

ISTANBUL BILGI UNIVERSITY
INSTITUTE OF SOCIAL SCIENCES
CLINICAL PSYCHOLOGY MASTER'S DEGREE PROGRAM

THE RELATIONSHIP BETWEEN PSYCHOTHERAPISTS' THEORETICAL
ORIENTATION, FAMILY FUNCTIONING, BIRTH ORDER AND
COMMUNICATION APPREHENSION

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İSTANBUL
2020

Kabul ve Onay

116647006 Ceren Karahan tarafından hazırlanan “Psikoterapistlerin Teorik Yönelimleri, Aile İşleyişi, Doğum Sırası ve İletişim Kaygısı Arasındaki İlişki/ The Relationship Between Psychotherapists’ Theoretical Orientation, Family Functioning, Birth Order and Communication Apprehension” başlıklı bu çalışma dijital ortamda yapılan tez savunma sonucunda başarılı bulunarak aşağıdaki jüri tarafından yüksek lisans tezi olarak kabul edilmesine karar verilmiştir. İlgili onaylar elektronik posta yolu ile alınmıştır.

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Tezin Onaylandığı Tarih: 10.03.2020

Toplam Sayfa Sayısı : 85

Anahtar Kelimeler (Türkçe)

- 1) Teorik Yönelim
- 2) Kök Aile
- 3) Aile İşlevselliği
- 4) Doğum Sırası
- 5) İletişim Kaygısı

Anahtar Kelimeler (İngilizce)

- 1) Theoretical Orientation
- 2) Family of Origin
- 3) Family Functionality
- 4) Birth Order
- 5) Communication Apprehension

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ABSTRACT

Theoretical orientation refers to psychotherapists' way of approaching/formulating a case and treating a client. It is a sorted set of presumptions or inclinations gathered around theories that provides a tool for psychotherapist to conceptualize a case and a better understanding of a client's needs with specific interventions. Each psychotherapist, adopts different theoretical orientation/s. This study examines the possible factors that influencing the adoption process of theoretical orientation among Turkish psychotherapists. These factors were observed in order to provide useful information for candidate psychotherapists and improve the process of choosing a certain theoretical orientation. The sample includes 140 psychotherapists who have been actively working in the field for at least a year. The McMaster Family Assessment Device (FAD) and The Personal Report of Communication Apprehension (PRCA-24) were given to participants to measure their functionality of family of origin and level of communication apprehension. The participants' theoretical orientation/s was measured using The Theoretical Orientation Profile Scale –Revised (TOPS-R), it is important to mention that there are only a few studies that look at the theoretical orientation and family of origin of psychotherapists. Results indicated that there was a significant correlation between certain types of theoretical orientation and family functionality. Also, findings emphasized another meaningful difference between certain types of theoretical orientation and birth order. However, there was no significant correlation between theoretical orientation and communication apprehension of psychotherapists. These results indicate that the functionality of family of origin and birth order may be beneficial for the psychotherapists to increase their self-awareness and become a more mindful therapist by emphasizing the influencing factors on their choice of theoretical orientation.

Keywords: theoretical orientation, family of origin, family functioning, birth order, communication apprehension

ÖZET

Teorik yönelim, psikoterapistlerin bir olaya yaklaşma / formüle etme ve danışanı tedavi etme biçimini ifade eder. Psikoterapistin bir vakayı kavramsallaştırması için faydalı bir araçtır. Terapistin, danışanın ihtiyaçlarını belirli müdahale araçları kullanarak daha iyi anlamasını sağlayarak teorilere dayanarak bir dizi varsayım veya eğilime verilen genel isimdir teorik yönelim. Her psikoterapist, farklı teorik yönelimi / kuramları benimser. Bu çalışma ise, Türk psikoterapistler arasında teorik oryantasyonun benimsenmesini etkileyen olası faktörleri incelemektedir. Psikoterapist adayları için yararlı bilgiler sağlayarak ve teorik yönelim seçme sürecine katkıda bulunmak amacıyla bu faktörler gözlemlenmiştir. Örnekleme, alanında en az bir yıldır aktif olarak çalışan 140 psikoterapist dahildir. Katılımcılara, kök ailelerinin işlevselliğini ve iletişim kaygılarının seviyelerini ölçmek için McMaster Ailesi Değerlendirme Ölçeği (FAD) ve İletişim Kaygısı Ölçeği (PRCA-24) verilmiştir. Katılımcıların teorik oryantasyonları Teorik Yönelim Profili Ölçeği - Güncellenmiş (TOPS-R) kullanılarak ölçülmüştür. Psikoterapistlerin teorik oryantasyonunu ve kök ailelerini inceleyen sadece birkaç çalışma olduğunu belirtmek önemli olacaktır. Sonuçlar, belirli teorik oryantasyon türleri ile aile işlevselliği arasında anlamlı bir ilişki olduğunu göstermiştir. Ayrıca, bulgular belirli teorik yönelimler ile doğum sırası arasında anlamlı bir fark olduğunu vurgulamıştır. Ancak, teorik oryantasyon ile psikoterapistlerin iletişim kaygısı arasında anlamlı bir ilişki bulunamamıştır. Bu sonuçlar, kök ailenin ve doğum sırasının hem teorik yönelim üzerine etkisini vurgulayarak hem de psikoterapistlerin kendilerine dair farkındalıkların artması konusunda faydalı olabileceğini göstermektedir.

Anahtar Kelimeler: Teorik yönelim, kök aile, aile işlevselliği, doğum sırası, iletişim kaygısı

ACKNOWLEDGEMENTS

First, I would like to thank my thesis advisor Yudum Söylemez, for her support, advice and valuable contributions that helped me to enhance my thesis. I am grateful to her not only for my thesis process, but also for my journey to become a couples and family therapist. She helped me to improve myself as a clinical psychologist by being understanding, assistive and containing.

I would also like to express my gratitude to my family, my greatest support system, Dilek &Recep Karahan for always helping and supporting my academic career. I am thankful for my sister Burcu Karahan, too. She always intervened at the right time and made me believe in myself by reminding all the internal and external resources I have.

I am also thankful for my dearest friend Hazal Kartalkanat and Beril Kasımoğlu. They contributed greatly to my thesis by providing valuable feedback and comments, even at a very short time. I would not be able to complete this thesis without all their support.

INTRODUCTION

Each therapist has a unique way of approaching and treating clients because each of them adopts a different therapeutic orientation during the years. What can be the reasons behind the adoption of different therapeutic orientations by therapists? Prior studies have shown several attempts to explain specific reasons of adopting different therapeutic orientations. According to former analysis in the literature, possible common reasons are personality, academic background and work experience. In his review, Arthur (2001) finds two critical variables for choosing a theoretical approach among therapists. First variable is “influence of training, colleagues, supervisors, initial clinical experience” and the second variable is “effects of personality traits and epistemological values”. (Arthur, 2001, p. 45). Fear and Woolfe (1999) also suggested, there is a relationship between the training and continued professional development of counsellors. Consistent with Arthur’s (2001) work, authors specifically claimed, therapist’s personal philosophy has a relation with theoretical orientation.

The current study aims to look from a divergent and novel perspective for the possible associations of adopting and developing therapeutic approach in psychotherapy. Till that day, research mainly emphasized personality and training experience. Purpose of the research is to arise with new approaches and add new context to possible associations. New contexts will be both micro and macro contexts such as functionality of the family of origin, birth order and communication apprehension.

There are numerous number of theoretical orientations and the number increases day by day with new developments. It is not possible for a psychotherapist to study and master on every theoretical orientation out there because even professionalizing on just one orientation costs time, effort and money. Therefore, psychotherapists should choose carefully their theoretical orientation and adopting a theoretical orientation during the training can be difficult and confusing for the candidate psychotherapists. Investigating the relationship between choice of theoretical orientation and possible contributing

factors such as family of origin, birth order and communication apprehension may assist psychotherapists during the process of embracing a theoretical orientation.



CHAPTER 1

LITERATURE REVIEW

1.1. THEORETICAL ORIENTATION

Theoretical orientation is crucial and a guiding concept in psychotherapy. A theoretical orientation is a psychotherapist's principal or philosophy about how problems develop and how these problems are treated. As part of the psychotherapy training, therapists are often introduced to different theories. Theories offer different understandings about how a client's problems develop and how they can be resolved. These concepts about the development of problems and how they are best resolved, are called a therapist's theoretical orientation.

Theoretical orientation is important for both the counselor and the client. Lyddon and Bradford (1995) define theoretical orientation in psychotherapy as "the framework which serves to guide and shape the nature of his or her work with clients" (p. 1). It is the basic guiding principle in organizing a treatment and will provide information on how a therapist is likely to interact with the client.

In other words, theoretical orientation is the counselor's preferred therapy method. As Boswell (2009) stated "theoretical orientation can be conceptualized as a therapist's pretreatment characteristics or a factor that is thought to relate to psychotherapy process and outcome" (p. 291). Theoretical orientation involves a customized approach to how a counselor best serves their client. Every client is different and reacts to different treatments, and theoretical orientation is there to help the counselor find the best method to tackle their client's problem. It also informs the counselor's focus in each counselling session, goals of counselling and interventions a patient will experience in a counselling session.

1.1.1. Development of Theoretical Orientation

There are several factors that affect the process and outcome of psychotherapy. An overview written by Whiston (1993) examines, “therapeutic relationship, session factors, approaches and specific techniques, and client experience” as an influencing component of psychotherapy. Over time, psychotherapists and researchers have realized theoretical orientation became a crucial factor in psychotherapy. Therefore, an extensive literature has developed on the concept of “theoretical orientation” or in other words “therapeutic orientation”.

Even though the development of theoretical orientation is a composite concept, Bitar (2007) and his colleagues emphasized “the process involves an interaction between personal and professional domains.” (p. 109). A large number of existing studies in the broader literature have presented many contributing elements that impacts the development therapeutic orientation such as clinical experience, training, psychotherapist’s therapist, therapist’s personality, personal philosophy and values, supervisor’s orientation, learning style etc.

Clinical Experience

Studies of theoretical orientation are well documented, it is also well acknowledged that clinical experience is a significant determinant for developing theoretical orientation. Norcross (1983), examined American clinical psychologists’ satisfaction with their theoretical orientation and contributing factors of selecting their theoretical orientation (p. 198). 479 volunteered psychotherapists who are a member of American Psychological Association, filled out a survey where they rated their satisfaction with their adapted theoretical orientation and possible several different variables affected their therapeutic orientation. Variables included “personal experience, suggestion from colleagues, and earlier attitude” (Norcross, 1983, p.198). It was reported that majority of the participants were satisfied with their theoretical orientation.

Before presenting the results, author reminded that the decision to pursue and adopt a theoretical orientation “...is obviously not a linear or discrete

process” (Norcross, 1983, p.204). Respondents, asked to fill out a survey which includes a 5 point Likert scale, ranging from ‘no influence’ to ‘primary influence’ in order to rate 14 different factors affecting their theoretical orientation. Results of his study displayed that accidental circumstances are not very powerful variables in terms of adopting a theoretical orientation. “Nonetheless, in clinical psychologists’ retrospective analyses of 14 selection variables, the results showed that clinicians make deliberate choices of their orientations, primarily predicated on clinical experience, values, and personal philosophy and graduate training” (Norcross, 1983, p. 205). Among 14 variables, clinical experience was reported as the most effective and influencing variable. Following clinical experience, psychotherapists’ values and personal philosophy were also influential according to Norcross’s (1983) analyses (p. 201).

Personal Philosophy and Values

Psychotherapist’s clinical experience plays a crucial role in theoretical orientation development as well as clinician’s personal philosophy and values. Vasco and Dryden (1994), addressed a different concept ‘epistemological development’ other than clinical experience (p. 328). “Epistemological development is intended to capture the degree of complexity and flexibility that characterizes the way therapists think about ontological and epistemological matters- namely, what is reality, and what counts as valid knowledge” (Vasco & Dryden, 1994, p. 328). Study was conducted among 487 Portuguese psychotherapists and combined the data from Norcross’ (1983) study (Royce & Moss, 1980). Norcross’ research findings offered that during the development of theoretical orientation, clinical experience is the most crucial variable whereas personal philosophy and values comes second, and training comes third among American psychotherapists (Norcross, 1983, p. 205). However, this study supported that for Portuguese psychotherapists order of the variables is the reverse. Personal philosophy and values is in the first place whereas training is in the second, and clinical experience in the third place. As one of the reasons why

the ordering of the factors affecting the theoretical orientation of American and Portuguese psychotherapists is different, the American sample is considerably more experienced than the Portuguese sample. It is discussed that, because of the length of clinical experience of American psychotherapists participating in the study was longer than Portuguese psychotherapists, clinical experience was more important in the selection of an existing theoretical orientation for the American sample compared to Portuguese sample (Vasco & Dryden, 1994, p. 330). In summary, Vasco and Dryden's (1994) result, supported the effects of personal philosophy and value on theoretical orientation formation an adaption process especially for Portuguese psychotherapists (p. 332).

Supervisor Orientation

Murdock (1998), mentions that prior studies emphasized the relationship between theoretical orientation and clinical experience, personal values and graduate training. However, prior studies don't dig into what type of values, experiences and training is related to theoretical orientation (p. 63). Authors conducted a survey with 111 American counselors and used valid and reliable scales to measure type of theoretical orientation, interaction styles and their supervision experience and process (Murdock, 1998, p. 67). Shorter version of Theoretical Orientation Survey (TOS; Coan, 1979) was used to assess psychotherapists' choice of theoretical orientation whereas Impact Message Inventory (IMI; Kiesler & Schmidt, 1991) was used to define psychotherapists' interaction style. Another significant scale used in the study was Supervisee Levels Questionnaire-Revised (SLQ-R; McNeill et al., 1992) to comprehend therapists' supervision experience and process.

