



## The Qualitative Analysis of Mental Health Professionals' Experiences in the Therapeutic Process \*

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### Abstract

The aim of this study is to explore the experiences of mental health professionals in the therapeutic process by considering demographic variables and educational processes. For this purpose, a semi-structured interview form including preliminary interview, rapport building, problem identification, goal setting, and intervention and termination steps of the therapeutic process was prepared in order to explore how mental health professionals conduct the therapeutic process. Run as a qualitative study, the phenomenologic research design was used. The study group of the study was determined using criterion sampling technique which is one of the purposive sampling methods and consists of sixteen professionals (6 men, 10 women) providing professional mental health services. The study group consist of individuals working in governmental and private institutions, providing mental health services, having at least a master's degree in the field of mental health branches, or having received training in a therapy approach under supervision. Interview technique was used to collect data. In the analysis of data, frequency and sentence based content analysis techniques were used. As a result of the research, various themes experienced in each psychological counseling step were reached. These themes were named as client discovery, counseling process discovery, forming emotional bonds, using therapeutic skills, using therapeutic conditions, role of the counselor, counselor concern and client concern. In addition to these themes, themes, which are named as impaired autonomy, impaired boundaries, disobeying rules and perceptions of the counseling process, related to the differences and expectations in the therapeutic process specific to Turkish culture were explained.

### Keywords

Therapeutic process  
Mental health service  
Therapeutic process steps

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## Introduction

The most curious question of psychological help and therapeutic process is how efficient the process is for the client and whether it works. This result is closely related to the nature of the relationship between the client and the professional. In addition to the importance of the client's sincerity to participate in the process, the skill, quality and competence of the mental health professional in the therapeutic process are of great importance in terms of achieving the desired result. The therapeutic process focuses on an end to the client's desired change and is an in-depth spontaneous experience using therapeutic techniques appropriate to theoretical approaches to gain the client's insight and awareness. In the therapeutic relationship, it is aimed to create an interaction between two people who provide and receive and mental help, based on the mutual equality and respect provided by the mental health professional (Heid & Parish, 1997). This interaction requires a healthy, safe and meaningful bond between two people, as well as mutual responsibility and respect (Weishaar, 2007). What is essential in the therapeutic process is that the therapist exists spontaneously and completely as an individual (Heid & Parish, 1997). The goal of therapeutic help is to ensure that the individual lives an effective life. According to Patterson and Welfel (2000), the power required for effective life emerges as a result of the awareness of one's self and his / her environment. It includes one's personal awareness, knowledge, emotions, values, needs and perceptions and interpretations about himself and others (Cüceloğlu, 1991).

The quality of the therapeutic process is the most important feature that determines the effectiveness of a therapy (Wampold, 2015). Although the therapeutic approach is considered to be the most effective in the success of the therapeutic process, it is remarkable that some therapist characteristics also play an important role in achieving effective results. For example, it has been reported that some psychological help providers establish a better level of relationship with the clients and thus achieve a better result (Baldwin, Wampold, & Imel, 2007). Numerous researchers have tried to determine what the characteristics of effective therapy and therapist are (Anderson, Ogles, Patterson, Lambert, & Vermeersch, 2009; Wampold, 2007). Some of the researchers conducting these studies focus on features such as providing and explaining a more technical treatment plan and following the current researches in the field of psychotherapy, while others focus on behaviors that can be identified with personality traits such as empathy, warmth, acceptance, awareness of the client's characteristics, being flexible (Wampold, 2015).

Structuring the process is extremely important in order to create effective support and ensure that the service is run in a healthy and controllable way. In therapy, the structuring process enables the client to understand the content and characteristics of the assistance to be received and to adjust their expectations accordingly. Thus, the client's concerns about the process are reduced (Gladstein, 1983).

It is considered appropriate to carry out the therapeutic process by following these steps:

- 1) **Starting:** In some cultures, it may be necessary to provide information about how to conduct the first interview to the clients. The professional configures the interview using open and closed-ended questions, specifying the purpose of the interview.
- 2) **Listening:** By actively listening to the client's problem, the professional determines appropriate intervention methods for subsequent interviews.
- 3) **Focus:** More clarity and focus on the client's problem is provided.
- 4) **Termination:** The development and conclusion of the issues in the process are monitored by the professional.

- 5) Use:** It is ensured that what is learned from the counseling environment is used in the life of the clients according to their own purposes.

In a good interview, it is important to use certain communication skills for certain situations and in some cases to go beyond the standardized personal skills (Pedersen & Ivey, 1993). These skills are; feedback skills, basic participation skills, explanation, summarizing, encouraging skills, questioning skills, reflection of emotion and content, confrontation and meditation skills, focusing, directing and interpreting skills. It is stated that these skills are important elements in the intervention of the client's problem (Yaka, 2013).

