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A PHENOMENOLOGICAL STUDY ON FATHER INVOLVEMENT IN
FAMILY THERAPY SESSIONS

İLAYDA DOĞU
116647008

Assist. Prof. Yudum Söylemez

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A Phenomenological Study on Father Involvement in Family Therapy Sessions

Babaların Aile Terapisine Katılımı Üzerine Fenomenolojik Bir Çalışma

İlayda DOĞU

116647008

Tez Danışmanı: Dr. Öğr. Üyesi Yudum Söylemez:
İstanbul Bilgi Üniversitesi

Jüri Üyesi: Prof. Dr. Öğr. Üyesi Hale Bolak Boratav:
İstanbul Bilgi Üniversitesi

Jüri Üyesi: Dr. Öğr. Üyesi Gizem Erdem:
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Abstract

This thesis consists of two articles. The first article is a literature review of fatherhood research. The article includes discussions about gender roles and fatherhood, fatherhood in Turkish culture, and men in therapy. The second article includes a brief literature review on father involvement in child development and family therapy sessions and extends the literature conducting a qualitative study aiming to understand the experiences of fathers who are involved in family therapy sessions and also the experiences of therapists who are working with these fathers in a therapeutic context. Five fathers and five therapists were interviewed and the data were analyzed using Interpretive Phenomenological Analysis and revealed four themes for fathers: (a) What brings fathers to the therapy room? (b) How do fathers see therapy? (c) Expectations from the therapist, (d) Becoming a father; A life-changing experience and five themes for therapists: (a) Value of fathers in family therapy, (b) Difficulty of engaging the fathers, (c) Therapists' ways to include fathers, (d) Why do fathers come to therapy? (e) Family-of-origin experiences. The findings are discussed in relation to the current fatherhood literature and clinical implications are outlined for clinicians who work with fathers.

Keywords: father involvement, family therapy, psychotherapy, gender roles, Interpretive Phenomenological Analysis

Özet

Bu tez iki makaleden oluşmaktadır. Birinci makale babalık arařtırmaları hakkında bir literatür taraması içermektedir. Makalenin içinde cinsiyet rolleri ve babalık, Türk kültüründe babalık ve terapide erkekler gibi konular tartışılmıştır. İkinci makale babaların çocuk gelişimine ve aile terapisine katılımına dair kısa bir literatür taraması içermekte ve kalitatif bir metotla aile terapisine katılan babaların deneyimlerinin ve bu babalarla terapötik bir düzlemde çalışan terapistlerin deneyimlerinin anlaşılmasını hedefleyerek literatürü genişletmektedir. Aile terapisine katılan beş baba ve beş terapistle yapılan birebir görüşmelerden elde edilen veriler Yorumlayıcı Fenomenolojik Analiz yöntemiyle incelenmiş ve babalar için dört tema ortaya çıkmıştır: (a) babaları terapi odasına ne getiriyor? (b) babalar terapiyi nasıl görüyor? (c) terapistten beklentiler, (d) baba olmak; dönüřtürücü bir deneyim, ve terapistler için de beş tema ortaya çıkmıştır: (a) aile terapisinde babanın değeri, (b) babaları katmanın zorluğu, (c) babaları katarken terapistin yöntemleri, (d) babalar neden terapiye geliyor? (e) kök aile deneyimleri. Sonuçlar güncel babalık literatürüyle bağ kurularak tartışılmış ve babalarla çalışan klinisyenler için öneriler sunulmuştur.

Anahtar kelimeler: baba katılımı, aile terapisti, psikoterapi, cinsiyet roller, Yorumlayıcı Fenomenolojik Analiz

INTRODUCTION

Research about family therapy processes is mostly dominated by studies where the focus is on mothers rather than fathers (Costigan & Cox, 2001). Fathers are not as involved in the treatment of emotional/behavioral problems of children compared to mothers. Fathers usually assume a supervisory or supportive role to the mother (Hops & Seeley, 1992). Even health care professionals accepted the mother as a “childcare expert” and overlooked the fathers (Kerr & Mckee, 1981). However, fatherhood roles and expectations from fathers have extensively shifted through time.

According to family systems theory family is an intensely connected unit and each member’s actions, thoughts, and feelings affect the other. In light of this theory, the involvement of fathers in the family treatment processes cannot be ignored. Their participation contributes to the well-being of their children, partners, and also fathers themselves (Mahalik & Morrison, 2006). However, although the father's contributions to the family system are well-known, they are less involved in the psychological treatment of family problems. Family therapists’ attitudes towards father involvement is an essential factor in their participation. Therapist's relationship with their own parents and their own experiences of parenting strongly affect their attitudes towards fathers which results in promoting or preventing father's participation(Walters, Tasker & Bichard, 2001).

The current study aims to review fatherhood research and understand fatherhood by focusing on gender roles, historical and social changes, and individual experiences. The literature on being a father in terms of gender and parenting roles and responsibilities, and intergenerational transmission of this fatherhood in Turkish culture is summarized. The review also includes an overview of men’s experiences and attitudes towards mental health treatment in reference to the family systems theory.

The second article is a research article aiming to describe the experiences of fathers who are involved in the family therapy sessions and the factors influencing their involvement. Another aim of this study is to examine family

therapists' methods to involve fathers in treatment and to determine their experiences while working with fathers. Semi-structured interviews were conducted to answer these following research questions: (a) What are the experiences of fathers who are involved in family therapy sessions? (b) How traditional gender roles affect this process? (c) What does it mean to include fathers in therapy sessions and work with them as a family therapist? (d) How family-of-origin experiences of fathers and therapists affect the process?



LITERATURE REVIEW ARTICLE

Abstract

To understand the contemporary concept of fathering, it is important to understand the links between fathering and gender roles, historical and social changes, and individual experiences. This review covers a brief history of fatherhood research and draws an outline of the men's experiences and expectations on the transition period to fatherhood. Being a father in terms of gender and parenting roles and responsibilities, and intergenerational transmission of this fatherhood in Turkish culture are discussed. This article, also, provides an overview of men's experiences and attitudes towards mental health treatment in reference to the family systems theory. The review concludes with a discussion of the clinical implications of fatherhood research and some suggestions for therapists working with fathers.

Keywords: Father, fatherhood, gender roles, history of fatherhood, men in therapy and culture

2.1. GENDER ROLES AND FATHERHOOD

2.1.1. Gender, Masculinities, and Fatherhood

Research on fatherhood is an expanding area of interest. It's no longer focused solely on developmental issues of father-children relationship, but it also explores many other areas of fatherhood (Plantin, Mansson & Kearney, 2003). Current research focuses on both male identity and fatherhood as a constructed practice (Platin et al., 2003). Fatherhood is a multifaceted complex concept where the role of fathers shifted over time. It has shifted from the role of a moral guide to a breadwinner, then a sex-role model for the child, then marital support for the partner, and finally a nurturer (Lamb, 2000). However, before expanding on the concept of fatherhood, some related concepts should be discussed, such as gender and masculinity.

Gender is a term that refers to what is 'masculine' and 'feminine' in social and cultural contexts. This concept helps us to organize our expectations and behaviors. It is built and shaped by society and influenced by culture through time. Gender helps us understand the social world by simplifying complex states of being. It creates binary classifications such as woman-man and father-mother. These human-made classifications in turn shape discourses and behaviors. Although related, gender shouldn't be confused with the term 'sex' which means the body's physical properties that are assigned at birth and usually considered as fixed traits (Miller, 2010).

The term 'gender' came into question more in the academic context in the 1970s and 1980s with the urge to study individuals not only biologically but also socially (Browne, 2007). The feminist movement and the development of women's studies challenged the social mechanisms which assume male domination, and so the term 'gender' started to be discussed both on a societal and an academic ground (Bradley, 2007). The idea of structured and unchangeable gendered roles was opposed by the idea that gendered behaviors are learned

through culture, which means that they can be unlearned (Bradley, 2007). According to West and Zimmerman (1987), every individual in society is required to "do" gender. They "do" it by acting in "manly" or "womanly" ways which lead to their inevitable categorization of being either a man or a woman. Fitting in a socially accepted gender category is very important even if we notice that these categories do not fit us perfectly (Kessler & McKenna, 1985). The idea of "doing gender" or performing gender challenges our binary way of thinking about gender and thinking about the many different forms of femininity and masculinity (Lorber, 1994). Thus, this perspective changes our structured way of thinking about gender roles, and make us consider the societal inequality it builds (Miller, 2011).

Gendered behaviors are learned through repeated social interactions with those who have similar ideas about gender constructs. Because gender can only exist in the minds of people who have similar understandings of gender, the ideas about gender differ globally from culture to culture (Coltrane, 1996). Gender is not inherent to our nature, but it is shaped by the surrounding social environment. For example, emotional support and caregiving are usually attributed to women but it seems that the behavior can be reduced or disappear when structural conditions change (Umberson, Chen, House, Hopkins, & Slaten, 1996). Research shows that when men and women have similarly demanding jobs, they provide a similar type and a similar amount of care to their families, extended kin, and friends (Gerstel & Gallagher, 1994). Also, when they receive the same amount of social support and care, their psychological responses to negative events are similar, like depression level and alcohol usage (Umberson et al., 1996). That means similar psychological reactions root from similar conditions and not from gender. Although characteristics like male aggressiveness, feminine intuition, or maternal instinct are thought to be natural, they are attributions by the society based on men's and women's social roles (Coltrane, 1996).

The developments in gender studies have changed our binary way of thinking about gender and made us recognize the variety in humans (Bradley, 2007). As a result of this changing perspective in academia, the relationship

between masculinities and fatherhood draws great attention in light of the new research data and understandings. Masculinity means, a set of behaviors, attitudes, thoughts, and actions associated with men (Connell, 2005). Besides other forms of masculinity, the concept of hegemonic masculinity developed by Connell (2000) conceptualizes masculinity as “the opposite of femininity”. Hegemonic masculinity is considered the most honorable and desirable (Connell & Messerschmidt, 2005). Being violent, unaffectionate, macho, and angry are the most stereotypical notions associated with masculinity. Fatherhood is also discussed through the lens of hegemonic masculinity. Social expectations change over time and as a result of this, men display a complex mix of hegemonic and nonhegemonic masculinities (Finn & Henwood, 2009). For instance, fathers' traditional 'breadwinner' role is opposite to the modern, more involved fatherhood model. However, research indicates that traditional gender roles and traditional conceptions of masculinity are still prevalent (Kings, Knight, Ryan & Macdonald, 2017). Many studies reveal that men usually incorporate both the traditional father roles which they experience in the family-of-origin, and the new fatherhood model which require them to be more involved in the family (Marsiglio, Hutchinson, & Cohan, 2000; Miller, 2010; Thompson, Lee, & Adams, 2013).

2.1.2. Role of the Father in History

Fathers have been in a variety of roles in families throughout history mainly due to economic changes and social climate (Brown & Bumpus, 1998). To be able to understand and make sense of contemporary fatherhood many researchers have examined economic and cultural history (Mintz, 1998; Pleck & Pleck, 1997; Rotundo 1993). Pleck (1984) examined the last two centuries of American history over the roles of fathers in families and came up with a four-phase model. The first phase, which is Puritan times to the Colonial period, is when fathers were perceived as moral teachers and guides. In this long period of time, fathers were predominantly assumed to be responsible for their children's education and moral insight. Then, a shift occurred at the time of industrialization,

which lasted from the nineteenth century to the Great Depression (Pleck, 1984). During this period, the predominant role of the father shifted to the breadwinner role. The definition of 'good father' was in reference to men who economically provided for their families. In the 1930s and 1940s, the breadwinner and moral guide role remained but in addition, fathers were seen as sex-role models for their male children (Pleck, 1981). The last phase emerged around the mid-1970s. Many researchers talked about the importance of the father's active role in nurturing and caregiving in the family (Lamb, 2000). Thus, fathers have been encouraged to participate in the daily care of their children and to be more involved since this shift (Griswold, 1995).

In the 20th century, women started to participate in the labor market more and more. As a result of this, both fathers and mothers started to contribute to the economic needs of the family, and the distinction between women's domestic sphere and men's public sphere gradually blended into one (Suwada, 2015). These economic and societal changes shifted the gender roles as parents. Fathers were engaged in more activities with their children such as, reading and talking to them, making meals with them, playing with them, and helping with their homework (Bianchi, Robinson, & Milkie, 2007; Jones & Mosher, 2013). Also, research shows that fathers spent thrice as much time with their children in a week; in 1965 it was 2,5 hours per week and it increased to 7,3 hours per week in 2011 (Parker & Wang, 2013). Their time spent on housework and childcare also increased from %14 to %31 between the years 1965 and 2011 (Parker & Wang, 2013).

Although there is some change, mothers are still perceived as primary caregivers. Traditional male/father gender roles such as household provider, protector, and the breadwinner of the family are still substantial features for fathers because the lack of them harms the well-being of fathers and lead to feelings of inadequacy (Freitag, 2004). Research shows that even in families where both parents work, men's breadwinner identity is still strong (Thébaud, 2010). Another research suggests that there is a transition period of fathers in which they try to combine the positive aspects of traditional male roles with the

values of contemporary involved father role (Marsiglio, Hutchinson, & Cohan, 2000; Thomson, Lee, & Adams, 2013).

Balancing the traditional father role and the contemporary expectations of being an emotionally involved father is an important subject of study (Marsiglio et al., 2000). Thompson and his colleagues (2013) found that men between the ages of 18-22 validate the significance of their father's economic providings for the family, but they are unhappy about their sole focus being the breadwinner and neglecting their other duties in the family. A similar study shows that, although men acknowledge advantages of their fathers' breadwinner role, they want them to be more emotionally involved in their families (Spjeldnaes, Moland, Harris & Sam, 2011). However, there is a conflict in the new fathers' sense of self when they try to combine traditional gender roles and involved fatherhood model (Miler, 2010).

The same attempt at blending the traditional and the modern has been happening among Turkish fathers too. Some studies conducted in Turkey showed that while men mostly described their own fathers as distant-authoritarian-breadwinner, they described their own fathering as being more involved, emotionally close and liberal (Bolak-Boratav, Fişek & Eslen-Ziya, 2017; Yalçınöz, 2011). While there is a generational transformation process, these fathers did not totally disregard the values of the old generation; rather they tried to blend the ideals and values of the past and present.

Fathers' efforts to integrate more traditional gender roles and the contemporary fatherhood model creates internal conflicts (Kings et al., 2017). Research suggests that some fathers are unable to achieve productive strategies to balance being the provider and being more involved (Thompson et al., 2013). A study revealed that fathers between the ages of 24-37, claimed "being there" was an unachievable ideal and that they had no role models or directions to follow (Barclay & Lupton, 1999). Another study that examined the blogs of first-time fathers revealed that fathers felt frustrated and doubtful about their future fathering role (Asenhed, Kilstan, Alehagen, & Bagens, 2014). Fathers from Miller's (2010) study stated experiencing high levels of stress and even clinical

depression while trying to balance business and family life. In light of these findings, understanding and formulating strategies to navigate these conflicts have great importance for fathers and families.

