Gender	19.85	1.79	1.79	6.997	.002	.07

A two-way ANOVA with repeated measures was conducted to examine the effect of ethnicity and gender on therapists' Surprise in case of unexpected news/situation in therapy (see Table 3.2.4.5.). Mauchly's Test of Sphericity indicated that the assumption of sphericity had not been violated for ethnicity,  $\chi^2(2) = 1.92, p = .38$ , but had been violated for the interaction of ethnicity and gender,  $\chi^2(2) = 9.15, p = .01$ . Therefore, degrees of freedom were corrected using Greenhouse-Geisser estimates of sphericity for the effect of interaction of gender and ethnicity of the client. The results of two-way ANOVA showed that effect of the ethnicity,  $F(2, 202) = .89, p = .41, \eta^2 = .01$ , gender,  $F(1, 101) = 1.65, p = .20, \eta^2 = .02$ , and the interaction of the ethnicity and gender,  $F(1.84, 185.75) = .32, p = .71, \eta^2 = .00$  were not statistically significant on the therapists' sense of being Surprised in case unexpected news/situation in therapy.

**Table 3.2.4.5.**

*The Results of ANOVA for the Effect of Ethnicity and Gender on Therapists' Surprise in Unexpected News/Situation*

Cases	Sum of Squares	df	Mean Square	F	p	$\eta^2 p$
Ethnicity	3.36	2	1.68	.89	.411	.01
Gender	3.16	1	3.16	1.65	.202	.02
Ethnicity *						
Gender	.98	1.84	.54	.32	.707	.00

A two-way ANOVA with repeated measures was conducted to examine the therapists' Worry with regard to patients' ethnicity and gender in case of

unexpected news/situation in therapy (see Table 3.2.4.6.). Mauchly's Test of Sphericity indicated that the assumption of sphericity had not been violated for ethnicity,  $\chi^2(2) = 1.12, p = .57$ , but had been violated for the interaction of ethnicity and gender,  $\chi^2(2) = 6.97, p = .03$ . Therefore, degrees of freedom were corrected using Greenhouse-Geisser estimates of sphericity for the interaction effect. The results of two-way ANOVA with repeated measures showed that the effect of ethnicity,  $F(2, 202) = 16.45, p = .000, \eta^2 = .14$ , and the effect of the gender  $F(1, 101) = 4.92, p = .029, \eta^2 = .046$  were statistically significant. In terms of ethnicity, therapists' Worry was higher for Kurdish ( $M = 2.63, SD = 1.79$ ) and Armenians ( $M = 2.28, SD = 1.70$ ) than for Turkish ( $M = 1.87, SD = 1.49$ ). Regarding gender, it was higher for males ( $M = 2.38, SD = 1.60$ ) than for females ( $M = 2.14, SD = 1.52$ ). However, the effect of the interaction of the ethnicity and gender of the client,  $F(1.87, 189.25) = 1.47, p = .23, \eta^2 = .014$ , was not statistically significant.

**Table 3.2.4.6.**

*The Results of ANOVA for the Effect of Ethnicity and Gender on Therapists' Worry in Unexpected News/Situation*

Cases	Sum of Squares	df	Mean Square	F	p	$\eta^2 p$
Ethnicity	59.77	2	29.88	16.45	.000	.14
Gender	8.24	1	8.24	4.92	.029	.05
Ethnicity *						
Gender	4.76	1.87	2.54	1.47	.233	.01

### 3.2.5. Overall Comparison of Ethnicity-Gender Groups

As mentioned above, a mean score for each affect was calculated by taking the mean of four different clinical situations. These mean scores were expected to reflect the level of each affect towards the 6 different client groups of ethnicity and gender, regardless of the quality of clinical situation. When the effects of the

situations were eliminated, means for Blame were less than 1.5. Therefore it was not further tested. Analyses for the rest of the emotions are given below.

A two-way ANOVA with repeated measures was conducted to examine the effect of ethnicity and gender on therapists' Disappointment in therapy (see Table 3.2.5.1.). Mauchly's Test of Sphericity indicated that the assumption of sphericity had not been violated for ethnicity,  $\chi^2(2) = 1.82, p = .40$ , and for the interaction of gender and ethnicity,  $\chi^2(2) = 4.30, p = .12$ . The results showed that there was an affect of ethnicity,  $F(2, 202) = 16.89, p = .000, \eta^2 = .14$ , and the interaction of ethnicity and gender,  $F(2, 202) = 37.33, p = .000, \eta^2 = .27$  on therapists' Disappointment. Therapists' Disappointment was higher for Turkish clients ( $M = 1.53, SD = .97$ ) than for Kurdish ( $M = 1.36, SD = .94$ ) and for Armenian ( $M = 1.26, SD = .92$ ) clients. However, the effect of gender on therapists' Disappointment was not statistically significant,  $F(1,101) = 1, p = .32, \eta^2 = .01$ .

**Table 3.2.5.1.**

*The Results of ANOVA for the Effect of Ethnicity and Gender on Therapists' Disappointment*

Cases	Sum of Squares	df	Mean Square	F	p	$\eta^2 p$
Ethnicity	7.75	2	3.87	16.89	.000	.143
Gender	.18	1	.18	1	.320	.010
Ethnicity *						
Gender	17.83	2	8.91	37.33	.000	.270

A two-way ANOVA with repeated measures was conducted to examine the effect of ethnicity and gender on therapists' Happiness in therapy (see Table 3.2.5.2.). Mauchly's Test of Sphericity indicated that the assumption of sphericity had not been violated for ethnicity,  $\chi^2(2) = 2.10, p = .35$ , and had not been violated for the interaction of ethnicity and gender,  $\chi^2(2) = 4.19, p = .12$ . The results of two-way ANOVA showed that there was a statistically significant effect of the

ethnicity,  $F(2, 202) = 22.37, p = .000, \eta^2 = .18$ , gender,  $F(1, 101) = 35.40, p = .000, \eta^2 = .26$ , and the interaction of the ethnicity and gender,  $F(2, 202) = 55.63, p = .000, \eta^2 = .36$  on the therapists' Happiness in therapy. Therapists' Happiness was higher for Turkish clients ( $M = 1.78, SD = .59$ ) than for Kurdish ( $M = 1.57, SD = .65$ ) and for Armenians ( $M = 1.69, SD = .65$ ). It was also higher for females ( $M = 1.78, SD = .61$ ) than for males ( $M = 1.59, SD = .63$ ).

**Table 3.2.5.2.**

*The Results of ANOVA for the Effect of Ethnicity and Gender on Therapists' Happiness*

Cases	Sum of Squares	df	Mean Square	F	p	$\eta^2 p$
Ethnicity	4.90	2	2.45	22.37	.000	.18
Gender	5.54	1	5.54	35.40	.000	.26
Ethnicity *						
Gender	13.13	2	6.57	55.63	.000	.36

A two-way ANOVA with repeated measures was conducted to examine the therapists' Anger with regard to patients' ethnicity and gender in therapy (see Table 3.2.5.3.). Mauchly's Test of Sphericity indicated that the assumption of sphericity had not been violated for ethnicity,  $\chi^2(2) = .17, p = .92$ , and had not been violated for the interaction of ethnicity and gender,  $\chi^2(2) = 1.06, p = .59$ . The results of two-way ANOVA with repeated measures showed that the effect of gender  $F(1, 101) = 5.44, p = .02, \eta^2 = .05$ , and the interaction of the ethnicity and gender of the client,  $F(2, 202) = 26.61, p = .000, \eta^2 = .21$ , has effects on therapists' Anger in therapy. Therapists' Anger was higher for males ( $M = 1.41, SD = .79$ ) than for females ( $M = 1.33, SD = .77$ ). However, the effect of the ethnicity of the client was not statistically significant,  $F(2, 202) = 2.31, p = .10, \eta^2 = .022$ .

**Table 3.2.5.3.**

*The Results of ANOVA for the Effect of Ethnicity and Gender on Therapists' Anger*

Cases	Sum of Squares	df	Mean Square	F	p	$\eta^2$ p
Ethnicity	.92	2	.46	2.31	.102	.02
Gender	1.11	1	1.11	5.44	.022	.05
Ethnicity *						
Gender	11.04	2	5.52	26.61	.000	.21

A two-way ANOVA with repeated measures was conducted to examine the effect of ethnicity and gender on therapists' Surprise in therapy (see Table 3.2.5.4.). Mauchly's Test of Sphericity indicated that the assumption of sphericity had been violated for ethnicity,  $\chi^2(2) = 7.30$ ,  $p = .03$ , and had been violated for the interaction of ethnicity and gender,  $\chi^2(2) = 8.36$ ,  $p = .02$ . Therefore, degrees of freedom were corrected using Greenhouse-Geisser estimates of sphericity for the effect of ethnicity and interaction. The results of two-way ANOVA showed that there was a statistically significant effect of the ethnicity,  $F(1.87, 188.71) = 21.12$ ,  $p = .000$ ,  $\eta^2 = .17$ , gender,  $F(1,101) = 22.13$ ,  $p = .000$ ,  $\eta^2 = .18$ , and the interaction of the ethnicity and gender,  $F(1.85, 187) = 20.47$ ,  $p = .000$ ,  $\eta^2 = .17$  on the therapists' Surprise in therapy. In terms of ethnicity, therapists' Surprise was higher for Kurdish clients ( $M = 2.94$ ,  $SD = 1.32$ ) than for Turkish ( $M = 2.56$ ,  $SD = 1.22$ ) and for Armenians ( $M = 2.54$ ,  $SD = 1.04$ ). Regarding gender, it was higher for males ( $M = 2.83$ ,  $SD = 1.25$ ) than for females ( $M = 2.53$ ,  $SD = 1.10$ ).

**Table 3.2.5.4.**

*The Results of ANOVA for the Effect of Ethnicity and Gender on Therapists' Surprise*

Cases	Sum of Squares	df	Mean Square	F	p	$\eta^2$ p
Ethnicity	20.22	1.87	10.82	21.12	.000	.17
Gender	13.24	1	13.24	22.13	.000	.18

Ethnicity *						
Gender	22.97	1.85	12.41	20.47	.000	.17

A two-way ANOVA with repeated measures was conducted to examine the therapists' Inadequacy with regard to patients' ethnicity and gender in therapy (see Table 3.2.5.5.). Mauchly's Test of Sphericity indicated that the assumption of sphericity had not been violated for the interaction of ethnicity and gender,  $\chi^2(2) = 1.63, p = .44$ , but had been violated for ethnicity,  $\chi^2(2) = 9.66, p = .01$ . Therefore, degrees of freedom were corrected using Greenhouse-Geisser estimates of sphericity for the effect of ethnicity. The results of two-way ANOVA with repeated measures showed that the effect of ethnicity  $F(1.83, 184.97) = 7.63, p = .001, \eta^2 = .07$ , gender  $F(1,101) = 5.01, p = .027, \eta^2 = .05$ , and the interaction of the ethnicity and gender  $F(2, 202) = 14.45, p = .000, \eta^2 = .13$ , on therapists' sense of Inadequacy were statistically significant. Regarding ethnicity, therapists' sense of Inadequacy was higher for Turkish clients ( $M = 1.46, SD = .94$ ) than for Kurdish ( $M = 1.29, SD = .92$ ) and for Armenian ( $M = 1.27, SD = .91$ ) clients. With regard to gender, it was higher for males ( $M = 1.39, SD = .94$ ) than for females ( $M = 1.30, SD = .84$ ).

**Table 3.2.5.5.**

*The Results of ANOVA for the Effect of Ethnicity and Gender on Therapists' Inadequacy*

Cases	Sum of Squares	df	Mean Square	F	p	$\eta^2 p$
Ethnicity	4.58	1.83	2.50	7.63	.001	.07
Gender	1.19	1	1.19	5.01	.027	.05
Ethnicity *						
Gender	6.59	2	3.29	13.45	.000	.13

A two-way ANOVA with repeated measures was conducted to examine the therapists' sense of being Worried with regard to patients' ethnicity and gender in

therapy (see Table 3.2.5.6.). Mauchly's Test of Sphericity indicated that the assumption of sphericity had not been violated for ethnicity,  $\chi^2(2) = 3.56, p = .17$ , but had been violated for the interaction of ethnicity and gender,  $\chi^2(2) = 20.88, p = .00$ . Therefore, degrees of freedom were corrected using Greenhouse-Geisser estimates of sphericity for the effect of the interaction. The results of two-way ANOVA with repeated measures showed that the effect of ethnicity  $F(2, 202) = 19.59, p = .000, \eta^2 = .16$ , gender  $F(1, 101) = 37.68, p = .000, \eta^2 = .27$ , and the interaction of the ethnicity and gender  $F(1.68, 169.97) = 23.96, p = .000, \eta^2 = .19$ , on therapists' sense of being Worried were statistically significant. Regarding ethnicity, therapists' Worry was higher for Kurdish ( $M = 2.18, SD = 1.21$ ) and Armenian ( $M = 1.92, SD = 1.09$ ) clients than for Turkish ( $M = 1.84, SD = 1.08$ ). In terms of gender, it was higher for males ( $M = 2.13, SD = 1.09$ ) than for females ( $M = 1.83, SD = 1.12$ ).

**Table 3.2.5.6.**

*The Results of ANOVA for the Effect of Ethnicity and Gender on Therapists' Worry*

Cases	Sum of Squares	df	Mean Square	F	p	$\eta^2 p$
Ethnicity	12.99	2	6.50	19.59	.000	.16
Gender	13.68	1	13.68	37.68	.000	.27
Ethnicity *						
Gender	20.91	1.68	12.43	23.96	.000	.19

A two-way ANOVA with repeated measures was conducted to examine the therapists' Sadness with regard to patients' ethnicity and gender in therapy (see Table 3.2.5.7.). Mauchly's Test of Sphericity indicated that the assumption of sphericity had not been violated for ethnicity,  $\chi^2(2) = .16, p = .92$ , and had not been violated for the interaction of ethnicity and gender,  $\chi^2(2) = 2.28, p = .32$ . The results of two-way ANOVA with repeated measures showed that the effect of gender  $F(1, 101) = 4.02, p = .048, \eta^2 = .038$ , and the interaction of the ethnicity

and gender of the client,  $F(2, 202) = 66.42, p = .000, \eta^2 = .37$ , has effects on therapists' Sadness in therapy. Regarding gender, it was higher for males ( $M = 1.87, SD = .95$ ) than for females ( $M = 1.77, SD = .81$ ). However, the effect of the ethnicity of the client was not statistically significant,  $F(2, 202) = 1.67, p = .19, \eta^2 = .02$ .