What stands out at this point is what actions can be taken to provide effective help and provide the effective therapeutic environment. When the literature is examined, it can be seen that there are two main ways. One of them is to diversify the courses within the education programs of individuals who are educated in the field of mental health and to increase the skills development courses in particular. Another way is to integrate supervision processes into educational practices (Eubanks-Carter, Muran, & Safran, 2015; Safran et al., 2014). In the study of Christopher and Maris (2010), which integrates the conscious awareness module in the training processes of the experts who take therapy training and conduct psychological counseling, it is seen that the experts come through in issues such as self-confidence, increase in relationship skills. In the study conducted by Safran et al. (2014), it is stated that therapy trainings contribute significantly to the interpersonal processes within the session and the therapist to discover her own feelings. In the study conducted by Bilican and Soygüt (2015) on 88 experienced psychotherapists who conduct therapy in Turkey and continue their training, it was found that therapists adopted more cognitive orientation, preferred less eclectic orientation, and the rate of having supervision was low. In addition, experienced therapists were found to be more flexible and spontaneous and more confident in their work. Gülüm (2016) conducted a study to understand how awareness-based training and practices are experienced by individuals who are being trained or working in the field of mental health. In this study, 12 qualitative studies were included in the meta-synthesis. The main themes that emerged as a result of meta-synthesis are listed as general utility, theoretical and conceptual changes, change in personality traits-therapist identity, and new skills. In these main themes, categories such as empathy, compassion, and increase in relationship skills, acceptance, coping with session content and focusing came to the fore.

From this point of view, it is important to understand and concentrate on the ways in which mental health professionals who give psychological help conduct the therapeutic process, their skills and personal and professional experiences related to the process. Hick (2008) emphasizes the importance of qualitative studies in discovering therapeutic interactions and understanding counseling experiences in the process of psychological help. In this context, it is considered necessary to carry out such studies that focus on and reflect the experiences of individuals. In the light of the relevant literature, the aim of this study is to explore the psychological health support experiences of individuals working in the field of mental health in the context of professionally effective help, taking into account the therapeutic process steps and demographic-professional characteristics.

## Method

### *Research Design*

Phenomenological design was used in this study which was conducted as qualitative research. In the phenomenology, it is aimed to find the meanings created by the participants and to discover the experiences of the participants about the related phenomenon (Patton, 2014). In this study, phenomenological design was preferred to examine the experiences of mental health professionals regarding the phenomenon of therapeutic process.

### *Participants*

The participants in the research comprised of sixteen (6 male, 10 female) professionals providing psychological counseling services determined by using the criterion sampling technique (Schumacher & McMillan, 2006) from the purposive sampling methods. Information relating to the participants is presented in Table 1. The criteria for criterion sampling were determined as follows:

- Graduating from at least the masters program of a psychological counseling and guidance, and psychology department or receiving at least one supervised psychotherapy training
- Conducting professional psychological counseling / psychotherapy services

Five of the sixteen professionals had graduated from a psychology undergraduate program; eleven had graduated from a psychological counseling and guidance undergraduate program. Six professionals worked in private counseling centers, six professionals worked in teaching organizations / guidance and research centers operated by the National Ministry of Education, one professional worked within the Ministry of Justice, one professional worked in a private hospital, one professional worked in a municipality within the Ministry of the Interior and one professional worked in the psychological counseling center of a university. The professional experience of professionals varied from 4 to 20 years.