2.1.3. Period of Transition to Fatherhood

The majority of research about the transition to parenthood has concentrated on women's transition into motherhood (Smith & French 2002; Nelson 2003), but in the last few years, the focus shifted to men's transition into fatherhood (Fenwick, Bayes, & Johanson, 2012). The life-course theory claims that crucial life changes, like first child's birth, have a great impact on an individual's life expectations (Elder, 1998). Transition into parenthood also comes with a change in the sense of well-being and reconstruction of self (Cowan & Cowan, 2003).

The most challenging part of becoming a father seems to be the pregnancy period due to the difficulty of adjusting to the combined roles of being a partner and being a father (Finnbogadottir, Svalenius & Persson, 2003). Although fathers want to bond with their newborn, they report feelings of anxiety, irritation (Chalmers & Meyer 1996), and ambivalence in the first months of pregnancy (Gage & Kirk 2002, Genesoni & Tallandini, 2009; Finnbogedottir et al. 2003). Research suggests, these negative feelings reduce positive feelings such as joy, excitement, and pride that arise during the first ultrasound examination (Finnbogadottir et al. 2003). Moreover, expectant fathers report some physiological symptoms at the time of their partner's pregnancy like, fatigue, insomnia, back pain, nausea, and weight gain (Chalmers & Meyer, 1996).

When it comes to labor and delivery many studies show that fathers usually feel anxious, helpless, and useless (Greenhalgh, Slade & Spiby, 2000; Chapman, 1992; Jordan, 1990). They realize how demanding the labor is (Chandler & Field, 1997) which makes them feel unprepared and vulnerable. In the face of the conflict of balancing the fathering role and spousal support, they report needing to get professional help (Draper, 2003; Jordan, 1990). Expectant fathers also report

feeling left out of parenting education (Deave & Johnson 2008; Fenwick et al. 2012) while studies show that these parenting education groups seem to be very helpful for fathers (Genesoni & Tallandini 2009). Fathers also report that they need advice during pregnancy from those who already have knowledge about parenting (Gage & Kirk 2002). Research suggests that instructions on babies' developmental processes (Fagerskiöld, 2006) and father discussion groups (Hudson, Campbell-Grossman, Fleck, Elek & Shipman, 2003) can be really helpful to create a good rapport between fathers and their children (Magill-Evans, Harrison, Benzies, Gierl & Kimak, 2007).

The postnatal period can be seen as the fathers' transition to parenting and fatherhood from the societal point of view (Genesoni & Talladini, 2009). They experience a major conflict between being an involved father and being the provider of the family (Barclay & Lupton, 1999; Henwood & Procter, 2003; St. John, Cameron & McVeigh, 2005). Many studies investigate the problems in this postnatal period where fathers have difficulty finding time to be involved and establishing a rapport with the newborn (Barclay & Lupton, 1999). They report disruption in their daily life and having difficulties navigating their sexual relationship with their partners (Baafi, McVeigh, Williamson & Fathercraft, 2001; Williamson, McVeigh & Baafi, 2008). Fathers also report losing their independence they used to love (Buist, Morse & Durkin, 2002). They also have the idea that their partner is more skilled in child care in comparison to them (Jordan, 1990; Buist et al., 2002; Henderson & Brouse, 1991). They report wanting to get to know their child but cannot because they are working to provide for their families (Tiller, 1995). The conflict between the fathers' own fathers' parenting style and their own capabilities and desires aggravates the difficulties they have (Barclay & Lupton, 1999). This generational discord affects fathers' processes of adaptation to parenting and their self-image before and after being a father (Strauss & Goldberg, 1999; Condon, Boyce & Corkindale, 2004).

One of the important parts of this transition process is the relationship dimension. In the early periods of pregnancy, fathers have difficulty imagining themselves in a relationship with the baby and they have a hard time

psychologically accepting the child until the physical changes occur in the partner's body (Donovan, 1995; Gage & Kirk, 2002; Jordan, 1990; Draper, 2002). With these physical changes, the dual relationship with the partner evolves a triadic form (Genesoni & Talladini, 2009). Certainly, women have a role in shaping fathers' paternal identity through facilitating the connection between father and baby (Jordan, 1990; Lee & Doherty, 2007). Also, the social environment plays a role as a supportive element during this transition period such as parental education classes for fathers (Diemer, 1997). Many expectant fathers have a very difficult time with the idea of devoting less time to their work and career after the birth and they feel anxious about the probability of a decrease in their social status (Genesoni & Talladini, 2009).

2.2. FATHERHOOD IN TURKISH CULTURE

2.2.1. Being a Father in Turkey

In Turkey, the traditional family has rural and patriarchal characteristics in which every member is dependent on each other economically, psychologically, and socially; this model is called “interdependence” by Fişek (1991, 2002). Also, the hierarchy between generations and the distinct gender role separation are important characteristics of the average Turkish family (Kağıtçıbaşı, 1996; Sunar & Fişek, 2005). In this family model, the role of the father is the breadwinner, an authoritarian, emotionally distant man who is the leader of the family (Sunar & Fişek, 2005). This superior position of the father can't be challenged by any family members (Fişek, 1991; 2002). Children and the wife are expected to be obedient and loyal (Fişek, 1991, 2002). In the Turkish culture, ‘negative’ emotions like anger are not acceptable, especially towards authority figures such as teacher and father (Sever, 1985; Sunar, 2002).

The traditional family structure in Turkey is going through a transition in the last decades parallel with the globally shifting father roles. Economical and socio-demographical changes have an influential effect on fathers' parenting

behavior and their role in the family. Also, individualistic notions of western society have had an impact on the Turkish family system as a result of globalization. Turkish family model “interdependence” which is mentioned above, also changed based on this new societal blend of individualistic and collectivistic perspectives on the family unit (Kağıtçıbaşı,1996). In this new model, while "psychological and emotional interdependency" between the family members remains, economical dependency is reduced. Some studies show that urban Turkish families neither fully adopt collectivistic nor individualistic notions and that they are somewhere in-between (Anamur, 1998; Göregenli, 1995).

Sunar (2002) conducted intergenerational research with urban middle-class families in Turkey . According to this study, fathers are considered authoritarian, distant but encouraging, while mothers’ are considered involved and affectionate by all three generations. Emotional expression is one of the changing components of contemporary Turkish families. This study reveals that new generations are more emotionally expressive in terms of their parenting. Parents are also considered more tolerant and supportive when it comes to the expression of feelings by their children. The study also found that the level of conflict in Turkish families is very low for all three generations, which means that the expression of negative emotions is still seen as taboo. The same study also revealed that fathers are perceived more affectionate by their daughters rather than their sons and that fathers are also found more aggressive by their sons (Sunar, 2002).

Another study found similar results, that sons perceive their fathers as more annoying, judgmental, and disciplinarian than daughters (Sefer, 2006). This gender difference might be a result of adopting traditional gender roles that define masculinity as nearly emotionless. Masculinity is also associated with characteristics such as power, success, and control. The father-son relationship is an interaction between two men so it might be the case that the masculinity roles affect this particular relationship more than the father-daughter relationship (Williams, 2008). Another study with families from the working class also described conflicting father-son relationships (Bolak-Boratav, 1999). The study

showed that father-son relationships are defined by fathers' distant attitudes and jealousy towards their children. This study also showed that fathers repeated the same emotional deprivation that they experienced in their family-of-origin in their own fathering.

Furthermore, studies reveal that while fathers are more warm, caring, and playful when their children are small, they become more authoritarian and start expecting respect from their children as they get older (Sunar & Fişek, 2005). The relationships between the father and children grow more distant as children get older as well. Urban Turkish adolescents report that they feel emotionally closer to their mothers than to their fathers (Sever, 1985; Sunar, 2002). According to Fişek (1991), children share more of themselves, their experiences, and decisions with their fathers while they share physical and emotional affection with their mothers demonstrating closeness (Fişek, 1991). So children are more expressive with their mothers while they share more instrumental things with their fathers (Fişek, 1991).

In Turkey being a father is mostly defined as being a breadwinner or a provider. Economic and social-relational factors are determinants of this breadwinner role of the father (Bozok, 2018). A study conducted with two hundred and twenty fathers in big cities in Turkey such as İstanbul, Ankara, and İzmir, shows that 67% of fathers claim that the head of the household of the family should be the maen, while 33% of the fathers think the responsibility should be mutual (Tol & Taşkan, 2018). A qualitative study examining how masculinity affects the understandings of fathering roles in Turkey revealed that being the provider in the family is the most prominent feature of fatherhood for fathers (Sancar, 2009).

Another research found that Turkish men value being a father, being the breadwinner and carrying responsibilities as the most important qualities of being a man (Bolak-Boratav et al., 2017). Economic recession amplifies the father's provider role in the public eye because men are perceived as the primary breadwinners. Thus, to be a successful father, being a provider for the family and representing the family in a good way are most crucial (Sancar, 2009).

In 2017, the Mother-Child Education Foundation (AÇEV) published a comprehensive report about the role of the father on child development in Turkey. 3235 fathers from 51 provinces of Turkey were surveyed and 40 fathers were interviewed for this study. The fathers were between the ages of 20-44, and most of them were married and living with their spouses (Akçınar, 2017). The research revealed noticeable results on Turkish fathers' perspective on childcare; 91% of fathers claimed that their spouse is the primary person in charge of the child (Akçınar, 2017).

According to this report, fathers are the family member least participating in the physical care of their children between ages 0-3. For example, 50% of them do not assist children in the bathroom, 36% never change diapers, and 35% never cut their children's nails (Akçınar, 2017). However, 51% of fathers put their child to bed "often" or "always" and many of them (42%) claim that they feed their child and help change their clothes (47%) (Akçınar, 2017). 84% of the fathers get involved to take care of the child when the child is ill. Fathers mostly leave a child's physical care responsibilities and daily problems to the mother; on the other hand, they are the decision-makers in the public sphere where it comes to family-related decisions (Tol & Taşkan, 2018).

Although there is an increase in working women in recent years, especially in urban areas, men are still seen as the primary breadwinner in Turkey. According to AÇEV's (2017) research, many fathers claim that they couldn't find enough time to spend with their children because of long working hours and difficult work conditions. This report revealed that fathers spend 9 hours and 20 minutes at work, 1 hour and 10 minutes on their way home and only 2 hours and 20 minutes with their children in one day on weekdays (Akçınar, 2017). 21% of participant fathers said that they need more flexible work conditions and hours to be more involved with their children.

Paternal leave is a paid leave for fathers which allows them to be with their spouse and newborn baby. In the last years, improvements in parental leave regulations are encouraged by international organizations. In Turkey, paid paternity leave is five days in the private sector and ten days in the public sector

which is closer to the European average of 9 days (Erkmen, 2019). However, if fathers wish to lengthen their leave the only options are taking unpaid leave. According to AÇEV's study, 44% of the fathers reported using their paternal leave while 28% of them reported that they didn't know about their right of paternal leave. Also, the same report revealed that 21% of fathers couldn't use paternal leave because their employers did not let them. Research states that fathers who use their right of paternal leave are often more involved in child-rearing and that their children are rated higher on cognitive evaluations (Huerta, Adema, Baxter, Lausters, Lee & Waldfogel, 2013).

2.2.2. Intergenerational Transmission of Fatherhood

Many studies suggest that one generations' parental behaviors can be influenced by the prior generations' parenting style and behaviors (Belsky, Conger, & Capaldi, 2009; Kovan, Chung, & Sroufe, 2009; Neppl, Conger, Scaramelle, & Ontai, 2009). In particular, fathers' have an important role in transmitting their parenting behavior to the next generation and contribute largely to intergenerational family systems (Hofferth, Pleck & Vesely, 2012; Kitamura, Shikai, Uji, Hiramura, Tanaka & Shono, 2009; Smith & Farrington, 2004). With the changing role of fathers in the family during the past couple of decades, the need to examine this transmission process there is an increasing importance of paternal transmission has gained more importance.

Among the many other theories to explain intergenerational transmission of familial behaviors, attitudes, and values, social learning theory has been the most prevalent one (Hoffert et al, 2012). According to this theory, learning occurs by role-modeling by the parents particularly in the early phases of childhood. Children learn parenting by observing and imitating their families' parenting values and behaviors. With the help of practice, reinforcement, and punishment these attitudes and behaviors get transmitted to the next generation (Bandura, 1977). Smith and Farrington (2004) investigate the transmission process of harsh parenting from one generation to the next. The results indicate that sons, whose

parents were inadequate, show inconsistent parenting to their own children compared to sons who did not receive poor parenting. These kinds of studies underline the influence of parents on intergenerational transmission of parenting.

Attachment theory also explains the intergenerational transmission of parenting (Shaffer, Burt, Obradović, Herbers, & Masten, 2009). This theory claims that individuals' cognitive representations about relationships shape in early childhood during their connection with the caregiver (Bowlby, 1982). Attachment style which formed in childhood affects the future parenting representations of individuals (Solomon & George, 2008). For those who are securely attached, they have a positive image for parenting and caregiving, they are more likely to be present and they are more likely to meet others' needs without being overwhelmed while nurturing (Collins & Feeney, 2000; Mikulincer & Shaver, 2007). Adversely, individuals who are insecurely attached during their childhood lose their motivation to care and they become unenthusiastic parents. Anxious attachment style might result in ambivalent and unreasonable attitudes toward parenting, and as a result, these person's willingness to have children might be undetermined (Scharf & Mayseless, 2011).

The literature on intergenerational transmission of parenting has focused mostly on negative parenting styles (Kovan et al., 2009). Studies show that if the parents were authoritarian and applied harsh discipline in the first generation, children in the second generation are likely to have externalizing behavior problems. Likewise, strict parenting methods in the second generation also result in externalizing behavior problems in the third generation (Bailey, Hill, Oesterle, & Hawkins, 2009). When the transmission of parenting takes a more positive course, constructive parenting can be transmitted through generations (Kovan et al., 2009; Shaffer et al., 2009). Adolescents who experienced constructive parenting are more likely to perceive parenting positively in their adulthood. Specifically, if boys had a close relationship with their parents during childhood, when they become an expectant father, they are more likely to have a positive opinion about paternal involvement (Kerr, Capaldi, Pears & Owen, 2009; Shaffer et al., 2009).

Furthermore, other studies have shown that value transmission in families is easier when the relationship between the parents and the child is positive. Schönflug's (2001) research claims that emphatic and constructive relationship between father and son facilitates value transmission. Thus, the quality of the parent-child relationship predicts the next generation's parental attitudes and they seem to be more likely to adopt similar parenting methods with their own children (Grusec, Goodnow & Kuczynski, 2000).