**Table 3.2.5.7.**

*The Results of ANOVA for the Effect of Ethnicity and Gender on Therapists' Sadness*

Cases	Sum of Squares	df	Mean Square	F	p	$\eta^2$
Ethnicity	.78	2	.39	1.67	.190	.02
Gender	1.45	1	1.45	4.02	.048	.04
Ethnicity *						
Gender	38.44	2	19.22	60.42	.000	.37

A two-way ANOVA with repeated measures was conducted to examine the therapists' Relief with regard to patients' ethnicity and gender in therapy (see Table 3.2.5.8.). Mauchly's Test of Sphericity indicated that the assumption of sphericity had not been violated for ethnicity,  $\chi^2(2) = 2.28, p = .32$ , and had not been violated for the interaction of ethnicity and gender,  $\chi^2(2) = .33, p = .85$ . The results of two-way ANOVA with repeated measures showed that the effect of ethnicity  $F(2, 202) = 3.04, p = .05, \eta^2 = .03$ , gender,  $F(1, 101) = 6.71, p = .011, \eta^2 = .06$ , and the interaction of the ethnicity and gender  $F(2, 202) = 21.20, p = .000, \eta^2 = .17$ , on therapists' Relief were statistically significant. Regarding ethnicity, therapists' Relief was lower for Kurdish ( $M = 1.23, SD = .73$ ) than for Armenians ( $M = 1.34, SD = .77$ ) and Turkish ( $M = 1.30, SD = .81$ ). In terms of gender, it was higher for females ( $M = 1.33, SD = .78$ ) than for males ( $M = 1.25, SD = .72$ ).

**Table 3.2.5.8.**

*The Results of ANOVA for the Effect of Ethnicity and Gender on Therapists' Relief*

Cases	Sum of Squares	df	Mean Square	F	p	$\eta^2$ p
Ethnicity	1.06	2	.53	3.04	.050	.03
Gender	1.19	1	1.19	6.71	.011	.06
Ethnicity *						
Gender	8.09	2	4.04	21.20	.000	.17

### 3.2.6. Summary of the Comparisons for Affect

In frame violation situations, there was an effect of client's ethnicity on therapists' Disappointment, Surprise, Inadequacy, Worry, and Sadness. Except Surprise, all other affects were higher for Turkish clients. Therapists' Surprise was higher for Kurdish clients.

There was an effect of client's gender on therapists' Anger and Worry. Both were higher for males. There was an effect of interaction of client's gender and ethnicity on therapists' Disappointment, Anger, Surprise, Inadequacy, Worry, Sadness, and Blame.

In happy/positive situation, there was an effect of client's ethnicity on therapists' Surprise and Happiness. There was an effect of client's gender on therapists' Surprise, Happiness, and Relief. There was an effect of interaction of client's gender and ethnicity on therapists' Surprise, Happiness, and Relief. It was hypothesized that in situations which expected to provoke positive emotions; there will be higher levels of positive emotions for Turkish clients. Results verified this hypothesis. Therapists' Happiness was higher for Turkish clients. It was also hypothesized that in situations which expected to provoke positive emotions; there will be higher levels of positive emotions for male clients. However, results showed that in happy/positive situations, therapists' Happiness was higher for females.

In sad/negative situation, there was an effect of client's ethnicity, gender, and their interaction on therapists' Surprise, Worry, and Sadness. It was hypothesized that in situations which expected to provoke negative emotions; there

will be higher levels of negative emotions for Turkish clients. Results verified this hypothesis. Therapists' Sadness was higher for Turkish clients. . It was also hypothesized that in situations which expected to provoke positive negative; there will be higher levels of negative emotions for male clients. Results showed that in sad/negative situations, therapists' Sadness was higher for males and the hypothesis was supported by the results.

In unexpected news/situation there was an effect of client's ethnicity on therapists' Disappointment, Inadequacy, Worry, and Sadness. There was an effect of client's gender on therapists' Worry. There was an effect of interaction of client's gender and ethnicity on therapists' Disappointment, Anger, Inadequacy, and Sadness.

Overall, there was an effect of client's ethnicity, gender, and their interaction on therapists' sense of being Surprised, sense of Inadequacy, Happiness, sense of Worry, and sense of being Relieved. Therapists' Anger and Sadness affected by clients' gender and the interaction of ethnicity and gender. Therapists' Disappointment was affected by clients' ethnicity and the interaction of ethnicity and gender. Further, it was found that Turkish female-male comparisons were different than Kurdish and Armenian female-male comparisons. While negative emotions were higher for Kurdish and Armenian males, they were higher for Turkish females.

### **3.3. COMPARISON OF THERAPIST'S REACTIONS TOWARDS CLIENTS OF DIFFERENT ETHNICITY AND GENDER**

After each vignette, participants were asked to report which behavioral reaction they would give in the given situations. The options were doing nothing, exploring, setting boundaries, interpreting, and making a supportive intervention. For each option, frequencies were calculated by summing the number of responses. For each behavioral reaction category, expected frequencies were calculated by the researcher by equally distributing the number of responses to each cell of ethnicity-

gender. Chi-square values and significance levels were calculated for these observed and expected frequency distributions.

### 3.3.1. Therapists' Reactions in Frame Violations

In frame violation situation Chi-Square test was performed to examine the relation between client's ethnicity and gender and therapists' reactions to choose doing nothing. The relation between these variables was significant,  $\chi^2(5) = 24.08$ ,  $p = .000$ . The results showed that for frame violations, it was more likely for therapists to do nothing with Kurdish male clients, whereas it was less likely to do nothing with Armenian male clients. Another chi-square test was performed to see the relation between client's ethnicity and gender and therapists' reactions to explore. The relation between these variables was significant,  $\chi^2(5) = 16.68$ ,  $p = .005$ . The results showed that, for frame violations, it was more likely for therapists to explore with Kurdish female clients, and less likely to explore with Armenian female clients (see Table 3.3.1.).

**Table 3.3.1.**

*Therapists' Reactions with Regard to Ethnicity and Gender in Frame Violations*

Reactions	Turkish		Kurdish		Armenian		Total
	Male	Female	Male	Female	Male	Female	
Nothing*	12	5	19	5	1	13	55
Exploration*	27	37	32	48	27	18	189
Boundary- setting	17	26	30	19	37	22	151
Interpretation	43	33	21	29	36	47	209
Supportive intervention	3	1	0	1	1	2	8

Total	102	102	102	102	102	102
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\*  $p < .01$

### 3.3.2. Therapists' Reactions in Happy/Positive Situation

In happy/positive situation a Chi-Square test was performed to examine the relation between client's ethnicity and gender and therapists' reactions to choose doing nothing. The relation between these variables was significant,  $\chi^2(5) = 18.31$ ,  $p = .003$ . The results showed that in happy/positive situations, it was more likely for therapists to do nothing with Kurdish and Armenian male clients, whereas it was less likely to do nothing with Armenian female clients. Another chi-square test was performed to see the relation between client's ethnicity and gender and therapists' reactions to explore. The relation between these variables was significant,  $\chi^2(5) = 61.02$ ,  $p = .000$ . The results showed that, for happy/positive situations, it was a lot more likely for therapists to explore with Kurdish and Armenian male clients, and less likely to explore with almost all female clients. Another chi-square test showed the relation between therapists' supportive intervention and client's ethnicity and gender. The relation between these variables was significant,  $\chi^2(5) = 64.32$ ,  $p = .000$ . In happy/positive situations, it was a lot less likely to support Armenian or Kurdish males, whereas it was a lot more likely to support almost all female (see Table 3.3.2.).

**Table 3.3.2.**

*Therapists' Reactions with Regard to Ethnicity and Gender in Happy/Positive Situations*

Reactions	Turkish		Kurdish		Armenian		Total
	Male	Female	Male	Female	Male	Female	
Nothing*	11	17	27	16	26	7	104
Exploration*	15	7	41	16	38	4	121

Boundary- setting	0	0	0	0	0	0	0
Interpretation	8	6	15	5	12	6	52
Supportive intervention*	68	72	19	65	26	85	335
Total	102	102	102	102	102	102	

\* p < .01

### 3.3.3. Therapists' Reactions in Sad/Negative Situation

In sad/negative situation a Chi-Square test was performed to examine the relation between client's ethnicity and gender and therapists' reactions to explore. The relation between these variables was significant,  $\chi^2(5) = 25.62, p = .000$  (see Table 3.3.3.). The results showed that for sad/negative situation, it was a lot less likely for therapists to explore with Turkish female clients. Another chi-square test was performed to see the relation between client's ethnicity and gender and therapists' supportive interventions. The relation between these variables was significant,  $\chi^2(5) = 37.34, p = .000$ . The results showed that, in sad/negative situation, it was more likely for therapists to support Kurdish and Turkish female clients, and a lot less likely to support Turkish male clients.

**Table 3.3.3.**

*Therapists' Reactions with Regard to Ethnicity and Gender in Sad/Negative Situations*

Reactions	Turkish		Kurdish		Armenian		Total
	Male	Female	Male	Female	Male	Female	
Nothing	4	7	1	6	1	10	29
Exploration*	67	24	37	60	46	52	286
Boundary- setting	0	0	0	0	0	0	0

Interpretation	7	3	0	4	2	7	23
Supportive intervention*	24	68	64	32	53	33	274
Total	102	102	102	102	102	102	

\* p < .01

### 3.3.4. Therapists' Reactions in Unexpected News/Situation

In unexpected news/situation a Chi-Square test was performed to examine the relation between client's ethnicity and gender and therapists' reactions to choose doing nothing. The relation between these variables was significant,  $\chi^2(5) = 28.62, p = .000$ . The results showed that it was a lot more likely for therapists to do nothing with Armenian female clients in unexpected news/situations (see Table 3.3.4.).

**Table 3.3.4.**

*Therapists' Reactions with Regard to Ethnicity and Gender in Unexpected News/Situations*

Reactions	Turkish		Kurdish		Armenian		Total
	Male	Female	Male	Female	Male	Female	
Nothing*	7	4	2	3	2	17	35
Exploration	77	76	82	82	80	66	463
Boundary- setting	0	0	1	0	1	1	3
Interpretation	16	22	15	15	19	17	104
Supportive intervention	2	0	2	2	0	1	7
Total	102	102	102	102	102	102	

\* p < .01

### 3.3.5. Therapists' Overall Reactions

A Chi-Square test was performed to examine the relation between client's ethnicity and gender and therapists' reactions to explore. The relation between these variables was significant,  $\chi^2(5) = 25.53, p = .001$ . The results showed that in overall, it was more likely for therapists to explore with Kurdish female clients, whereas it was less likely to explore with Turkish and Armenian female clients. Another chi-square test was performed to see the relation between client's ethnicity and gender and therapists' supportive intervention. The relation between these variables was significant,  $\chi^2(5) = 25.58, p = .000$ . The results showed that, overall, it was more likely for therapists to support females and Turkish people than males and minorities (see Table 3.3.5.).

**Table 3.3.5.**

*Therapists' Overall Reactions with Regard to Ethnicity and Gender*

Reactions	Turkish		Kurdish		Armenian		Total
	Male	Female	Male	Female	Male	Female	
Nothing	34	33	49	30	30	47	223
Exploration*	186	144	192	206	191	140	1059
Boundary-setting	17	26	31	19	38	23	154
Interpretation	74	64	51	53	69	77	388
Supportive intervention*	97	141	85	100	80	121	624
Total	408	408	408	408	408	408	

\*  $p < .01$

### 3.3.6. Summary of the Comparisons for Reaction

In frame violations, it was more likely for therapists to do nothing with Kurdish male clients and less likely to do nothing with Armenian male clients. In same situation, it was more likely to explore with Kurdish female clients and less likely to explore with Armenian female clients.

In happy/positive situations, it was more likely to do nothing with Kurdish and Armenian male clients and less likely to do nothing with Armenian female clients. It was more likely to explore with Kurdish and Armenian male clients and less likely to explore with all female clients. It was more likely to make a supportive intervention for all female clients and less likely to make a supportive intervention for Kurdish and Armenian male clients.

In sad/negative situations, it was a lot less likely to explore with Turkish female clients. It was more likely to make a supportive intervention for Kurdish and Turkish female clients whereas it was less likely to make a supportive intervention with Turkish male clients.

In unexpected news/situations, it was a lot more likely to do nothing with Armenian female clients.

Overall, it was more likely for therapists to explore with Kurdish female clients whereas less likely to explore with Turkish and Armenian female clients. It was more likely to make a supportive intervention for all female and Turkish clients whereas it was less likely to do so with male, Kurdish and Armenian clients.

## **CHAPTER 4**

### **DISCUSSION**

The present study aimed to explore the effects of ethnicity and gender of the patients on therapists' emotions and reactions. In the following section, the results of the study with regard to the literature, limitations, clinical implications, and further recommendations will be discussed.

Initially, two sets of vignettes, with four categories in each, were designed in order to assess the effect of gender and ethnicity of the patients on therapists' emotional and behavioral reactions. Two-way repeated measures analyses of variance were conducted to see the effects of clients' ethnicity and gender on therapists' emotions. In these analyses there were 2 repeated measures factors; first ethnicity with 3 levels (Turkish, Kurdish, and Armenian) and secondly gender with 2 levels (male and female). Each emotion's variance and distribution were checked regarding the assumption violation. Those that qualified were analyzed. Bonferroni Correction was conducted in order to adjust the possibility of false positive results due to multiple testing. Due to the homogeneous composition of the sample, any between-subjects factor was not included. For the relation between clients' ethnicity and therapists' behavioral reactions, chi-square test was conducted.

Before starting to discussion, it is essential to note that there is limited empirical research in this area. And within the scope of that limited research, majority of the studies shed light on the patients' bias for their therapists. In studies, where authors discussed their own perceptions and biases based on the clients' ethnicity and gender, the literature is limited to case studies.

#### **4.1. THERAPISTS' EMOTIONS WITH REGARD TO CLIENTS' ETHNICITY AND GENDER**

In frame violations, with regard to ethnicity, therapists' Disappointment, Inadequacy, Sadness, and Worry were higher for Turkish clients than for Kurdish and Armenian clients.