**Table 1.** Informations Related to the Participants

Gender	Age	Bachelor degree	Institute	Title	Experience (year)	Master degree	Doctoral degree	Supervisory trainings	Client's problem group (Question 1)	Intervention techniques (Question 3)	Therapy/ Counsel. Approaches (Question 4)	Therapeut. skills (Question 5)	Disclosure skills (Question 6)	Problem defini. Stage (Question 8)	Goal forming stage (Question 9)
Male	35	Psychological counseling and guidance	Private counseling centre	Therapist	6	-	-	Systemic therapy, EMDR	Problems related to relations usually	Systemic techniques, sequencing, system flower, observing communication, empty chair, EMDR techniques	Systemic therapy	Attitude of not knowing, curiosity, value, 4th and 5th level of empathy	Attitude of not knowing, not being judgmental	4-5 sessions	3-4 sessions
Female	28	Psychological counseling and guidance	Private counseling centre	Therapist	5	Psycholo. counseling and guidance (continue)	-	Systemic therapy	No specific area	Systemic techniques, awareness circle, family sequencing	Systemic therapy	Neutral attitude, curiosity, respect	Value	4 sessions	-
Female	28	Psychological counseling and guidance	State primary school	Psychological counselor	5	Psycholo. counseling and guidance	-	Solution-focused therapy	Children and their parents	Solution -focused techniques, cognitive-behavioral therapy techniques	Solution-focused therapy, cognitive behavioral therapy	Encourage, open ended questions, confrontation (parents)	Encourage, open ended questions, specific techniques for children (play dough, emotion balloon etc.)	4 sessions	3 sessions
Female	28	Psychology	Ministry of Justice / Directorate of Probation	Psychologist	4	Psycholo. counseling and guidance	Psycholo. counseling and guidance (continue)	-	Individuals who have received supervised release due to drug use	Cognitive-behavioral therapy techniques	Cognitive-behavioral therapy	Eye contact, empathy, unconditional positive regard	Unconditional positive regard, respect	They come with their problem defined	2 sessions
Female	27	Psychological counseling and guidance	State high school	Psychological counselor	6	Psycholo. counseling and guidance	Psycholo. counseling and guidance (continue)	Solution-focused therapy	High school students	Socratic questioning, imagination, exception questions	Solution-focused therapy	Reflecting, rephrasing confrontation	Open ended questions, reflecting	2 sessions	2 sessions
Male	31	Psychological counseling and guidance	University/ Psycholo. counseling centre	Psychological counselor	8	Psycholo. counseling and guidance	Psycholo. counseling and guidance (continue)	Schema therapy	University students	Schema therapy tech., cog-behav therapy tech., socratic questioning, cognitive restructuring, limited reparenting	Schema therapy, cognitive-behavioral therapy	Encouragin validating	Caring, genuineness, self-disclosure	3 sessions	-

Tablo 1. Continued

Gender	Age	Bachelor degree	Institute	Title	Experience (year)	Master degree	Doctoral degree	Supervisory trainings	Client's problem group (Question 1)	Intervention techniques (Question 3)	Therapy/Counsel. Approaches (Question 4)	Therapeut. skills (Question 5)	Disclosure skills (Question 6)	Problem defini. Stage (Question 8)	Goal forming stage (Question 9)
Male	26	Psychological counseling and guidance	State school	Psychological counselor	5	Psycholo. counseling and guidance	Psycholo. counseling and guidance (continue)	-	Mood disorders, mostly depression group	ABC technique, cognitive metaphors, cognitive distortions, assignments Cognitive behavioral therapy techniques, solution-focused and gestalt techniques, double standard technique, profit and loss analysis, evidence analysis, defense attorney, miracle question, circular questioning, rating scales	Cognitive behavioral therapy	Empathy, reflecting the feelings, reflecting the content, confrontation	Presence and the present, empathy	3 sessions	2 sessions
Female	32	Psychological counseling and guidance	State school	Psychological counselor	5	Psycholo. counseling and guidance	Psycholo. counseling and guidance (continue)	Cognitive behavioral therapy	High school students, test anxiety, social anxiety, shyness, anger-hostility, OCD, abuse, substance abuse	High school students, test anxiety, social anxiety, shyness, anger-hostility, OCD, abuse, substance abuse Positive psychotherapy techniques, individual psychodrama, solution-focused and cognitive behavioral techniques, narratives, balance interactive model, negative automatic thoughts	Cognitive behavioral therapy, solution-focused therapy	Structuring, encouraging, reflecting, rephrasing, confrontation, self-disclosure, presence and the present	Verbal and nonverbal behaviours, active listening, empathy, therapeutic bounding and mutual trust	2-3 sessions	-
Female	38	Psychological counseling and guidance	State school	Psychological counselor	16	Psycholo. counseling and guidance	Psycholo. counseling and guidance (continue)	Positive psychother., psychodra., solution-focused therapy	All clients	Eclectic techniques, holistic techniques, case formulation	Positive psychothe., psychodr., solution focused therapy	Empathy, reflecting, open questions, socratic questioning	Awareness	3-4 sessions	2-3 sessions
Male	37	Psychology	Ministry of Interior / Municipality	Psychologist	12	Clinical psychology	-	Holistic psychotherapy	Adolescents and adults, aged 13+	Eclectic techniques, holistic techniques, case formulation	Holistic psychotherapy	Reflecting of feelings, reframing	Emotion focused techniques, therapeutic alliance	1-2 sessions	1-2 sessions