2.3. MEN IN THERAPY

2.3.1. Family Systems Theory and Role of the Father

According to family systems theory, a family is an emotional unit, its members are intensely connected and each member's actions, thoughts, and feelings affect the other. They seek each other's support, attention, and approval and respond to the other's needs and expectations. Family members are interdependent due to this connectedness and reciprocity. Every actor in this system follows the rules and roles of the family interdependently and there are consequences that directly or indirectly affect every member and also subsystem (Cox & Paley, 2003). A change in the functioning of one member is followed by an alternate change in the functioning of the others (Kerr, 2000). In light of this theory, the involvement of fathers in the family treatment processes cannot be ignored. Their availability contributes to the well-being of the children, partners, and also fathers themselves (Mahalik & Morrison, 2006).

This theory also emphasizes the importance of co-parenting and suggests that two parents should organize together and work cooperatively on family events. In this way, they shape an "executive subsystem" which allows the whole family to function better (Fagan & Pavlovitz, 2019). Both parents' investment in children is described as constructive co-parenting; respecting the other parent's decisions, and also valuing him/her in helping children's positive growth and having healthy communication about children's needs (Cohen & Weissman,

1984). Thus, different parenting models can cause family stress or can facilitate family coherence (Belsky, 1984).

Parents' well-being is considered to be associated with supportive co-parenting when they help each other and provide support in parenting activities. In difficult times of the child-rearing process, mothers' and fathers' validation of each other's parental skills strengthen the efficacy of parenting (Cutrona & Troutman, 1986). Contrary, if they are intrusive and undermine each other's parenting or if there is an unnavigated difference between them about the child's attention and love, this might pose a challenge to the parents' well-being. Many studies show that there is a positive correlation between parenting quality and co-parenting ability (Abidin & Brunner, 1995). Studies that examined the personal adjustment of parents reveal that when new mothers get support from their spouse, they have less anxiety and a lower degree of depressive symptoms (O'Hara & Swain, 1996; Thorp, Krause, Cukrowicz, & Lynch, 2004). Another study revealed a negative association between fathers cooperation and their anxiety and depression symptoms (Bronte-Tinkew, Horowitz & Carrano, 2010).

According to several studies, mothers' can play a facilitative role in involving fathers (Pleck 1997; Allen & Daly 2007). Fathers are more likely to take responsibility and share parental responsibilities when women are working outside of the house and it results in a more egalitarian role distribution in the family (Pleck, 1997). Lamb (1997) claims that parents' non-stereotypical approaches towards gender roles, like being involved in the family together and being able to meet their own career goals and interests equally, appear to have more positive parent-child relations outcomes. A positive couple relationship has a positive effect on fathers being more involved in the family and then it indirectly forms positive outcomes on children (Cummings and O'Reilly 1997). Even in divorced families father's financial and emotional support creates positive outcomes for children (Palkovitz 2002).

Family systems theory claims a link between couple relationships and parenting styles. Different subsystems, inter-parents, parent-child, inter-children, influence each other emotionally and developmentally (Cox & Paley, 1997).

Spillover theory is used to explain this interdependency; that a conflictual couple relationship increases anxiety on parents and it brings decreases the parenting quality (Easterbrooks & Emde, 1988). Many studies support this finding and reveal that conflictual marriages increase parent-child aggression and parental withdrawal (Harold, Shelton, Goeke-Morey, & Cummings, 2004; Shelton & Harold, 2008).

2.3.2. Men in the Therapy Room

The mental health system is used more frequently by women compared to men; with two-thirds of the patients who apply for psychological treatment being women (McCarthy & Holliday, 2004). Interestingly, even when men have the same or higher rates of distress than women, women apply to therapy more often (Robertson, 2001). There is a gender difference among counseling professionals too; female counselors who seek psychological help is significantly higher than their male colleagues (Neukrug & Williams, 1993). However, this gap between women and men's help-seeking behavior started to shrink, and now men are seeking psychotherapy more than before (Betcher & Pollack, 1993; Freiberg & Sleek, 1999). Thus, the male patient's therapeutic needs have been an area of research more often (Brooks & Good, 2001; McCarthy & Holliday, 2004).

Good and Sherrod (2001) discussed the pressure set by society on men that they have to encounter during their lives. Men who experience this distress may have emotional restriction and mental health difficulties. Studies indicate that adopting the traditional male role has negative outcomes for men (Wester, Vogel, & Archer, 2004) such as depression (Good & Wood, 1995), rage (Blazina & Watkins, 1996), anxiety (Cournoyer & Mahalik, 1995) and relationship frustrations (Fischer & Good, 1997). Traditional masculine attitudes also have a relationship with reluctance to seek psychological help (Blazina & Watkins, 1996; Robertson, 2001). In an experiment, men scoring high on gender role conflict reported more negative opinions on psychological help-seeking after watching a

video on emotion-focused therapy than after watching a video on cognitive therapy (Wisch, Mahalik, Hayes, & Nutt, 1995).

All these results indicate that there men who internalize traditional gender roles have a hard time seeking therapeutic help because they see therapy is in conflict with traditional masculine values. For instance, therapy usually involves vulnerability, dependence, submission, etc. which threatens men's traditional self-image of themselves and may cause feelings of powerlessness and helplessness (Pollack, 1998; Sutkin & Good, 1987). Furthermore, men who have difficulty expressing emotions may be hesitant about the therapy process and may skip or terminate sessions when the focus is on feelings. In society, men are encouraged to suppress their emotions but in contrary therapy is a place of emotional expression which challenges men in many cultures (Bronstein, 1984).

Besides other barriers to help-seeking behavior of men, fear is another component of their hesitation (Englar-Carlson, Vandiver, & Keat, 2002). According to Kushner and Sher (1991) men experience an internal conflict on help-seeking which is between their mental health troubles like anxiety, depression, and their tendencies of avoidance like financial reasons, fear of stigmatization, access to facilities, etc. This conflict may result in a dilemma for men; despite facing mental distress, they may also experience fear of being in therapy in terms being judged by the others for help-seeking, the idea of being forced to talk, and doing things in a way they don't use to (Komiya, Good, & Sherrod, 2000). In light of these findings, men's reluctance to start psychotherapy and their resistance to seeking help make sense when considered within the context of the dominant discourse of masculinity. Good, Dell, and Mintz (1998) claim that if a man's opinion towards male gender roles becomes less traditional, their thoughts about psychological treatment become more positive.

Lately, there have been many attempts to increase men's involvement and access to psychological treatment and services (Good & Sherrod, 2001). One way is to reframe the name of the psychology services; for example rather than saying psychotherapy or counseling it may be more appealing to say coaching, seminar or classes for men who have a more traditional perspective on gender (Good &

Sherrod, 2001; McCarthy & Holliday, 2004; Robertson & Fitzgerald, 1992). Furthermore, research that combines masculinity research with the social constructionist perspective on masculinity proposes a model for men's help-seeking behavior (Addis & Mahalik, 2003). According to this model, they recommend some changes to mental health environments. One of the changes they propose is to make more room for a discussion of the traditional masculine role in therapy.

Another is changing their perception of certain problems like depression and making them more normative. It may also be helpful to train mental health professionals to be more sensitive to the importance of particular problems for men. Finally, finding non-traditional alternatives for men like giving psychoeducational seminars at workplaces or making male-friendly therapy environments by changing therapy places or shortening the sessions may help to integrate men into psychotherapy.

2.4. Clinical Implications

Lately, fatherhood research extended its area of interest beyond the father-child relationship to fatherhood itself to gain a better understanding of the concept of fathering. Fatherhood research has been trying to understand parenting from the male identity perspective. Gender studies confirm that gendered behaviors are learned from social interactions, challenges the binary thinking of gender, expands the scope of thinking about masculinities, and examines the concept of fatherhood in the academic context. Studies show that although new fatherhood models arise, traditional father roles are still prevalent in society.

With the change of cultural tides, men display a mixture of hegemonic and nonhegemonic masculinities, and similarly, a mixture of being an involved and a distant father. Research claims that this effort to combine these models results in internal conflict for many fathers. Studies reveal many difficulties fathers experience during their partner's pregnancy period, labor and delivery, and

postnatal period. These findings should guide clinicians when understanding fathers' inner thoughts and conflicts.

Fatherhood research has implications for clinicians working with families and fathers. One of the emerging results from the research is that fathers should not be considered only at the individual level but should be examined at the cultural and social level which they are surrounded by. The discrepancy between social expectations from fathers and fathering responsibilities may increase their anxiety level. Research shows that trying to balance business and family life is a great challenge for some fathers. Thus, trying to understand fathers in the context of the surrounding environment would help the clinician see the whole picture.

Furthermore, the father's role changed many times throughout history; it has shifted from a moral guide to the breadwinner, then a sex role model for the child and supportive partner to nurturer. These changing roles, help us see that fatherhood is not a fixed concept but a constantly changing one which may cause fathers to be caught in in-between positions in the family where they are not confident . This implies that when formulating family dynamics and identifying family roles, therapists should take into account historical and cultural developments and recognize the conflicting social expectations. If clinicians are sensitive and knowledgeable about gender roles and how they affect men, it will be easier to keep men in therapy and help them participate in the treatment of their families.

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RESEARCH ARTICLE

Abstract

Fathers are less involved in the psychological treatment process for child and family problems compared to mothers. Although fathers' contributions to their children, partner, and the whole family are well known, these contributions have not been studied extensively. This study aimed to understand the experiences of fathers who are involved in family therapy sessions, the factors affecting their involvement, and understanding their therapists' efforts to involve fathers in treatment. Semi-structured interviews were conducted with five fathers who had all been involved in family therapy and five family therapists who worked with these fathers. Interpretative phenomenological analysis (IPA) was used to analyze the data. The analysis revealed four themes for fathers: (a) What brings fathers to the therapy room? (b) How do fathers see therapy? (c) Expectations from the therapist, (d) Becoming a father: A life-changing experience, and five themes for therapists: (a) Value of the fathers in family therapy, (b) Difficulty of engaging the fathers, (c) Therapists' ways to include fathers, (d) Why do fathers come to therapy? (e) Family-of-origin experiences. The findings are discussed in relation to fatherhood literature and implications are outlined for clinical practice.

Keywords: father involvement, family therapy, interpretative phenomenological analysis, treatment

3.1. FATHER INVOLVEMENT IN FAMILY THERAPY

Father identity is formed in accordance with various factors like individual family experiences, education, cultural norms, socioeconomic condition, and relationship status (Bronte-Tinkew, Carrano, & Guzman, 2006; Carrington, 2013). In research, there is growing attention to fathers' particular contributions to family systems as support to their wife/partner (Pilkington, Milne, Cairns, Lewis, & Whelan, 2015) and also as a parent who has a significant influence on child's developmental process (Giallo, Cooklin, Wade, D'Esposito, & Nicholson, 2013; Lamb, 2010). It is essential to understand and support a father's role in the mental health system, as it has a great effect on the well-being of the family.

The role of the father has changed throughout history, especially after the industrial revolution. Fathers became the primary provider of the family and the sole parent who mainly works outside the house while mothers became the parent who provides childcare and household maintenance. This new societal structure diminished the father's contribution to childcare (Silverstein, 1993). However later, after women started participating in the paid workforce there was a shift in roles between the parents. This process involved men becoming more involved in domestic responsibilities and child-rearing compared to past generations (Levant, 1992; Pleck, 1997). Nevertheless, there are still differences in fathers' type and level of involvement across cultures.

One of the earlier works in father's involvement described three main areas: engagement, accessibility, and responsibility (Lamb, Pleck, Charnov & Levine, 1987). Engagement refers to the father-child interaction, accessibility refers to the father's presence and availability and finally, responsibility refers to the father's felt responsibility for the child. Later, the term father involvement broadened and started to mean a larger scope of activities such as: nurturing, cognitive and moralistic development of the child, playing, daily chores (e.g. cleaning, cooking), preserving a relationship with a partner, providing, guidance, emotional support, etc. (Lamb, 1997; Palkovitz, 1997).

For a better understanding of fathers' participation and involvement in the therapy process, it is important to examine the nature of the relationship between father and children. Many studies show that fathers have profound effects on both abnormal and normative development of children (Lamb, 2004; Videon, 2005; Connell & Goodman, 2002). A review claims that children's externalizing behavior is closely associated with the father's and mother's psychopathology, and children's internalizing behavior is more linked with the mother's psychopathology than the father's (Connell & Goodman, 2002). Also, the negative parenting style and the aggressive behavior of the father are associated with children's substance addiction, criminality, and conduct disorder (DeKlyen, Speltz & Greenberg, 1998).

Besides abnormal behavior, fathers also have a great influence on children's healthy development and a protective role. Children who have a good relationship with their father are better able to cope with stress better than children who have bad relationships with their fathers (Lamb, 1986). Also, children's adaptation is found to be greater if their fathers spend more time with them (Lamb, 1986).

Father involvement has also been related to positive peer relationships in childhood (Youngblade & Belsky, 1992), healthy cognitive skills in infancy (Bronte-Tinkew, Carrano, Horowitz, & Kinukawa, 2008), and better academic achievement in adolescence (Flouri & Buchanan, 2004). Fathers can have both a protective influence on their children and can be a source of risk in their lives.

The well-being of their partners also influences fathers' involvement in many ways. Research indicates that even in dual-earner families, women still spend more time with children and do twice as much care work in the house such as nurturing and cleaning (Bianchi, 2000). Working women encounter more difficulty outside the home than other women, so in terms of sharing the household and family responsibilities, father's involvement is more important for working women (Alpert & Culbertson, 1987). All these findings indicate that fathers can have a great impact on children's development, their partner's well-

being, and the whole family system, suggesting that fathers might have a significant impact on the therapy process as well.

It is important to touch on traditional gender roles when discussing fathers' involvement. According to Lamb (1997) and Palkovitz (1997) men's participation in fathering roles is limited by hegemonic masculinity. Studies indicate that fathers who adopt traditional masculine roles are less likely to share responsibilities with their working partners (Mintz & Mahalik, 1996), and taking responsibility in child caring processes (Ahlberg & Sandnabba, 1998). Adopting a traditionally masculine role influences both the level of involvement and also the types of involvement. For example, men adopting a traditionally masculine role shape their fathering role around protecting the family boundaries rather than caregiving and nurturing (Mahalik & Morrison, 2006). They place more importance on providing operational and economic support rather than emotional support for their families (Mahalik & Morrison, 2006).

Similarly in Turkey, mothers are mainly responsible for their children's physical care while fathers are responsible for providing for their families (Evans, 1997). Providing economically is the most important part of the Turkish fathers' father identity, and they share part of the responsibility with the mother when it comes to educational decisions about children (Evans, 1997). On the other hand, middle-class fathers are more likely to be involved when mothers are working outside the house (Yılmaz, 2003).