Results about Disappointment and Anger can be interpreted as follows; therapists were not expecting frame violations from Turkish clients. However, they were expecting Kurdish and Armenians to violate the frame. Regarding ethnicity, these findings were in line with the literature (Altman, 2000; Greene, 2007) Altman (2000) and Greene (2007) were arguing that therapists' attitudes and biases regarding ethnicity are affecting their emotional reactions. Almost all participants were stated their ethnicity as Turkish. The reason for therapists' higher level of Inadequacy, Sadness and Worry for Turkish clients might be due to sense of an attack to their positions as therapists. This attack might not have the same effect when the attack is from Kurdish and Armenians, if therapists see them as an inferior group.

The findings showed that in situations like frame violations, which are expected to cause negative emotions, therapists' Disappointment, Anger, Inadequacy, Sadness, Surprise, and Worry was affected by the interaction of the clients' gender and ethnicity. It was observed that the Turkish female was distinct in comparison to Armenian and Kurdish female clients in terms of comparison to male clients. This is most probably due to the fact that the sample of this study was representative of the Turkish female therapists. Thus, their emotional reaction towards Turkish female client might be higher in general due to strengthened identification with the client. This finding suggests that besides the attitudes towards different ethnicity-gender groups the match between the therapist and client's ethnicity is an important factor (Davies, 1998).

In frame violations, with regard to therapists' Blame, findings were different from Disappointment and Anger. Even though it was higher for Armenian and Kurdish clients than for Turkish clients, the difference was not statistically significant. However, the interaction of gender and ethnicity had a statistically significant effect on therapists' sense of Blame. While it was higher for Kurdish and Armenian males, this was not the case for Turkish clients. For Turkish clients,

therapists' Blame was higher for females. However, the only statistically significant difference was between Turkish males and females. Therefore, results might show that for therapists, differences in ethnicity were more important than the differences in gender. Therapists' highest sense of Blame was for Turkish female clients. Being Turkish and female, as it can be seen from the demographics of the participants, was the common point for almost all participants.

One of the hypotheses was that in situations, which are expected to provoke positive emotions; there will be higher levels of positive emotions for Turkish clients compared to Kurdish and Armenian clients.

In happy/positive situations, therapists' Happiness was significantly higher for Turkish clients compared to Kurdish and Armenian clients. This finding supports the hypothesis and it is in line with the existing literature (Altman, 2000; Dalal, 2013). Again, in happy/positive situations, therapists' Surprise was higher for Armenian and Kurdish clients compared to Turkish clients. This can be speculated as; therapists were expecting happy/positive change in their Turkish clients, but this was not the case for Armenian and Kurdish clients. In line with this finding, in unexpected news/situations, therapists' Disappointment was higher for Turkish clients compared to Kurdish and Armenians. As in the case of Surprise, it can be interpreted as; therapists were expecting an unexpected situation for their Kurdish and Armenian clients but not for Turkish clients.

It was also hypothesized that in situations, which are expected to provoke negative emotions there will be higher levels of negative emotions for Kurdish and Armenian clients compared to Turkish clients.

In sad/negative situations, therapists' Sadness was significantly higher for Turkish patients compared to Kurdish ones. In other words, therapists felt sad when their Turkish patients were sad, but this was not the case for their Kurdish clients.

This might be explained with the fact that almost all participants were Turkish. They might have emphasized more with Turkish clients and therefore their Sadness was higher for them.

Beside Sadness, in sad/negative situations, therapists' Worry was affected by the interaction of ethnicity and gender of clients. Therapists' Worry was higher

for Armenian and Kurdish males, but for Turkish clients it was higher for females. This finding can be interpreted as the results of therapists' Blame in frame violation. As mentioned above, most of participants were Turkish and females. Therefore, it can be said that Turkish female clients and most of the participants are in the same group with regard to ethnicity and gender. Therefore, the identification with the client might be an explanation for the higher level of therapists' Worry for Turkish females.

Apart from the differences between the majority (Turkish patients) and the minority (Kurdish and Armenian patients), regarding therapists' emotional reactions, there were some differences between Kurdish and Armenian clients. Hamer (2006) argues that therapists' racial projections are influenced by the current political atmosphere. He also suggests that racial projections have time-specific and local qualities (Hamer, 2006). The difference between Kurdish and Armenian patients with regard to therapists' reactions might be explained under the light of Hamer's claim. By the time the data was collected, Kurdish issue in Turkey was a hot debate due to Turkish Army's operation to Kurdish part of Syria.

Regarding clients' gender, it was hypothesized that, in situations, which are expected to provoke negative emotions, there will be higher levels of negative emotions for female clients compared to male clients. Also, it was hypothesized that, in situations, which are expected to provoke positive emotions there will be higher levels of positive emotions for male clients compared to female clients. The results showed that, therapists' Sadness, in sad/negative situations, was significantly higher for males than for females. In unexpected news/situations, therapists' Worry was higher for males than females. In other words, it can be speculated that both in Sadness and Worry, therapists empathized more with male clients compared to female clients. Considering the numbers of participants in terms of gender (95 females, 6 males), the results argue that there was gender discrimination among female therapists. These findings were in line with existing literature (see, Ali, 2004).

It was hypothesized that in overall, negative emotions, especially Anger and Blame will be higher for females compared to males. However, the results showed

that therapists' Anger for males were higher compared to females. Since almost all participants (93%) were females, this might have affected the results. As also discussed above, although female as the mistreated gender was expected to be the target of discrimination or differential treatment, the findings did not support this expectation since they reflect only the attitudes of the Turkish female therapists.

#### **4.2. THERAPISTS' REACTIONS WITH REGARD TO CLIENTS' ETHNICITY AND GENDER**

The results of chi-square test showed that, overall, it was more likely to make supportive interventions for Turkish clients, whereas it was less likely to do so with Kurdish and Armenians. In happy/positive situations, it was more likely to explore it with Kurdish and Armenian males compared to all females. In sad/negative situations, however, it was more likely to make supportive interventions for Kurdish and Turkish females, and less likely to do so with especially Turkish males. In frame violations, it was more likely for therapists to do nothing with Kurdish female patients, whereas less likely to do so with Armenian females. In terms of exploring, it was more likely to do it with Kurdish females, whereas less likely to do with Armenian females.

Considering that majority of the participants are working with a psychoanalytic orientation, the primary means of intervention are exploring and/or interpreting for most clinical situations. On the other hand, supportive interventions are less likely to be utilized. Besides, frame violations represent a specific form of clinical incident at which most psychoanalytically oriented therapists either set and/or remind limits to the client in addition to exploration and interpretation.

The results of this study indicate that, even the selection of the intervention by the therapist, which is a process heavily guided by the theory and usually require conscious involvement of decision-making is not free of the implicit impact of culture and ethnicity.

In frame violation, therapists tend to do nothing with male clients. It might be due to fear or not knowing what to do in such situations with male clients.

Another reason for therapists to do nothing with their male clients in frame violation might be their fear. Since most of the participants were females, a frame violation by a male client might provoke fear in female therapists.

In happy/positive situations, therapists tend to make a supportive intervention with Turkish clients. It might be due to the fact that therapists empathized more with Turkish clients since most of the participants were Turkish. In the same situation, therapists tend to do nothing with Armenian and Kurdish clients. The reason for doing nothing might be due to devaluation. It can be said that in case of Kurdish and Armenian clients, “an other is transformed into The Other” (Dalal, 2006, p. 158.). According Dalal (2006) this is a detaching process.

#### **4.3. THEORETICAL UNDERSTANDING OF THE FINDINGS**

One of the substantial critics for psychoanalytic theory is that the theory is derived from a certain part of the society. Since psychoanalytic and psychodynamic theories are common practices around the world, the question of ethnic, cultural, racial differences became even more important than before (Suchet, 2004). The existing literature shows that therapists’ biases, beliefs, and their cultural background play an important role in therapy room (Altman, 2000; Suchet, 2004; Dalal, 2006). Research revealed that there is an effect of therapists, when the therapist and patient are from different ethnic, cultural backgrounds (Gump, 2000; Thompson, 1996). Beside the ethnicity and race, there is an effect of gender and the interaction of the gender and ethnicity as well (Javed, 2004).

There are different explanations for the ethnic and gender based discrimination from different authors. Lowe (2006) argues that therapists’ ethnic and racial discrimination can be understood from a Klenian point of view. He argues that therapists’ might function at “paranoid-schizoid state” with regard to ethnic/racial differences and project the “badness” to the other, in therapeutic setting, to the patient (Lowe, 2006). Altman (2000) argues that it can be understood as Sullivan’s (1953) “not me” concept (Altman, 2000). Dalal (2006) proposed the

idea that racism in therapeutic setting should be considered as a “borderline issue” (Dalal, 2006).

Aviram (2007) argues that the higher the identification with in-group, the higher the discrimination is for out-group. Being Kurdish and Armenian and male, was being in the out-group both in terms of ethnicity and gender regarding the sample of the current study. Paker (2012) claims that members of out-group create uncanny emotions. Regarding the current study, Kurdish and Armenian male clients can be considered as patients who create the highest level of uncanny emotions for therapists who are mostly Turkish and female, regarding the sample. High levels of uncanny emotions might explain the lack of therapists’ empathy for Kurdish and Armenian clients.

As it can be seen from the literature, for racial/ethnic issues in therapy setting, the names and concepts are various. However, there is a common point that these issues penetrate to the therapy room and affect the therapeutic relationship. The results of the current study also showed that these issues are inevitable for therapists from Turkey as well. As it was summarized above, there is an effect of gender, ethnicity, and their interaction on therapists’ emotional and behavioral reactions.

Ethnic discrimination in therapy setting in Turkey can be understood with the help of Sullivan’s (1953) “not-me” concept. Certain minorities, like Kurdish and Armenian, are used as depot for unwanted/unexpected thoughts and emotions. Cultural insensitivity of psychoanalytic institutions is already discussed. In addition to that, in Turkey, there is an education system, which marginalize and antagonize others. Having such an education prior to culturally insensitive psychoanalytic education might shed a light for reader to understand the results of the current study.

#### **4.4. LIMITATIONS**

The first limitation of the current study was the number of the participants. Even though 465 participants started the survey, only 102 of them completed it. Another problem about the participation was the fact that %93 of the participants

were female. Thus, the sample of the study was biased. As also mentioned in the discussion section the results cannot be generalized to the therapist population. The sample was also limited in terms of representation of different ethnicities. Further research should include a more representative sample that allows the researchers to be able to represent matching and mismatching dyads of therapists and hypothetical situations. Only then, the attitude towards a specific minority population can be differentiated from attitudes towards a client “like the therapist” herself.

Second limitation of the study was the scarcity of the literature regarding the current study. From the existing literature, most of the studies in this area were case studies. Furthermore, there was no prior study that was conducted in Turkey. Due to this limitation, hypotheses were formulated on the basis of clinical observations. Further, the affect list and situations could not have been focused on expected effects.

#### **4.5. CLINICAL IMPLICATIONS**

As psychodynamic and psychoanalytic therapies are reaching more and more people in the world, it is inevitable for therapists to have patients from different ethnic groups. For therapists, being aware of their attitudes for people from different ethnicities and gender, would improve the results of the therapy. Also, it is important for the institutions to put these issues in their agenda and organize their program regarding patients from different ethnicities, cultures, gender roles, etc.

## **CONCLUSION**

The current study aimed to analyze the effect of clients' ethnicity and gender on therapists' emotional and behavioral reactions in hypothetical therapy situations. The findings of the research, in general, showed that there is an effect of clients' gender, ethnicity, and the interaction of ethnicity and gender on therapists' emotional and behavioral reactions. The growing body of literature also supported the idea that clients' ethnicity, gender, race, culture have an effect on therapists' reactions. Having said that, still there is quite limited research on this area.

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## APPENDICES

### Appendix A: Informed Consent Form

Sayın Katılımcı,

Bu araştırmanın amacı Türkiye'deki ruh sağlığı çalışanlarının uyguladıkları terapilerde karşılaşılabilecek farklı durumlarda ne hissettiklerini ve nasıl davranmayı tercih edeceklerini anlamaktır. Araştırma, İstanbul Bilgi Üniversitesi Klinik Psikoloji Yüksek Lisans Programı öğrencisi Mehmet Emin Demir tarafından Yrd. Doç. Dr. Alev Çavdar Sideris danışmanlığında bir tez çalışması kapsamında yürütülmektedir.

Bu araştırmaya katılım tamamen gönüllülük esasına dayalıdır. Çalışmanın amacına ulaşması için sizden beklenen, bütün soruları eksiksiz ve içtenlikle cevaplamanızdır. Anketi tamamlamanız yaklaşık 30 dakika sürmektedir. Araştırmanın herhangi bir noktasında hiçbir gerekçe belirtmeden anketi doldurmayı bırakabilirsiniz.

Anketin hiçbir aşamasında kimlik bilgileriniz sorulmayacak ve yanıtlar araştırmacılar dışında kimseyle paylaşılmayacaktır. Veriler toplu halde değerlendirilerek yalnızca bilimsel yayın amacıyla kullanılacaktır.

Eğer araştırmanın amacı ile ilgili verilen bu bilgiler dışında şimdi veya sonra daha fazla bilgiye ihtiyaç duyarsanız mehmetemin.demir@hotmail.com e-posta adresine ulaşabilirsiniz.

Yukarıda verilen bilgiler doğrultusunda, bu çalışmaya katılmayı kabul ediyorum.

İsim:

İmza:

Appendix B: Instrument-Form A

Aşağıda terapistlerin karşılaşılabileceği bazı durumları ve her durumda hissedebileceği duyguların listesini görebilirsiniz. Bu durumlar için kendinizi terapistin yerine koyduğunuzda her duyguyu ne düzeyde hissedeceğinizi 0 ile 6 arasında bir skalada değerlendirin (0 = hiç hissetmem; 6 = aşırı derecede hissederim). Lütfen çok düşünmeden içinizden ilk geçen seçeneği işaretleyin.

Ayrıca her durumda, terapist siz olsanız ne yapacağınızla ilgili bir soru sorulmaktadır. Belirtilen seçeneklerden lütfen sadece bir tanesini, içinizden ilk geçen seçeneği işaretleyin.