Discriminant analysis documented by the authors of the study, suggested that there is a relationship between psychotherapist's theoretical orientation and supervisor's orientation. According to this research, it is more likely to come across with a link between therapist's and supervisor's theoretical orientation if they are psychoanalytically oriented. However, Murdock (1998) also emphasizes

the fact that it's a descriptive research and does not explain any directional relationship (p. 75). The question that then naturally arises is, "whether the psychoanalytic supervisors were creating psychoanalytic supervisees, or if psychoanalytic counsellors are sought out psychoanalytic supervisors?" (Murdock, 1998, p.75). An important training implication of this study could be looking up closely to supervisor's and supervisee's theoretical orientation similarities and differences during the process of adapting a theoretical orientation.

Learning Style

This section presents a review of more recent literature on the relationship between theoretical orientation and learning style. Kolb (1984), coined the term, "learning style" and suggested that every person has a unique way of apprehending (p. 62). According to Kolb, there are four different dimension of learning; feel, watch, think and do. Each dimension represents a different way of learning. For example, "feel" dimension stands for concrete experience, "watch" dimension stands for reflective observation, "think" dimension stands for abstract conceptualization and "do" dimension stands for active experimentation. Based on different ways of comprehending, Heffler (2009), addresses the question whether psychotherapists with the same learning styles would choose a certain theoretical orientation (p. 283).

Heffler and Sandell's (2009) study is a 2-year longitudinal study and conducted among 5-year Psychologist Programme at the Department of Psychology, Stockholm University students. Data was collected twice; first when the students were in their third semester and second when they are at their seventh semester. Analyses showed that, there is a meaningful difference between psychodynamic oriented therapists and cognitive behavioral therapists on "Feel" dimension. Psychodynamic oriented therapists score higher on feel subscale compared to CBT oriented therapists. Whereas, CBT oriented therapists score

higher on Do and Watch subscales compared to psychodynamic oriented therapists (Heffler, 2009, p. 290).

Authors also mention the limitations of the study. Since the study is correlational it is not possible to establish a causal relationship between certain types of theoretical orientation and learning styles. Study, establishes only a meaningful difference between them. Another limitation of the study is the instrument that they use for measuring learning style. At the time when research was conducted, there were hesitations about Learning Style Inventory's (Kolb, 1984) validity and reliability. Later on, an updated version of the scale was published but since Heffler and Sandell's (2009) research was a longitudinal study, they did not want to change versions at the end of the study. Regardless, the validity and reliability of scale used remains as a question mark (p. 290).

Therapist's Personality

Shwartz (1978) explains how psychotherapy was born and became a major of science. Author, also mentions how different theoretical orientations were developed. He emphasizes the fact that theoretical orientations were affected by the economic, social and political climate. Especially, after World War II there was a great and urgent need for psychotherapy. However, psychotherapist had to intervene immediately because of the severity of traumas people had. Since political and economic statement were not pleasant and stable, new theoretical orientations aroused other than psychoanalytic approach. Therefore, according to Shwartz's (1978) observations, there can't be statistically significant correlation between one's personality and choice of theoretical orientation (p. 345). Nevertheless, there can be a "positive correspondence between one's theoretical viewpoint and the accompanying political, economic, socio-cultural influences" (Shwartz, 1978, p. 345). Despite of Shwartz offering, literature never stopped exploring the link between therapist's personality and choice of theoretical orientation because there is a circular relationship between personality and political, economic, socio-cultural influences. Concept of personality is very wide

and it is under the influence of socio-cultural, political and economic influences and vice versa.

Chwast (1978), starts his article with the question “Why do psychotherapists choose a particular orientation to psychotherapy or a type of psychotherapy practice?” (p. 375). Answer to this question is, adopting an orientation is a complicated process and there are no certain determinants. Author, begins his journey of exploring some of the possible influencing factors based on his observations and experiences in the psychotherapy field. What he observes about himself is that, the similarity between his need of orderliness, openness and choice of theoretical orientation. Hence, he interviews with only five male psychotherapists, one of the limitations of the study is that sample was limited and not representative (Chwast, 1978, p. 376).

The study addressed the research question whether psychotherapists adopt a theoretical orientation according to their personalities. Author, interviewed with the participants and asked them whether theoretical orientation is affected by personality and in which ways it affects theoretical orientation. Results of this research revealed, all the psychotherapists interviewed considers their personality as an influencing factor on their theoretical orientation (Chwast, 1978, p. 379). One of the limitations of this study is that, the sample they used is not very representative and homogenous. Data consists only men, and they all belong to the same theoretical orientation; psychoanalytic approach. Besides, the author reminds us that sample size is small and instruments are nor efficient. For all that limitations, this study is one of the first research that explores the relationship between personality and theoretical orientation and it brings along with some other questions such as, what differences in personality affects different theoretical orientations.

A number of authors recognized the correlation between personality types and therapists’ theoretical orientation. Scandell, Wlazelek and Scandell (1997) point out the lack of empirical evidence in this area and weakness of the instruments used in studies of measuring personality and theoretical orientation (p. 414). Scandell (1997) et al., conducted a research with a sample of 41

psychologists and used NEO-PI-R (Costa & McCrea, 1992) to measure personality traits and a therapist questionnaire designed to evaluate the theoretical orientation. Therapist questionnaire includes information about education, clinical experience and theoretical orientation (p. 415).

Results of the study revealed a significant relationship between personality facets and certain theoretical orientations. There is a meaningful relationship between Agreeableness, one of the NEO-PI-R facet (Costa & McCrea, 1992), and Cognitive theoretical orientation. More specifically, cognitive theoretical orientation is significantly correlated with Straightforward and Altruism sub-facets. In the article, it is argued that these sub-facets can be related with psychotherapists' compassion, generosity, and concern for others. Another significant relationship is between Openness, another facet of NEO-PI-R (Costa & McCrea, 1992), and Humanistic & Gestalt orientations. Authors discussed, this outcome proposed that psychotherapists who rated themselves high on Humanistic/Gestalt theoretical orientation, "tend to be more imaginative and intellectually curious with broader interest". (Scandell, 1997, p. 416). Scandell (1997) et al., suggest result should be replicated with a larger number of participants (p. 417). Apart from that, they emphasize another limitation of the study which is the lack of a valid and reliable instrument measuring theoretical orientation. Nevertheless, this study is one of the first researches present an empirical evidence on theoretical orientation & personality.

According to the Tremblay's (1986) impressions and past research, there is a relationship between therapists' theoretical orientations and personalities. However, there is no empirical study on what kind of relationship between specific orientations and personality traits. To fill this gap in the literature, the researcher compared the responses of humanistic, psychodynamic and behavioral psychotherapists on a valid and reliable personality inventory (p.106). Researcher collected data from 180 psychotherapists with a doctoral degree in clinical psychology. In order to measure therapists' personality, The Personal Orientation Inventory (POI; Shostrom, 1964) was used in the study. Also, to assess participants' theoretical orientation, within the demographic form they choose an

orientation which suits them best among four options; Behavioral, Psychodynamic, Humanistic or other (Tremblay, 1986, p. 107).

The results confirm that there are separate personality profiles for each individual theoretical group, while at the same time there are common basic personality traits for therapists. For instance; from the subscales of the personality inventory, psychodynamic therapists are more concentrated in the past rather than the present compared humanistic and behavioral therapists. In the practice of psychodynamic orientation, past knowledge and experiences occupy an important place in comparison to humanistic and behavioral therapy (Tremblay, 1986, p. 109). The fact that research analysis supports similar information with practice is indeed remarkable and important for the literature.

Arthur (2000), makes a comprehensive research on personality and cognitive-epistemological style differences and psychoanalytic and cognitive-behavioral therapists (p. 244). He uses several different valid and reliable scales to measure personality and cognitive-epistemological style. In order to measure theoretical orientation, author develops a questionnaire which explores therapists' attitude towards their orientation by asking them to rate their commitment and satisfaction on a 5-point response scale. According to results, author's main hypothesis was supported, psychoanalytic and cognitive behavioral therapists show a significant difference in terms of their personality. As Arthur (2000) stated "Psychotherapists' theoretical orientation reflects certain characteristic personality" (p. 253).

Psychoanalytically oriented therapists demonstrate a tendency to avoid pain and they are more sensitive to threats and avoid more from unnecessary risk compared to cognitive behavioral therapist. On the other hand, cognitive behavioral therapists are "characterized by the desire to enhance life, not just avoid unpleasure and pain." (Arthur, 2000, p. 254) compared to psychoanalytically oriented therapists. Their fundamental go drive is to seek changes to enhance and improve life. Therefore, they may experience less anxiety and more signs of psychological adaptation.

This paper addresses the relationship between certain characteristic of personality and theoretical orientation however a new research is needed for validity. According to the results of this research, it is possible to predict the theoretical orientations of the psychotherapist candidates while they are at the beginning of their professions with character tests and analyzes. Arthur (2000), suggests a further investigation to confirm the validity of the result of this study with another research which tests the consistency between the predicted theoretical orientations of candidate/training psychotherapist through their personality characteristics and their theoretical orientation after they become a psychotherapist (p.256).

Training

One of the first studies in the literature on the factors affecting theoretical orientation belongs to Steiner (1978). As Steiner (1978) points out, many different factors have been proposed in identifying possible influencers of theoretical orientation: readings, colleagues, supervisors, the therapist's belief system etc. On the other hand, measuring the impact of factors such as personality on theoretical orientation can be more complex because it is more difficult to define constructs of emotional and personality variables (p.371). Sample consisted 20 psychotherapists and researcher interviewed each of them. Participants asked to rate their theoretical orientation and rank the influencing factors to their choice of theoretical orientation such as training, own therapist, clinical experience etc. (Steiner, 1978, p. 372). According to Steiner's (1978) research results, the influence of his / her therapist takes the first place in relation to the factors contributing to the theoretical orientation of psychologists. The second factor is the study, reading and training of the graduate or postgraduate education (p. 372).

An important point to be considered about this research is that the population used as a sample is not homogeneous enough. The higher number of psychoanalytically oriented therapists in the sample may have had a biased effect on the results of the research. The fact that psychoanalysts are going through their

own analysis processes in addition to the theoretical trainings they receive may have caused the training factor to appear more than it should be.

The next research mentioned has a slightly different methodology. It focuses on the impact of training on a single orientation rather than the impact of the training on several different theoretical orientations. The author realizes that cognitive and behavioral therapy is becoming increasingly popular in the late 90s. He wonders how the training affects therapists with different orientations, such as psychoanalysis, humanistic or systemic, while learning cognitive and behavioral methods. One of the expected outcomes of this research is that therapists who have a cognitive-behavioral orientation are expected to have a more positive attitude towards CBT courses than therapists from the other orientations (Freiheit, 1997, p. 80).

This study aimed to measure students' approach to cognitive-behavioral therapy and the impact of training with therapists from various therapeutic orientations. 40 therapist participated to the study and they were graduate students of a clinical psychology program. The results revealed that all therapists took a benefit from cognitive-behavioral training, regardless of their original therapeutic orientation and learned cognitive-behavioral techniques. Trainees learned about cognitive-behavioral therapy, improved their attitudes towards cognitive-behavioral therapy, and eventually began using cognitive-behavioral techniques. Freiheit's (1997) work, brings out the critical impact of training on adopting a theoretical orientation (p. 80).

Poznaski and McLennan (2003) decides to examine the relationship between specific characteristics of therapists and different theoretical orientations, as he thinks that the information can help Australian psychologists in their practice, supervision and training (p.223). 103 participants took part in the study. Each of the four orientations (cognitive-behavioral, psychodynamic, family systemic and experiential) used in the research tends to be associated with a different set of personal traits. This demonstrates that the choice of theoretical orientation for practice is not due to simple exposure, modeling or any other process, but to a specific interaction during training, but to a complex interaction

(Poznanski & McLennan, 2003, p.225). Another important point is that, according to the analysis, university training in psychology had a significant effect on the choice of theoretical orientation for cognitive-behavioral psychologists, but not for other orientations (Poznanski & McLennan, 2003, p.223). Researchers, discussed that adopting a theoretical orientation is a complicated process. Theoretical orientation develops with a complex interaction of influences, rather than just merely being exposed to a certain type of theoretical orientation during their clinical psychology training. Authors, also underline not just the effect of training but also the effect of personality on the process of adapting a theoretical orientation (Poznanski & McLennan, 2003, p.225).

A relatively recent study, Buckman and Barker's (2010) research focuses on the question of "Can training significantly get ahead of the impact of personality and worldview on the choice of therapeutic orientation?". This question was investigated based on three common therapeutic orientations (cognitive behavioral, psychodynamic and systemic) of 331 intern clinical psychologists in the UK (p. 249). Instruments used in the study are, Therapeutic Orientation and Experience survey (created for the study), Counselor Theoretical Position Scale, Organism Mechanism Inventory and NEO Five Factor Inventory (Buckman & Barker, 2010, p. 250).

The results showed that although both training and personality are predictive factors in CBT therapists, personality and philosophical worldview are more effective compared to training. On the contrary, training seems to be more effective in predicting psychodynamic therapy preference than personality or philosophical worldview. Unlike the other two orientations, it was found that the rate of predicting the theoretical orientation of personality and training factors in systemic orientation was almost equal. (Buckman & Barker, 2010, p. 253). Consistent with the results of previous research, Buckman and Barker (2010) confirmed that the theoretic orientation preferred by a therapist is likely to result from an interaction of factors related to both personality and training experiences (p.257).