When it comes to mental health services these societal gender norms also have a great role on men's help-seeking behavior (Addis & Mahalik, 2003; Mansfield, Addis, & Mahalik, 2003). The traditional masculine role, such as strength, not expressing emotions or self-sufficiency is mainly challenged with men's understanding of help-seeking behavior (Levant, 2011). However, research indicates that the inclusion of fathers in parent training programs and therapy sessions increases the likelihood of positive outcomes (Bagner & Eyberg, 2003; Lundahl, Tollefson, Risser & Lovejoy, 2008). If both parents participate in the treatment program about parenting, their positive attitude augments more compared to programs when only mothers participate (Iversen, Esbjorn,

Christensen & Hansen, 2012). In light of these findings understanding fathers' contributions to therapy and involvement gains more importance.

Although fathers' have a great contribution to child's and family's well-being, they are inadequately represented in clinical research. A review indicates that 45% of child development studies only involve mothers while fathers are represented in only 2% of studies (Phares, Fields, Kamboukos & Lopez, 2005). Most family studies invite both parents; however, in the recruitment process the requirement is frequently reduced to the involvement of just one parent. So, the participation rates of fathers are less than half of the participation rates of mothers (Hops & Seeley, 1992). Hence, it is predictable that fathers are less involved in the therapeutic process and parenting programs compared to mothers (Fabiano, 2007; Phares, Lopez, Fields, Kamboukos, & Duhig, 2005).

There could be several reasons why men are reluctant to participate in family-oriented research and therapy. Father's characteristics, therapist qualities, therapy environment, or modality of the therapy are some of the possible factors which could impact fathers' level of involvement in therapy. For example, a father's socioeconomic and working conditions such as the amount of time spent each week at work, wage, and education level are important factors. Studies indicate that better-educated fathers are more likely to participate in both research and therapy. On the other hand, long working hours result in less commitment and less participation in therapy sessions for fathers. Besides, fathers who experience financial difficulties may be less involved in therapy since their time and attention is on economic concerns (Costigan & Cox, 2001; Raikes, Summers & Roggman, 2005).

Moreover, one of the barriers to father's involvement in their family-of-origin and relationship with their own father. Walters, Tasker, and Bichard's (2001) study shows a significant link between the father's family-of-origin relationships and their level of involvement in therapy. If the father's own father was less involved in the childrearing processes they are more likely to feel reluctant to participate in therapy (Walters, Tasker & Bichard, 2001). Father's perception of the problem is also a factor when deciding to get involved in the

therapy process. Often fathers think the source of the child's problem is their their lack of motivation and strength (Singh, 2003). This leads them to think that therapy is a waste of time as children's mood istemporary. The couple relationship is also a factor that influences fathers' involvement. Fathers who are in conflictual relationships with their partners may be less likely to participate in family therapy since they want to avoid the possibility of interacting and collaborating with their spouse (Wong, Roubinov, Gonzales, Dumka & Millsap, 2013). Also, fathers who are afraid of getting blamed for the children's problematic behavior may not want to engage in the therapy process to avoid a possible confrontation from the therapist or the partner (Wong, et al., 2013). Fathers' reluctance to participate in therapy could arise due to many individual and also social and cultural factors.

Besides fathers' own obstacles in terms of involvement in treatment, therapists' behaviors may play a role in their participation. Sometimes therapists could avoid inviting fathers because of the preconception of fathers' negative beliefs about therapy like it's a waste of time and that they will reject the invitation (Hecker, 1991). These therapist beliefs are also confirmed in a study of Duhig, Phares, and Birkeland (2002) in which according to clinicians reports, mothers are much more likely to (91.3%) participate in therapy compared to fathers (62.6%). Another factor that may affect fathers' lack of participation in the focus of psychotherapy research is that their target is often mothers when investigating the well-being of the family (Holden, 1990). That's why there is a possibility that clinicians could have a bias on fathers' role in the family and may have culturally adopted thoughts about fathers' engagement in therapy (Mason & Mason, 1990). They may think of fathers as the secondary caretaker, or they may think they may not be able to come to therapy because of their work hours (Walters et al., 2001). Also, to avoid handling interparental conflict, therapists may be hesitant to include fathers in family sessions (Vetere, 2004). These assumptions of therapists may cause less father involvement in therapy.

A classic study about gender role assumptions indicates that therapists' gender perspective in therapy was compatible with traditionally feminine and

masculine gender norms (Broverman, Broverman, Clarkson & Rosenkrantz, 1970). Although the practices and perceptions are changing in society, still the prevalent idea is that the mother is the primary caregiver of the child while the father is thought to be supportive or secondary (Prentice & Carranza, 2002). There may be a link between clinicians' traditional gender role schemas and their effort to involve fathers in therapy, since they may feel therapy is not suitable for fathers due to their male identity and disregard them while accepting the mother as the primary caregiver. The therapist's traditional perspective could make fathers feel unimportant and not needed in therapy as much as mothers (Sachs, 1986).

Research on therapists' characteristics related to involving fathers is usually based on self-reports of clinicians. Lazar, Sagi, and Fraser's (1991) study indicates that male therapists are more likely to include fathers in treatment. Likewise, among graduate students, male students are more likely to include fathers in their thesis compared to female students (Silverstein & Phares, 1996). Some of the possible reasons of this gender difference in including fathers in therapy may be due to male therapists' dedication and enthusiasm on inviting fathers to therapy, or fathers' positive reactions to male therapists when they invite them to sessions (Lazar et al., 1991). The other therapist characteristics which determine father inclusion is similar to the factors that are effective in including both parents. These therapists who can include mothers as well as fathers in therapy, completed more family therapy courses in their graduate school education, and adopted a family systems perspective, and worked at flexible offices where they can arrange their appointments more easily (Duhig et al., 2002; Lazar et al., 1991). Thus, there are various factors both on the therapists and the fathers' part affecting fathers' involvement in mental health services.

3.2. PURPOSE OF THE STUDY

In Turkey, 91% of fathers believe that their spouse is the primary person responsible for the child (Akçınar, 2017). Although father's importance in the children's development is well documented, they are less involved in the psychological treatment of child and family problems compared to mothers. Mothers are twice as likely to participate in the therapy processes than fathers. To understand the reasons why some fathers are reluctant to participate in therapy, it is important to understand the experiences of fathers who do get involved in the therapy processes of their children and families.

This qualitative study aims to deeply understand the experiences of fathers who are involved in family therapy sessions, the factors affecting their involvement, and understanding their therapists' efforts to involve fathers in treatment. With this study, it may be possible to understand the reasons why some fathers are more involved than the other fathers, and therapist qualities which bring fathers to family therapy sessions. The results of this study aim to help therapists, to develop new ways to involve the fathers in the therapy room. Qualitative research was used to collect more rich and detailed data. Research questions examined in this study were the follows: (a) What are the experiences of fathers who are involved in family therapy sessions? (b) How traditional gender roles affect this process? (c) What does it mean to include fathers in therapy sessions and work with them as a family therapist? (d) How family-of-origin experiences of fathers and therapists affect the process?

3.3. METHOD

3.3.1. The Primary Investigator

I am a Turkish woman studying clinical psychology at İstanbul Bilgi University's master's program with an emphasis on family and couples' therapy. In terms of theoretical orientation, I would describe myself as an integrative therapist, including systemic, psychodynamic, and constructivist perspectives. According to my training and academic background, it is important to include fathers. My clinical experience shows that father inclusion speeds up the therapy process. My training taught me that family-of-origin experiences affect our current behaviors, so I included family-of-origin questions. In my practice, I saw that fathers were feeling uneasy in the therapy room and even in the waiting area. So, these experiences sparked my curiosity towards their uneasiness and uninvolvement. I had a prejudgment that traditional gender roles diminish co-parenting and negatively affect children's relationships with their fathers. So, I included questions about gender roles as well.

3.3.2. Participants

Five family therapists and five fathers in the therapy process were interviewed for this study. One criterion of participation for the therapists was being a family therapist who is actively working with families and currently working with at least one family whose father is involved in the therapy process. Another participation criterion was being a family therapist for at least two years. The criterion of participation for fathers was actively taking part in their family therapy process. The participants' characteristics and demographics are summarized in Table 1 and Table 2.

Table 1

Therapist Participant Characteristics and Demographics

Participant	Age	Gender	Credentials	Number of years in practice	Average number of family sessions in a week
T1	64	Female	Psychologist	17	2
T2	29	Female	Clinical Psychologist	7	3 to 4
T3	26	Female	Clinical Psychologist	2	1
T4	57	Female	Clinical Psychologist	35	15
T5	27	Female	Clinical Psychologist	4	3

Table 2

Father Participant Characteristics and Demographics

Participant	Age	Marital Status	Occupation	Education	Frequency of attendance to family sessions
F1	53	Married	Mathematics Engineer/Method Consultant	Master's degree	Once a week
F2	36	Married	Industrial Engineer	Master's degree	Once a week
F3	52	Single	Retired	High school degree	Once a week
F4	46	Married	Businessman	Bachelor's degree	Once in two weeks
F5	63	Married	Retired	Vocational training	Once in three weeks

3.3.3. Settings and Procedure

The primary investigator (PI) reached all participants by using the convenience sampling method. Following the İstanbul Bilgi University Ethics Committee's approval, the PI and the advisor announced the study and participation criteria in related email groups. The PI also sent private emails to some colleagues who the worked with families.

Participants fulfilling the inclusion criteria and who agreed to participate contacted the PI via email. After the interview date was arranged mutually, the PI visited therapists' workplaces to conduct the interviews. Then, therapists were asked to contact their patient's father if they were willing to participate in the study. Once they agreed to participate the PI phoned the willing participant fathers

who were interested in being a part of the study. The PI and the father mutually arranged a time and place for the interview. To ensure the participants' comfort, the interviews took place at either the PI's or the participants' private offices or the therapists' offices. Both the therapist and the father interviews began when the participant read and signed the informed consent form (see Appendix A and Appendix B) and filled out the short demographic form (see Appendix C and Appendix D) Before starting, the PI informed participants about the content of the study and the procedure of the interview. The interviews followed a semi-structured question protocol (see Appendix E and Appendix F) and lasted approximately one hour.

3.3.4. Data Analysis

Interpretive Phenomenological Analysis (IPA: Smith & Osborn, 2003) was used in this study to obtain an in-depth understanding of the experiences of family therapists and fathers. IPA is a method to discover each participant's account and make a detailed case-by-case analysis by the researcher to understand the participant's perception (Pietkiewicz & Smith, 2012). In this study, PI audiotaped and transcribed all the interviews. The transcripts were transferred to MAXQDA Software program to analyze each interview. Transcripts and the field notes were read and re-read by the PI. Then, descriptive and conceptual notes were taken on the transcripts. These coded interviews were checked by a peer de-briefer. Finally, themes were formed from the initial codes and reviewed with a triangulated investigator. Once the themes were developed a supervisor clinician validated the relevance and consistency of themes to help to finalize the analysis process.

3.3.5. Trustworthiness

Various techniques were used to strengthen the trustworthiness of the results. First of all, interviews were audiotaped and during data collection, field notes were taken in order not to skip any information. Second, a peer de-briefer

reviewed the data process to make sure that the results were engaged with the participant's experiences. Third, a triangulated investigator who was an experienced clinician helped clarify and finalize themes. Finally, to improve the accuracy, validity, and fittingness of the results member checking technique was utilized. The PI e-mailed the themes to each participant and no participant disapproved of the results.

3.4. RESULTS

After the analyses of the interview transcripts, five master themes for therapists and four master themes for fathers emerged. The resulting themes for therapists were; the value of fathers in family therapy, difficulty of engaging the fathers, therapists' ways to include fathers, why do fathers come to therapy? and family-of-origin experiences (see Table 3). Main themes for fathers were: what brings fathers to the therapy room?, how do fathers see therapy?, expectations from the therapist and becoming a father: A life-changing experience (see Table 4). For readers who want to follow specific participants, therapist quotes are labeled as T1, T2, etc. and father quotes are labeled as F1, F2, etc. Also, therapists' and fathers' codes are matched such as F1 is the client of the T1, and F3 is the client of the T3.

Table 3

Summary of Therapists' Themes

Master Themes	Superordinate Themes
The value of fathers in family therapy	Understanding the family dynamics
	Increased rate of therapeutic change
	Gift for the whole system
Difficulty of engaging the fathers	Lack of trust in therapy
	Fear of inadequacy
	Cultural norms
Therapists' ways to include fathers	Special treatment
	Being flexible
	Needing a push
Why do fathers come to therapy?	Because they are open to change
	Because they are active participants
	Because they see improvement
Family-of-origin experiences	Affectionate father
	Distant mother

3.4.1. Therapists' Themes

3.4.1.1. The Value of Fathers in Family Therapy

Almost all therapists agree upon fathers' importance and their unique contribution to family therapy sessions. Fathers' participation in sessions contributes to the therapist's family formulation for ,and also the family benefits better from therapy. Most of the therapists claim that not only they but also the child and the partner feel less lonely and more eager to change when fathers are involved in the therapy process.

Understanding family dynamics

Most of the therapists said that father involvement gives them a better understanding of the family and helps them formulate the family more easily. One therapist said, “*Actually, present fathers have allowed me to see the family dynamics more clearly and also the partner relationship. Even in the waiting room, I can observe his relationship with his children and I can have a more clear understanding*” (T2). Another therapist also refers to the opportunity of in-session observations when the father is present:

We can see the system better. I mean, who is talking, what is the child doing while his/her parents discuss, who does the child go to when he wants something, do they approve or reject each other, and so on. We can see them much more clearly. (T3).

On the other hand, therapists describe their difficulty when working with families where the fathers are not present.

One therapist described it:

When I talk to the children or when I talk to the mother... Of course, I form a formulation in my head when I talk to them. However, based on my clinical experience when I did not see the father and try to make a formulation over the others' claims about the father, a large part of that formulation remains missing. Even sometimes it's worse than missing, it can be wrong. (T5)

Increased rate of therapeutic change

Most therapists share their observations on positive and faster therapeutic change when fathers are involved in family therapy sessions. One of them said that “*It's [therapy] improving very fast. I mean a lot. It's improving really fast. You can make sure that when fathers participate in a session, a lot could change in three or four sessions*” (T1).