		Hiç							Aşırı
1	Kıvanç sürekli seans odasında eşyalarını unutmakta ve bu durum seanslarda gündeme gelmektedir. Bir gün Kıvanç yine klinikte bir eşyasını unuttur ve almak için geri döner.	Hayal kırıklığına uğratılmış	0	1	2	3	4	5	6
		Danışana öfke	0	1	2	3	4	5	6
		Şaşkınlık	0	1	2	3	4	5	6
		Yetersizlik	0	1	2	3	4	5	6
		Mutluluk	0	1	2	3	4	5	6
		Endişe	0	1	2	3	4	5	6
		Üzüntü	0	1	2	3	4	5	6
		Rahatlama	0	1	2	3	4	5	6
		Danışanı suçlama	0	1	2	3	4	5	6
		Diğer ( )	0	1	2	3	4	5	6
a) Hiçbir şey yapmam b) Durumu anlamak için soru sorarım c) Danışana sınır koyarım. d) Danışanın dinamikleri ile ilgili yorum yaparım e) Destekleyici bir şeyler söylerim.									

		Hiç								Aşırı
2	Berfin bir süredir 45 dakika seans süresinin kendisine yetmediğini söylemektedir. Terapiye giden bir başka arkadaşının terapi süresinin 50 dakika olduğunu öğrendikten sonraki seansta Berfin seans süresini uzatmak konusunda ısrar eder.	Hayal kırıklığına uğratılmış	0	1	2	3	4	5	6	
		Danışana öfke	0	1	2	3	4	5	6	
		Şaşkınlık	0	1	2	3	4	5	6	
		Yetersizlik	0	1	2	3	4	5	6	
		Mutluluk	0	1	2	3	4	5	6	
		Endişe	0	1	2	3	4	5	6	
		Üzüntü	0	1	2	3	4	5	6	
		Rahatlama	0	1	2	3	4	5	6	
		Danışanı suçlama	0	1	2	3	4	5	6	
		Diğer ( )	0	1	2	3	4	5	6	
		a) Hiçbir şey yapmam b) Durumu anlamak için soru sorarım c) Danışana sınır koyarım. d) Danışanın dinamikleri ile ilgili yorum yaparım e) Destekleyici bir şeyler söylerim.								

		Hiç							Aşırı
3	Aram uzun zamandır terapiye devam etmektedir. Bir gün terapisti Aram'dan eşinin intihara teşebbüs ettiğine ve hastanede olduklarına dair mesaj alır.	Hayal kırıklığına uğratılmış	0	1	2	3	4	5	6
		Danışana öfke	0	1	2	3	4	5	6
		Şaşkınlık	0	1	2	3	4	5	6
		Yetersizlik	0	1	2	3	4	5	6
		Mutluluk	0	1	2	3	4	5	6
		Endişe	0	1	2	3	4	5	6
		Üzüntü	0	1	2	3	4	5	6
		Rahatlama	0	1	2	3	4	5	6
		Danışanı suçlama	0	1	2	3	4	5	6
		Diğer ( )	0	1	2	3	4	5	6
		a) Hiçbir şey yapmam b) Durumu anlamak için soru sorarım c) Danışana sınır koyarım. d) Danışanın dinamikleri ile ilgili yorum yaparım e) Destekleyici bir şeyler söylerim.							

		Hiç							Aşırı
4	Kaya üniversite sınavında istediği bölüme girememiş ve sonrasında terapiye başlamıştır. Ertesi yıl sonuçlar açıklandıktan sonraki seansında Kaya, istediği bölümü kazandığını terapistiyle paylaşır.	Hayal kırıklığına uğratılmış	0	1	2	3	4	5	6
		Danışana öfke	0	1	2	3	4	5	6
		Şaşkınlık	0	1	2	3	4	5	6
		Yetersizlik	0	1	2	3	4	5	6
		Mutluluk	0	1	2	3	4	5	6
		Endişe	0	1	2	3	4	5	6
		Üzüntü	0	1	2	3	4	5	6
		Rahatlama	0	1	2	3	4	5	6
		Danışanı suçlama	0	1	2	3	4	5	6
		Diğer ( )	0	1	2	3	4	5	6
		<p>a) Hiçbir şey yapmam</p> <p>b) Durumu anlamak için soru sorarım</p> <p>c) Danışana sınır koyarım.</p> <p>d) Danışanın dinamikleri ile ilgili yorum yaparım</p> <p>e) Destekleyici bir şeyler söylerim.</p>							

		Hiç								Aşırı
5	Pelin seans boyunca saatini kontrol eder ve seansın bitmesine 15 dakika kala önemli bir işi olduğunu, çıkması gerektiğini söyler. Terapist seansın henüz bitmediğini hatırlattığı halde, Pelin geç kalmamak için hemen çıkması gerektiğini söyleyerek odadan ayrılır.	Hayal kırıklığına uğratılmış	0	1	2	3	4	5	6	
		Danışana öfke	0	1	2	3	4	5	6	
		Şaşkınlık	0	1	2	3	4	5	6	
		Yetersizlik	0	1	2	3	4	5	6	
		Mutluluk	0	1	2	3	4	5	6	
		Endişe	0	1	2	3	4	5	6	
		Üzüntü	0	1	2	3	4	5	6	
		Rahatlama	0	1	2	3	4	5	6	
		Danışanı suçlama	0	1	2	3	4	5	6	
		Diğer ( )	0	1	2	3	4	5	6	
		<p>a) Hiçbir şey yapmam</p> <p>b) Durumu anlamak için soru sorarım</p> <p>c) Danışana sınır koyarım.</p> <p>d) Danışanın dinamikleri ile ilgili yorum yaparım</p> <p>e) Destekleyici bir şeyler söylerim.</p>								

		Hiç								Aşırı
6	Hayko uzun bir süredir terapiye devam etmektedir. Bir seansında Hayko terapistine o sabah ani bir kararla işinden istifa ettiğini söyler.	Hayal kırıklığına uğratılmış	0	1	2	3	4	5	6	
		Danışana öfke	0	1	2	3	4	5	6	
		Şaşkınlık	0	1	2	3	4	5	6	
		Yetersizlik	0	1	2	3	4	5	6	
		Mutluluk	0	1	2	3	4	5	6	
		Endişe	0	1	2	3	4	5	6	
		Üzüntü	0	1	2	3	4	5	6	
		Rahatlama	0	1	2	3	4	5	6	
		Danışanı suçlama	0	1	2	3	4	5	6	
		Diğer ( )	0	1	2	3	4	5	6	
		a) Hiçbir şey yapmam b) Durumu anlamak için soru sorarım c) Danışana sınır koyarım. d) Danışanın dinamikleri ile ilgili yorum yaparım e) Destekleyici bir şeyler söylerim.								

		Hiç							Aşırı
7	Dilan bir süredir terapiye devam etmektedir. Bu süreçte Dilan, ailesinin biyolojik ailesi olmadığını ve altı aylıkken evlat edinildiğini öğrenir ve terapisti ile paylaşır.	Hayal kırıklığına uğratılmış	0	1	2	3	4	5	6
		Danışana öfke	0	1	2	3	4	5	6
		Şaşkınlık	0	1	2	3	4	5	6
		Yetersizlik	0	1	2	3	4	5	6
		Mutluluk	0	1	2	3	4	5	6
		Endişe	0	1	2	3	4	5	6
		Üzüntü	0	1	2	3	4	5	6
		Rahatlama	0	1	2	3	4	5	6
		Danışanı suçlama	0	1	2	3	4	5	6
		Diğer ( )	0	1	2	3	4	5	6
		<p>a) Hiçbir şey yapmam</p> <p>b) Durumu anlamak için soru sorarım</p> <p>c) Danışana sınır koyarım.</p> <p>d) Danışanın dinamikleri ile ilgili yorum yaparım</p> <p>e) Destekleyici bir şeyler söylerim.</p>							

		Hiç							Aşırı
8	Rodi'nin seans sırasında telefonu çalar. Acil bir durum olabileceğini söyleyen Rodi, terapistin konuşmasına fırsat vermeden telefonu yanıtlar.	Hayal kırıklığına uğratılmış	0	1	2	3	4	5	6
		Danışana öfke	0	1	2	3	4	5	6
		Şaşkınlık	0	1	2	3	4	5	6
		Yetersizlik	0	1	2	3	4	5	6
		Mutluluk	0	1	2	3	4	5	6
		Endişe	0	1	2	3	4	5	6
		Üzüntü	0	1	2	3	4	5	6
		Rahatlama	0	1	2	3	4	5	6
		Danışanı suçlama	0	1	2	3	4	5	6
		Diğer ( )	0	1	2	3	4	5	6
		a) Hiçbir şey yapmam b) Durumu anlamak için soru sorarım c) Danışana sınır koyarım. d) Danışanın dinamikleri ile ilgili yorum yaparım e) Destekleyici bir şeyler söylerim.							

		Hiç								Aşırı
9	Uzun zamandır terapiye devam eden Bengü, bir seansında altı ay önce maddi sıkıntılar nedeniyle ailesinin yanına taşındığını söyler. Bengü'nün terapisti bu süre içinde bu konudan habersizdir.	Hayal kırıklığına uğratılmış	0	1	2	3	4	5	6	
		Danışana öfke	0	1	2	3	4	5	6	
		Şaşkınlık	0	1	2	3	4	5	6	
		Yetersizlik	0	1	2	3	4	5	6	
		Mutluluk	0	1	2	3	4	5	6	
		Endişe	0	1	2	3	4	5	6	
		Üzüntü	0	1	2	3	4	5	6	
		Rahatlama	0	1	2	3	4	5	6	
		Danışanı suçlama	0	1	2	3	4	5	6	
		Diğer ( )	0	1	2	3	4	5	6	
		a) Hiçbir şey yapmam b) Durumu anlamak için soru sorarım c) Danışana sınır koyarım. d) Danışanın dinamikleri ile ilgili yorum yaparım e) Destekleyici bir şeyler söylerim.								

		Hiç							Aşırı
10	<p>Mirza bir seansına geldiğinde üç gün önce evinin sokağında saldırıya uğradığını anlatır.</p> <p>Mirza, saldıran kişinin kendisini hızla çarparak yere düşürdüğünü, tekme attığını ve bir şey demeden uzaklaştığını söyler.</p>	Hayal kırıklığına uğratılmış	0	1	2	3	4	5	6
		Danışana öfke	0	1	2	3	4	5	6
		Şaşkınlık	0	1	2	3	4	5	6
		Yetersizlik	0	1	2	3	4	5	6
		Mutluluk	0	1	2	3	4	5	6
		Endişe	0	1	2	3	4	5	6
		Üzüntü	0	1	2	3	4	5	6
		Rahatlama	0	1	2	3	4	5	6
		Danışanı suçlama	0	1	2	3	4	5	6
		Diğer ( )	0	1	2	3	4	5	6
		<p>a) Hiçbir şey yapmam</p> <p>b) Durumu anlamak için soru sorarım</p> <p>c) Danışana sınır koyarım.</p> <p>d) Danışanın dinamikleri ile ilgili yorum yaparım</p> <p>e) Destekleyici bir şeyler söylerim.</p>							

		Hiç								Aşırı
11	Okan evlenmek istediği kişiyi ailesinin kabul etmediğini ve buna rağmen evlendiğini terapistine anlatır. Okan bu yüzden evlatlıktan reddedildiğini ve ailesiyle beş yıldır hiç görüşmediğini söyler.	Hayal kırıklığına uğratılmış	0	1	2	3	4	5	6	
		Danışana öfke	0	1	2	3	4	5	6	
		Şaşkınlık	0	1	2	3	4	5	6	
		Yetersizlik	0	1	2	3	4	5	6	
		Mutluluk	0	1	2	3	4	5	6	
		Endişe	0	1	2	3	4	5	6	
		Üzüntü	0	1	2	3	4	5	6	
		Rahatlama	0	1	2	3	4	5	6	
		Danışanı suçlama	0	1	2	3	4	5	6	
		Diğer ( )	0	1	2	3	4	5	6	
		<p>a) Hiçbir şey yapmam</p> <p>b) Durumu anlamak için soru sorarım</p> <p>c) Danışana sınır koyarım.</p> <p>d) Danışanın dinamikleri ile ilgili yorum yaparım</p> <p>e) Destekleyici bir şeyler söylerim.</p>								

		Hiç								Aşırı
12	Narod bir süredir seanslarda kanser teşhisi alan annesinin tedavi sürecinden bahsetmektedir. Bir seansına geldiğinde Narod, annesinin tedaviye olumlu yanıt verdiğini ve tamamen iyileşmeye yaklaştığını anlatır.	Hayal kırıklığına uğratılmış	0	1	2	3	4	5	6	
		Danışana öfke	0	1	2	3	4	5	6	
		Şaşkınlık	0	1	2	3	4	5	6	
		Yetersizlik	0	1	2	3	4	5	6	
		Mutluluk	0	1	2	3	4	5	6	
		Endişe	0	1	2	3	4	5	6	
		Üzüntü	0	1	2	3	4	5	6	
		Rahatlama	0	1	2	3	4	5	6	
		Danışanı suçlama	0	1	2	3	4	5	6	
		Diğer ( )	0	1	2	3	4	5	6	
		a) Hiçbir şey yapmam b) Durumu anlamak için soru sorarım c) Danışana sınır koyarım. d) Danışanın dinamikleri ile ilgili yorum yaparım e) Destekleyici bir şeyler söylerim.								

		Hiç							Aşırı
13	Şiyar maddi sıkıntılar çekmektedir ve seanslarında da ara ara bundan bahseder. Bir seansında Şiyar, terapistine bir önceki işyerinden uzunca bir zamandır alamadığı tazminatını nihayet alabildiğini anlatır.	Hayal kırıklığına uğratılmış	0	1	2	3	4	5	6
		Danışana öfke	0	1	2	3	4	5	6
		Şaşkınlık	0	1	2	3	4	5	6
		Yetersizlik	0	1	2	3	4	5	6
		Mutluluk	0	1	2	3	4	5	6
		Endişe	0	1	2	3	4	5	6
		Üzüntü	0	1	2	3	4	5	6
		Rahatlama	0	1	2	3	4	5	6
		Danışanı suçlama	0	1	2	3	4	5	6
		Diğer ( )	0	1	2	3	4	5	6
		a) Hiçbir şey yapmam b) Durumu anlamak için soru sorarım c) Danışana sınır koyarım. d) Danışanın dinamikleri ile ilgili yorum yaparım e) Destekleyici bir şeyler söylerim.							