1.1.2. Types of Theoretical Orientation

In the survey used in this study, apart from the Theoretical Orientation Profile Scale-Revised, participants were asked how they define their own orientation in the clinical work experience section. According to the results, the most preferred theoretical orientations among the participants are psychoanalytic/psychodynamic therapy, cognitive behavioral therapy, humanistic therapy, systemic therapy, play therapy, art therapy and EMDR. In the Theoretical Orientation Profile Scale-Revised, art therapy, play therapy and EMDR are not the measured, but they were one of the most preferred orientations among the participants in this study.

Psychoanalytic/Psychodynamic Therapy

Psychoanalytic theory assumes that a healthier and stress reduced life can be achieved through releasing the energy dedicated to the id-ego-superego conflicts. Freud's therapy focuses on unconscious meanings/motivations and revealing repressed emotions, which were founded in the early stages of patients' lives. By giving insight into the roots of their disorders, therapy assists them to take responsibility for their own mental development. Free association, working with resistance, defense mechanisms, dream analysis, transference and counter transference are the different methods and tools that are used in psychoanalytic and psychodynamic therapy (Myers, 2011, p. 513).

Cognitive-Behavioral Therapy

Cognitive behavioral therapy conducts treatment points not exclusively to adjust the manner in which individuals think, yet in addition change the manner in which they act. It tries to make individuals mindful of their negative thinking, to supplant it with better approaches and to rehearse the more positive methodology in regular settings. They use numerous types of intervention methods and tools

and it is common for clients to complete homework assignments related to their counseling goals between sessions. Cognitive-behavioral therapists generally believe in the role of social learning in the development of childhood, and in the ideas of modeling and reinforcement (Myers, 2011, p. 521).

Systemic Therapy

Family therapy accepts that individual is not an island, what we live and develop in connection to other people. Clinicians will in general view families as systems, in which every individual's activities trigger responses from others. To break that pattern, the therapist frequently direct relatives toward positive connections and improved communication. Family therapist enables relatives to see how their ways for identifying their relationship and how problems are created. The treatment's emphasis isn't on changing the people however on changing their connections and associations with others (Myers, 2011, p. 522).

Humanistic Therapy

Humanistic counseling seeks to help clients by decreasing internal conflicts and improving knowledge of themselves. Humanistic therapists aim to spice up people's inherent potential for self-fulfillment by serving to them become self-awareness and toleration. Contrasting with psychoanalytic/psychodynamic therapists, humanistic therapists center more around the present and future more than the past. They investigate emotions as they happen, as opposed to digging into the youth starting points of the emotions. They advance development as opposed to restoring disorders. Hence, those in treatment became clients, instead of patients. Humanistic therapy uses methods and tools as active listening, unconditional positive regard, client-centered therapy and such (Myers, 2011, p. 515).

Other Types of Theoretical Orientations

EMDR

Shapiro, created EMDR one day while strolling in a park and seeing that restless thoughts and feelings disappeared as her eyes unexpectedly dashed about. She had individuals envision traumatic scenes while she activated eye movements by waving her finger at patient's eyes. This empowered them to open up and reprocess former traumatic memories. After she attempted this with 22 subjects, every one of them revealed remarkable decreases in their anxiety after only one helpful sessions. The unprecedented outcomes evoked a gigantic reaction among psychological wellness professionals (Myers, 2011, p. 526).

EMDR therapists have applied the procedure to other anxiety disorders, for example, panic disorder, and with Shapiro's support, to a wide scope of complaints, including pain, grief, rage and guilt. A well educated guess has offered that EMDR works on the grounds that with the blend of exposure treatment -repeatedly connecting traumatic memory with a sheltered and consoling setting that gives some emotional distance from the experience- EMDR becomes therapeutic (Myers, 2011, p. 527). EMDR therapy is extremely popular all over the world as well as in Turkey.

Art Therapy

Art Therapy is a form of psychotherapy that uses artistic methods as a primary tool and helps the client and the therapist to communicate. Clients who preferred art therapy doesn't need to have past understanding or ability in art. The art therapist isn't basically worried about making a tasteful or demonstrative evaluation of the customer's picture. The general point of its psychotherapist is to empower a client to impact change and development on an individual level using craftsmanship materials in a safe and encouraging environment. Art therapy offers an open door for articulation and can be especially useful to individuals who think

that it is difficult to express their thoughts and emotions verbally (Case & Dalley, 2014, p.1).

Play Therapy

Play therapy helps kids to manage their troubles and utilizes play as a channel of correspondence among the child and therapist. The strategy depends on that play is where children initially perceive the separateness of what is “me” and “not me”. They start to build up an association with the rest of world other than themselves. It's the child's method for reaching their surroundings (Cattanach, 2003, p. 24). The children who come to play therapy will be effectively playing and replaying their complex issues and attempting to pitch them into reasonable structures. At the point when the play is imparted to the therapist who doesn't judge, at that point the negative impacts of outrage, sadness, distress or shame can be alleviated through the play inside the relationship (Cattanach, 2003, p. 25).

Poznaski (1995) draws attention to an important point to keep in mind when examining various theoretical orientations. He argued that every single distinctive kind of theoretical orientation are compelling yet none is better than one another (p. 412).

1.1.3. Importance of TO

Theoretical orientation plays a crucial role in the process of psychotherapy for both the clinician and the client. Therapists may benefit from different therapeutic orientations depending on variables such as training, personality traits etc. Psychotherapists can use more than one theoretical orientation in while formulating a case and working with a client rather than a single theoretical orientation. Clinicians can decide which theoretical tools to use from both their own experience and the client's needs. Based on his/her experience, therapist can use more of the methods he/she has observed to be more useful, and less the methods he has seen that have not worked. Another important factor will be the

client's need. The theoretical tools to be used by the psychotherapist may vary depending on the client's learning style, personal values, and the subject he / she wants to study.

In this case, when the therapist uses more than one theoretical tool in formulating a case or in the therapeutic process with the client, the main theoretical orientation of the psychotherapist is like his/her homeland. Even though we visit other cities / countries outside our own country, the presence of a safe and familiar place where we can always return as our homeland gives us comfort and strength. During the therapy, even if the clinician theoretically uses different techniques and methods, having a home base, a main theoretical orientation, where he/she can always return helps the therapist to be grounded (Halbur, 2011).

The concept of “worldview is considered as a potential factor in the process of matching therapists and clients. In a study conducted by Lyddon, he showed that clients preferred a therapeutic approach that best suited with their dominant worldview (Lyddon, 1989). Theoretical orientation of a clinician contributes to the stability and consistency of a therapy process. Therapeutic orientation allows both the psychotherapist and the client on the road through enabling listening and regulating information. Therefore, having a specific theoretical orientation or working with a specific theoretical orientation can make the therapy process easier and more efficient not only for clinicians but also for clients (Halbur, 2011).

In psychotherapy, there are some essential and necessary conditions for positive change to occur. These conditions are called common factors in psychotherapy and the topic of common factors find a place to itself in the literature till that day. These therapeutic elements include; therapeutic alliance, empathy, expectations, therapist effects, cultural effects, and treatment differences (Wampold, 2015). Meta-analysis of psychotherapy studies, consistently emphasized that different types of treatment is related to therapy outcome. However, no other theoretical orientation is superior to one another (Brown & Lent, 2008, p.250). Although no theoretical orientation is superior to the other,

different theoretical approaches are very important on the outcome of psychotherapy.

1.2. OTHER POSSIBLE CONTRIBUTING FACTORS TO THEORETICAL ORIENTATION

Before looking at the possible factors that affect the theoretical orientation of psychotherapists, it would be enlightening to attain the dynamics behind their career choices. What is it that psychotherapists decide to choose mental health as a profession? In order to be working in the field of mental health, the professional needs to be able to be compassionate and create a holding environment that helps the client to heal. But how do psychotherapists learn to do that? In addition to the necessity of a long and laborious education and training, is it possible that these healing properties have been learned in the family? Could the foundations of the desire to help those in need, which we cannot resist, have been laid in the family we grew up in and have affected our personality over time?

There is something different about being a psychotherapist than other professions. During the therapy process, the psychotherapist not only helps the client but also at the same time the therapist is healing himself/herself. The term 'wounded healer' is examined in Cushway's (1995) study. The author mentions about some studies which have shown that mental health professionals are consciously or unconsciously trying to compensate for the unrepaired wounds they have received in their family of origin. Another valuable work of Murphy and Halgin (1995), looks for the influencing factors on the career choice of psychotherapists. Authors concluded that clinical psychologists are influenced by the distress they experienced in their family of origin (p.422). These studies lead some clue for us to comprehend the desire behind becoming a psychotherapist.

Few more studies explored the family roles and its effects to become a psychotherapist. Guy (1987), suggests the child was confronted with the challenge of being a moderator between parents. Because of that, even from a very young

age, the child was prepared or accepted to be 'the therapist' within the family. The childhood role of caregiving expands to the future and therapist finds himself/herself also finding other people's families (p.21).

One other crucial research focuses on the psychotherapists' role in family of origin. In Raucisin's (1981) research, we can see that the journey of psychotherapists actually begins at home as a young child. According to the analysis of the study, psychotherapists were responsible for the happiness of the family, resolving or alleviating conflicts (p. 276). If the family of origin is closely related to the psychotherapists' career choice, what about their theoretical orientation choice and family of origin?

1.2.1. Family Functioning

The functioning and structure of the family of origin can affect the individual in many different aspects such as career choice and career development are among the most important of these aspects. Whiston and Keller (2004) have produced an incredibly comprehensive meta-analysis on family functioning and career development. The summary of the analyzes revealed that the role of the family in career development is undeniable. The authors stated that the role of the family can be grouped under two main headings; family structure and family values. However, it was also emphasized that career development is a complicated process and not dependent on a single factor. Factors such as race, gender and age also have an impact on this process (Whiston & Keller, 2004, p. 493).

As the review written by Whiston and Keller(2004) has made great impression in the academic community and literature, two academicians published a reaction paper for the review. Blustein (2004), draws attention to the point where Whiston and Keller's (2004) review highlights the individuals who still deal with family boundaries and educational and professional tasks to move into adult life. Whereas, Alderfer (2004), a family therapist, looks from an occupational perspective and brings up the fact that the necessity for a united study between therapists and counsellors in terms of their career development.

The choice of theoretical orientation is a complex process. It would be more explanatory to think that more than one factor came together to form a combination rather than a single factor affecting choice of theoretical orientation. Looking at the data presented by the literature review, one of the factors in this combination may be the functionality of the therapist's family of origin. However, there are limited studies investigating the relationship between theoretical orientation and therapist's family functioning. Through studies investigating the relationship between theoretical orientation & personality and personality & family functioning, it is possible to gain insight about the family functioning and the theoretical orientation of therapist.

In his study, Miller (2000), aimed to establish a correlation between depressed patients' personality and their family functioning. In the research, they used NEO FFI (Costa & McCrea, 1991) to assess five dimensions (Neuroticism, Extraversion, Openness, Conscientiousness and Agreeableness) of personality. To measure family functioning, they used McMaster Family Assessment Device (FAD) (Epstein, Baldwin & Bishop, 1983). Results indicated that "family functioning was significantly correlated with the personality of the patients". (Miller, 2000, p. 541) Regression analysis showed that Neuroticism is positively correlated with families' functioning score which means if the participant scored higher on Neuroticism subscale, he/she scored high on FAD scale too. (Miller, 2000, p. 542). Higher scores on FAD mean family functions less. Therefore, according to this research higher levels of neuroticism indicate weaker family functioning. On the contrary of Neuroticism subscale, Extraversion and Conscientiousness subscales are negatively correlated with family functioning. If the patient scores higher on Extraversion and Conscientiousness subscale, it means that they reported stronger family functioning patterns. (Miller, 2000, p. 542).

A growing body of literature has examined the relation between personality and therapist's choice of theoretical orientation. Poznanski and McLennan (2003), wonders about the attributes of therapists embracing distinctive theoretical orientation (p. 223). Psychotherapists were interviewed

about variables related with their decision of a theoretical orientation. Authors, applied NEO Five Factor Inventory (Costa & McCrea, 1989) which assess personality on five different dimensions; Neuroticism, Extraversion, Openness to Experience, Agreeableness and Conscientiousness. Besides NEO FFI, Therapist Orientation Questionnaire (Sundland & Barker, 1962) and Theoretical Orientation Survey (Coan, 1979) were administered to psychotherapists. Findings indicated, that “psychodynamic psychologists had a significantly higher mean score on Neuroticism compared to cognitive- behavioral psychologists.” (Poznaski & McLennan, 2003, p. 224.).

A more recent study partially supported the findings from Poznaski and McLennan’s study. Boswell, Castonguay and Pincus (2009), conducted a research with the therapists that are in training and provided data about their theoretical orientation and personality clusters (p. 291). Participants, completed Development of Psychotherapists Common Core Questionnaire (Orlinsky et al., 1991) to evaluate theoretical orientation whereas Revised NEO Personality Inventory (Costa & McCrea, 19992) was used to measure personality types within five different dimensions. When Impulsiveness and Angry Hostility, two subscales of neuroticism, are considered, psychodynamic-oriented clinicians have significantly higher scores than the CBT-oriented clinicians (Boswell et al., 2009, p. 304).