Another therapist talked about fathers' positive effect on treatment outcome in terms of children's perspective:

When fathers are involved in this process, I realize that there is a faster and a bigger change in children. Even, that special time spent together in therapy feels good to them. So I think it's definitely an advantage to have the complementary part of the system here. (T2)

One therapist emphasizes other family members' feelings and its effects on therapy when fathers are involved,

I think a present father is giving the message that he cares about his family which increases the family's participation and increases their adaptation. If the father is there, people take it more seriously and they are more enthusiastic. (T4)

She also said that both partners and children feel contained when the father is involved and she adds "*with the help of this feeling of acceptance, resistance to therapy could decrease and they [the family members] could be more solution-focused.*" (T4)

Gift for the whole system

Most therapists told that the involvement of fathers positively affects the whole system in terms of emotional relief, feeling of unity, and trust. One therapist said "*I think his father coming to therapy is definitely a healing factor for the child. It's a healing factor not only for children but also for the wife and the whole family*" (T5). Another therapist described it:

The energy of the house changes a lot when they join. Their wives relax because they do not have to take all the responsibility. They also [fathers] realize their own power. Children get more energized, so it really has a very positive effect. (T1)

Another therapist points out that participation of the whole family to therapy prevents stigmatization of the identified patient, "*Not only fathers but the*

participation of everyone else makes the issue a matter of the whole family, whatever the issue is. That's why fathers are a part of this job." (T4).

3.4.1.2. Difficulty of Engaging the Fathers

Therapists talked about their difficulties involving fathers in family therapy sessions. Most of them mentioned fathers' disbelief and hesitations about therapy. Fathers' feeling of inadequacy about child-rearing and fathering makes them hesitant to participate in the therapy process. Culturally established gender roles and parenting styles also cause difficulties on including fathers.

Lack of trust in therapy

Therapists' observations of fathers' reluctance to participate in therapy are mostly related to men's lack of trust in therapy and their difficulty in getting help. One therapist said *"Even if they see improvement in therapy, I know there are some cases that the father still doesn't believe in therapy."* (T2).

Another therapist talked about fathers' hesitations participating in therapy:

Fathers usually start uncommitted. They have anxiety about whether the therapy is going to work or not. There is also a reality that in general, men do not believe in therapy, mostly men. Whether couples therapy or individual therapy... They think like 'how can someone solve a problem that we cannot solve ourselves' and 'how can a stranger help us if we cannot solve our own family's problem?' (T4)

Another therapist emphasizes society's gendered perspective when thinking about men's help-seeking behavior:

As I said before, they don't believe in therapy because they think the responsibility of the children is on the mother in the house. Usually, these fathers are a bit more work-oriented and they just think about making money and providing for the family while his wife raises the children. (T1).

Fear of inadequacy

One of the difficulties therapists faces while trying to include fathers is that fathers have hesitations about their fathering abilities and have fears of inadequacy. One therapist claims fathers' are afraid of being criticized in the sessions by the therapist:

They [fathers] have tests; 'what would you do if I push you to the edge?' They don't do it on purpose, it's unconscious mostly. 'Can you deal with a difficult guy like me? or 'Will you criticize me like the others?' or 'Will you get rid of me or cast me aside?' I'm doing my best not to fall into that trap there. (T2)

Another therapist mentioned fathers' anxiety, "*There is that anxiety of 'they will blame me, I will be held responsible, they will complain about me' etc.*" (T4).

Another therapist explains her thoughts on fathers' reluctance to therapy as:

Of course, it's a narcissistic injury; 'I couldn't do it', 'I am not enough', 'I will hear my inadequacies from the therapist'. I think it is a lack of self-confidence. Truly, I think fathers' who don't have enough self-confidence. (T1)

Cultural norms

Many therapists mentioned cultural stigmas while talking about fathers' involvement which may influence their participation. For example, one participant referred to men's gendered perspective, "*Men hesitate to come to therapy because they are raised like 'men do not get help' and 'men do not speak their psychological problems...'*"(T5). She also adds that as a result of this gendered upbringing they are afraid of therapy, "*Fathers are a little bit scared because many fathers, many men, don't have a practice of getting help, they don't have a practice of talking about their feelings.*" (T5).

Another therapist refers to the lack of family culture on how to get help, "*When there is a lack of role models, I have a hard time telling them what to do or*

how to do it" (T1). Also, some therapists highlight the effects of traditional male and female roles on the therapy process, "*Especially in Turkey, fathers keep themselves out of it. They assume the family consists of the mother and the child. That's why fathers' presence in the therapy is important. It breaks this image.*" (T4). Another therapist said:

They [fathers] usually think coming to therapy is not the fathers' job. There is usually such an understanding of fathers. At least, in our culture. 'Child is the mother's responsibility'. She has to spend time with her [the child], she has to manage her [the child]. If she couldn't, I think there is such a perception that the mother should also get help" (T3).

3.4.1.3. Therapists' Ways to Include Fathers

Fathers' reluctance to participate in therapy orients therapists to find ways to include them in the sessions. Every therapist said that they especially try to include them and that flexibility is important while working with families. One of the other common claims is that fathers need to be invited to sessions by their spouse or therapist.

Special treatment

Many therapists mentioned that they treat fathers differently to include them in the sessions or to keep them in the therapy. One therapist explained, "*I make them feel valuable and make sure that he understands how valuable it would be for him to come to the sessions.*" (T1). She also mentions what she usually does in the first sessions to draw the fathers' attention and keep them involved, "*For example, I inform them clearly. What are his contributions to the problem? What is his part in the formation of the problem? I share them all. I absolutely devote one session to this information.*" (T1). Similarly, another therapist's account points out the fathers need to be informed, "*Fathers need to hear more concrete and clear-cut things. While they are here, I am getting a little bit more clear, I am trying to give more concrete suggestions.*" (T2).

Another therapist talks about her phone calls when she tries to bring fathers to the sessions:

If the father does not want to come or I feel that he is making excuses... For example, when we arrange a mutually agreed time with the family, but the father seems like he won't be attending, I call the father personally. I usually say 'it is important that you come.' etc. After that, they usually come because they were afraid of that first contact; but once the first contact happens, and they are not afraid anymore and they come. (T5)

Being flexible

Most therapists emphasized their flexibility while working with families. Such as, one therapist mentioned her flexibility about appointment arrangements, "*To get the fathers to therapy, I can change the time, I can suggest additional sessions.*" (T3). Similarly, another therapist said she makes exceptions for fathers:

Usually mothers call me. I ask 'Who will you come with?' 'Will the father be coming as well?' 'If you want we could arrange another time if the father is working, we could arrange a time when he will available.' (T5).

Another therapist mentioned that she is flexible with the frame of the therapy:

Even if they are five minutes late or my session lags off ten minutes... I have boundaries but I am more flexible with families because I understand them. Using their time here efficiently is very important for families with children. (T2).

Another therapist said that she works individually with family members if necessary, "*For example, one child has an exam and he is stressed out about it and he asks if he could come alone. At such times I don't include the whole family.*" (T3). Being able to utilize various different interventions and transforming them as the family needs is another sign of flexibility. One therapist says, "*Parents feel good when they see my interventions and child's*

improvements... and my flexibility in intervention methods...seeing that my therapy bag is full.” (T2).

Needing a push

Therapists said that even the attending fathers need a push to participate sometimes. They are not usually the ones initiating contact with a therapist. Either their partner or the therapist has to invite them to participate in the sessions. One therapist said, *“Fathers who are dragged along by their partners are the majority.”* (T4). Another therapist adds:

Sometimes I see this thing; some fathers come here because their spouses insisted. Sometimes women feel alone about child care and child-related problems, in these types of situations, they have the conversation of ‘you should come too; this problem is beyond me. We are going to a professional and you have to be involved.’ (T5).

Many therapists underlined the importance of their initial invite, *“Attending fathers, some of them come with by my request. I say ‘I want the whole family’ so they come.”* (T1). She continues, *“For instance, sometimes I call them and say ‘this is important’. I invite them to inform them about the child's situation.”* (T1). Another therapist adds, *“When someone wants to get an appointment, I invite the fathers too. Most of the time, the families don't think the father is necessary for this process.”* (T5).

3.4.1.4. Why Do Fathers Come to Therapy

Therapists talked about the factors contributing to father's involvement in the therapy process. Their accounts showed that fathers who are more open to learning and who are more eager to change are participating more in therapy. Also, most therapists expressed that the more improvements fathers see in therapy, the more they tend to participate.

Because they are open to change

Most therapists observe that openness to change and eagerness to learn about parenting is one of the most common incentives for fathers who attend family sessions. One therapist describes her observations about fathers who regularly attend therapy:

When I think of my patients, participating fathers were people who are constructive and who want to solve problems. They were not like ‘this is the child’s problem’. They already had an understanding that they had something to change in themselves (T3).

Another therapist explains involved fathers’ characteristics as:

Fathers who come to therapy have certain characteristics... openness to self-improvement, down-to-earth, and have curiosity. They pay attention to scientific facts. There are many fathers who call me and ask ‘what should I do?’. I think this is really about the father’s openness to his self-development (T1).

Because they are active participants

When describing involved fathers, therapists said that these fathers were usually already active participants in their families. These fathers are usually involved in child-rearing processes and usually take an active role in household responsibilities. One therapist said “*Some fathers are already engaged in [therapy] from the start. In other words, if fathers have taken the responsibility of being a parent of their children, they come already engaged in therapy.*” (T5).

Another therapist similarly said:

Generally, fathers usually do not prefer therapy, they sometimes resist coming here. When I think about fathers who come to the sessions I think to myself, ‘Okey, how nice, somehow he managed his work and came here’ So when I think these fathers... I can call them more responsible, even a little egalitarian. (T3).

Another therapist makes a comparison between involved and non-involved fathers:

If they do not have an investment in their family relationships, such fathers do not usually come. If there is no investment in family, if there is little love for the spouse... Fathers who spend most of their time with other things, like social activities, do not usually want to come. So, as per my observation, men who really invest in their family, their children, and their self-development come to therapy much easily (T1).

Because they see improvement

Most of the therapists claim that if fathers see improvement in sessions about their family problems, they are more likely to continue coming to therapy. One therapist indicated, "*Fathers become more enthusiastic when they see how much improvement the child has made with their contribution.*" (T1). Another therapist talked about fathers' expectations of concrete solutions:

Men need a little more... clarity, they are more result-oriented. [They think] 'I'm coming here, I get results. Okay, there have been improvements in my child's symptoms so we will continue to come.' (T2).

Similarly, another therapist talked about fathers' focus on change, especially for their children when it comes to continuing therapy:

Improvements get fathers' attention. For example, a boy who normally does not show his love, one day goes and kisses his father and then runs away. This is a true story. Then that father starts to get interested in therapy and starts to engage more in not only therapy but also parenting and his relationship with his child (T5).

3.4.1.5. Family-of-origin Experiences

Throughout the interviews, therapists' family-of-origin experiences and their relationship with their parents were discussed. Mainly, most therapists described close and affectionate relationships with their father and a more distant and less affectionate relationship with their mother.

Affectionate Father

Many therapists expressed a close relationship with their father, especially during their childhood. Therapists describe their emotional closeness in their father-daughter relationship. One therapist emphasizes her father's caregiving and said, "*My father took care of me when he got off work. There is a different bond between us, in terms of attachment. He fed me, he gave me baths... We also chatted a lot.*" (T1). Another therapist talked about her feeling of comfort when describing her relationship with her father, "*We would laugh together, he was a chipper man. He would laugh with me. It was such a pleasant relationship. I was telling everything to him, even my boyfriends and how my relationship was going. We had no secrets.*" (T2). She also mentioned his father's affectionate side, "*He liked to touch and cuddle. He was very loving. If you were to see our photos, I was always on his lap, he was very playful.*" (T2).

Some therapists talked about their memory of physical closeness besides emotional closeness. One therapist described, "*There was hugging, kissing, and love. He would take me on his lap. When I remember my father, he always showed his love.*" (T4). Another therapist talked about the quality time she spent with her father:

Before the divorce, I can say that my father was really my best friend. He was spending a lot of time with me and he was showing his love very well, tickles... games... For example, he draws beautiful pictures, we would paint together, he taught me how to paint. He was very engaged with me. I remember when we went out, I only wanted to hold my dad's hand and I wouldn't hold anyone else's (T5).

Another therapist described her admiration for her father,

I am a 'daddy's girl'. I used to say that 'I will marry my father when I grow up'. I was also afraid of him but...I don't know. We went to concerts together, he also loves rock music. I remember in high school normally you should be embarrassed or something from your father but I liked spending time with him very much. He was also physically affectionate. He is such a loving man. He has a soft side which my mother does not have (T3).

Distant Mother

Many therapists described distant or conflictual relationships with their mothers. One therapist said, "*Sometimes we have a close relationship, sometimes we have a very conflictual relationship. In the end, I can't say we have a very good relationship.*" (T3). Another therapist described her relationship with her mother as inconsistent:

So there were moments when we were sweet, but it was somewhat inconsistent. It is still like that. It is more stable now but I'm always a little afraid, 'Are we going to be okay or not okay?' ... She can get angry at any time, but she is calm sometimes and I think that's why I have anxiety about this relationship. (T2).

Another therapist talked about her distant relationship with her mother:

We are not very close. We were not close even when I was a kid. How can I say, she was cold. She was a mother who did not show her love very much. She still does not. When I was a child, my mother and father were separated and I was living with my mother, so I felt a little lonely in my relationship with my mother and I didn't get much warmth. When I was looking at my friends' relationships with their mothers, I realized that our relationship was not like their relationship. So let's say, my relationship with my mother is a bit cold and lonely (T5).

Table 4

Summary of Fathers' Themes

Master Themes	Superordinate Themes
What brings fathers to the therapy room?	Need for guidance
	Coming to therapy for others
	A ground for listening and expressing
How do fathers see therapy?	Learning opportunity
	It takes time
	The need for observing a change
	For the well-being of the family
Expectations from the therapist	A good therapist-child relationship
	Therapist's authority and guidance
Becoming a father: A life-changing experience	Overburdening responsibility
	"Am I a good father?"
	Different roles of mothers and fathers
	Intergenerational transmission of the father-son relationship

3.4.2. Fathers' Themes

3.4.2.1. What brings fathers to the therapy room?

Fathers who are involved in family therapy sessions were interviewed and the factors that helped them to decide to start therapy and getting involved were discussed. It seems that fathers need a little push from others to start therapy. Most fathers emphasize their need for guidance about fathering and managing the

family. Also, they see therapy as a ground for being listened to and expressing themselves.

Coming to therapy for others

Throughout the interviews, most fathers said that they are coming to therapy mainly for their children's well-being. One father explained his reasons for starting therapy, "*I tried to handle this problem by taking my children [to therapy]. I say with sincerity, I could easily get over this problem by myself.*" (F3). Another father said that the main focus of him is their child and he is coming therapy for him, "*The thing that interests us as parents, since we are not going to educate or change each other, our main focus is our son. We are going [to therapy] as parents in general.*" (F2).

Also, many fathers claim that they come to therapy by referral. One father said, "*Therapy was my sister's idea. I'm glad she said it. There were some problems with the children. When we split up with my wife, they seemed depressed.*" (F3). Another father mentions his doctor's referral, "*It was a recommendation to start therapy. It was my doctor's advice. My doctor said 'Ahmet I will tell you something, but I don't know if you will accept it'. I said 'what it is?' It's family therapy. I said 'I would go if you say so.'*" (T4).