		Hiç								Aşırı
14	Talin'in bir ilişkisi vardır ancak evleneceği ya da nişanlanacağı konusunda daha önce seanslarda hiçbir şey söylememiştir. Aret bir seansa parmağında alyansla gelir.	Hayal kırıklığına uğratılmış	0	1	2	3	4	5	6	
		Danışana öfke	0	1	2	3	4	5	6	
		Şaşkınlık	0	1	2	3	4	5	6	
		Yetersizlik	0	1	2	3	4	5	6	
		Mutluluk	0	1	2	3	4	5	6	
		Endişe	0	1	2	3	4	5	6	
		Üzüntü	0	1	2	3	4	5	6	
		Rahatlama	0	1	2	3	4	5	6	
		Danışanı suçlama	0	1	2	3	4	5	6	
		Diğer ( )	0	1	2	3	4	5	6	
		a) Hiçbir şey yapmam b) Durumu anlamak için soru sorarım c) Danışana sınır koyarım. d) Danışanın dinamikleri ile ilgili yorum yaparım e) Destekleyici bir şeyler söylerim.								

		Hiç							Aşırı
15	Gökçe seansta terapistine iki gün önce çocuğunun kaza geçirdiğini söyler. Gökçe, çocuğunun kazanın gecesini yoğun bakımda geçirdiğini ve bir hafta daha hastanede kalacağını anlatır.	Hayal kırıklığına uğratılmış	0	1	2	3	4	5	6
		Danışana öfke	0	1	2	3	4	5	6
		Şaşkınlık	0	1	2	3	4	5	6
		Yetersizlik	0	1	2	3	4	5	6
		Mutluluk	0	1	2	3	4	5	6
		Endişe	0	1	2	3	4	5	6
		Üzüntü	0	1	2	3	4	5	6
		Rahatlama	0	1	2	3	4	5	6
		Danışanı suçlama	0	1	2	3	4	5	6
		Diğer ( )	0	1	2	3	4	5	6
		a) Hiçbir şey yapmam b) Durumu anlamak için soru sorarım c) Danışana sınır koyarım. d) Danışanın dinamikleri ile ilgili yorum yaparım e) Destekleyici bir şeyler söylerim.							

		Hiç							Aşırı
16	Minas babasıyla uzun bir süredir konuşmamaktadır. Bir seansa geldiğinde Minas babasını aradığını, buluşup konuştuklarını ve aralarının düzelmekte olduğunu anlatır.	Hayal kırıklığına uğratılmış	0	1	2	3	4	5	6
		Danışana öfke	0	1	2	3	4	5	6
		Şaşkınlık	0	1	2	3	4	5	6
		Yetersizlik	0	1	2	3	4	5	6
		Mutluluk	0	1	2	3	4	5	6
		Endişe	0	1	2	3	4	5	6
		Üzüntü	0	1	2	3	4	5	6
		Rahatlama	0	1	2	3	4	5	6
		Danışanı suçlama	0	1	2	3	4	5	6
		Diğer ( )	0	1	2	3	4	5	6
		<p>a) Hiçbir şey yapmam</p> <p>b) Durumu anlamak için soru sorarım</p> <p>c) Danışana sınır koyarım.</p> <p>d) Danışanın dinamikleri ile ilgili yorum yaparım</p> <p>e) Destekleyici bir şeyler söylerim.</p>							

		Hiç							Aşırı
17	Yağmur seanslarda sıkça kabul edilmeyi hayal ettiği yüksek lisans programından bahseder. Bir seansına geldiğinde Yağmur, terapistiyle kabul edildiğini paylaşır.	Hayal kırıklığına uğratılmış	0	1	2	3	4	5	6
		Danışana öfke	0	1	2	3	4	5	6
		Şaşkınlık	0	1	2	3	4	5	6
		Yetersizlik	0	1	2	3	4	5	6
		Mutluluk	0	1	2	3	4	5	6
		Endişe	0	1	2	3	4	5	6
		Üzüntü	0	1	2	3	4	5	6
		Rahatlama	0	1	2	3	4	5	6
		Danışanı suçlama	0	1	2	3	4	5	6
		Diğer ( )	0	1	2	3	4	5	6
		<p>a) Hiçbir şey yapmam</p> <p>b) Durumu anlamak için soru sorarım</p> <p>c) Danışana sınır koyarım.</p> <p>d) Danışanın dinamikleri ile ilgili yorum yaparım</p> <p>e) Destekleyici bir şeyler söylerim.</p>							

		Hiç								Aşırı
18	Karin, seans ücretini elden vermenin kendisini kötü hissettirdiğini söylemiş ve bu konu hakkında seansta konuşulmuştur. Bir sonraki seansta seans ücretini getirmediğini ve havale yapmak istediğini belirten Karin terapistinin hesap numarasını ister.	Hayal kırıklığına uğratılmış	0	1	2	3	4	5	6	
		Danışana öfke	0	1	2	3	4	5	6	
		Şaşkınlık	0	1	2	3	4	5	6	
		Yetersizlik	0	1	2	3	4	5	6	
		Mutluluk	0	1	2	3	4	5	6	
		Endişe	0	1	2	3	4	5	6	
		Üzüntü	0	1	2	3	4	5	6	
		Rahatlama	0	1	2	3	4	5	6	
		Danışanı suçlama	0	1	2	3	4	5	6	
		Diğer ( )	0	1	2	3	4	5	6	
		a) Hiçbir şey yapmam b) Durumu anlamak için soru sorarım c) Danışana sınır koyarım. d) Danışanın dinamikleri ile ilgili yorum yaparım e) Destekleyici bir şeyler söylerim.								

		Hiç							Aşırı
19	Delal uzun bir zamandır iş aramaktadır. Bir seansta Delal terapistine tam aradığı gibi bir iş bulduğunu söyler.	Hayal kırıklığına uğratılmış	0	1	2	3	4	5	6
		Danışana öfke	0	1	2	3	4	5	6
		Şaşkınlık	0	1	2	3	4	5	6
		Yetersizlik	0	1	2	3	4	5	6
		Mutluluk	0	1	2	3	4	5	6
		Endişe	0	1	2	3	4	5	6
		Üzüntü	0	1	2	3	4	5	6
		Rahatlama	0	1	2	3	4	5	6
		Danışanı suçlama	0	1	2	3	4	5	6
		Diğer ( )	0	1	2	3	4	5	6
		<p>a) Hiçbir şey yapmam</p> <p>b) Durumu anlamak için soru sorarım</p> <p>c) Danışana sınır koyarım.</p> <p>d) Danışanın dinamikleri ile ilgili yorum yaparım</p> <p>e) Destekleyici bir şeyler söylerim.</p>							

		Hiç								Aşırı
20	Diyar bir seansta laf arasında iki ay önce okulu bıraktığını söyler. Terapisti o ana kadar Diyar'ın okula devam ediyor olduğunu zanneder.	Hayal kırıklığına uğratılmış	0	1	2	3	4	5	6	
		Danışana öfke	0	1	2	3	4	5	6	
		Şaşkınlık	0	1	2	3	4	5	6	
		Yetersizlik	0	1	2	3	4	5	6	
		Mutluluk	0	1	2	3	4	5	6	
		Endişe	0	1	2	3	4	5	6	
		Üzüntü	0	1	2	3	4	5	6	
		Rahatlama	0	1	2	3	4	5	6	
		Danışanı suçlama	0	1	2	3	4	5	6	
		Diğer ( )	0	1	2	3	4	5	6	
		a) Hiçbir şey yapmam b) Durumu anlamak için soru sorarım c) Danışana sınır koyarım. d) Danışanın dinamikleri ile ilgili yorum yaparım e) Destekleyici bir şeyler söylerim.								

		Hiç							Aşırı
21	Burak, bir seansta kullandığı ilacın yan etkilerinden bahseder. Bu konuşma esnasında terapist Burak'ın iki aydır anti-depresan kullanmakta olduğunu öğrenir.	Hayal kırıklığına uğratılmış	0	1	2	3	4	5	6
		Danışana öfke	0	1	2	3	4	5	6
		Şaşkınlık	0	1	2	3	4	5	6
		Yetersizlik	0	1	2	3	4	5	6
		Mutluluk	0	1	2	3	4	5	6
		Endişe	0	1	2	3	4	5	6
		Üzüntü	0	1	2	3	4	5	6
		Rahatlama	0	1	2	3	4	5	6
		Danışanı suçlama	0	1	2	3	4	5	6
		Diğer ( )	0	1	2	3	4	5	6
		a) Hiçbir şey yapmam b) Durumu anlamak için soru sorarım c) Danışana sınır koyarım. d) Danışanın dinamikleri ile ilgili yorum yaparım e) Destekleyici bir şeyler söylerim.							

		Hiç								Aşırı
22	Silva seanslarda sıkça kabul edilmeyi hayal ettiği yüksek lisans programından bahseder. Sonuçların belli olduğu hafta seansına gelen Silva red cevabı aldığını anlatır.	Hayal kırıklığına uğratılmış	0	1	2	3	4	5	6	
		Danışana öfke	0	1	2	3	4	5	6	
		Şaşkınlık	0	1	2	3	4	5	6	
		Yetersizlik	0	1	2	3	4	5	6	
		Mutluluk	0	1	2	3	4	5	6	
		Endişe	0	1	2	3	4	5	6	
		Üzüntü	0	1	2	3	4	5	6	
		Rahatlama	0	1	2	3	4	5	6	
		Danışanı suçlama	0	1	2	3	4	5	6	
		Diğer ( )	0	1	2	3	4	5	6	
		a) Hiçbir şey yapmam b) Durumu anlamak için soru sorarım c) Danışana sınır koyarım. d) Danışanın dinamikleri ile ilgili yorum yaparım e) Destekleyici bir şeyler söylerim.								

		Hiç								Aşırı
23	Terapisti bir seansında Şilan'ın üç ay önce işten atıldığını öğrenir. O seansa kadar terapist bu durumdan habersizdir ve Şilan'ın halen çalışıyor olduğunu düşünmektedir.	Hayal kırıklığına uğratılmış	0	1	2	3	4	5	6	
		Danışana öfke	0	1	2	3	4	5	6	
		Şaşkınlık	0	1	2	3	4	5	6	
		Yetersizlik	0	1	2	3	4	5	6	
		Mutluluk	0	1	2	3	4	5	6	
		Endişe	0	1	2	3	4	5	6	
		Üzüntü	0	1	2	3	4	5	6	
		Rahatlama	0	1	2	3	4	5	6	
		Danışanı suçlama	0	1	2	3	4	5	6	
		Diğer ( )	0	1	2	3	4	5	6	
		<p>a) Hiçbir şey yapmam</p> <p>b) Durumu anlamak için soru sorarım</p> <p>c) Danışana sınır koyarım.</p> <p>d) Danışanın dinamikleri ile ilgili yorum yaparım</p> <p>e) Destekleyici bir şeyler söylerim.</p>								

		Hiç								Aşırı
24	Aret bir seansına haber vermeden gitmemiştir. Bir sonraki seansında Aret seansı unuttuğunu eve gittikten sonra fark ettiğini ve nasıl olsa bu hafta geleceği için haber vermeye gerek duymadığını söyler.	Hayal kırıklığına uğratılmış	0	1	2	3	4	5	6	
		Danışana öfke	0	1	2	3	4	5	6	
		Şaşkınlık	0	1	2	3	4	5	6	
		Yetersizlik	0	1	2	3	4	5	6	
		Mutluluk	0	1	2	3	4	5	6	
		Endişe	0	1	2	3	4	5	6	
		Üzüntü	0	1	2	3	4	5	6	
		Rahatlama	0	1	2	3	4	5	6	
		Danışanı suçlama	0	1	2	3	4	5	6	
		Diğer ( )	0	1	2	3	4	5	6	
		a) Hiçbir şey yapmam b) Durumu anlamak için soru sorarım c) Danışana sınır koyarım. d) Danışanın dinamikleri ile ilgili yorum yaparım e) Destekleyici bir şeyler söylerim.								

## Appendix C: Instrument-Form B

Aşağıda terapistlerin karşılaşılabileceği bazı durumları ve her durumda hissedebileceği duyguların listesini görebilirsiniz. Bu durumlar için kendinizi terapistin yerine koyduğunuzda her duyguyu ne düzeyde hissedeceğinizi 0 ile 6 arasında bir skalada değerlendirin (0 = hiç hissetmem; 6 = aşırı derecede hissedirim).

Lütfen çok düşünmeden içinizden ilk geçen seçeneği işaretleyin.

Ayrıca her durumda, terapist siz olsanız ne yapacağınızla ilgili bir soru sorulmaktadır. Belirtilen seçeneklerden

lütfen sadece bir tanesini, içinizden ilk geçen seçeneği işaretleyin.

		Hiç							Aşırı
1	Mirza babasıyla uzun bir süredir konuşmamaktadır. Bir seansa geldiğinde Mirza babasını aradığını, buluşup konuştuklarını ve aralarının düzelmekte olduğunu anlatır.	Hayal kırıklığına uğratılmış	0	1	2	3	4	5	6
		Danışana öfke	0	1	2	3	4	5	6
		Şaşkınlık	0	1	2	3	4	5	6
		Yetersizlik	0	1	2	3	4	5	6
		Mutluluk	0	1	2	3	4	5	6
		Endişe	0	1	2	3	4	5	6
		Üzüntü	0	1	2	3	4	5	6
		Rahatlama	0	1	2	3	4	5	6
		Danışanı suçlama	0	1	2	3	4	5	6
		Diğer ( )	0	1	2	3	4	5	6
		a) Hiçbir şey yapmam b) Durumu anlamak için soru sorarım c) Danışana sınır koyarım. d) Danışanın dinamikleri ile ilgili yorum yaparım e) Destekleyici bir şeyler söylerim.							