The two above-mentioned and supporting studies show that psychodynamic oriented therapists scored higher on the personality inventory compared to CBT oriented psychotherapists within the scale and subscales of Neuroticism. We additionally know from Miller's (2000) exploration that neuroticism and family working in patients are negatively correlated. In other words, as a patient's neuroticism score gets higher, the functionality of the family of origin diminishes. The combined results of these studies may shed light on the correlation between theoretical orientation and the functioning of family of origin. Since psychodynamic oriented therapists score higher on Neuroticism scale, their family functionality score may be lower compared to cognitive behavioral therapists.

Another crucial study run by Buckman (2010), established a meaningful relationship between psychotherapists' theoretical orientation and personality traits. In the study, Therapeutic Orientation and Experiences Survey (Hill & O'Grady, 1985) was used to assess therapists' theoretical orientation and NEO FFI (Costa & McCrae, 1989) was used to assess personality traits. Results presented, cognitive behavioral psychotherapists scored higher on Conscientiousness scale compared to psychodynamic therapists. (Buckman, 2010, p. 252.).

Once again prior studies have shown that, there are meaningful relationships between family functioning & personality traits and theoretical orientation & personality traits. Due to the fact that cognitive behavioral therapists get higher scores on Conscientiousness scale compared to psychodynamic oriented therapists, they can also score as more functioning in terms of their family of origin because Miller (2000) displayed that conscientiousness is positively correlated with family functionality. However, there are not enough studies which investigate the relationship between family functioning and theoretical orientation. Hence, integrating the former research, a new and critical question that should be examined; "Is there a relationship between psychotherapists' choice of theoretical orientation and the way their family of origin functions?"

One of the pioneer studies in the literature, investigated the relationship between psychotherapists theoretical orientation and their own perceived family functionality (Johnson & Campbell, 1992, p.119). Study was conducted with 127 clinical and counselling psychologists from Oklahoma. Theoretical Orientation Survey (TOS, Coan, 1979) and Family of Origin Scale (FOS; Hovestadt, Anderson, Piercy, Cochran, & Fine, 1985) was used to assess participants' theoretical orientation and family of origin.

First part of the results of the study investigates family of origin in terms of their range of feelings. If psychotherapists' range of feelings is larger, in their family of origin, it is more likely for them to adopt an empirical theory compared to psychotherapists with smaller range of feelings. The more empathy exhibited in the family of origin, the more probable the psychotherapist focus on publicly observable behavior. The more openness to others in the family of origin, the

more participants is likely to look at global pattern in their choice of theoretical orientation (Johnson & Campbell, 1992, p.120).

Second part of the results, demonstrated wider range of feelings and more empathy within the family of origin, more likely for psychologist to adopt objective theoretical orientations. Also, if there is less openness to others among family of origin, it is more likely to endorse more subjective theory (Johnson & Campbell, 1992, p.120). Overall, study suggests range of feeling, empathy and openness to others within therapists' family of origin have a strong relationship with theoretical orientation. On the other hand, "clarity of expression, responsibility, respect for others, acceptance of separation and loss, mood and tone, conflict resolution, and trust within a family of origin is not related to theoretical orientation of the psychologists in this sample" (Johnson & Campbell, 1992, p.120).

In the discussion part, authors argued because of the smallness of sample correlations within the study is not very strong and results should be considered with caution. Another significant limitation is, family of origin has an important effect on later selection of theoretical orientation however results can be interpreted as since therapists adopted a certain way of treatment, they can be framing and conceptualizing their family of origin based on their theoretical orientation. Authors mention the possibility of psychologists learned to process and interpret information based on their treatment knowledge or theoretical orientation. Thus, extra research is needed to investigate the nature of the specific connection between family of origin and theoretical orientation (Johnson & Campbell, 1992, p.120).

1.2.2. Birth Order

Birth order plays a substantial role in a child's life because the family is the first social system to which a child is exposed. There are many areas in which birth order affects such as personality development and career choice is one of these areas. Sulloway (1996), argued that first-borns are pulled into administrative

positions because their relative birth request cultivates character qualities required for the management. Conversely, last-born are entrepreneurs, since their birth order position has made them gutsy, accommodating, and revolutionary. Sulloway (1996), recommends that first-borns are qualified to become good managers however poor at innovating since they are strict with rules and not fond of change. Interestingly, last-born make incredible entrepreneurs however they are poor at managing since they are stubborn and rash.

Grinberg (2015), investigates whether birth order affects not only one's personality but also their career choice with an empirical well conducted research, based on Sulloway's (1996) arguments (p. 465). Her results, highlighted the fact that firstborns are more prone to become managers. Grinberg (2015), also mentioned that firstborns get additional time, assets, and consideration from their parents before their younger siblings are born. Hence, firstborns get a bigger part of parental assets they are more likely to become managers (p. 475).

Writing has demonstrated that there are numerous variables associated with choice of profession, including personality, family of origin, gender, culture and values. Oppegard, Elkins, Abbenate and Bangle (2005), intended to research common traits of art therapists (p. 92). A large number of art therapists were reached and participated in the study by filling out the survey. Results, provided data about family background, personality, cultural background and values of art therapists. Remarkably, 75.2% of the participants "were either first or secondborns as opposed to other birth positions." (Oppegard et al., 2005, p. 97). Thanks to evidence from this study, there is a significant correlation between career choice of art therapists and birth order. This elevates a new research question "How about other theoretical orientations? Is there a relationship between therapists' position of birth and their theoretical orientation?"

In order to examine the possible relationship between theoretical orientation and birth order, it is crucial to take a look at correlation between personality types and position of birth. Badger and Reddy (2009), wondered about birth order and sibling rivalry's effects on personality (p.45). For assessing personality, researchers used an online version of NEO PI-R (Costa & McCrea,

1992) and their birth order was asked in the demographic form. Initial analyses showed, there is a significant difference between firstborns and lastborns in terms of their conscientiousness score. Firstborns scored higher on conscientiousness subscale compared to lastborn.” (Badger & Reddy, 2009, p. 50).

Yet another study is consistent with the previous research results, this study offers a quantitative data about the correlation between position of birth and personality clusters. Compared to laterborns, firstborns score higher on Conscientiousness on a personality scale. Firstborns are in general more accountable, competitive and traditional, on the contrary laterborns are fonder of love, more helpful, and, defiant (Saraglou & Fiasse, 2002, p. 19). Interestingly, different from former studies, findings also pointed out lastborn scored higher on conscientiousness compared to middle born.

As stated before, it is known that Buckman (2010) found out a meaningful relationship between choice of theoretical orientation and five dimensions of personality traits. Once again, there are studies exploring the relationship between personality traits & birth order and theoretical orientation & personality traits. Since, firstborns score higher on Conscientiousness and cognitive behavioral therapists also get higher scores on Conscientiousness, is it possible to reveal a significant correlation between firstborns and cognitive behavioral therapists? Then again, what type of relationship there is between laterborns psychodynamic oriented therapist? Somehow, there are not enough studies which investigate the possible correlation between theoretical orientation and birth order and this relationship is waiting to be explored.

1.2.3. Communication Apprehension

Communication apprehension is defined as the degree of nervousness while having a communication with other people (McCrosky, 1977, p. 78). As with family functioning and birth order, the effect of communication apprehension on career choice should be examined first. Mexiner, Bline, Lowe and Nouri (2009), argued a specific major, accounting, and communication

apprehension (p. 186). Authors highlighted some arguments from preliminary studies such as, compared to other majors, accounting requires a higher level of mathematical skills, while strong communication skills with people are not seen as critical. According to the results of this study, accounting typically attracted students with low mathematical apprehension and high communication apprehension. (Mexiner et al., 2009, p. 193). It is also discussed that while students from business major have mixed skills and apprehension levels whereas accounting majors significantly have lower math apprehension and higher communication skills. Results shown that communication apprehension has a crucial role on career development especially for some specific occupations like accounting (Mexiner et al., 2009, p. 197).

Another comprehensive study examines the relationship between communication apprehension and dysfunctional career thoughts. Study was conducted with undergraduate students and analyses disclosed that students with average and high levels of communication apprehension deals with greater decision making confusion, commitment anxiety and conflicts compared to student with low levels of communication apprehension (Griffith, Reardon &Hartley, 2009, p. 171). Since higher levels of communication apprehension can cause confusion and conflict while deciding, it doesn't positively affect career development. For example, students with higher communication apprehension may have more difficult time selecting a major/job compared to students with lower communication apprehension (Griffith, Reardon &Hartley, 2009, p. 178).

Both studies supported that communication apprehension impacts career development but how about its impact on choice of theoretical orientation? It may be possible to answer this question with the help of few previous studies. Russ (2012) wonders nature of the relationship between communication apprehension and learning preferences (p. 319). Earlier research revealed significantly meaningful relationship between communication apprehension and learning style among students. Russ, investigates this relationship in an organizational setting. (Russ, 2012, p.319). Instruments he used includes, Personal Report of Communication Apprehension (McCrosky, 1977) and Learning Style Inventory

(Kolb, 2005). According to LSI there are four different types of learning style; feel, think, watch and do (Kolb, 2005). According to Russ' (2012) study, analyses suggested that there is a significant relationship between certain types of learning styles and communication apprehension level. One of the results presented, participants scored higher on 'watch' subscale of LSI, had higher levels of communication apprehension. On the other hand, participants scored higher on 'feel' subscale had lower levels of communication apprehension. Findings indicated, 'watch' dimension of Learning Style Inventory is positively correlated with communication apprehension. Whereas, 'feel' is negatively correlated with communication apprehension (p.322).

Another valuable research conducted by Heffler and Sandell (2009) explored the relationship between theoretical orientation and communication apprehension (p. 283). Authors reported, psychodynamic therapists score higher on 'feel' subscale of the learning style inventory compared to CBT therapists. However, CBT therapists scored higher on 'watch' subscale of the learning inventory compared to psychodynamic therapists (Heffler & Sandell, 2009, p. 287). Once again, even though there are studies exploring the relationship between learning style & communication apprehension and learning style & theoretical orientation, there is no study that investigates the possible relationship between theoretical orientation and communication apprehension.

1.3. CURRENT STUDY

1.3.1 Aim of the Study

This very study aims to develop a literature on psychotherapists' choice of theoretical orientation and their family functioning & birth order & communication apprehension. As discussed above choice of theoretical orientation is a complex process and affected from several different crucial factors. The more we discover about factors influencing choice of theoretical

orientation process, the more we contribute to therapists trying to choose orientation.

The first goal of the study is to explore whether family functionality correlates with the theoretical orientation of psychotherapists. The second aim is providing information about the birth order of psychotherapists and their choice of therapeutic orientation. Final purpose of the current study is to examine the relationship between psychotherapists' type of communication apprehension and theoretical orientation. Relationships mentioned above will be analyzed with a non-clinical group in a non-experimental, correlational and cross-sectional study. This study differs in the way that it investigates theoretical orientation both from 'macro' and 'micro' contexts such as family functioning, birth order and communication apprehension.

1.3.2. Hypothesis of the Study

The hypotheses of the present study are listed below:

1. Psychotherapist's family functioning will be associated with their choice of theoretical orientation.
2. Psychotherapist's birth order will be associated with their choice of theoretical orientation.
3. Psychotherapist's communication apprehension will be associated with their choice of theoretical orientation.

CHAPTER 2

METHOD

2.1. PARTICIPANTS

Sample includes psychotherapists who have been actively working in the field at for at least one year. Snowball sampling method is used to find the psychotherapist. The participation is voluntary, and psychotherapist are contacted through mail groups and colleagues. After İstanbul Bilgi University Ethics Committee's approval, the survey link prepared via qualtrics.com was distributed by e-mail. Participants are reached from e-mail groups and colleagues. Participants who agreed to take part in the study filled out the consent form, demographic information and scales in the survey.

Distribution of education level, birth order and gender can found in Table 1. Sample consisted of 140 psychotherapists (123 female, 17 male). The average age of the female participants is 34.43 (SD=7.59) from a range of 24 to 60 years. The average age of male participants was 40.12 (SD=11.90) from a range of 24 to 72 years. The mean length of the work experience 8.62 years (SD=6.84) from a range of 1 year to 40 years. 5.7 % of the participants has bachelor's degree (N=8), 20 % of the participants are in postgraduate training (N=28), and 74.3 % of the participants have postgraduate degree (N=104). 10.0 % of the participants were only child (N=14) in the family while 35 % of the participants are firstborn (N=49). 13.6 % of the participants are middleborn (N=19) in their families whereas 41.4 % of participants are lastborn (N=58). The sample consists of mostly highly educated psychotherapists. Their age, specialties, length of work experience, and theoretical orientation varies.

Table 2.1.

Descriptive Statistic of Education Level, Birth Order, Gender and Marital Status

		N	%
Education Level	Bachelor's Degree	8	5,7%
	Postgraduate Degree (In Training)	28	20%
	Postgraduate Degree(Graduated)	104	74,3%
Birth Order	No siblings	14	10%
	Firstborn	49	35%
	Middleborn	19	13,6%
	Lastborn	58	41,4%
Gender	Female	123	87,9%
	Male	17	12,1%
Marital Status	Single &Not In A Relationship	29	20,7%
	Single &In A Relationship	37	26,4%
	Married	74	52,9%

2.2. INSTRUMENTS

2.2.1. Demographic Information Form

The form includes questions regarding the year of birth, gender, major, degree of education etc.