Need for guidance

Many fathers expressed their need for guidance in therapy about fathering and parenting. One father told his opinions about the therapist's role, "*The therapist of course has a different approach. In other words, with the help of the therapist, you are looking at your problems differently because even her reactions to your statements are different. So that you understand that you are looking at it wrong.*" (F5). Another father explains what he learned from therapy, "*What is our role as parents? What is our role in this process? We learn to create this role ourselves. We recognized our part and what we should do with this responsibility.*

It was unclear for me.” (F1). Another father talked about his expectations from therapy, “Therapy should guide us, and relive us. For example, if there is some aggressive behavior in the family, I expect comments like ‘This can be tolerated’ or ‘Leave it to time’ or ‘Do not intervene’. Things like that.” (F3).

A ground for listening and expressing

Fathers’ thoughts about therapy were discussed throughout the interviews and many fathers said that they see therapy as an opportunity to express themselves. One father talked about his tough times after divorce and about his decision to come to therapy, *“At first, I was unable to sleep but I got through it. When I went to see a therapist, I felt relief by expressing and explaining everything with transparency.” (F3).* Another father explained the positive sides of the therapy for him by emphasizing the importance of being listened to:

At least we have a chance to describe our problems. When you share it with your partner you get a negative reaction because she is not a therapist. You don’t get a negative reaction here [therapy], you are just listened to here. If you start with a little bit of temper when you speak, the energy of the therapist slows you down, calms you. The best part of therapy is relaxation. (F5).

Another father told about an intervention he likes where all family members heard each other and agreed upon some common family rules;

I don’t remember the name right now, family rules, or family constitution... something like that. We will write rules and they will be the rules that we all accept. She [therapist] said ‘You all have to follow these rules because you all agreed to them.’ I like it very much. I look forward to the process of making the rules. There should be no objection as everyone will accept the rules but I am very curious how it will play out in practice (F4).

3.4.2.2. How Do Fathers See Therapy?

Fathers' perspectives on mental health treatment and family therapy were shared during interviews. Seeing therapy as a learning opportunity is one of the subthemes of this theme. Fathers' thoughts on therapy's duration and expectations were prominent. Also, most fathers talked about their need of seeing change in therapy for their family and they said therapy is important for their family's well-being.

Learning opportunity

Most of the fathers said that they see therapy as a learning environment. One father explained therapy's most effective quality for him, "*For me, the most effective part of therapy is that the worst education is better than lack of education. That means therapy is a training environment and continuing education.*" (F1). Another father mentioned his changing perspective after coming to therapy, "*Therapist takes a different approach. Since her reaction to your story is different, you look at it differently. A different perspective comes to mind, it is also very important.*" (F5). Another father thinks that therapy is making him more aware:

I see therapy as a tool for others to understand their mistakes, but I am also realizing some of my mistakes. I mean, not just others notice their mistakes but I see some of my faults as well. I realize things that I was not aware of before (F4).

It takes time

Most fathers were confused by the uncertainty of the therapy process and the uncertain time of treatment. One father said, "*I expect something short term. Nobody says anything. When I say short term, I mean I expect something in two months, but there are no results in two months. So it's like walking in a dark*

room.” (F1). Another father talked about his changing observations about therapy duration:

About therapy, I thought that we would get results quickly. It turns out that it is not the case because human psychology is affected by everything. So I realized that we’ll get somewhere but it will take a little longer. I thought we would recover in a maximum of six months. No we will not recover. It seems to me that it will last one year (F5).

Another father gives a minimum time for getting results in therapy:

I see myself as a flexible person. Most people would go to a therapist and expect certain improvements in two sessions. My point of view is a little bit more flexible. If I do not think we are on the right path for improvement, then that means no trust has been created (F4).

The need for observing a change

When talking about therapy most fathers mentioned their need to see concrete improvements and their wish to see a change in their children and family. The need for measurable goals to understand change was mentioned by a father, “*Measurable goals must be set. That’s it. I didn’t have much experience with therapy before, but the duration should be short and there should be measurable rules and goals.*” (F4). One father said:

I have a perfectionist character. I expect more concrete results, also required by my profession. There is a difference between what we have achieved and my expectations. But the result is perhaps normal for the child, maybe my expectations were too high. (F1)

For another father observing change is so important that it’s a reason to change therapists:

I was not happy with the previous therapist. It didn’t help in any way. She [the previous therapist] didn’t give any feedback. There was no change. And maybe because she [previous therapist] did not include us in the sessions. I think that was missing (F5)

For the well-being of the family

Most fathers said they care about therapy for the well-being of their children and family. One father explained the most memorable part of therapy for him, *“We get closer to each other when leaving the sessions. So, okay, we are a family, husband, wife, and child but we become closer, more sincere, and more positive to each other.”* (F5).

Another father said therapy is destigmatizing the identified patient and makes the problem a common issue of the family:

Instead of blaming the child directly like ‘you are abnormal’ or ‘we have to fix you’, my perspective has changed like ‘let’s make the family better’. I find it more logical because when you only bring the child to therapy, the child begins to question herself at some point: ‘Am I abnormal?’ ‘Why I am treated like this?’. But if the mother, father, and sister are also included in the sessions, I think the child wouldn’t question herself as much (F4).

Another father explained his purpose of coming therapy, *“It was necessary because my children experienced depression. We worked on how we could overcome it. We decided that therapy could be good for our family with my sister’s advice.”* (F3).

3.4.2.3. Expectations from the Therapist

The father-therapist relationship and fathers’ opinions about therapists were discussed in the interviews. It appears that a good therapist-child relationship is very important for fathers. Also, they want to see therapists who have an authoritative stance and a guidance role.

A good therapist-child relationship

Most of the fathers mentioned they expected a good relationship between the therapist and their child. One father said that the most important factor for an effective therapy is, “*my son’s love and trust to Mrs. B. (their therapist)*” (F2). Another father said he understands therapy’s benefits after he sees the therapist’s impression on his children, “*She (therapist) guides us in therapy. She had individual sessions with the children and had such a nice impact on them. So my children were satisfied, it (therapy) was useful*” (F3). Also, one father indicates that the most appealing part of the therapy for him is the good and open communication between his daughter and the therapist:

In therapy what I like the most is that my daughter and my wife enjoyed talking with the therapist very naturally and they were very comfortable. We cannot get any results with shame or hiding the truth. I saw that they can clearly explain their problems. I like it very much (F4).

Therapist's authority and guidance

Most fathers said that a therapist is a person who is contributing to their family by his/her guidance and many fathers claim that they need to see them as an authority figure. One father talked about his expectation from the therapist:

First of all, for me, my children and my wife, we must have trust in the psychologist. After trust, she must have an authority that originates from respect. She [therapist] gave us homework twice and said ‘do the following’ but my children and wife did not do it. Now this means that there is no authority (F4).

Another father explained his role in therapy as surrendering to the therapist, “*When we go there, I surrender to Mrs. B. (therapist) because it’s not my specialty.*” (F2). He also continued, “*I am a duty man, for example, if Mrs. B. (their therapist) says ‘repeat this on weekdays’, I see this as an assignment that I*

have to do.” (F2). Another father mentioned his need for guidance from the therapist:

We expect the therapist to tell us how to behave. We have not received such feedback yet. She [therapist] does not direct us like ‘behave like this’. We are still doing things our own way. We are trying to say to ourselves, ‘let’s do this’, ‘let’s calm down’, ‘let’s relax’. But we haven’t been directed by our therapist yet. I hope we will see that (F5).

3.4.2.4. Becoming A Father: A life-changing experience

Fathers discussed the meaning of fatherhood for them throughout the interviews. Almost every father mentioned the overburdening responsibility of being a father. Their doubts about their fathering and their feeling of inadequacy as a parent were some prominent subthemes. Also, fathers have significant beliefs about mothers’ and fathers’ different roles in the family. The intergenerational father-son relationship is the last subtheme of this theme.

Overburdening Responsibility

Almost every father mentioned the overburdening responsibility of being a father. One father said about fathering, “*Responsibility, more responsibility. Beginning from the infancy, their nurture, this and that, their health, etc. These are very serious things that take time, meeting their needs...*” (F2). Another father referred to the responsibility of being a good role model, “*Primarily, fatherhood is responsibility. First of all, you have to meet their needs. Second, you make them feel that they have someone to look up to. So they will say ‘I have a father, he helps me, and he helps me morally even if he couldn’t help financially.’*” (F3). Another father talked about his anxiety and financial responsibility while experiencing health problems a couple of years ago:

I was thinking when I was in intensive care, I said, ‘What will happen to the children after I die?’, ‘Who will pay the debts?’ etc. Now you are asking me what has changed in my life. My life changed completely. A sense of responsibility. So I couldn’t even feel ready to die because of the kids (F4).

"Am I a good father?"

Most of the fathers share worries about their quality of fatherhood and their feelings of inadequacy about being a sufficient parent. One father shared his fear, *"I feel a little incapable. Will I be able to educate my children correctly? I'm really worried. In one word, being a father is scary."* (F4). He continues,

Will I be able to raise my child correctly? Because while raising a child you can make many mistakes and some mistakes are irreversible. A subject can be insignificant for you but it can have a traumatic effect on the child. Even a very simple reaction can push the child to the wrong path. I am afraid of this puberty process (F4).

Another father shares his concerns about being an adequate father,

I have concerns about not being able to do enough. If he encounters more problems in the future, I have questions in my head like ‘What more could I give him’ or ‘I wish I would do more’. I am doing my best but 'Are there other things I can do?' I can't find them (F1).

Different roles of mothers and fathers

Throughout the interviews fathers’ opinions about the roles of fathers and mothers in families were discussed. Almost every father’s discourse was compatible with cultural norms. One father underlined fathers’ rational thinking characteristic, *"Father's role is to make the child think rationally, providing a logical approach."* (F1). This father also thinks mothers are very emotional and

they have to control their excessive emotionality, *“The role of the mother is tone down her feelings, I mean, to control her feelings.”* (F1).

Another father made a role distinction between fathers and mothers in terms of external work and domestic work, *“I think the father should usually do the work outside the house. So yes, I mean protection. Generally, protection from all things, protection from the evils of the world. ”* (F2). He continued, *“The responsibility of the mother is the domestic work. I mean that child’s medication, food, cleanliness, and the rules of the house should be on the mother.”* (F2). Another father thinks fathers have a guidance role, *“The role of the father is to raise his children. First of all, provide them with a good education if they go to school. Teach them to be honest with a good construct of morality.”* (F3). Another father underlined the breadwinner role of the fathers, *“The role of the father, especially in the Turkish culture, is to provide money and have a protective role.”* (F5).

Also, some fathers said that mothers are emotionally closer to the children compared to fathers:

Whether it’s a boy or a girl, it makes no difference; mother and child’s intimacy is in a very different dimension compared to the father. I experienced this in my own relationship with my mother. I also see this with my children and my wife. That warmth, that sense of trust is very different (F4).

Mothers are seen as a bridge between children and the father in the family, *“I think, the most important duty of the mother, for me, is providing a bridge and a good relationship between the child and the father.”* (F5).

Intergenerational transmission of the father-son relationship

Fathers’ relationship with their own father and their thoughts on the similarities and differences of fathering methods were discussed. Most of the fathers in this study have strained relationships with their fathers. Almost every

father said that they have a different fathering style compared with their own father. One father told about his distant relationship with his father:

We were distant. I was beaten by my father because he was a soldier. He was extremely disciplined and expected the same of me. I couldn't even express my wishes. My mother acted as a buffer between us. Since I knew that this was due to my father's characteristics and profession, I would always say this to myself, 'I will not treat my children like this'.
(F1)

Another father talked about his bad relationship with his father:

My father had a military origin, and he was harsh and domineering. Okay, he was a gentleman but he would not show his love. I heard he loved me from other people. I didn't hear him say 'I love you boy' (F5).

He mentioned parenting differences with his father in terms of expressing feelings, "*There are differences between me and my father. At least, I can say 'I love you' to my daughter. I share many more things with her.*" (F5). Another father compared the amount of time he spends with his children, "*My children see me as much as they see their mother. Their father meets their needs. However, I never had such a relationship with my father. After all, nobody had such a relationship with their father in our generation.*" (F2).

3.5. DISCUSSION

The results of this study revealed four main themes for fathers and five main themes for therapists which provided valuable information to answer the research questions. The first research question was: What are the experiences of fathers who are participating in family therapy sessions? Research shows that the participation of both parents increases the effectiveness of the treatment process (Iversen et al., 2012). However, despite the changing societal norms and the research findings, fathers are still less involved in the therapeutic treatment of their family than mothers (Fabiano, 2007; Phares et al., 2005).

Understanding the experiences of participating fathers become more important in search of solutions to involve them. The results of this study indicate that most of the fathers seek guidance about fathering and they see therapy as a learning opportunity for them. They are open to new information both about parenting and psychological health. This finding is also aligned with the therapists describing involved fathers as open to change. Fathers' eagerness to improve themselves about child-rearing shows the importance of family therapy's educational quality. Therapy becomes a source of educational opportunity for parenting for fathers. Furthermore, according to the results, fathers who are involved in the treatment process view therapy as a ground for listening, being listened to, and expressing themselves. They express that it is very relieving to be able to express their emotions by being listened to by both their families and the therapist. This is also in line with studies that show men who avoid talking about their emotions, also have difficulty coming to therapy where they are expected to share their emotions (Bronstein, 1984).

On the other hand, fathers and therapists both express that fathers usually come to therapy by invitation or referral from others at the beginning. Sometimes they come to support their children, sometimes they come because of the invitation of the therapist, or sometimes by their partner's request. This shows that fathers need a push to get involved in the therapeutic treatment of the family. Even though they feel the need to get help and guidance about parenting they are

still reluctant to come to therapy at least without an initial push. These findings are in line with studies that reveal traditional gender roles challenge men's help-seeking behavior (Levant, 2011). There is a negative stigma around the help-seeking behavior of men, especially in conservative societies. This aligns with the gender role strain paradigm which claims that men receive negative evaluations from others when there is a contravention of traditional gender roles (Addis & Mahalik, 2003; Levant, 2011; Pleck, 1995). To avoid such stigma, men usually do not seek professional mental help. This specifically points to the importance of that little push fathers need from the therapist or his partner to get involved in therapy. This invitation from others may ensure a rationale for their involvement and provide them a safe ground to avoid negative evaluations.