		Hiç							Aşırı
2	Dilan'ın seans sırasında telefonu çalar. Acil bir durum olabileceğini söyleyen Dilan, terapistin konuşmasına fırsat vermeden telefonu yanıtlar.	Hayal kırıklığına uğratılmış	0	1	2	3	4	5	6
		Danışana öfke	0	1	2	3	4	5	6
		Şaşkınlık	0	1	2	3	4	5	6
		Yetersizlik	0	1	2	3	4	5	6
		Mutluluk	0	1	2	3	4	5	6
		Endişe	0	1	2	3	4	5	6
		Üzüntü	0	1	2	3	4	5	6
		Rahatlama	0	1	2	3	4	5	6
		Danışanı suçlama	0	1	2	3	4	5	6
		Diğer ( )	0	1	2	3	4	5	6
		<p>a) Hiçbir şey yapmam</p> <p>b) Durumu anlamak için soru sorarım</p> <p>c) Danışana sınır koyarım.</p> <p>d) Danışanın dinamikleri ile ilgili yorum yaparım</p> <p>e) Destekleyici bir şeyler söylerim.</p>							

		Hiç							Aşırı
3	Silva evlenmek istediği kişiyi ailesinin kabul etmediğini ve buna rağmen evlendiğini terapistine anlatır. Silva bu yüzden evlatlıktan reddedildiğini ve ailesiyle beş yıldır hiç görüşmediğini söyler.	Hayal kırıklığına uğratılmış	0	1	2	3	4	5	6
		Danışana öfke	0	1	2	3	4	5	6
		Şaşkınlık	0	1	2	3	4	5	6
		Yetersizlik	0	1	2	3	4	5	6
		Mutluluk	0	1	2	3	4	5	6
		Endişe	0	1	2	3	4	5	6
		Üzüntü	0	1	2	3	4	5	6
		Rahatlama	0	1	2	3	4	5	6
		Danışanı suçlama	0	1	2	3	4	5	6
		Diğer ( )	0	1	2	3	4	5	6
		<p>a) Hiçbir şey yapmam</p> <p>b) Durumu anlamak için soru sorarım</p> <p>c) Danışana sınır koyarım.</p> <p>d) Danışanın dinamikleri ile ilgili yorum yaparım</p> <p>e) Destekleyici bir şeyler söylerim.</p>							

		Hiç							Aşırı
4	Kıvanç uzun zamandır terapiye devam etmektedir. Bir gün terapisti Kıvanç'tan eşinin intihara teşebbüs ettiğine ve hastanede olduklarına dair mesaj alır.	Hayal kırıklığına uğratılmış	0	1	2	3	4	5	6
		Danışana öfke	0	1	2	3	4	5	6
		Şaşkınlık	0	1	2	3	4	5	6
		Yetersizlik	0	1	2	3	4	5	6
		Mutluluk	0	1	2	3	4	5	6
		Endişe	0	1	2	3	4	5	6
		Üzüntü	0	1	2	3	4	5	6
		Rahatlama	0	1	2	3	4	5	6
		Danışanı suçlama	0	1	2	3	4	5	6
		Diğer ( )	0	1	2	3	4	5	6
		<p>a) Hiçbir şey yapmam</p> <p>b) Durumu anlamak için soru sorarım</p> <p>c) Danışana sınır koyarım.</p> <p>d) Danışanın dinamikleri ile ilgili yorum yaparım</p> <p>e) Destekleyici bir şeyler söylerim.</p>							

		Hiç							Aşırı
5	Okan, seans ücretini elden vermenin kendisini kötü hissettirdiğini söylemiş ve bu konu hakkında seansta konuşulmuştur. Bir sonraki seansta seans ücretini getirmediğini ve havale yapmak istediğini belirten Okan terapistinin hesap numarasını ister.	Hayal kırıklığına uğratılmış	0	1	2	3	4	5	6
		Danışana öfke	0	1	2	3	4	5	6
		Şaşkınlık	0	1	2	3	4	5	6
		Yetersizlik	0	1	2	3	4	5	6
		Mutluluk	0	1	2	3	4	5	6
		Endişe	0	1	2	3	4	5	6
		Üzüntü	0	1	2	3	4	5	6
		Rahatlama	0	1	2	3	4	5	6
		Danışanı suçlama	0	1	2	3	4	5	6
		Diğer ( )	0	1	2	3	4	5	6
		<p>a) Hiçbir şey yapmam</p> <p>b) Durumu anlamak için soru sorarım</p> <p>c) Danışana sınır koyarım.</p> <p>d) Danışanın dinamikleri ile ilgili yorum yaparım</p> <p>e) Destekleyici bir şeyler söylerim.</p>							

		Hiç							Aşırı
6	Pelin bir seansına haber vermeden gitmemiştir. Bir sonraki seansında Pelin seansı unuttuğunu eve gittikten sonra fark ettiğini ve nasıl olsa bu hafta geleceği için haber vermeye gerek duymadığını söyler.	Hayal kırıklığına uğratılmış	0	1	2	3	4	5	6
		Danışana öfke	0	1	2	3	4	5	6
		Şaşkınlık	0	1	2	3	4	5	6
		Yetersizlik	0	1	2	3	4	5	6
		Mutluluk	0	1	2	3	4	5	6
		Endişe	0	1	2	3	4	5	6
		Üzüntü	0	1	2	3	4	5	6
		Rahatlama	0	1	2	3	4	5	6
		Danışanı suçlama	0	1	2	3	4	5	6
		Diğer ( )	0	1	2	3	4	5	6
		<p>a) Hiçbir şey yapmam</p> <p>b) Durumu anlamak için soru sorarım</p> <p>c) Danışana sınır koyarım.</p> <p>d) Danışanın dinamikleri ile ilgili yorum yaparım</p> <p>e) Destekleyici bir şeyler söylerim.</p>							

		Hiç							Aşırı
7	Berfin bir süredir terapiye devam etmektedir. Bu süreçte Berfin, ailesinin biyolojik ailesi olmadığını ve altı aylıkken evlat edinildiğini öğrenir ve terapisti ile paylaşır.	Hayal kırıklığına uğratılmış	0	1	2	3	4	5	6
		Danışana öfke	0	1	2	3	4	5	6
		Şaşkınlık	0	1	2	3	4	5	6
		Yetersizlik	0	1	2	3	4	5	6
		Mutluluk	0	1	2	3	4	5	6
		Endişe	0	1	2	3	4	5	6
		Üzüntü	0	1	2	3	4	5	6
		Rahatlama	0	1	2	3	4	5	6
		Danışanı suçlama	0	1	2	3	4	5	6
		Diğer ( )	0	1	2	3	4	5	6
		<p>a) Hiçbir şey yapmam</p> <p>b) Durumu anlamak için soru sorarım</p> <p>c) Danışana sınır koyarım.</p> <p>d) Danışanın dinamikleri ile ilgili yorum yaparım</p> <p>e) Destekleyici bir şeyler söylerim.</p>							

		Hiç							Aşırı
8	Minas bir süredir 45 dakika seans süresinin kendisine yetmediğini söylemektedir. Terapiye giden bir başka arkadaşının terapi süresinin 50 dakika olduğunu öğrendikten sonraki seansta Minas seans süresini uzatmak konusunda ısrar eder.	Hayal kırıklığına uğratılmış	0	1	2	3	4	5	6
		Danışana öfke	0	1	2	3	4	5	6
		Şaşkınlık	0	1	2	3	4	5	6
		Yetersizlik	0	1	2	3	4	5	6
		Mutluluk	0	1	2	3	4	5	6
		Endişe	0	1	2	3	4	5	6
		Üzüntü	0	1	2	3	4	5	6
		Rahatlama	0	1	2	3	4	5	6
		Danışanı suçlama	0	1	2	3	4	5	6
		Diğer ( )	0	1	2	3	4	5	6
		<p>a) Hiçbir şey yapmam</p> <p>b) Durumu anlamak için soru sorarım</p> <p>c) Danışana sınır koyarım.</p> <p>d) Danışanın dinamikleri ile ilgili yorum yaparım</p> <p>e) Destekleyici bir şeyler söylerim.</p>							

		Hiç							Aşırı
9	Bengü, bir seansta kullandığı ilacın yan etkilerinden bahseder. Bu konuşma esnasında terapist Bengü'nün iki aydır anti-depresan kullanmakta olduğunu öğrenir.	Hayal kırıklığına uğratılmış	0	1	2	3	4	5	6
		Danışana öfke	0	1	2	3	4	5	6
		Şaşkınlık	0	1	2	3	4	5	6
		Yetersizlik	0	1	2	3	4	5	6
		Mutluluk	0	1	2	3	4	5	6
		Endişe	0	1	2	3	4	5	6
		Üzüntü	0	1	2	3	4	5	6
		Rahatlama	0	1	2	3	4	5	6
		Danışanı suçlama	0	1	2	3	4	5	6
		Diğer ( )	0	1	2	3	4	5	6
		<p>a) Hiçbir şey yapmam</p> <p>b) Durumu anlamak için soru sorarım</p> <p>c) Danışana sınır koyarım.</p> <p>d) Danışanın dinamikleri ile ilgili yorum yaparım</p> <p>e) Destekleyici bir şeyler söylerim.</p>							

		Hiç							Aşırı
10	Şiyar seans boyunca saatini kontrol eder ve seansın bitmesine 15 dakika kala önemli bir işi olduğunu, çıkması gerektiğini söyler. Terapist seansın henüz bitmediğini hatırlattığı halde, Şiyar geç kalmamak için hemen çıkması gerektiğini söyleyerek odadan ayrılır.	Hayal kırıklığına uğratılmış	0	1	2	3	4	5	6
		Danışana öfke	0	1	2	3	4	5	6
		Şaşkınlık	0	1	2	3	4	5	6
		Yetersizlik	0	1	2	3	4	5	6
		Mutluluk	0	1	2	3	4	5	6
		Endişe	0	1	2	3	4	5	6
		Üzüntü	0	1	2	3	4	5	6
		Rahatlama	0	1	2	3	4	5	6
		Danışanı suçlama	0	1	2	3	4	5	6
		Diğer ( )	0	1	2	3	4	5	6
		<p>a) Hiçbir şey yapmam</p> <p>b) Durumu anlamak için soru sorarım</p> <p>c) Danışana sınır koyarım.</p> <p>d) Danışanın dinamikleri ile ilgili yorum yaparım</p> <p>e) Destekleyici bir şeyler söylerim.</p>							

		Hiç							Aşırı
11	Şilan uzun bir süredir terapiye devam etmektedir. Bir seansında Şilan terapistine o sabah ani bir kararla işinden istifa ettiğini söyler.	Hayal kırıklığına uğratılmış	0	1	2	3	4	5	6
		Danışana öfke	0	1	2	3	4	5	6
		Şaşkınlık	0	1	2	3	4	5	6
		Yetersizlik	0	1	2	3	4	5	6
		Mutluluk	0	1	2	3	4	5	6
		Endişe	0	1	2	3	4	5	6
		Üzüntü	0	1	2	3	4	5	6
		Rahatlama	0	1	2	3	4	5	6
		Danışanı suçlama	0	1	2	3	4	5	6
		Diğer ( )	0	1	2	3	4	5	6
		<p>a) Hiçbir şey yapmam</p> <p>b) Durumu anlamak için soru sorarım</p> <p>c) Danışana sınır koyarım.</p> <p>d) Danışanın dinamikleri ile ilgili yorum yaparım</p> <p>e) Destekleyici bir şeyler söylerim.</p>							

		Hiç							Aşırı
12	Kaya uzun bir zamandır iş aramaktadır. Bir seansta Kaya terapistine tam aradığı gibi bir iş bulduğunu söyler.	Hayal kırıklığına uğratılmış	0	1	2	3	4	5	6
		Danışana öfke	0	1	2	3	4	5	6
		Şaşkınlık	0	1	2	3	4	5	6
		Yetersizlik	0	1	2	3	4	5	6
		Mutluluk	0	1	2	3	4	5	6
		Endişe	0	1	2	3	4	5	6
		Üzüntü	0	1	2	3	4	5	6
		Rahatlama	0	1	2	3	4	5	6
		Danışanı suçlama	0	1	2	3	4	5	6
		Diğer ( )	0	1	2	3	4	5	6
		<p>a) Hiçbir şey yapmam</p> <p>b) Durumu anlamak için soru sorarım</p> <p>c) Danışana sınır koyarım.</p> <p>d) Danışanın dinamikleri ile ilgili yorum yaparım</p> <p>e) Destekleyici bir şeyler söylerim.</p>							

		Hiç							Aşırı
13	Diyar seansta terapistine iki gün önce çocuğunun kaza geçirdiğini söyler. Diyar, çocuğunun kazanın gecesini yoğun bakımda geçirdiğini ve bir hafta daha hastanede kalacağını anlatır.	Hayal kırıklığına uğratılmış	0	1	2	3	4	5	6
		Danışana öfke	0	1	2	3	4	5	6
		Şaşkınlık	0	1	2	3	4	5	6
		Yetersizlik	0	1	2	3	4	5	6
		Mutluluk	0	1	2	3	4	5	6
		Endişe	0	1	2	3	4	5	6
		Üzüntü	0	1	2	3	4	5	6
		Rahatlama	0	1	2	3	4	5	6
		Danışanı suçlama	0	1	2	3	4	5	6
		Diğer ( )	0	1	2	3	4	5	6
		<p>a) Hiçbir şey yapmam</p> <p>b) Durumu anlamak için soru sorarım</p> <p>c) Danışana sınır koyarım.</p> <p>d) Danışanın dinamikleri ile ilgili yorum yaparım</p> <p>e) Destekleyici bir şeyler söylerim.</p>							

		Hiç							Aşırı
14	Narod üniversite sınavında istediği bölüme girememiş ve sonrasında terapiye başlamıştır. Ertesi yıl sonuçlar açıklandıktan sonraki seansında Narod, istediği bölümü kazandığını terapistiyle paylaşır.	Hayal kırıklığına uğratılmış	0	1	2	3	4	5	6
		Danışana öfke	0	1	2	3	4	5	6
		Şaşkınlık	0	1	2	3	4	5	6
		Yetersizlik	0	1	2	3	4	5	6
		Mutluluk	0	1	2	3	4	5	6
		Endişe	0	1	2	3	4	5	6
		Üzüntü	0	1	2	3	4	5	6
		Rahatlama	0	1	2	3	4	5	6
		Danışanı suçlama	0	1	2	3	4	5	6
		Diğer ( )	0	1	2	3	4	5	6
		<p>a) Hiçbir şey yapmam</p> <p>b) Durumu anlamak için soru sorarım</p> <p>c) Danışana sınır koyarım.</p> <p>d) Danışanın dinamikleri ile ilgili yorum yaparım</p> <p>e) Destekleyici bir şeyler söylerim.</p>							

		Hiç						Aşırı	
15	Burak'ın bir ilişkisi vardır ancak evleneceği ya da nişanlanacağı konusunda daha önce seanslarda hiçbir şey söylememiştir. Burak bir seansa parmağında alyansla gelir.	Hayal kırıklığına uğratılmış	0	1	2	3	4	5	6
		Danışana öfke	0	1	2	3	4	5	6
		Şaşkınlık	0	1	2	3	4	5	6
		Yetersizlik	0	1	2	3	4	5	6
		Mutluluk	0	1	2	3	4	5	6
		Endişe	0	1	2	3	4	5	6
		Üzüntü	0	1	2	3	4	5	6
		Rahatlama	0	1	2	3	4	5	6
		Danışanı suçlama	0	1	2	3	4	5	6
		Diğer ( )	0	1	2	3	4	5	6
		<p>a) Hiçbir şey yapmam</p> <p>b) Durumu anlamak için soru sorarım</p> <p>c) Danışana sınır koyarım.</p> <p>d) Danışanın dinamikleri ile ilgili yorum yaparım</p> <p>e) Destekleyici bir şeyler söylerim.</p>							