2.2.2. The McMaster Family Assessment Device (Epstein, Baldwin & Bishop, 1983)

The McMaster Family Assessment Device (FAD) evaluates family functioning according to the McMaster Model of Family Functioning. Family functioning is a complex concept and FAD is one of the valid and reliable tools to screen functionality of a family. The self-report measure consists of 60 questions that are answered on a Likert-type scale ranging from 1, meaning strongly disagree, to 4 meaning strongly agree. The scale measures seven subscales which are problem solving, communication, roles, affective responsiveness, affective involvement, behavior control and general functioning. In this study, a shorter version is used in the survey and based on the 12

items from general functioning subscale. There 6 positive and 6 negative items in shorter version of the scale (Haan, Hafekost, Lawrance, Sawyer, & Zubrick, 2015, p.117). The scale is translated to Turkish by Bulut (1990). Cronbach's alpha for the Turkish version of the scale range from .38 to .86. If the mean score of 12 questions is lower than 2 points, it is considered that family is functioning.

2.2.3. The Personal Report of Communication Apprehension Scale (McCroskey, 1978)

The Personal Report of Communication Apprehension Scale (PRCA) is a scale that consists of 1 to 5 Likert-type items and is developed by McCroskey (1978). The self-report measures the individuals level of communication apprehension. There are four subscales measuring apprehension level of group discussion, meetings, interpersonal and public speaking. A revised version of the scale, PRCA-24 was developed by McCroskey (1982). There are 24 questions and the response set ranges from 1 which represents strongly disagree to 5 which represents strongly agree. Scores are calculated by adding up the reported numbers by the participants. Scores below 51 are considered as low levels of communication apprehension. Scores between 51-80 represents people with average communication apprehension whereas scores above 80 represents individuals who have high levels of communication apprehension. Turkish translation and adaptation of the PRSa-24 was conducted by Çakmak (2018). Cronbach's alpha of the scale was .85.

2.2.4. The Theoretical Orientation Profile Scale-Revised (Worthington & Dillon, 2003)

The Theoretical Orientation Profile Scale-Revised consists of 21 questions about seven different theoretical orientation groups. Theoretical orientation types included in the scale are; psychoanalytic/psychodynamic, humanistic/existential, cognitive behavioral, family systems, feminist, postmodern/solution focused and multicultural therapy. The participants are asked to rate 1 to 5 Likert Type questions. Turkish translation and adaptation of the scale was conducted by Demir and Gazioğlu (2016).

The Cronbach's alpha was found to be 0.86 for psychoanalytic/psychodynamic subscale, .90 for humanistic/existential subscale, .89 for cognitive behavioral subscale, .91 for family systems subscale, .93 for feminist subscale, .97 for postmodern subscale and .90 for multicultural subscale.

2.3. PROCEDURE

For the purposes of this research the writer designed two separate questionnaire scripts and two brief interview scripts. This research makes use of quantitative approach. Questionnaires are chosen to be able to collect reliable information from psychotherapists. Questionnaires were picked for this study since they are dependable and fast technique to gather data from multiple respondents in a productive and effective way. This study was no exception and questionnaires were a quick and productive way for the researcher to reach multiple respondents within several weeks. A general inconvenience of the questionnaire is their fixed and rigid structure, which excludes the likelihood for additional inside and out or theoretical perception (Bell, 2005; Sarantakos, 2013). Again, this study was not an exception from this rule, as the questionnaires provided linear and clear results, but many elements from the research were left uncovered.

The participants were asked to complete the online survey package. The questionnaire for psychotherapist consisted of four parts. The first part of the questionnaire included of demographic questions, related to year of birth, gender, major, degree of education etc. The second part consisted of a scale evaluating family functioning of psychotherapists. Participants were asked to answer the questions based on their family they grew up with. The third part includes a scale measuring communication apprehension and finally, the last part covers theoretical orientation scale to assess psychotherapists' type of theoretical orientation. The full scripts of the questionnaires are available in the Appendix.

2.4. DATA ANALYSIS

In this study, there is only one main independent variable which is Theoretical Orientation, as measured by Theoretical Orientation Profile Scale-

Revised and a self-evaluated Likert type scale for several theoretical orientations (analytic/dynamic, CBT, humanistic, systemic, art therapy, psychodrama, play therapy and other). There are three different dependent variables: (1) family functioning, measured by McMaster Family Assessment Device, (2) birth order as measured by asking participants their birth ranking within the demographic form and (3) communication apprehension measured by The Personal Report of Communication Apprehension Scale.

For the analysis of the study SPSS was used to find a correlation between theoretical orientation and family functioning, birth order and communication apprehension. Chi-Square Analyses was conducted to look at the relationship between (1) theoretical orientation and family functioning, (2) theoretical orientation and birth order and (3) theoretical orientation and communication apprehension. A Post-hoc test was used to observe the direction of the relationship between theoretical orientation & family functioning and theoretical orientation & birth order. The results from the questionnaires were presented in the format of tables and charts in results section and the major findings will be discussed in detail in the discussion section.

CHAPTER 3

RESULTS

The findings of the study are divided into 2 subdivisions. The first one is descriptive statistics of the Theoretical Orientation Profile Scale Revised, Self-Evaluated Theoretical Orientation Scale, McMaster Family Functioning Assessment Device and The Personal Report of Communication Apprehension. Scale Second division is Independent Samples T-test and One-way ANOVA analysis for (1) theoretical orientation and family functioning (2) theoretical orientation and birth order and (3) theoretical orientation and communication apprehension.

3.1. DESCRIPTIVE STATISTICS

Before the analyses of the results, scale scores were computed and descriptive statistics were observed. The minimum and maximum scores, mean and standard deviations for scale and subcategory scores of the study variables are shown in Table 3.1. In addition to the initial examination of descriptive statistics, the distribution of each study variable was also examined.

Table 3.1.

Descriptive Statistic of TOPS-R, FAD and, PRCA-24

Scale	Subscale	Min	Max	M	SD
Theoretical Orientation Profile Scale- Revised	Psychoanalytic/Psychodynamic	1	5	2.73	1.26
	Humanistic/Existential	1	5	2.95	1.32
	Cognitive Behavioral	1	5	3.21	1.03
	Family Systems	1	5	3.16	1.32
	Feminist	1	5	3.72	1.13

	Multicultural Therapy	1	5	2.45	1.07
	Postmodern/Solution Focused	1	5	2.92	1.15
The McMaster Family Assessment Device	-	2	3.25	2.62	.23
The Personal Report of Communication Apprehension	-	66	84	74.79	3.47

As reported in the Method section, 123 of the sample identified their gender as female (87.9%), and 17 as male (12.1%). The participants' ages ranged from 24 to 72 ($M = 35.12$, $SD = 8.39$), and work experience length ranged from 1 to 40 years ($M=8.62$, $SD=6.84$).

3.2. ASSOCIATIONS OF THEORETICAL ORIENTATION AND FAMILY FUNCTIONING, BIRTH ORDER AND COMMUNICATION APPREHENSION

The first hypothesis of this study is the expected association between psychotherapists' theoretical orientation and family functioning. The second hypothesis is on the expected association between theoretical orientation and birth order. The third and final hypothesis is the expected association between theoretical orientation and communication apprehension. Independent Samples T-

test was conducted to test the first and third hypothesis and One-way ANOVA was conducted to test the second hypothesis. Results and tables are shown below.

3.2.1. Theoretical Orientation and Family Functioning

Hypothesis 1: Psychotherapist's family functioning will be associated with their choice of theoretical orientation.

The mean score of The McMaster Family Assessment Device for 140 participants are taken and the score is divided into two groups; mean scores lower than 2 grouped as Functional Families and means scores higher than 2 grouped as Dysfunctional Families. The sum score of each theoretical orientation are calculated; psychoanalytic/psychodynamic, humanistic/existential, cognitive behavioral, family systems, feminist, postmodern/solution focused and multicultural therapy for 140 participants.

An independent samples t-test was performed comparing the mean consistency scores of psychotherapist's family functionality and each theoretical orientation. On the cognitive behavioral theoretical orientation subscale, mean score of functional families ($M = 9.15$, $SD = 4.24$, $N = 74$) were significantly higher than the mean score of dysfunctional families ($M = 7.29$, $SD = 3.19$, $N = 66$), $t(138) = 2.91$, $p = .004$, two-tailed. On the psychoanalytic/psychodynamic theoretical orientation subscale, as predicted mean score of dysfunctional families ($M = 9.27$, $SD = 3.51$, $N = 66$), were significantly higher than mean score of functional families ($M = 7.61$, $SD = 3.60$, $N = 74$), $t(138) = -2.77$, $p = .006$, two-tailed. Results suggested that family functioning has an effect on cognitive behavioral and psychoanalytic/psychodynamic theoretical orientation subscale.

On the humanistic/existential theoretical orientation subscale, there was no significant difference between mean score of dysfunctional families ($M = 9.74$, $SD = 3.07$, $N = 66$), and functional families ($M = 9.54$, $SD = 3.14$, $N = 74$), $t(138) = -0.38$, $p < .001$, two-tailed. On the family systems theoretical orientation subscale, there was no significant difference between mean score of dysfunctional

families ($M = 9.73$, $SD = 3.92$, $N = 66$), and functional families ($M = 9.27$, $SD = 4.02$, $N = 74$), $t(138) = -0.68$, $p < .001$, two-tailed. On the feminist theoretical orientation subscale, there was no significant difference between mean score of dysfunctional families ($M = 10.73$, $SD = 3.67$, $N = 66$), and functional families ($M = 11.55$, $SD = 3.08$, $N = 74$), $t(138) = 1.45$, $p < .001$, two-tailed. On the postmodern/solution focused theoretical orientation subscale, there was no significant difference between mean score of dysfunctional families ($M = 9.05$, $SD = 3.43$, $N = 66$), and functional families ($M = 8.53$, $SD = 3.50$, $N = 74$), $t(138) = -0.88$, $p < .001$, two-tailed. On the multicultural theoretical orientation subscale, there was no significant difference between mean score of dysfunctional families ($M = 7.68$, $SD = 3.31$, $N = 66$), and functional families ($M = 7.04$, $SD = 3.12$, $N = 74$), $t(138) = -1.18$, $p < .001$, two-tailed. Results suggested that family functioning doesn't have an effect on humanistic/existential, family systems, feminist, postmodern/solution focused and multicultural theoretical orientation subscales.

3.2.2. Theoretical Orientation and Birth Order

Hypothesis 2: Psychotherapist's birth order will be associated with his/her choice of theoretical orientation.

Birth order is divided into three groups; firstborn, middleborn and lastborn. The sum score of each theoretical orientation are calculated; psychoanalytic/psychodynamic, humanistic/existential, cognitive behavioral, family systems, feminist, postmodern/solution focused and multicultural therapy for 140 participants.

A one-way analysis of variance showed that the effect of birth order was significant, $F(2,137) = 14.99$, $p = .000$ among CBT oriented psychotherapist. Post hoc analyses using the Tukey post hoc criterion for significance indicated that firstborns ($M = 10.08$, $SD = 3.85$) was significantly higher than both middleborn ($M = 7.00$, $SD = 3.92$) and lastborn ($M = 6.72$, $SD = 3.03$), on CBT subscale. However, middleborn ($M = 7.00$, $SD = 3.92$) were significantly lower

than the lastborn ($M = 6.72$, $SD = 3.03$), on CBT subscale. Taken together, different ranks of birth order do have an effect on cognitive behavioral theoretical orientation. Results suggests that the mean score of firstborn psychotherapists were meaningfully higher compared to middleborn and lastborn psychotherapists on the cognitive behavioral theoretical orientation subscale. Also, mean score of lastborn psychotherapists are significantly higher compared to middleborn psychotherapists on the cognitive behavioral subscale.

Another one way analysis of variance showed that the effect of birth order was significant, $F(2,137) = 4.80$, $p = .010$ among psychoanalytic/psychodynamic oriented psychotherapist. Post hoc analyses using the Tukey post hoc criterion for significance indicated that the firstborn ($M = 7.40$, $SD = 3.84$) was significantly higher than lastborn ($M = 9.38$, $SD = 3.16$). There was no significant difference between middleborn ($M = 8.68$, $SD = 3.62$) and lastborn ($M = 9.38$, $SD = 3.16$). Results suggests that, mean score of firstborn psychotherapists were significantly higher compared to lastborn psychotherapists. However, there is no meaningful relationship between middleborn and lastborn psychotherapists among cognitive behavioral theoretical orientation.

A one way analysis of variance showed that the effect of birth order was also significant, $F(2,137) = 9.01$, $p = .000$ for postmodern/solution focused oriented psychotherapist. Post hoc analyses using the Tukey post hoc criterion for significance indicated that the firstborn ($M = 10.05$, $SD = 3.55$) was significantly higher than lastborn ($M = 7.55$, $SD = 3.01$). There was no significant difference between middleborn ($M = 8.26$, $SD = 3.12$) and lastborn ($M = 7.55$, $SD = 3.01$). Results suggests that, mean score of firstborn psychotherapists were higher compared to lastborn psychotherapists on postmodern/solution focused subscale. However, there is no meaningful relationship between middleborn and lastborn psychotherapists among postmodern/solution focused theoretical orientation.

There were no statistically significant differences between firstborn, middleborn or lastborn psychotherapists on humanistic/existential ($F(2,137)=1.6$, $p=0.12$) , family systems ($F(2,137)=2.17$, $p=0.21$), feminist ($F(2,137)=0.47$,

$p=0.63$) and multicultural ($F(2,137)=0.77$, $p=0.46$) theoretical orientation subscale.