Fathers' expectations from the therapist which are exerting authority and providing guidance are in line with their views of therapy as a learning opportunity. They almost see the therapist as a teacher. Fathers also feel unsure about their fathering and sometimes do not know how to tackle this role. Even though the dominant role of fathers has changed throughout history, it is more challenging than ever to be confident in their role because contemporary thoughts and the traditional father role are intertwined. This role confusion may cause fathers to need some guidance on their role. Studies support this inconsistency where they show that fathers find being both the breadwinner and being involved in the family as difficult to achieve (Thompson et al., 2013). This shift in the fathering role is considerably new, so they don't have role models like their own father to look up to, to learn about balancing present expectations and traditional roles. Studies also indicate that fathers try to integrate positive aspects of their own fathers' provider role and being an emotionally involved fatherhood model (Spjeldnaes, Moland, Harris & Sam, 2011). Thus, contemporary fathers suffer from a lack of role model and they need some sort of guidance to perform well as a father.

The results of this study revealed that fathers also have a fear of inadequacy. Both fathers and therapists claim that fathers are unsure of their competency as parents. It is still prevalent that mothers are considered primary

caregivers of children and fathers are considered secondary or on the complementary piece of the childrearing process. Studies show that fathers think their partner is more proficient in parenting and child care (Jordan, 1990; Buist et al., 2002). That may be the reason why fathers do not feel capable as mothers. Moreover, there is a generational difference between fathers and their own fathers in terms of parenting style (Barclay & Lupton, 1999). The shift in the fathering roles throughout generations creates a conflict for fathers and negatively affects their self-confidence about fathering (Condon, Boyce & Corkindale, 2004). This internal conflict may cause concerns about being blamed when they come to therapy. This is also in line with the study of Wong, et al. (2013), which found that fathers who have concerns about being blamed for their fathering, may avoid participating in therapy. However, fathers in this current study are involved with their family's therapeutic treatment although they feel inadequate. In light of these outcomes, it can be said that fathers need encouragement and guidance to both get involved in therapy and to continue to be involved.

Fathers in this study described fathering as an overburdening responsibility where they have to balance their financial responsibilities and being good fathers to their children. This is also in line with the studies which find that balancing work and family can be challenging for them and increase their level of anxiety. The flexibility of the father's jobs is an important factor that affects fathers' engagement because strict regulations increase fathers' distress further (Cooklin, Giallo, Strazdins, Martin, Leach & Nicholson, 2015). Accordingly, another result of this study is that therapists include fathers in sessions by being flexible about session hours, session time, etc. which seems to be an efficient way to support fathers and make therapy accessible for them.

The second research question of the current study was: How traditional gender roles affect treatment process? Results show that fathers have gendered views in terms of role distribution for fathers and mothers. Participants reported that mothers should be the primary caregiver of the children and fathers should have a guidance and breadwinner role in the family. Fathers in this study also think that mothers are more emotional towards their children and more

affectionate compared to themselves which is in line with Sunar's (2002) intergenerational research findings. The study revealed parents find mothers to be more affectionate and involved in their child's life while fathers are more authoritarian and distant. Although fathers in this study have a gendered perspective on parenting roles, they are involved in therapy and they are open to improving themselves. This was contradictory to the studies claiming that men who adopted traditional masculine roles were reluctant to seek psychological help (Blazina & Watkins, 1996; Robertson, 2001). One of the possible reasons for this might be the changing family structure of Turkey especially in the last decades. Especially in middle-class families in Turkey, fathers try to balance both traditional father roles and the contemporary more involved father roles.

The results of the study showed that most of the therapists describe how difficult it is to include fathers in therapy because of cultural norms about men's help-seeking behavior. According to therapists, fathers experience difficulty when coming to therapy because of their gendered upbringing that says "men do not get help". Therapists also indicate that not trusting therapy is prevalent among fathers although they continue to be involved in therapy. One reason for this lack of trust could be fathers' perspective on the source of the problem. Fathers usually think the main problem of the family is the child's lack of motivation and strength (Singh, 2003). That's why they might see therapy as a waste of time. This result underlines the importance of societies' cultural beliefs on psychotherapy.

The third question of the research was: What does it mean to include fathers in therapy sessions and work with them as a family therapist? Family systems theory claims that the contributions of every member of the family have great importance for the well-being of the family (Cox & Paley, 1997). In therapeutic treatment, if only the mother and the children come to therapy, the family is deprived of what the father might bring to the table. Also, when they don't come to therapy, other family members change and improve while the father continues to behave in the same way as before which creates a discrepancy in the improvement rates of the family members. Therapy changes the homeostasis of the family and to adapt to this change, all family members should part of this

shifting process. When fathers are involved in the therapy process they contribute to the new formation of the family and this could increase the possibility of a healthier family structure compared to earlier (Cox & Paley, 1997). This is in line with the findings of this study, as therapists also emphasized the value of fathers in treatment. They said that father involvement is crucial to understanding the family dynamics and generating the case formulation. Also, it is mentioned in the results that father inclusion ensures an increased rate of therapeutic change by improving the relationship between father-child, and father-partner.

Furthermore, over the last years, research showed that father's attitudes and personality characteristics have a great influence on the psychological development of the child, and it could either be a protective factor or a risk factor (Bögels & Phares, 2008; Connell & Goodman, 2002; Sarkadi, Kristiansson, Oberklaid & Bremberg, 2008). Also, therapists underline the benefits of involving fathers in a child's treatment and family therapy. This current study has also repeated this finding. According to the therapists, including fathers in family treatment processes has a positive effect on not only the children but on the whole family system. This is also in line with family systems theory, which claims that there is a constant and reciprocal influence between all family members (Cox & Paley, 1997; Hughes & Gullone, 2008).

The last research question of this study was: How family-of-origin experiences of fathers and therapists affect the process? Results showed that fathers have a strained relationship with their own fathers. In fact, they had poor communication and experienced physical violence from their fathers. Studies showed that men, who had a close relationship with their father in their childhood, are more likely to be more involved in paternal duties (Kerr, Capaldi, Pears & Owen, 2009; Shaffer et al., 2009). Moreover, the involvement level of fathers' own fathers also has also a significant effect on their involvement in their own child-rearing processes (Walters, Tasker & Bichard, 2001). Thus, fathers poor relationship with their own father, makes them less likely to play a more active role in their children's therapy process. However, the result of this current study indicates the opposite where a difficult relationship with their father did not affect

their involvement in therapy. One possible reason for this could be the fathers' desire not to be like their own father. They clearly try to build a different relationship with their own children and improve themselves. Also, research indicates that value transmission is easier when the father-son relationship is good (Schönflug, 2001). A negative father-son relationship may prevent fathers from transmitting negative parenting values to their own children and they might want to change and see therapy as a learning opportunity.

The current study has also investigated the family-of-origin experiences of therapists who work with involved fathers. The results showed that most therapists have distant, conflictual, and inconsistent relationships with their mother. On the other hand, many therapists said that they had affectionate fathers who showed their love both physically and emotionally. According to the results, it may be that therapists who have a close relationship with their father are more willing to include fathers in family therapy. That may be because they intrinsically know the possible positive influence a father can have on children according to their own childhood experiences. In fact, therapists who have good relationships with their fathers make more effort to include fathers in therapy compared to other therapists. These therapists may feel more comfortable when communicating with fathers due to their own positive experiences with their own fathers.

3.5.1. Clinical Implications

In many parts of the world, fathers are motivated to attend therapy? by seeing their value and role in the family and understanding their great impact on family dynamics. Clinicians who work especially with children and families need to develop strategies to include fathers in therapy to maximize the therapeutic outcomes. Here are some suggestions to help clinicians to engage fathers in the therapy. Firstly, although it sounds simple, inviting the fathers to participate in therapy seems to have a great impact. Especially in Turkey, mothers are usually the parent who makes the initial contact with a therapist and who set up the

appointment in the first place. This may make the father feel left out or feel that he does not have as much responsibility as the mother. Also, if the clinician only speaks with the mother at the initial contact, the father's schedule may be overlooked. According to Hecker (1991) clinicians should get in touch with fathers personally and ask them to come to the session because all family members are required to participate in therapy. Also, this contact helps the therapist form a rapport with the father and normalize their possible reluctance (Hecker, 1991). It could be helpful to underline fathers' unique contributions to the family and also their facilitative role in the treatment process and explain the underlining rationale about their involvement to them (Szapocznik, Perez-Vidal, Brickman, & Foote, 1988).

Furthermore, being flexible is also an important quality when involving fathers, like offering a wide range of appointment times including evening hours after work or weekend appointments. This is also true for working mothers; however, especially fathers seem to have difficulty with attending therapy on weekdays. The results of this study showed that fathers experience some difficulties managing their role as a father, and have some doubts and anxieties about their responsibilities. Offering them individual sessions when needed where they can express their concerns about family or discuss their own feelings about their job or personal troubles. Research indicates that these additional sessions are associated with fewer dropout rates (Walters et al., 2001). If needed, referring the father and mother to individual therapy can reduce parental difficulties in addition to family therapy. Another result of this current study revealed that fathers need to see concrete improvements and they need a strict therapeutic frame throughout the treatment process. Within the family therapy treatment that involves fathers, it might be a better way to use structured interventions and it could be beneficial to be more directive in terms of therapeutic interactions.

Based on fathers' and therapists' accounts, fathers still have a gendered perspective on parenting roles. Addressing responsibility sharing, co-parenting, and emphasizing the benefits of co-parenting in the therapy process could be helpful for families who adopt more gendered roles. In this case, therapists might

especially add responsibility-sharing principles in their therapy agenda. Furthermore, even if fathers of today have more knowledge about child-rearing compared to previous generations, they may still need some guidance and support because these changing roles may create uncertainties in their role. Besides, fathers have to face society's negative feedback when they try to challenge stereotypical gender norms. That's why it can be beneficial for clinicians to address fathers' fears about shifting gender roles. Also, in some cultures, men might have very limited contact with their children during the early months because women are seen as the primary caregivers of babies. So, in addition to a lack of information, they tend to lack experience as well. It could be helpful for fathers to see other fathers who interact with their children and gradually start to feel comfortable doing so themselves. Referring fathers to parenting groups, in which fathers are involved, could be an effective method to increase their confidence.

Moreover, research indicates that therapists, who are trained in family therapy, are more likely to include both fathers and mothers in therapy (Duhig et al., 2002). Therefore, increasing family-oriented education in graduate schools could contribute to fathers' involvement in the therapy process. Also, clinicians' continuing education is associated with an increased probability of father involvement (Duhig et al., 2002), so it seems crucial for therapists to continue their training during their professional careers. They could be encouraged to read about more family-oriented publications and look at the family from a systemic perspective to increase father involvement.

3.5.2. Limitations and Future Research

Although the literature and therapeutic knowledge are growing about the inclusion of fathers into family treatment, more research is needed for a more in-depth understanding of this area. In this current study, there was a relatively homogenous group of participants, so results are not likely to be generalizable to all cultures, fathers of cultural minorities, low-income fathers, or fathers from

other regions of Turkey. These different father groups could be the subject of future research. Also, the current research mainly focuses on working, heterosexual fathers. Future research could investigate other father groups such as single fathers, same-sex couples, stay at home fathers, etc. This study can be replicated with fathers who have mental health difficulties or fathers living away from their children. The scope of this study can also be expanded by examining other factors like the quality of couple relationship, fathers' background, therapists' intervention methods, and therapists' backgrounds.

Because of the difficulty of finding father participants, the sample size is relatively small; for further research, the sample size could be broadened for a better understanding of father involvement. Additionally, in this study fathers were clients who were already involved in the therapy process. Thus, additional research could be designed to include fathers who are reluctant to get involved in family therapy. Finally, in this study father involvement is represented by a binary perspective; involved and non-involved fathers. However, there are more complex attendance patterns. Future research could examine other attendance models and try to understand the underlying reasons and offer methods to involve them. Despite these limitations, this study provided a strong base for future research in this field by trying to understand the experiences of involved fathers in family therapy and the experiences of therapists who work with fathers.

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DISCUSSION

This study aimed to understand the factors influencing the father's involvement in the family therapy process and the factors contributing to family therapists' efforts to involve fathers in treatment. Although fathers' unique contributions to families' well-being known by researchers, fathers are less involved in mental health services compared to mothers, especially in Turkey. To understand this reluctance, and to find the affecting factors, understanding the experiences of involved fathers gain importance.

The first article reviewed briefly the literature on fatherhood and the history of fathering roles that emerged throughout history. Fatherhood and these fathering roles were examined through the lens of gender roles, masculinities, and cultural norms. Results revealed that the balance between the traditional father role and the contemporary expectations of being an emotionally involved father is an important subject to examine. This article, also, provides an overview of men's experiences and attitudes towards mental health treatment in reference to the family systems theory. There are several barriers in help-seeking for men who internalized traditional gender roles, especially as the therapy process is about emotional expression.

The second article focused on the experiences of fathers who participate in family therapy to try to understand the factors that influence their involvement. The results presented rich data showing fathers' perspective on mental health services and their expectations from therapy and the therapist. The results of this study show that most fathers need guidance about fathering and they see therapy as a learning opportunity for them. This also aligns with the therapists in the present study describing involved fathers as open to self-development. Fathers' expectations from therapists were around the need for authority and guidance which is in line with their perspective of therapy as a learning ground. Contemporary fathers suffer from a lack of role models and desperately need guidance to perform well in fathering. This study also aimed to understand family therapists' efforts to involve fathers in treatment and to determine which aspects

bring on greater success at father involvement. This article concluded with a discussion of clinical implications for therapists who work with fathers.



Appendix A

Informed Consent Form (Father)

KATILIMCI BİLGİ ve ONAM FORMU

İstanbul Bilgi Üniversitesi Sosyal Bilimler Enstitüsü Klinik Psikoloji Yüksek Lisans Programı

Bu araştırma İstanbul Bilgi Üniversitesi Klinik Psikoloji Yüksek Lisans Programında, Yrd. Doç. Dr. Yudum Akyıl danışmanlığında, İlayda Doğu tarafından yürütülen yüksek lisans tez çalışmasıdır. Bu araştırma aile terapisine babaların katılımını etkileyen çeşitli faktörleri araştırmaktadır. Katılımcı olmak için; en az bir aydır aile terapisine devam ediyor ve seanslara katılıyor olmak. Çalışmaya katılmak tamamen gönüllülük esasına dayanmaktadır.

Çalışmaya katılmayı kabul etmeniz halinde, sizinle yaklaşık 1 saatlik bir görüşme yapılacak ve araştırma konusuyla ilgili çeşitli görüşme soruları yöneltilecektir. Ailenizle katıldığınız aile terapisi süreci ve kendi kök aileniz ile ilgili bazı sorular yöneltilecektir, sorulardan herhangi bir sebeple rahatsız olmanız halinde ya da herhangi bir sebep göstermeksizin ayrılabilirsiniz. Olumlu ya da olumsuz geri bildirimlerinizi araştırmacının kendisine aşağıdaki iletişim adresi üzerinden ya da bizzat iletebilirsiniz.