		Hiç							Aşırı
16	Hayko bir seansına geldiğinde üç gün önce evinin sokağında saldırıya uğradığını anlatır. Hayko, saldıran kişinin kendisini hızla çarparak yere düşürdüğünü, tekme attığını ve bir şey demeden uzaklaştığını söyler.	Hayal kırıklığına uğratılmış	0	1	2	3	4	5	6
		Danışana öfke	0	1	2	3	4	5	6
		Şaşkınlık	0	1	2	3	4	5	6
		Yetersizlik	0	1	2	3	4	5	6
		Mutluluk	0	1	2	3	4	5	6
		Endişe	0	1	2	3	4	5	6
		Üzüntü	0	1	2	3	4	5	6
		Rahatlama	0	1	2	3	4	5	6
		Danışanı suçlama	0	1	2	3	4	5	6
		Diğer ( )	0	1	2	3	4	5	6
		<p>a) Hiçbir şey yapmam</p> <p>b) Durumu anlamak için soru sorarım</p> <p>c) Danışana sınır koyarım.</p> <p>d) Danışanın dinamikleri ile ilgili yorum yaparım</p> <p>e) Destekleyici bir şeyler söylerim.</p>							

		Hiç							Aşırı
17	Delal bir süredir seanslarda kanser teşhisi alan annesinin tedavi sürecinden bahsetmektedir. Bir seansına geldiğinde Delal, annesinin tedaviye olumlu yanıt verdiğini ve tamamen iyileşmeye yaklaştığını anlatır.	Hayal kırıklığına uğratılmış	0	1	2	3	4	5	6
		Danışana öfke	0	1	2	3	4	5	6
		Şaşkınlık	0	1	2	3	4	5	6
		Yetersizlik	0	1	2	3	4	5	6
		Mutluluk	0	1	2	3	4	5	6
		Endişe	0	1	2	3	4	5	6
		Üzüntü	0	1	2	3	4	5	6
		Rahatlama	0	1	2	3	4	5	6
		Danışanı suçlama	0	1	2	3	4	5	6
		Diğer ( )	0	1	2	3	4	5	6
		<p>a) Hiçbir şey yapmam</p> <p>b) Durumu anlamak için soru sorarım</p> <p>c) Danışana sınır koyarım.</p> <p>d) Danışanın dinamikleri ile ilgili yorum yaparım</p> <p>e) Destekleyici bir şeyler söylerim.</p>							

		Hiç							Aşırı
18	Yağmur seanslarda sıkça kabul edilmeyi hayal ettiği yüksek lisans programından bahseder. Sonuçların belli olduğu hafta seansına gelen Yağmur red cevabı aldığı anlatır.	Hayal kırıklığına uğratılmış	0	1	2	3	4	5	6
		Danışana öfke	0	1	2	3	4	5	6
		Şaşkınlık	0	1	2	3	4	5	6
		Yetersizlik	0	1	2	3	4	5	6
		Mutluluk	0	1	2	3	4	5	6
		Endişe	0	1	2	3	4	5	6
		Üzüntü	0	1	2	3	4	5	6
		Rahatlama	0	1	2	3	4	5	6
		Danışanı suçlama	0	1	2	3	4	5	6
		Diğer ( )	0	1	2	3	4	5	6
		<p>a) Hiçbir şey yapmam</p> <p>b) Durumu anlamak için soru sorarım</p> <p>c) Danışana sınır koyarım.</p> <p>d) Danışanın dinamikleri ile ilgili yorum yaparım</p> <p>e) Destekleyici bir şeyler söylerim.</p>							

		Hiç							Aşırı
19	Aret maddi sıkıntılar çekmektedir ve seanslarında da ara ara bundan bahseder. Bir seansında Aret, terapistine bir önceki işyerinden uzunca bir zamandır alamadığı tazminatını nihayet alabildiğini anlatır.	Hayal kırıklığına uğratılmış	0	1	2	3	4	5	6
		Danışana öfke	0	1	2	3	4	5	6
		Şaşkınlık	0	1	2	3	4	5	6
		Yetersizlik	0	1	2	3	4	5	6
		Mutluluk	0	1	2	3	4	5	6
		Endişe	0	1	2	3	4	5	6
		Üzüntü	0	1	2	3	4	5	6
		Rahatlama	0	1	2	3	4	5	6
		Danışanı suçlama	0	1	2	3	4	5	6
		Diğer ( )	0	1	2	3	4	5	6
		<p>a) Hiçbir şey yapmam</p> <p>b) Durumu anlamak için soru sorarım</p> <p>c) Danışana sınır koyarım.</p> <p>d) Danışanın dinamikleri ile ilgili yorum yaparım</p> <p>e) Destekleyici bir şeyler söylerim.</p>							

		Hiç							Aşırı
20	Uzun zamandır terapiye devam eden Aram, bir seansında altı ay önce maddi sıkıntılar nedeniyle ailesinin yanına taşındığını söyler. Aram'ın terapisti bu süre içinde bu konudan habersizdir.	Hayal kırıklığına uğratılmış	0	1	2	3	4	5	6
		Danışana öfke	0	1	2	3	4	5	6
		Şaşkınlık	0	1	2	3	4	5	6
		Yetersizlik	0	1	2	3	4	5	6
		Mutluluk	0	1	2	3	4	5	6
		Endişe	0	1	2	3	4	5	6
		Üzüntü	0	1	2	3	4	5	6
		Rahatlama	0	1	2	3	4	5	6
		Danışanı suçlama	0	1	2	3	4	5	6
		Diğer ( )	0	1	2	3	4	5	6
		<p>a) Hiçbir şey yapmam</p> <p>b) Durumu anlamak için soru sorarım</p> <p>c) Danışana sınır koyarım.</p> <p>d) Danışanın dinamikleri ile ilgili yorum yaparım</p> <p>e) Destekleyici bir şeyler söylerim.</p>							

		Hiç							Aşırı
21	Karin bir seansta laf arasında iki ay önce okulu bıraktığını söyler. Terapisti o ana kadar Karin'in okula devam ediyor olduğunu zanneder.	Hayal kırıklığına uğratılmış	0	1	2	3	4	5	6
		Danışana öfke	0	1	2	3	4	5	6
		Şaşkınlık	0	1	2	3	4	5	6
		Yetersizlik	0	1	2	3	4	5	6
		Mutluluk	0	1	2	3	4	5	6
		Endişe	0	1	2	3	4	5	6
		Üzüntü	0	1	2	3	4	5	6
		Rahatlama	0	1	2	3	4	5	6
		Danışanı suçlama	0	1	2	3	4	5	6
		Diğer ( )	0	1	2	3	4	5	6
		<p>a) Hiçbir şey yapmam</p> <p>b) Durumu anlamak için soru sorarım</p> <p>c) Danışana sınır koyarım.</p> <p>d) Danışanın dinamikleri ile ilgili yorum yaparım</p> <p>e) Destekleyici bir şeyler söylerim.</p>							

		Hiç							Aşırı
22	Terapisti bir seansında Rodi'nin üç ay önce işten atıldığını öğrenir. O seansa kadar terapist bu durumdan habersizdir ve Rodi'nin halen çalışıyor olduğunu düşünmektedir.	Hayal kırıklığına uğratılmış	0	1	2	3	4	5	6
		Danışana öfke	0	1	2	3	4	5	6
		Şaşkınlık	0	1	2	3	4	5	6
		Yetersizlik	0	1	2	3	4	5	6
		Mutluluk	0	1	2	3	4	5	6
		Endişe	0	1	2	3	4	5	6
		Üzüntü	0	1	2	3	4	5	6
		Rahatlama	0	1	2	3	4	5	6
		Danışanı suçlama	0	1	2	3	4	5	6
		Diğer ( )	0	1	2	3	4	5	6
		<p>a) Hiçbir şey yapmam</p> <p>b) Durumu anlamak için soru sorarım</p> <p>c) Danışana sınır koyarım.</p> <p>d) Danışanın dinamikleri ile ilgili yorum yaparım</p> <p>e) Destekleyici bir şeyler söylerim.</p>							

		Hiç							Aşırı
23	Gökçe seanslarda sıkça kabul edilmeyi hayal ettiği yüksek lisans programından bahseder. Bir seansına geldiğinde Gökçe, terapistiyle kabul edildiğini paylaşır.	Hayal kırıklığına uğratılmış	0	1	2	3	4	5	6
		Danışana öfke	0	1	2	3	4	5	6
		Şaşkınlık	0	1	2	3	4	5	6
		Yetersizlik	0	1	2	3	4	5	6
		Mutluluk	0	1	2	3	4	5	6
		Endişe	0	1	2	3	4	5	6
		Üzüntü	0	1	2	3	4	5	6
		Rahatlama	0	1	2	3	4	5	6
		Danışanı suçlama	0	1	2	3	4	5	6
		Diğer ( )	0	1	2	3	4	5	6
		<p>a) Hiçbir şey yapmam</p> <p>b) Durumu anlamak için soru sorarım</p> <p>c) Danışana sınır koyarım.</p> <p>d) Danışanın dinamikleri ile ilgili yorum yaparım</p> <p>e) Destekleyici bir şeyler söylerim.</p>							

		Hiç							Aşırı
24	Talin sürekli seans odasında eşyalarını unutmakta ve bu durum seanslarda gündeme gelmektedir. Bir gün Talin yine klinikte bir eşyasını unuttur ve almak için geri döner.	Hayal kırıklığına uğratılmış	0	1	2	3	4	5	6
		Danışana öfke	0	1	2	3	4	5	6
		Şaşkınlık	0	1	2	3	4	5	6
		Yetersizlik	0	1	2	3	4	5	6
		Mutluluk	0	1	2	3	4	5	6
		Endişe	0	1	2	3	4	5	6
		Üzüntü	0	1	2	3	4	5	6
		Rahatlama	0	1	2	3	4	5	6
		Danışanı suçlama	0	1	2	3	4	5	6
		Diğer ( )	0	1	2	3	4	5	6
		<p>a) Hiçbir şey yapmam</p> <p>b) Durumu anlamak için soru sorarım</p> <p>c) Danışana sınır koyarım.</p> <p>d) Danışanın dinamikleri ile ilgili yorum yaparım</p> <p>e) Destekleyici bir şeyler söylerim.</p>							

Appendix D: Demographic Information Form

**1. Cinsiyet**

Kadın

Erkek

Diğer

Belirtmek istemiyorum

**2. Yaş**

\_\_\_\_\_

**3. Meslek** (Size uygun olan birden fazla seçeneği işaretleyebilirsiniz):

Psikolog

Psikoterapist

Psikolojik Danışman

Psikanalist

Psikiyatrist

Diğer \_\_\_\_\_



**4. Eğitim durumu:**

Lisans mezunu

Yüksek Lisans öğrencisi

Yüksek Lisans mezunu

Doktora öğrencisi

Doktora mezunu

Diğer \_\_\_\_\_

**5. Kaç yıldır psikoterapi uyguluyorsunuz, lütfen belirtiniz?**

\_\_\_\_\_

**6. Aktif olarak terapi sürecini sürdürdüğünüz kaç danışanınız bulunmaktadır?**

\_\_\_\_\_

**7. Haftada yaklaşık kaç seans yapıyorsunuz?**

\_\_\_\_\_

**8. Hangi terapi yaklaşım(lar)ını benimsiyorsunuz? (Birden fazla seçeneği işaretleyebilirsiniz).**

Psikanalitik / Psikodinamik  
Sistemik

Varoluşçu / Hümanistik  
Çözüm odaklı

Bilişsel / Davranışçı  
Diğer \_\_\_\_\_

**9. Kişisel terapi ya da analiz deneyiminiz oldu mu?**

Evet, devam ediyor

Evet, sonlandı.

Hayır

## Appendix E: The Purpose of the Study

Değerli katılımcı,

Bu çalışma için farklı cinsiyet ve etnik kökenlerden danışanlarla yaşanabilecek durumlar ile ilgili sorular yanıtladınız. Yanıtlama sürecinde fark ettiğiniz, belirtmek ya da eklemek istediğiniz bir gözleminiz varsa bizimle paylaşabilirsiniz.

Teşekkürler.