3.2.3. Theoretical Orientation and Communication Apprehension

Hypothesis 3: Psychotherapist's communication apprehension will be associated with his/her choice of theoretical orientation.

The median score of The Personal Report of Communication Apprehension Scale for 140 participants are taken and the score is divided into two groups according to the median; high and low communication apprehension. The sum score of each theoretical orientation are calculated; psychoanalytic/psychodynamic, humanistic/existential, cognitive behavioral, family systems, feminist, postmodern/solution focused and multicultural therapy for 140 participants.

An independent samples t test was performed comparing the mean consistency scores of high and low communication apprehension among seven different theoretical orientation. Mean score of high communication apprehension psychotherapists were not significantly higher than the mean score of low communication apprehension psychotherapists on the cognitive behavioral ($t(138) = -0.64$, $p=.52$), the psychoanalytic/psychodynamic $t(138)=-0.93$, $p=.35$, the humanistic/existential $t(138)=-0.26$, $p=.79$, the family systems $t(138)=0.38$, $p=.35$, the feminist $t(138)=-1.37$, $p=.17$, the multicultural $t(138)=-0.31$, $p=.76$ and the postmodern/solution focused $t(138)=-0.89$, $p=.38$ theoretical orientation subscale. Results suggested that there is not a meaningful relationship among high or low communication apprehension psychotherapists according to their theoretical orientation scores.

CHAPTER 4

DISCUSSION

The major aim of this study was to explore the relationship between psychotherapists' different types of theoretical orientation and their family functioning, birth order and communication apprehension. This association was observed in order to explore more efficient ways of adopting a theoretical orientation as a psychotherapist. In the following sections, first the results of the study considering the literature will be discussed. Then the limitations, future directions and clinical implications will be reviewed.

Before going on to the discussion, it is important to mention that there are only few studies that look at theoretical orientation from a family of origin perspective. In addition, there isn't any empirical research that looks at the association between theoretical orientation and family functioning among Turkish psychotherapists. Only one study explores theoretical orientation of Turkish psychotherapists who are in training (Demir & Gazioglu, 2012). Authors examine the role of thinking style, epistemology and curiosity among Turkish in training counselors. Therefore, the few studies that are done on the subject doesn't examine the effect of family functioning or communication apprehension within Turkish counselors. There is lack of research done Turkish psychotherapists theoretical orientation and family of origin. The hypothesis in the current research are derived from theoretical studies, and studies that are done for psychotherapists from different theoretical orientations.

4.1. THEORETICAL ORIENTATION AND FAMILY FUNCTIONING

Since theoretical orientation is a complex concept and has multiple components, many different factors play a role in therapists' choice of theoretical orientation. It was seen that many factors such as personality of the therapist, education received in undergraduate or graduate education, orientation of own therapist, theoretical orientation of the supervisor, clinical experience, personal

philosophy and values, learning style affect the choice of theoretical orientation. One of the most popular of these factors is personality. It is possible to reach the most comprehensive information about the development of theoretical orientation in the literature through articles about personality and theoretical orientation.

As mentioned in the introduction, there are many articles that show that different types of personality are indeed directly proportional to certain theoretical orientations. Interestingly, however, family of origin, a crucial contributor of personality types, has not been investigated enough in terms of its effect on psychotherapists theoretical orientation.

As a result of a study conducted with depressed patients and their families, it is seen that there is a significantly meaningful relationship between the personalities of the patients and the functionality of the family (Miller et al., 2000). One of the most powerful predictors to gain insight about the personality of a patient is their family functioning. If the functionality of the family is low, patient is more neurotic. On the other hand, if the patient's family of origin has high functionality, extroversion and conscientiousness personality traits are also higher (Miller et al., 2000). Different from Miller et. al (2000), Buckman and Barker (2010), demonstrated that therapists who prefer CBT as theoretical orientation achieve higher scores on the Conscientiousness scale than dynamic oriented therapists. Of course, as the outcome of this researches, it is not possible to say that everyone with low family functionality is neurotic or if you have high family functionality, you will become an extraverted. However, it would be more appropriate to say that family functioning has a certain effect on personality development.

It is practical to say that, like the effect of family functioning on personality types, personality types have a strong and important effect on the theoretical orientations of psychotherapists. As a result of the Poznaski's (2003) study, he finds that dynamic-oriented therapists have significantly higher scores in neuroticism in the personality inventory than CBT-oriented psychotherapists. Another support for Poznaski's (2003) research comes from Boswell's (2009) work. Similarly, when the author analyzes angry hostility and impulsiveness,

subscales of neuroticism, he sees that psychodynamically oriented therapists scored much higher than CBT oriented therapists.

Based on these articles in the literature, the present study examined the relationship between family functionality and theoretical orientations. Research suggests that the theoretical orientation is related to the personality traits of the psychotherapist, but also that the personality traits are related to the functionality of the family. In this case, is it possible that there is also a link between psychotherapists' theoretical orientation and the functionality of family of origin? One of the first hypotheses in this study expected a correlation between theoretical orientation and family functioning. Again, based on the articles mentioned in the introduction, it is expected to have a significant difference between mean scores of functional and dysfunctional families among different theoretical orientation groups.

The analysis of the data collected from 140 different therapists supported that there is a significantly meaningful relationship between the psychotherapists' theoretical orientations and family functionality. In current study, the scale used to measure the theoretical orientations of psychotherapists shows the proximity of the therapist to 7 different theoretical orientations; psychoanalytic/psychodynamic, existential/humanistic, CBT, family systems, feminist, postmodern/solution focused and multicultural therapy.

Theoretical orientation is a fluid and complex concept. It is often less common for a psychotherapist to have a purely single orientation. It is not very frequent for a therapist to identify himself/herself with only one orientation (Norcross, 1988). Usually there is a tendency that a psychotherapist uses a predominant theoretic orientation in his / her work, but it is less common for him / her to adopt just one theoretical orientation. Most of the time, when a psychotherapist is formulating a case, the interventions that he/she applies while working with the case benefit from several different theoretical orientations. This is called an eclectic approach. As mentioned before, a psychotherapist can have a dominant theoretical orientation but also uses and applies tools from different types of theoretical orientation. Norcross and Prochaska (1988) suggested that the

most frequent theoretical orientation combinations are cognitive-behavioral, humanistic-cognitive and psychoanalytic-cognitive. Therefore, in the present study participants were not forced to pick just one theoretical orientation. Instead, they rated themselves on each seven theoretical orientation on a 5 point Likert type scale based on how frequently and actively they use that theoretical orientation's intervention tools within the sessions and whether they use that theoretical orientation to formulate and conceptualize the cases.

Within the current study, theoretical orientation is assessed with Theoretical Orientation Profile Scale-Revised. Scale measures the rating of psychotherapists on seven different theoretical orientation which are psychoanalytic/psychodynamic, cognitive behavioral, family systems, humanistic, post-modern/solution focused, feminist and multicultural therapy. In the theoretical orientation scale, the average score of the therapists for each orientation was calculated. The data were analyzed based on seven groups: therapists average score on (1) psychoanalytic/psychodynamic, (2) cognitive behavioral, (3), humanistic/existential, (4) family systems, (5) feminist, (6) postmodern/solution focused and (7) multicultural theoretical orientation subscale. Each theoretical orientation is compared in terms of functionality of their family of origin.

Participants family functionality is measured with McMaster Family Assessment Device. Family functionality is divided into two groups based on participants average score. Participants who scored higher than 2 points grouped as dysfunctional family of origin and lower than 2 points grouped as functional family of origin. The analysis of the present study shows that among psychoanalytic/psychodynamic and cognitive behavioral theoretical orientation there is a significant difference between dysfunctional and functional families. There is no indication of a meaningful difference of family of origin functionality among other theoretical orientations; family system, humanistic/existential, postmodern/solution focused, feminist and multicultural.

Detailed analysis reveals that on cognitive behavioral and psychoanalytic/psychodynamic subscale there is a meaningful difference between

functional and dysfunctional families. The mean score of functional families are significantly higher than dysfunctional families on the cognitive and behavioral theoretical orientation subscale whereas the mean score of functional families are significantly lower compared to dysfunctional families on the psychoanalytic/psychodynamic theoretical orientation subscale. The results of the current research support the existence of the relationship between the theoretical orientations of psychotherapists and the functionality of families by supporting previous studies. However, it important to remember that, this correlational research does not provide a causality between theoretical orientation and family functionality.

It would not be possible to say that the theoretical orientation chosen by psychotherapists depends only on the functionality of family of origin. According to the previous studies, there are many different factors that affect the choice of theoretical orientation. Factors such as personality, supervision, education and personal values have an impact on the choice of theoretical orientation. Besides those, we see that the functionality of family of origin is significantly correlated to theoretical orientation of Turkish psychotherapists. Therefore, we can confidently say that there is an incoincident and strong relationship between the functioning of the family we grow and the theoretical orientations we choose. Yet again, these results don't conclude that psychoanalytic/psychodynamic therapists have dysfunctional families and CBT oriented psychotherapists have functional families. The results of the present study show that among Turkish CBT oriented psychotherapists, means score of functional families are meaningfully higher than dysfunctional families. On the other hand, among psychoanalytic/psychodynamic oriented Turkish psychotherapists mean score of dysfunctional families are meaningfully higher than the functional families. Among other theoretical orientations, there was no significant difference between functional families and dysfunctional families.

One of the most important comments that can be made on this data is that our family of origin affect our theoretical orientation choices. In other words, the fact that family of origin can indirectly affect the way in which the clients are

established. One of the pioneer studies investigating the differences and similarities between psychoanalytic/dynamic and cognitive-behavioral therapies, discovered the existence of both common features and differences. Jones and Pulos's (1993) results, suggested the underlying principle in psychoanalytic/dynamic treatment is considerable support. Whereas, in cognitive-behavioral therapy core elements were scientifically proven, rationalist intervention strategies. Having less conflict in the family may lead cognitive behavioral therapists to become more result oriented.

One of the reasons why cognitive behavioral therapists uses structured intervention strategies is that they had structured family experience. Their family members had dependable roles and behavior control. Roles dimension in family functioning stands for whether tasks are clearly and equitably distributed among family members. Behavior control represents the expression of actions of family members. Experiencing an equal or balanced family roles and behavior control may lead cognitive behavioral therapists more prone to use structured interventions compared to psychoanalytic/dynamic therapists. On the other hand, affective involvement in family functioning stands for the interest in family members each other's activities and concerns. Compared to cognitive-behavioral therapists, experiencing less affective involvement in the family of origin, may lead psychoanalytic/dynamic therapists to use more of the interventions based on giving considerable amount of support.

The fact that there was no significant difference between functional and dysfunctional orientations among other orientations other than cognitive behavioral and psychoanalytic/psychodynamic theoretical orientations does not mean that other orientations are not affected by family functioning. The sample used in the study was collected from cognitive behavioral and psychoanalytic / psychodynamic oriented therapists. Although theoretical orientation is a fluid concept and therapists can use more than one (eclectic) orientation, one or two orientations are generally more prominent. Therefore, since the participants in this study are predominantly cognitive behavioral and analytical / dynamic oriented,

other orientations may not be strongly represented. You can find the barriers due to sampling restrictions in detail within the limitation section.

Another important point is the limited number of universities that graduate education in the field of clinical psychology in Turkey and being a psychotherapist in Turkey. Until recently, schools such as Boğaziçi University, METU, Hacettepe University, İstanbul Bilgi University, and Doğu University were just a few of the limited number of institutions providing clinical psychology education. In these institutions, training was mainly provided with psychoanalytic / psychodynamic or cognitive behavioral orientation. Therefore, in Turkey for many years the most popular theoretical orientations were psychoanalytic / psychodynamic and cognitive behavioral therapy. However, this situation also prevented therapists to acquire different theoretical orientations. With the increase in the number of clinical psychology and educational institutions in Turkey, in late years orientations such as family systems, existential/humanistic, feminist, postmodern/solution focused and multicultural were entered into the field. Hence, the majority of therapists who participated in the study have long experience in the profession, they may have developed one or both of these two orientations as the dominant theoretical orientation, with the possibility that they have studied clinical psychology with these orientations. For this reason, while significant differences were found in psychoanalytic/ psychodynamic and cognitive behavioral therapy methods in the research, no significant difference in other orientations was found.

4.2. THEORETICAL ORIENTATION AND BIRTH ORDER

The second hypothesis addressed the associations between theoretical orientation and birth order. As in the previous hypothesis, theoretical orientation was measured with seven different subscales; (1) psychoanalytic/psychodynamic, (2) cognitive behavioral, (3), humanistic/existential, (4) family systems, (5) feminist, (6) postmodern/solution focused and (7) multicultural theoretical orientation subscale. Whereas birth order was measured on three different

dimensions; (1) firstborns, (2) middleborns and finally (3) lastborns. Each theoretical orientation is compared in terms of psychotherapists' birth order. Results showed that there is a meaningful difference between birth rankings among cognitive behavioral, psychoanalytic/psychodynamic and postmodern/solution focused theoretical orientation.

Furthermore, firstborns mean score was significantly higher than middleborn and lastborn on the cognitive behavioral theoretical orientation scale. On the other hand, mean score of middleborn was significantly lower than lastborn, on the same scale. Among psychoanalytic/psychodynamic subscale, mean score of firstborns are meaningfully higher than lastborn and middleborn. However, there was no indication of a significant difference between lastborn and middleborn. Finally, on the postmodern/solution focused theoretical orientation subscale, firstborn's mean score is significantly higher than lastborn but once again there is no meaningful difference between lastborn and middleborn.