Bu formu imzalayarak araştırmaya katılım için onay vermiş olacaksınız. Araştırma boyunca sizden kimlik belirleyici hiçbir bilgi istenmeyecektir. Araştırma sorularına verdiğiniz cevaplar ses kayıt cihazı ile kaydedilecek, araştırmacının bilgisayarında şifrelenmiş şekilde araştırma sonuna kadar saklanacak, sadece araştırma ekibi tarafından çözülecek ve araştırma sonunda imha edilecektir. Cevaplarınız tamamıyla gizli tutulacak ve sadece araştırma amacıyla kullanılacaktır. Elde edilecek bilgiler bilimsel yayınlarda kullanılacaktır. Herhangi bir soru ya da paylaşım için aşağıdaki iletişim bilgilerini kullanabilirsiniz;

Psk. İlayda Doğu

ilayda_dogu@hotmail.com

Çalışmaya Katılma Onayı

Bu bilgilendirilmiş onam belgesini okudum ve anladım. İstedğim zaman bu araştırmadan çekilebileceğimi biliyorum. Bu araştırmaya katılmayı kabul ediyorum ve bu onay belgesini kendi hür irademle imzalıyorum.

<i>Katılımcı Adı Soyadı:</i>		<i>Tarih ve İmza:</i>
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Appendix B

Informed Consent Form (Therapist)

KATILIMCI BİLGİ ve ONAM FORMU

İstanbul Bilgi Üniversitesi Sosyal Bilimler Enstitüsü Klinik Psikoloji Yüksek Lisans Programı

Bu araştırma İstanbul Bilgi Üniversitesi Klinik Psikoloji Yüksek Lisans Programında, Yrd. Doç. Dr. Yudum Akyıl danışmanlığında, İlayda Doğu tarafından yürütülen yüksek lisans tez çalışmasıdır. Bu araştırma aile terapisine babaların katılımını etkileyen çeşitli faktörleri araştırmaktadır. Katılımcı olmak için; en az üç yıldır ailelerle çalışan terapist olmak ve güncel olarak babanın da sürece dahil olduğu en az bir aile ile terapi seansları yürütüyor olmak. Çalışmaya katılmak tamamen gönüllülük esasına dayanmaktadır.

Çalışmaya katılmayı kabul etmeniz halinde, sizinle yaklaşık 1 saatlik bir görüşme yapılacak ve araştırma konusuyla ilgili çeşitli görüşme soruları yöneltilenektir. Ailelerle yaptığınız terapi süreçleri ve kendi kök aileniz ile ilgili bazı sorular yöneltilenektir, sorulardan herhangi bir sebeple rahatsız olmanız halinde ya da herhangi bir sebep göstermeksizin ayrılabilirsiniz. Olumlu ya da olumsuz geri bildirimlerinizi araştırmacının kendisine aşağıdaki iletişim adresi üzerinden ya da bizzat iletebilirsiniz.

Bu formu imzalayarak araştırmaya katılım için onay vermiş olacaksınız. Araştırma boyunca sizden kimlik belirleyici hiçbir bilgi istenmeyecektir. Araştırma sorularına verdiğiniz cevaplar ses kayıt cihazı ile kaydedilecek, araştırmacının bilgisayarında şifrelenmiş şekilde araştırma sonuna kadar saklanacak, sadece araştırma ekibi tarafından çözülecek ve araştırma sonunda imha edilecektir. Cevaplarınız tamamıyla gizli tutulacak ve sadece araştırma amacıyla kullanılacaktır. Elde edilecek bilgiler bilimsel yayınlarda kullanılacaktır. Herhangi bir soru ya da paylaşım için aşağıdaki iletişim bilgilerini kullanabilirsiniz;

Psk. İlayda Doğu

ilayda_dogu@hotmail.com

Çalışmaya Katılma Onayı

Bu bilgilendirilmiş onam belgesini okudum ve anladım. İstedğim zaman bu araştırmadan çekilebileceğimi biliyorum. Bu araştırmaya katılmayı kabul ediyorum ve bu onay belgesini kendi hür irademle imzalıyorum.

<i>Katılımcı Adı Soyadı:</i>		<i>Tarih ve İmza:</i>
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Appendix C
Demographic Form (Father)
Demografik Bilgi Formu

Yaşınız:

Mesleğiniz:

Medeni haliniz:

Eğitim Durumunuz:

Okur-yazar

İlkokul

Orta-lise

Üniversite Öğrencisi

Üniversite

Yüksek Lisans-doktora öğrencisi

Yüksek Lisans-doktora

Şu an yaşadığınız yer?

Ailele

Akraba yanında

Evde-yalnız

Evde arkadaşla

Diğer

Şu anda görmüş olduğunuz tedaviye başvuru şekliniz?

Kendi isteğimle

Uzman tavsiyesiyle

Eşimin isteğiyle

Anne-baba tavsiyesiyle

Doktor tavsiyesiyle

Arkadaş tavsiyesiyle

Amir tavsiyesiyle

Diğer (lütfen belirtiniz:)

Terapistinizi nasıl buldunuz? (internet, tavsiye, yönlendirme vb.)

.....

Daha önce terapi deneyiminiz oldu mu?

• **Evet ise ne zaman ve ne kadar süreyle?**

.....

• **Hangi sebeple?**

.....

.....

Görüşmelere/seanslara ne sıklıkta geliyorsunuz?

Haftada birden fazla

Haftada bir

İki haftada bir

Diğer belirtiniz:.....

Şu andaki tedavinin ne kadar sürede sonuç vereceğini bekliyorsunuz?

(Lütfen belirtiniz):.....

Bu tedavinin, yaşadığımız sorunları çözmeye ne kadar başarılı olacağını düşünüyorsunuz?

Hiç Az Biraz Oldukça Çok

Bu tedaviyi benzer sorunlar yaşayan bir arkadaşınıza tavsiye eder misiniz?

Hiç Az Biraz Oldukça Çok

Appendix D
Demographic Form (Therapist)
Demografik Bilgi Formu

Yaşınız:

Cinsiyetiniz:

Mesleğiniz:

Psikolog Klinik Psikolog Psikiyatrist Psikolojik Danışman

Eğitiminiz?

Lisans

Yüksek Lisans

Yüksek Lisans Öğrencisi

Doktora Öğrencisi

Doktora

Tıpta uzmanlık

Yaklaşık kaç yıldır uygulama alanında çalışıyorsunuz?

(lütfen belirtiniz):.....

Bir hafta içerisinde yaklaşık kaç seans yapıyorsunuz?

(lütfen belirtiniz):.....

Bir hafta içerisinde yaklaşık kaç aile seansı yapıyorsunuz?

(lütfen belirtiniz):.....

Appendix E
Interview Questions (Father)
Baba Görüşme Soruları

Bu görüşme babaların aile terapisine katılma değişkenlerini araştırmaya yönelik yüksek lisans tezi kapsamında yapılmaktadır. Görüşme toplamda 19 sorudan oluşmakta ve yaklaşık bir saat sürmesi beklenmektedir. Görüşmemiz ses kaydına alınacaktır ve bu kayıtlar araştırma boyunca saklanacaktır ancak hiçbir şekilde araştırma dışında izniniz haricinde kullanılmayacaktır. Ayrıca çalışmanın gizliliği kapsamında isimleriniz hiçbir şekilde kullanılmayacaktır.

Başlamadan önce sormak istediğiniz bir şey var mı?

1) Ne zamandır terapiye devam ediyorsunuz?

2) Terapiye başlamak kimin fikriydi?

(Kendisinin değilse) Siz bu konuda ne düşündünüz?

3) Terapiye başlamadan önce terapi hakkında nasıl fikirleriniz vardı?

4) Sizce terapiye başlamanız gerekli miydi?

- **(Değilse) Yine de gelmeye nasıl karar verdiniz?**

(Gerekliydi derse diğer soruya geç)

5) Terapiye başlama sebeplerinizden bahseder misiniz?

6) Sizce bu sıkıntıların sebebi ne olabilir?

7) Terapiye nasıl bir değişim olmasını bekleyerek başladınız?

8) Kendinizde ve ailenizde nasıl deęişimler görürseniz iyi ki terapiye başlamışız dersiniz?

9) Peki bu deęişimlerin ne kadarı gerçekleşti?

10) Terapiye başladıktan sonra terapi hakkındaki fikirleriniz nasıl deęiştii?

11) Kendi ailenizle deneyimlediğiniz terapi süreci hakkında ne düşünüyörsünüz?

- İyi gelen tarafları neler?
- Zorlayıcı tarafları neler?
- Bütün bu süreçte en aklınızda kalan şey ne oldu?
- Terapiyle ilgili düşüncelerinizde farklılık oldu mu? Neler deęiştii?

12) Kendi babanız ile olan ilişkinizden bahsedebilir misiniz?

- Yakın mıydınız? Uzak mıydınız? Neden?
- Birlikte vakit geçirir miydiniz? Nasıl?
- iyi ki babam diye soracak olsam nasıl tamamlarsınız
- keşke babamdiye soracak olsam nasıl tamamlarsınız

13) Baba olmak sizin için nasıl bir şey? Ne hissettiriyor? Baba olmaktan mutlu musunuz?

- Baba olmanın hayatınızda deęiştirdiđi şeyler var mı?
- Neler kattıđını düşünüyörsünüz?
- Baba olmanın hayatınızı zorlaştırdıđı noktalar var mı?

14) Çocuđunuzla birlikte zaman geçirebiliyor musunuz?

- Ne kadar? Sizce geçirdiđiniz bu süre yeterli mi?
- Çalıştıđımız günlerde ortalama kaç saat birlikte vakit geçiriyörsünüz?

- Peki haftasonları?
- Birlikte geçirdiğiniz bu zamanlarda neler yapıyorsunuz?

15) Sizce ailede babanın rolü nedir? Alması gereken sorumluluklar nelerdir?

16) Kendi babanızın babalık davranışlarına ve şu an kendi babalık davranışlarınıza baktığınızda benzerlikler ve farklılıklar neler? Neler gözlemliyorsunuz?

17) Kendi anneniz ile olan ilişkinizden bahsedebilir misiniz?

- Yakın mıydınız? Uzak mıydınız? Neden?
- Birlikte vakit geçirir miydiniz? Nasıl?
- iyi ki annem diye soracak olsam nasıl tamamlarsınız
- keşke annemdiye soracak olsam nasıl tamamlarsınız

18) Sizce ailede annenin rolü nedir? Alması gereken sorumluluklar nelerdir?

19) Tekrar burada aldığınız terapiye dönecek olsak, sizce terapinin etkili olmasını sağlayan en önemli faktörler neler?

- Terapistinizin rolünü nasıl görüyorsunuz?
- Kendi rolünüzü nasıl görüyorsunuz?
- Diğer aile üyelerinin rolünü nasıl görüyorsunuz?
- Terapi sürecinde şu da olsa daha iyi olurdu dediğiniz birşey oldu mu?

Teşekkürler.

Appendix F

Interview Questions (Therapist)

Terapist Görüşme Soruları

Bu görüşme babaların aile terapisine katılma değişkenlerini araştırmaya yönelik yüksek lisans tezi kapsamında yapılmaktadır. Görüşme toplamda 10 sorudan oluşmakta ve yaklaşık bir saat sürmesi beklenmektedir. Görüşmemiz ses kaydına alınacaktır ve bu kayıtlar araştırma boyunca saklanacaktır ancak hiçbir şekilde araştırma dışında izniniz haricinde kullanılmayacaktır. Ayrıca çalışmanın gizliliği kapsamında isimleriniz hiçbir şekilde kullanılmayacaktır.

Başlamadan önce sormak istediğiniz bir şey var mı?

1) Hangi sıklıkta ailelerle çalışıyorsunuz?

- Genellikle bu seanslara hangi aile üyeleri katılıyor?

2) Aile seanslarının diğer modalitelerle (bireysel, çift) danışanların katılımı açısından benzerlik ve farklılıkları neler?

3) Sizin için aile seanslarına babaların katılması ne demek?

- Neden katılıyorlar?
- Neler farklı oluyor?
- Süreçte terapiye angaje olmaları nasıl oluyor?
- Sizinle ilişki kurarken ne gibi şeyler gözlemliyorsunuz?

4) Sizin için aile seanslarına babaların katılmaması ne demek?

- Neden katılmıyorlar?
- Ne gibi zorluklar yaşıyorsunuz?
- Bu zorlukların üstesinden gelebilmek için neler yapıyorsunuz?
- Babalar katıldığında ve katılmadığında ne değişiyor?

5) Şu an takip ettiğiniz ve araştırmaya dahil olan aile ile ne zamandır çalışıyorsunuz?

6) Bu aileyle deneyimlediğiniz terapi süreci hakkında ne düşünüyorsunuz? Size aile faydalanabiliyor mu? Evetse bunu ne sağlıyor? Hayırsa ne engelliyor?

- İyi gelen tarafları neler?
- Zorlayıcı tarafları neler?
- Bütün bu süreçte en aklınızda kalan şey ne oldu?

7) Ailede annenin rolü nedir sizce? Alması gereken sorumluluklar nelerdir?

8) Ailede babanın rolü nedir sizce? Alması gereken sorumluluklar nelerdir?

9) Kendi anneniz ile olan ilişkinizden bahsedebilir misiniz?

- Yakın mıydınız? Uzak mıydınız? Neden?
- Birlikte vakit geçirir miydiniz? Nasıl?
- iyi ki annem diye soracak olsam nasıl tamamlarsınız
- keşke annemdiye soracak olsam nasıl tamamlarsınız

10) Kendi babanız ile olan ilişkinizden bahsedebilir misiniz?

- Yakın mıydınız? Uzak mıydınız? Neden?
- Birlikte vakit geçirir miydiniz? Nasıl?
- iyi ki babam diye soracak olsam nasıl tamamlarsınız
- keşke babamdiye soracak olsam nasıl tamamlarsınız

Teşekkürler.

ETİK ALT-KURUL DEĞERLENDİRME SONUCU
RESULT OF EVALUATION BY THE ETHICS SUB-COMMITTEE

Başvuru Sahibi/Applicant: İlayda Doğu

Başvuru Tarihi/Date of Application: 03.12.2018

Proje Başlığı/Project Title: A Phenomenological Study of Father Involvement
in Family Psychotherapy Sessions

Değerlendirme Sonucu/Evaluation Result:

Proje program etik alt-komitesi tarafından değerlendirilmiş; herhangi bir değişikliğe gerek görülmemiştir. Proje onaylanmıştır. / Project was evaluated by the program ethics sub-committee; there was no need for revision. The project was approved.

Onay Tarihi / Date of Approval: 14.12.2018



Dr. Öğr. Üyesi Alev Ç. Sideris

İstanbul Bilgi Üniversitesi

Klinik Psikoloji Yüksek Lisans Programı Direktörü