Appendix F: Vignette Sets for Expert Ratings

Durum 1	XXX, seans ücretini elden vermenin kendisini kötü hissettirdiğini söylemiş ve bu konu hakkında seansta konuşulmuştur. Bir sonraki seansta seans ücretini getirmediğini ve havale yapmak istediğini belirten XXX terapistinin hesap numarasını ister.	Terapi çerçevesi ihlali	
		Ne yoğunlukta duygu hissettirir?	
Durum 2	XXX seans boyunca saatini kontrol eder ve seansın bitmesine 15 dakika kala önemli bir işi olduğunu, çıkması gerektiğini söyler. Terapist seansın henüz bitmediğini hatırlattığı halde, XXX geç kalmamak için hemen çıkması gerektiğini söyleyerek odadan ayrılır.	Terapi çerçevesi ihlali	
		Ne yoğunlukta duygu hissettirir?	
Durum 3	XXX'in seans sırasında telefonu çalar. Acil bir durum olabileceğini söyleyen XXX, terapistin konuşmasına fırsat vermeden telefonu yanıtlar.	Terapi çerçevesi ihlali	
		Ne yoğunlukta duygu hissettirir?	
Durum 4	XXX uzun zamandır terapiye devam etmektedir ve bir seansında bir sonraki seans günü boşanma davasının	Beklenmedik haber/durum	

	olduğunu söyler. Terapistin o ana kadar XXX'in boşanmaya karar verdiğinden haberi yoktur.		
		Ne yoğunlukta duygu hissettirir?	
Durum 5	XXX seansta terapistine iki gün önce çocuğunun kaza geçirdiğini söyler. XXX çocuğunun kazanın gecesini yoğun bakımda geçirdiğini ve 1 hafta daha hastanede kalacağını anlatır.	Üzücü/olumsuz durum	
		Ne yoğunlukta duygu hissettirir?	
Durum 6	XXX maddi sıkıntılar çekmektedir ve seanslarında da ara ara bundan bahseder. Bir seansında XXX terapistine bir önceki işyerinden uzunca bir zamandır alamadığı tazminatını nihayet alabildiğini anlatır.	Sevindirici/olumlu durum	
		Ne yoğunlukta duygu hissettirir?	
Durum 7	XXX'in bir seansta laf arasında iki ay önce okulu bıraktığını söyler. Terapisti o ana kadar XXX'in okula devam ediyor olduğunu zanneder.	Beklenmedik haber/durum	
		Ne yoğunlukta duygu hissettirir?	
Durum 8	XXX seanslarında bir süredir aşık olduğu, fakat bu konuda konuşmaya çekindiği bir kişiyi anlatmaktadır. Bir seansında XXX, bu kişiyle konuştuğunu ve bir ilişkiye başladıklarını anlatır.	Sevindirici/olumlu durum	

		Ne yoğunlukta duygu hissettirir?	
Durum 9	XXX bir süredir 45 dakika seans süresinin kendisine yetmediğini söylemektedir. Terapiye giden bir başka arkadaşının terapi süresinin 50 dakika olduğunu öğrendikten sonraki seansta XXX seans süresini uzatmak konusunda ısrar eder.	Terapi çerçevesi ihlali	
		Ne yoğunlukta duygu hissettirir?	
Durum 10	XXX bir seansına geldiğinde 3 gün önce evinin sokağında saldırıya uğradığını anlatır. XXX, saldıran kişinin kendisini hızla çarparak yere düşürdüğünü, tekme attığını ve bir şey demeden uzaklaştığını söyler.	Üzücü/olumsuz durum	
		Ne yoğunlukta duygu hissettirir?	
Durum 11	XXX çevresinden desteğe ihtiyaç duyduğu zor bir dönem geçirmektedir. XXX bir seansına geldiğinde en yakın arkadaşının 5 yıllığına yurtdışına gideceğini öğrendiğini paylaşır.	Üzücü/olumsuz durum	
		Ne yoğunlukta duygu hissettirir?	
Durum 12	Uzun zamandır terapiye devam eden XXX, bir seansında altı ay önce maddi sıkıntılar nedeniyle ailesinin yanına taşındığını söyler. XXX'in terapist bu süre içinde bu konudan habersizdir.	Beklenmedik haber/durum	

		Ne yoğunlukta duygu hissettirir?	
Durum 13	XXX uzun zamandır terapiye devam etmektedir ve süreci boyunca bir gün ve/veya saat değişikliği yapılmamıştır. Bir seansından önceki gece 23:00'te XXX seansının saatini teyit etmek için terapistine mesaj atar.	Terapi çerçevesi ihlali	
		Ne yoğunlukta duygu hissettirir?	
Durum 14	XXX'in en yakın arkadaşı uzun bir zamandır yurtdışında yaşamaktadır. XXX bir hafta seansında arkadaşının kesin olarak dönmeye karar verdiğini ve yakın bir zamanda geleceğini anlatır.	Sevindirici/olumlu durum	
		Ne yoğunlukta duygu hissettirir?	
Durum 15	XXX ilişkisiyle ilgili sıkıntılarını seanslarda gündeme getirmiş ancak ayrılma niyetinden hiç bahsetmemiştir. Bir seansına geldiğinde XXX 3 gün önce sevgilisinden ayrıldığını anlatır.	Beklenmedik haber/durum	
		Ne yoğunlukta duygu hissettirir?	
Durum 16	XXX babasıyla uzun bir süredir konuşmamaktadır. Bir seansa geldiğinde xxx babasını aradığını, buluşup konuştuklarını ve aralarının düzelmekte olduğunu anlatır.	Sevindirici/olumlu durum	
		Ne yoğunlukta duygu hissettirir?	

Durum 17	XXX uzun bir zamandır iş aramaktadır. Bir seansta XXX terapistine tam aradığı gibi bir iş bulunduğunu söyler.	Sevindirici/olumlu durum	
		Ne yoğunlukta duygu hissettirir?	
Durum 18	XXX bir seansta diğer terapistinin de benzer yorumlar yaptığını söyler. Bunun üzerine terapist XXX'in 2 aydır başka bir terapistle de görüşüyor olduğunu öğrenir.	Beklenmedik haber/durum	
		Ne yoğunlukta duygu hissettirir?	
Durum 19	XXX ve eşi uzun zamandır çocuk sahibi olmak istemektedir. Bir seansta XXX terapistine bebek beklediklerini söyler.	Sevindirici/olumlu durum	
		Ne yoğunlukta duygu hissettirir?	
Durum 20	XXX seanslarda sıkça kabul edilmeyi hayal ettiği yüksek lisans programından bahseder. Sonuçların belli olduğu hafta seansına gelen XXX red cevabı aldığını anlatır.	Üzücü/olumsuz durum	
		Ne yoğunlukta duygu hissettirir?	
Durum 21	XXX seansından bir kaç güç önce terapistini arar. XXX telefonda babasını aniden kaybettiğini ve bir süre şehir dışında olacağı için seanslarına gelemeyeceğini söyler.	Üzücü/olumsuz durum	
		Ne yoğunlukta duygu hissettirir?	

Durum 22	Terapisti bir seansında XXX'in üç ay önce işten atıldığını öğrenir. O seansa kadar terapist bu durumdan habersizdir ve XXX'in halen çalışıyor olduğunu düşünmektedir.	Beklenmedik haber/durum	
		Ne yoğunlukta duygu hissettirir?	
Durum 23	XXX terapi saatinin programına uymadığını söyleyerek seans saatini değiştirmek ister. Yeni saatte yapacakları ilk seansa geç kalan XXX, bu saatin de programına uymadığını ve saati yeniden değiştirmek istediğini söyler.	Terapi çerçevesi ihlali	
		Ne yoğunlukta duygu hissettirir?	
Durum 24	XXX uzun zamandır terapiye devam etmektedir. Bir gün terapisti XXX'ten eşinin intihara teşebbüs ettiğine ve hastanede olduklarına dair mesaj alır.	Üzücü/olumsuz durum	
		Ne yoğunlukta duygu hissettirir?	
Durum 25	XXX bir seansında kullandığı ilacın yan etkilerinden bahseder. Bu konuşma esnasında terapist XXX'in 2 aydır anti-depresan kullanmakta olduğunu öğrenir.	Beklenmedik haber/durum	
		Ne yoğunlukta duygu hissettirir?	

Durum 26	XXX terapistine Facebook'tan arkadaşlık isteği yollamış, bu durum seansta konuşulmuş ve terapisti Facebook'ta arkadaş olamayacaklarını net bir şekilde ifade etmiştir. XXX bir sonraki seansa gelemeyeceğini Facebook'tan mesaj göndererek bildirmiştir.	Terapi çerçevesi ihlali	
		Ne yoğunlukta duygu hissettirir?	
Durum 27	XXX sürekli seans odasında eşyalarını unutmakta ve bu durum seanslarda gündeme gelmektedir. Bir gün XXX yine klinikte bir eşyasını unuttur ve almak için geri döner.	Terapi çerçevesi ihlali	
		Ne yoğunlukta duygu hissettirir?	
Durum 28	XXX bir süredir seanslarında yeni bir ilişkiye hazır hissettiğini söylemektedir. Bir seansına geldiğinde XXX birisiyle tanıştığını ve ilk görüşte aşık olduğunu anlatır.	Sevindirici/olumlu durum	
		Ne yoğunlukta duygu hissettirir?	
Durum 29	XXX bir süredir seanslarda kanser teşhisi alan annesinin tedavi sürecinden bahsetmektedir. Bir seansına geldiğinde XXX, annesinin tedaviye olumlu yanıt verdiğini ve tamamen iyileşmeye yaklaştığını anlatır.	Sevindirici/olumlu durum	
		Ne yoğunlukta duygu hissettirir?	

Durum 30	XXX uzun bir süredir terapiye devam etmektedir. Bir seansın sonunda ödeme yapmak cüzdanını çıkaran XXX yanında para olmadığını farkeder.	Terapi çerçevesi ihlali	
		Ne yoğunlukta duygu hissettirir?	
Durum 31	XXX bir seansına haber vermeden gitmemiştir. Bir sonraki seansında XXX seansı unuttuğunu eve gittikten sonra fark ettiğini ve nasılolsa bu hafta geleceği için haber vermeye gerek duymadığını söyler.	Terapi çerçevesi ihlali	
		Ne yoğunlukta duygu hissettirir?	
Durum 32	XXX seanslarda sıkça kabul edilmeyi hayal ettiği yüksek lisans programından bahseder. Bir seansına geldiğinde XXX terapistiyle kabul edildiğini paylaşır.	Sevindirici/olumlu durum	
		Ne yoğunlukta duygu hissettirir?	
Durum 33	XXX saçlarına ne kadar düşkün olduğundan seanslarda uzun uzun bahsetmiştir. Bir gün seansa geldiğinde terapisti, XXX'in saçlarını çok kısa kestirmiş olduğunu görür.	Beklenmedik haber/durum	
		Ne yoğunlukta duygu hissettirir?	
Durum 34	XXX evlenmek istediği kişiyi ailesinin kabul etmediğini ve buna rağmen evlendiğini terapistine anlatır. XXX bu yüzden evlatlıktan	Üzücü/olumsuz durum	

	reddedildiğini ve ailesiyle 5 yıldır hiç görüşmediğini söyler.		
		Ne yoğunlukta duygu hissettirir?	
Durum 35	XXX bir süredir terapiye devam etmektedir. Bu süreçte xxx, ailesinin biyolojik ailesi olmadığını ve 6 aylıkken evlat edinildiğini öğrenir ve terapisti ile paylaşır.	Üzücü/olumsuz durum	
		Ne yoğunlukta duygu hissettirir?	
Durum 36	XXX ufak sağlık problemlerinden şikayet etmektedir. Bir seansına geldiğinde XXX terapistine lösemi teşhisi aldığını söyler.	Üzücü/olumsuz durum	
		Ne yoğunlukta duygu hissettirir?	
Durum 37	XXX uzun bir süredir terapiye devam etmektedir. Bir seansında XXX terapistine o sabah ani bir kararla işinden istifa ettiğini söyler.	Beklenmedik haber/durum	
		Ne yoğunlukta duygu hissettirir?	
Durum 38	XXX üniversite sınavında istediği bölüme girememiş ve sonrasında terapiye başlamıştır. Ertesi yıl sonuçlar açıklandıktan sonraki seansında XXX istediği bölümü kazandığını terapistiyle paylaşır.	Sevindirici/olumlu durum	
		Ne yoğunlukta duygu hissettirir?	

Durum 39	XXX'in bir ilişkisi vardır ancak evleneceği ya da nişanlanacağı konusunda daha önce seanslarda hiçbir şey söylememiştir. XXX bir seansa parmağında alyansla gelir.	Beklenmedik haber/durum	
		Ne yoğunlukta duygu hissettirir?	
Durum 40	XXX bir seansına geldiğinde bir gün önce evine hırsız girdiğini anlatır. XXX, hırsızın kendisini uyurken eve girmiş olduğunu, ufak tefek bir şeyler çaldığını ve kendisinin durumu sabah fark ettiğini anlatır.	Üzücü/olumsuz durum	
		Ne yoğunlukta duygu hissettirir?	

Appendix G: Names List

<b>Aşağıdaki isimlere ne kadar Kürt ismi olduğuna göre 1den 10a kadar bir değer veriniz</b>			
<b>İsim</b>	<b>Değer</b>	<b>İsim</b>	<b>Değer</b>
Adar		Heja	
Amed		Helin	
Asmin		Hişyar	
Azad		Jinda	
Baran		Jiyan	
Berfin		Mirza	
Berivan		Mizgin	
Botan		Raperin	
Civan		Rodi	
Delal		Rojda	
Dilan		Rojhat	
Dilşad		Sidar	
Diyar		Şilan	
Evindar		Şiyar	
Gülazer		Zelal	
Havin		Zozan	

<b>Aşağıdaki isimlere ne kadar Ermeni ismi olduğuna göre 1den 10a kadar bir değer veriniz</b>			
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İsim	Değer	İsim	Değer
Agop		Markar	
Alin		Minas	
Ani		Narod	
Anuş		Nora	
Aram		Nubar	
Areg		Peruz	
Aret		Sevan	
Armen		Silva	
Arusyag		Siranoş	
Dikran		Şuman	
Gaspar		Takuhi	
Harput		Talin	
Hayganuş		Vanuhi	
Hayko		Varujan	
Hrant		Zare	
Karin		Zarmine	

<b>Aşağıdaki isimlere ne kadar Türk ismi olduğuna göre 1den 10a kadar bir değer veriniz.</b>			
İsim	Değer	İsim	Değer
Acar		Kaya	
Acun		Kıvanç	
Altay		Korkut	
Aydan		Okan	
Bengü		Olca	
Burak		Onat	

Burçak		Özgür	
Çağrı		Pelin	
Çiğdem		Selin	
Dilek		Sibel	
Elçin		Tanju	
Engin		Tarık	
Gökçe		Tolga	
Gökhan		Tomris	
Gülsün		Yağmur	
Irmak		Yaman	

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

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

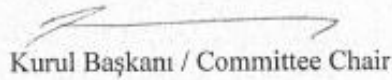
**Başvuru Sahibi / Applicant:** Mehmet Emin Demir

**Proje Başlığı / Project Title:** The Relationship between Client Ethnicity and  
Psychotherapists' Presumed Emotional and Behavioral Reactions

**Proje No. / Project Number:** 2017-20024-101

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

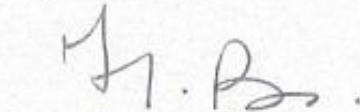
Değerlendirme Tarihi / Date of Evaluation: 21 Kasım 2017

  
Kurul Başkanı / Committee Chair

Doç Dr. İtir Erhart

  
Üye / Committee Member

Prof. Dr. Aslı Tunç

  
Üye / Committee Member

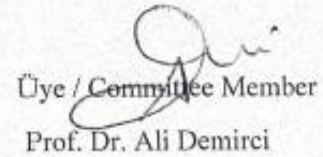
Prof. Dr. Hale Bolak

Üye / Committee Member

Prof. Dr. Turgut Tarhanlı

  
Üye / Committee Member

Prof. Dr. Koray Akay

  
Üye / Committee Member

Prof. Dr. Ali Demirci

  
Üye / Committee Member

Doç Dr. Ayhan Özgür Toy