Walter Toman (1976) suggested that birth order has significant impact on personality, and characteristic behavior patterns. According to Toman (1976), the firstborn child usually develops more leadership qualities, greater sense of responsibility, and identifies himself/herself with more power and authority. The lastborn child tends to be more easygoing, autonomous, unconventional and creative. Whereas middleborns are described as having more flexibility to shift between responsibility and dependence. Only child enjoys the exclusive attention of and resources from the parents, and is more comfortable with relating with adult world (Toman, 1976). Bowen (1978) suggested that sibling position could give valuable data in understanding the individuals' roles tend to take in relationship. Understanding our sibling position helps us to understand our roles / behavior and patterns in relationships, as well as our part in the emotional processes of the family. Understanding our sibling position not only help us develop greater insight into our personal relationships but also our work choices.

Birth order has an undeniable importance in child development. The family in which the child is born is the area in which a child experiences the social world for the first time. When parents bring their first child into the world, they

are less experienced in child care. Parents can relieve this lack of experience by not flexing their sense of control. However, in contrast to this, parents do not need the sense of control as much as the first child, as parents are more experienced in raising children. As a result, firstborns who grow up in a more controlled and rigid environment become less flexible and more committed to the rules than the middleborns or the lastborns. Unlike firstborns, middleborns and lastborns become more creative and flexible. Even though there are exceptions, these qualities become a part of their personality. Therefore, as mentioned in the introduction, firstborns are more prone to become leaders whereas lastborns are more prone to become entrepreneurs (Sulloway, 1996).

If personality and birth order affects career choice, then how about theoretical orientation? This very study examines the relationship between birth order and types of theoretical orientation. As indicated within the confirmed hypothesis, results suggested that mean score firstborn psychotherapists are significantly higher middle born and lastborn on cognitive behavioral subscale. Also mean score of firstborns are significantly higher compared to lastborn. When the lastborn and middleborn on CBT subscale were compared, results shown mean score of lastborn were much higher compared to middleborn. Interestingly, when the lastborn and middleborn on analytic/dynamic subscale were compared, results shown that mean score of lastborn were much higher compared to mean score of middleborn. According to findings from this study, it makes sense to say that firstborns prefer more cognitive behavioral theoretical orientation compared to lastborn and lastborn prefer more cognitive behavioral theoretical orientation compared to middleborn. Analytical / dynamic psychotherapists have a different ranking than CBT therapists. Lastborn prefer more compared to firstborns, while middleborn are the lowest.

The findings actually support previous studies in the literature. CBT is a technique that requires giving out homework and exercises. In order to make the change happen, the client should take responsibility both in the sessions and between the sessions. We also know that; psychotherapists personal beliefs and values reflects on their working style (Vasco & Dryden, 1994). Based on this

premise, it is expected that if the firstborns have greater sense of responsibility than the lastborns, firstborn psychotherapists would prefer CBT more compared to lastborn psychotherapists because CBT is a therapy method that client should often take great responsibility for a change to happen. Diversely, it is also expected that if the lastborns are more creative and flexible than the firstborns, lastborn psychotherapists would prefer analytic/dynamic more compared to lastborn psychotherapists. Even though analytic/dynamic therapy applies strict rules within the session client has free himself/herself in order to reach associations. There are no certain steps or prescriptions in analytic/dynamic therapy. Psychotherapist works with what client brings that day. Client has to be flexible and results of the study confirmed lastborn are much higher compared to firstborns among psychotherapists on analytic/dynamic subscale.

One of the most important points to be addressed in this research is to discover the factors affecting the theoretical orientation of psychotherapists, and to increase mindfulness and self-awareness. According to Shapiro and Carlson (2009), mindfulness can be defined as awareness, which is deliberately caused by open, gentle and selective participation. One of the most important steps that can be taken to become more open to ourselves in order to be mindful, is to be aware of the heritage we bring from the family we grew up and carry today. Our families do not inherit only tangible things. Emotions, traumas, relationships, cycles ... All these can be given as examples to the heritage passed down from generation to generation. The functioning of the family of origin and our birth order are also the heritage left by us, and the research also supports that they can even influence our theoretical orientations as psychotherapists.

Another important point is that, like many professions, the clinical studies of psychotherapists can be negatively affected due to burnout. Richards, Campenni and Muse-Burke (2010), demonstrated that self-care is significant to prevent burnout (p. 247) and primary research found a direct relationship between self-care and self-awareness (Coster & Schwebet, 1997). As mentioned above, the functionality of family that we grew up in and birth order can help psychotherapists to gain awareness about themselves. Findings from this study

can contribute to psychotherapists decreasing their levels of burnout within their clinical work, through providing awareness of their choice of theoretical orientation.

4.3. THEORETICAL ORIENTATION AND COMMUNICATION APPREHENSION

The third hypotheses addressed the association between theoretical orientation and communication apprehension. Furthermore, it was expected to see a meaningful difference between communication apprehension levels based on psychotherapists' theoretical orientation. Results revealed that there is no significant difference between low and high communication apprehension based on their theoretical orientation, for the sample used in this study.

McCroskey (1970), established that personality characteristics has a major impact on communication apprehension. Later on, a more comprehensive and detailed research was conducted by McCroskey and Sorensen (1976) to provide a stronger empirical data about the effect of personality on communication apprehension. The new and improved study also supported the preliminary findings from the previous study. Communication apprehension can be predicted from the knowledge of the subjects' personality characteristics (McCroskey & Sorensen, 1976).

Also, another study conducted by Hsu (1998) found that there is a strong relationship between family of origin and communication apprehension. Parental acceptance/rejection, family cohesion, expressiveness, independence, conflict and communication patterns within family were significantly correlated with the subjects' communication apprehension level. Especially in terms of gender, there were meaningful differences between male and female subjects (Hsu, 1998).

Considering previous work, it is known that communication apprehension is affected by both personality and family of origin. Also, it is confirmed that theoretical orientation can be predicted by personality. Hence, taking the literature as a base, it was hypothesized that level of communication apprehension of a psychotherapist would show a meaningful difference based on his/her theoretical

orientation. Although the current study did not show an association between the two, it is believed that this was because of the sample. It was not normally distributed in terms of gender and gender is an accompanying factor predicting communication apprehension.

4.4. CLINICAL IMPLICATIONS

There are some clinical implications derived from the current study despite the non-diverse small sample size and other limitations described on the limitations section. Research shows that that family of origin and birth order play an important role on the decision of theoretical orientation. Psychotherapist are influenced by their personality characteristics, learning styles, personal values and beliefs, trainings etc. while choosing a theoretical orientation. Current study suggests, family functioning and birth order can be also crucial for a psychotherapist's' decision of theoretical orientation.

Being able to understand influencing factors to theoretical orientation may prevent loss of time, effort and money among mental health professionals. There are various number of theoretical orientations and the number expands everyday thanks to new discoveries about human mind. It isn't very realistic for a psychotherapist to study and master on each theoretical orientation that exists. Even professionalizing on only one orientation costs huge amounts of time, effort and money. Because of the costs, psychotherapists ought to pick their theoretical orientation cautiously. Therefore, embracing a theoretical orientation can be troublesome and disorienting for the psychotherapists especially if they are at the beginning of their training. Examining the connection theoretical orientation and conceivable contributing variables as family functionality and birth order may help psychotherapists during their way toward grasping a hypothetical direction.

Another important contribution of this study is that the results can provide a different flow angle for psychotherapists to become more mindful about themselves. A therapist's belief in how and in what way change occurs also affects the way he works with his/her client. Hence, it is very important for a psychotherapist to have undergone his or her own therapy process, because the

therapist has the opportunity to know himself/herself better and discovers his/her beliefs way of change. Through this research, psychotherapists can notice the factors that affect their beliefs of change and offer their clients a more effective therapy process.

Maintaining your career as a psychotherapist conditions in Turkey is not very easy. Especially, the lack of mental health law and professional chambers can make it difficult to practice your profession. The lack of laws that protect neither the therapist nor the client complicates both the practice of the profession and the training processes taken. Since the insurance does not cover psychotherapy in Turkey, people who need support are investing considerable amount of money to psychotherapy. When this is the case, the responsibility of the therapist to provide the best service in the shortest and most effective way is increased. All the aforementioned research shows that psychotherapists are able to work more effectively and efficiently with a theoretical orientation that they think they have adapted to. It is expected from this research to guide psychotherapists in Turkey to find a more appropriate theoretical orientation in order to facilitate a more effective service.

4.5. LIMITATIONS AND FUTURE DIRECTIONS

The first limitation of the study is that this is a correlational study. Although there were some associations found between theoretical orientation, family functioning and birth order, it is not possible to infer about the causality of this relationship. Since we cannot establish causality, the direction in this meaningful relationship can be the other way around. Which means, theoretical orientation may also be affecting psychotherapists' perception of family functioning. After a while, therapists can develop a notion about how to process information based on their theoretical orientation. Therefore, there is a possibility of the relationship behind theoretical orientation and family functioning can be the other way around.

The second limitation is self-reports. The data about theoretical orientation and family functioning were collected through online self-reports. Some of the

participants continued to fill out the survey within the next week when they take a break from it. Due to long interruption, the information given from the self-reports may be inadequate or missing. A qualitative research in a controlled room can be a better option for future studies to be able to see the actual genuine experiences.

The third limitation is the sample. The sample wasn't normally disturbed in terms of gender, age, birth order etc. Because convenience sampling was used in order to collect data, the sample was not very diverse. A more diverse population can be more beneficial in seeing the effects of differences in theoretical orientation.

The fourth limitation is the confounding variables. Confounding variables are any other variable that also has an effect on dependent variable. When we think on the basis of this research, as an unmeasured variable personality, may affect the dependent variable and cause significant correlation of family functionality and birth order on theoretical orientation.

A suggestion for future directions of research on the topic might be collecting data from a more diverse and a bigger group of participants. Also, collecting data about family functioning not only from psychotherapists themselves but also from their family members such as parents, siblings etc., can provide a deeper understanding of the development of theoretical orientation.

CONCLUSION

This is one of the first studies to directly investigate the relationship between Turkish psychotherapists' theoretical orientation and family functioning. This study was able to show evidence about the relationship of theoretical orientation and family of origin's functionality, it was seen that psychotherapists who scored higher on CBT subscale had higher family functioning scores compared to psychotherapists who scored higher on analytic/dynamic subscale. Moreover, it was seen that psychotherapists who score higher on CBT subscale are mostly firstborns whereas psychotherapists who score higher on analytic/dynamic subscale are mostly lastborns among Turkish mental health professionals. The current study also hoped to find a relationship between theoretical orientation and communication apprehension. However, communication apprehension was not found as a predictor variable of theoretical orientation. Results of the study provide preliminary findings and recommendations for future research, contributing to our clinical understanding of the adoption and development of theoretical orientation.

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APPENDICES

Appendix A: Informed Consent Form (Turkish)

AYDINLATILMIŐ ONAM FORMU

ÇALIŐMANIN ADI:

Psikoterapistlerin Teorik Yönelimleri ile Aile İŐleyiŐi, Doğum Sırası ve İletişim Kaygısı Arasındaki İliŐki

ÇALIŐMANIN KONUSU VE AMACI:

Bu çalıŐmanın amacı, klinik psikoloji, sosyal hizmetler, psikolojik danışmanlık, çift ve aile terapisi alanlarında çalıŐan psikoterapistlerin teorik yönelimleri ile kök ailelerinin işleyiŐi, doğum sırası ve iletişim kaygısı arasındaki ilişkiyi incelemek ve araŐtırmaktır.

ÇALIŐMA İŐLEMLERİ:

Bu çalıŐmaya gönüllü olarak katılmak istemeniz halinde sizden yaklaşık 20 dakika sürecek bir anketi internet üzerinden doldurmanız istenecektir. Ankette demografik bilgiler, teorik yönelim, aile işleyiŐi ve iletişim becerileri ile ilgili sorular yer almaktadır.

ÇALIŐMAYA KATILMAMIN OLASI YARARLARI NELERDİR?

Bu çalıŐmaya katıldığımızda psikoterapistlerin çeŐitli özelliklerinin betimlenmesi konusunda bilgi birikimine katkınız olacaktır.

ÇALIŐMAYA KATILMAMIN OLASI RİŐKLERİ NELERDİR?

Çalışmamızın herhangi bir olumsuz riski bulunmamaktadır. Bu çalışmanın içinde olmak isteyip istemediğinize tamamı ile bağımsız ve etki altında kalmadan karar verebilirsiniz. Bu çalışmaya gönüllü olarak katılmaya karar vermeniz halinde dahi, sahip olduğunuz herhangi bir hakkı kaybetmeden veya herhangi bir cezaya maruz kalmadan istediğiniz zaman çekilebilirsiniz. Çalışmadan çekilmek isterseniz bir cezası yoktur ve sahip olduğunuz faydaları kaybetmezsiniz.

KİŞİSEL BİLGİLERİM NASIL KULLANILACAK?

Bu çalışmayla bağlantılı olarak elde edilen ve sizinle özdeşleşmiş her bilgi gizli kalacak, herhangi bir kurum veya kişiyle paylaşılmayacaktır. Araştırmacı her katılımcıya bir kod verecek ve çalışma dahilinde sadece bu kodlar kullanılacaktır. Ankette vermiş olduğunuz cevaplar yalnızca bu araştırma kapsamında kullanılacak, başka hiçbir amaç için kullanılmayacaktır. Verilere erişim yalnızca çalışmanın sorumlusu araştırmacılarla sınırlı kalacaktır. Tüm veriler, sınırlı erişime sahip güvenli ve şifreli bir veri tabanında tutulacaktır.

SORU VE PROBLEMLER İÇİN BAŞVURULACAK KİŞİLER:

Yüksek lisans tez süreci kapsamında yürütülen bu araştırma ile ilgili herhangi bir sorunuz veya endişeniz varsa, lütfen aşağıda iletişim bilgileri verilmiş araştırmacı ile iletişime geçiniz:

Ceren Karahan
İstanbul Bilgi Üniversitesi
Klinik Psikoloji Yüksek Lisans Programı
Çift ve Aile Terapisi Altdalı
E: ckarahan@ku.edu.tr

Çalışmaya Katılma Onayı

Bu aydınlatılmış onam formunu okudum ve yukarıda açıklanan prosedürleri anladım. Dilediğim zaman ayrılma hakkım saklı kalmak koşulu ile bu çalışmaya katılmayı onaylıyorum.

- Evet
- Hayır



Appendix B: Demographic Form

Demografik Form

1. Cinsiyetiniz:

- Kadın
- Erkek
- Diğer
- Belirtmek istemiyorum

2. Doğum Tarihiniz

3. Medeni durumunuz:

- Bekarım ve ilişkim yok.
- Bekarım ve ilişkim var.
- Evliyim.

4. Sizinle beraber kaç kardeşiniz?

5. Yaşa göre büyükten küçüğe doğru düşünürseniz kaçınıcı çocuksunuz?

6. Üniversitede tamamladığınız lisans bölümü/bölmüleri nedir?

7. Yüksek lisans (Master) veya doktora yaptınız mı?

- Evet, hala devam ediyorum

- Evet, mezun oldum.
- Hayır.

8. Eđer yüksek lisans yaptıysanız/yapıyorsanız uzmanlık alanınızı belirtiniz.



Terapi Eğilimleri

1. Ne kadar süredir aktif olarak danışan görmekte ve terapi yapmaktasınız?

2. Terapi yöneliminizi nasıl tanımlarsınız?

3. Lütfen bu blokta yer alan her terapi yönelimine çalışma yönteminize yakınlık derecesini göz önünde bulundurarak puan veriniz.

	Çok Uzak					Çok Yakın
	0	1	2	3	4	5
Psikanalitik ve Dinamik Terapi	()	()	()	()	()	()
Bilişsel Davranışçı Terapi	()	()	()	()	()	()
Hümanistik ve Gestalt Terapi	()	()	()	()	()	()
Sistemik Çift ve Aile Terapisi	()	()	()	()	()	()
Sanat Terapisi	()	()	()	()	()	()
Psikodrama	()	()	()	()	()	()
Oyun Terapisi	()	()	()	()	()	()

İş Deneyimi

1. Hangisi sizin için geçerlidir? (Birden fazla seçenek işaretleyebilirsiniz)

- Özel bir klinikte danışan görüyorum.
- Bir hastanede danışan görüyorum.
- Üniversiteye bağlı bir klinikte danışan görüyorum.
- Diğer:

2. Hangi şikayetlerle gelen danışanlarla çalışıyorsunuz? (Örnek: depresyon, kişilik bozuklukları, travma vb.)

3. Şu an toplamda kaç aktif (düzenli olarak seanslara gelen) danışanınız var?

Appendix C: McMaster Family Assessment Device (FAD)

ADÖ

İlişikte büyüdüğünüz aile hakkında 12 cümle bulunmaktadır. Lütfen her cümleyi dikkatlice okuduktan sonra, büyüdüğünüz aileye ne derecede uyduğuna karar veriniz.	Aynen	Büyük Ölçüde	Biraz	Hiç Katılmıyorum
1. Büyüdüğüm ailede beraber program yapmakta güçlük çekeriz çünkü aramızda fikir birliği sağlayamayız.	1	2	3	4
2. Bir sıkıntı ve üzüntü ile karşılaştığımızda birbirimize destek oluruz.	1	2	3	4
3. Evde dertlerimizi, üzüntülerimizi birbirimize söylemeyiz.	1	2	3	4
4. Büyüdüğüm ailenin üyeleri birbirlerine hoşgörülü davranırlar.	1	2	3	4
5. Ailecek, korkularımızı ve endişelerimizi birbirimizle tartışmaktan kaçınılız.	1	2	3	4
6. Duygularımızı birbirimize açıkça söyleyebiliriz.	1	2	3	4
7. Büyüdüğüm aile içinde genellikle birbirimizle iyi geçinemeyiz.	1	2	3	4
8. Büyüdüğüm aile içinde birbirimize hoşgörülü davranırlar.	1	2	3	4
9. Büyüdüğüm ailemde herhangi bir şeye karar vermek her zaman sorun olur.	1	2	3	4
10. Büyüdüğüm aile içinde herhangi bir sorunun(problemin) nasıl çözüleceği hakkında kolay karar verebiliriz.	1	2	3	4
11. Evde birbirimizle çok iyi geçinemeyiz.	1	2	3	4
12. Büyüdüğüm aile içinde birbirimize güvenirliz.	1	2	3	4

Appendix D: Communication Apprehension

İletişim Kaygısı Ölçeği

Lütfen her cümleyi dikkatlice okuduktan sonra duygularınızı ifade eden en uygun seçeneği işaretleyiniz.	Kesinlikle Katılmıyorum	Katılıyorum	Kararsızım	Katılmıyorum	Kesinlikle Katılmıyorum
1. Grup tartışmalarına katılmayı sevmem.	1	2	3	4	5
2. Grup tartışmalarına katılırken kendimi genellikle rahat hissedirim.	1	2	3	4	5
3. Grup tartışmalarına katılırken gergin ve sinirli olurum.	1	2	3	4	5
4. Grup tartışmalarına dahil olmayı severim.	1	2	3	4	5
5. Yeni insanlarla bir grup tartışması içerisinde olmak beni gergin ve sinirli yapar.	1	2	3	4	5
6. Grup tartışmalarına katılırken rahat ve sakinimdir.	1	2	3	4	5
7. Bir toplantıya katılmak zorunda olduğumda, genellikle gerginimdir	1	2	3	4	5
8. Çoğunlukla toplantılara katılırken sakin ve rahat olurum.	1	2	3	4	5
9. Bir toplantıya, bir fikri ifade etmek için dahil edildiğimde çok sakin ve rahatımdır.	1	2	3	4	5
10. Toplantılarda kendimi ifade etmekten korkarım.	1	2	3	4	5
11. Toplantılarda iletişim kurmak genellikle beni rahatsız eder.	1	2	3	4	5
12. Bir toplantıda soruları cevaplariken çok rahatsız olurum.	1	2	3	4	5
13. Yeni tanıştığım birisiyle sohbet ederken kendimi çok gergin hissedirim.	1	2	3	4	5
14. Diyaloglarda kendimi açıkça ifade etmekten korkmam.	1	2	3	4	5
15. Diyalog kurma esnasında genellikle sinirli ve gerginimdir.	1	2	3	4	5

16. Diyalog kurma esnasında genellikle sakin ve rahatımdır.	1	2	3	4	5
17. Yeni tanıştığım biri ile diyalog kurarken kendimi oldukça rahat hissedirim.	1	2	3	4	5
18. Diyaloglarda kendimi açıkça ifade etmekten korkarım.	1	2	3	4	5
19. Konuşma yapmaktan çekinmem korkmam.	1	2	3	4	5
20. Bir konuşma yaparken vücudumun bazı bölgelerini çok gergin ve kasılmış hissedirim	1	2	3	4	5
21. Bir konuşma yaparken kendimi rahat hissedirim.	1	2	3	4	5
22. Konuşma yaparken aklım karışır ve düşüncelerim karmakarışık olur.	1	2	3	4	5
23. Kendine güvenen bir şekilde konuşma yapabilirim.	1	2	3	4	5
24. Konuşma yaparken o kadar kaygılı olurum ki aslında bildiğim gerçekleri unuturum.	1	2	3	4	5

Appendix E: Theoretical Orientation Profile Scale-Revised

Aşağıda bazı ifadeler sunulmuştur. Lütfen ifadeleri okuyunuz ve bu ifadelerin sizi ne ölçüde TANIMLADIĞINI yanında bulunan sayılardan birini seçerek işaretleyiniz.	Kesinlikle Katılmıyorum	Katılıyorum	Kararsızım	Katılmıyorum	Kesinlikle Katılmıyorum
1. Kendimi psikodinamik ya da psikoanalitik yönelimli biri olarak tanımlarım.	1	2	3	4	5
2. Danışanlarımı psikodinamik ya da psikoanalitik bakış açısı çerçevesinde kavramsallaştırırım.	1	2	3	4	5
3. Psikodinamik ya da psikoanalitik yöntemler kullanırım.	1	2	3	4	5
4. Kendimi hümanistik/varoluşçu yönelimli biri olarak tanımlarım.	1	2	3	4	5
5. Danışanlarımı hümanistik/varoluşçu bakış açısı çerçevesinde kavramsallaştırırım.	1	2	3	4	5
6. Hümanistik/varoluşçu yöntemler kullanırım.	1	2	3	4	5
7. Kendimi bilişsel ya da davranışçı yönelimli biri olarak tanımlarım.	1	2	3	4	5
8. Danışanlarımı bilişsel ya da davranışçı bakış açısı çerçevesinde kavramsallaştırırım.	1	2	3	4	5
9. Bilişsel ya da davranışçı yöntemler kullanırım.	1	2	3	4	5
10. Kendimi aile sistemleri yönelimli biri olarak tanımlarım.	1	2	3	4	5
11. Danışanlarımı aile sistemleri bakış açısı çerçevesinde kavramsallaştırırım.	1	2	3	4	5
12. Aile sistemleri yaklaşımına dayalı yöntemler kullanırım.	1	2	3	4	5
13. Kendimi feminist yönelimli biri olarak tanımlarım.	1	2	3	4	5
14. Danışanlarımı feminist bakış açısı çerçevesinde kavramsallaştırırım.	1	2	3	4	5
15. Feminist yöntemler kullanırım.	1	2	3	4	5

16. Kendimi çok kültürlü yönelimi olan biri olarak tanımlarım.	1	2	3	4	5
17. Danışanlarımı çok kültürlü bakış açısı çerçevesinde kavramsallaştırırım.	1	2	3	4	5
18. Çok kültürlü yöntemler kullanırım.	1	2	3	4	5
19. Kendimi post modern/ çözüm odaklı yönelimi olan biri olarak tanımlarım.	1	2	3	4	5
20. Danışanlarımı post modern/ çözüm odaklı bakış açısı çerçevesinde kavramsallaştırırım.	1	2	3	4	5
21. Post modern/ çözüm odaklı yöntemler kullanırım.	1	2	3	4	5

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

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

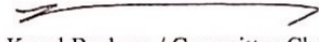
Başvuru Sahibi / Applicant: Ceren Karahan

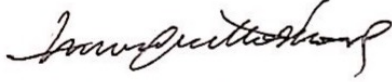
Proje Başlığı / Project Title: Examining the Relationship between Psychotherapists'
Theoretical Orientation, Family Functioning, Birth Order and Communication
Apprehension

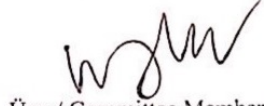
Proje No. / Project Number: 2019-20024-174

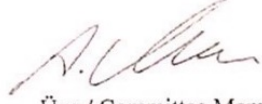
1.	Herhangi bir değişikliğe gerek yoktur / There is no need for revision	XX
2.	Ret/ Application Rejected Reddin gerekçesi / Reason for Rejection	

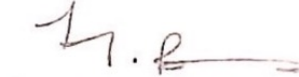
Değerlendirme Tarihi / Date of Evaluation: 9 Aralık 2019


Kurul Başkanı / Committee Chair
Doç. Dr. İtir Erhart


Üye / Committee Member
Prof. Dr. Turgut Tarhanlı


Üye / Committee Member
Prof. Dr. Koray Akay


Üye / Committee Member
Prof. Dr. Aslı Tunç


Üye / Committee Member
Prof. Dr. Hale Bolak Boratav

LİSANSÜSTÜ PROGRAMLAR ENSTİTÜSÜ
Tezli Yüksek Lisans Programı Tez Savunma Karar Formu

Tarih: 10.03.2020

Lisansüstü Programlar Enstitüsü'ne,

10.03.2020 tarihinde toplanan aşağıda imzaları bulunan jüri üyeleri 116647006 numaralı

Ceren Karahan adlı Klinik Psikoloji Yüksek Lisans Programı

öğrencisinin Examining the Relationship between Psychotherapists' Theoretical Orientation, Family

Functioning, Birth Order and Communication Apprehension konulu tezinin savunması sonucunda

kabulüne / düzeltilmesine / reddine,

oybirliği / oyçokluğu ile karar verilmiştir.

Jüri Üyesinin Unvanı, Adı Soyadı	Bağlı Bulunduğu Kurum	İmza
TEZ DANIŞMANI: Yolcu Soytepe	Istanbul Bilgi Üniversitesi	
ÜYE Ban Wise	Istanbul Bilgi Üniversitesi	
ÜNİVERSİTE DIŞINDAN ÜYE: Nilüfer Kafescioğlu	Özyeğin Üniversitesi	

Program Direktörü Adı, Soyadı: Dr. Öğretim Üyesi Alev Çavdar Sideris

İmzası:



Anabilim Dalı Başkanı Adı, Soyadı: Prof. Dr. Hale Bolak

İmzası:



(HBB yerine)