**Tablo 1.** Continued

Gender	Age	Bachelor degree	Institute	Title	Experience (year)	Master degree	Doctoral degree	Supervisory trainings	Client's problem group (Question 1)	Intervention techniques (Question 3)	Therapy/ Counsel. Approaches (Question 4)	Therapeut. skills (Question 5)	Disclosure skills (Question 6)	Problem defini. Stage (Question 8)	Goal forming stage (Question 9)
Male	37	Psychological counseling and guidance	State school	Psychological counselor	14	Clinical psychology	Psycholo. counseling and guidance (continue)	Narrative psychotherapy	Adolescents and adults, excluding psychotic disorders and substance abuse Adults, as individual or couple, minor or moderate depression, anxiety disorders, borderline personality disorder	Externalization techniques, rewriting the story, empty chair	Narrative psychotherapy	Open ended questions, re-interpretation	Externalization	2 sessions	2 sessions
Male	39	Psychological counseling and guidance	Private counseling centre	Therapist	14	Applied psychology	-	Schema therapy, cognitive behavioral therapy	Adults, as individual or couple, minor or moderate depression, anxiety disorders, borderline personality disorder	Mode practise	Schema therapy, cognitive behavioral therapy, holistic psychotherapy	Active listening, empathy, clarification, confrontation, interpretation	Empathic attitude, reflecting of unexpressed feelings and thoughts	No specific time	Defining the problem and starting the goal together there is no specific time
Female	29	Psychologist	Private counseling centre	Therapist	7	Clinical psychology	Psycholo. counseling and guidance (continue)	EMDR	Adults	EMDR techniques	EMDR	Empathy, active listening, reflecting	Empathy	No specific time	In the first sessions, then formed in following sessions
Female	45	Psychologist	Private counseling centre	Therapist	20	-	-	EMDR	Families	EMDR techniques	EMDR	Questioning, active listening, body language, encouragement	Active listening, effective questioning	In the first 3 sessions	Usually in the first session
Female	32	Psychologist	Private hospital	Therapist	10	Health psychology	-	Family therapy, cognitive behavioral therapy	Families, couples	Experiential and cognitive techniques	Cognitive behavioral therapy, schema therapy, family therapy	Rogerian techniques	Depends on the client	3 sessions	Along with defining the problem it also starts to set goals
Female	31	Psychological counseling and guidance	Private counseling centre	Psychological counselor	8	Psycholo. counseling and guidance	Psycholo. counseling and guidance (continue)	Cognitive behavioral therapy	Adults	Socratic questioning, systematic desensitization, generating alternative thinking, negative automatic thought recording	Cognitive behavioral therapy	Structuring, encouraging, reflecting, summarizing	Structuring and summarizing	2 or 3 sessions	Along with defining the problem it also starts to set goals

### ***Researcher Roles***

In qualitative research, the role of the researcher in the research process is seen as very important because in qualitative research the researcher is not a tool that records the phenomenon experienced by the participants; it is a tool that reflects its own experiences as well (Yin, 2011). Therefore, the researcher is obliged to explain his role and demographic characteristics in the process (Creswell, 2014).

This study was conducted by five researchers. A researcher who also holds the title of psychotherapist continues his academic life as a professor at a university. Two researchers who are continuing their psychotherapy trainings are working as a research assistant in a university and continuing their doctoral studies. The other two researchers work in state institutions affiliated to the Ministry of National Education and continue their doctoral education in the field of psychological counseling and guidance.

### ***Data Collection Tool***

A semi-structured interview form was used as a data collection tool. Interviews were individually held with professionals. The questions on the form were listed as follows;

1. When you counsel, do you work on a certain problem or with certain people?
2. Do you hold preliminary interviews? If you do, what format do you use? What type of benefits do preliminary interviews provide for you?
3. In the intervention stage of the counseling process, which approaches and techniques do you apply? Which technique do you use most?
4. Is there a psychotherapy/psychological counseling approach that you adopt during counseling? If so, which one? Have you received any training related to this approach? If you have, how long did it last and was it supervised?
5. What therapeutic skills do you use during the counseling process? Which of the skills used do you consider most effective? Are the differences in the use of these skills depending on the person or problem you are working with?
6. Which skills help your clients to disclose?
7. What therapeutic route do you use to create a relationship with your client? In the relationship formation stage are there differences in difficulties depending on the person or problem area you are working with?
8. How long does the problem definition stage last? What stage does it begin? What routes do you follow?
9. How do you form goals and how long does it take?
10. After how many sessions do you choose to terminate? What difficulties do you experience in the process of terminating counseling?
11. Have you noticed a range of differences and expectations unique to Turkish culture during the counseling process? What are these?

### ***Data Collection***

During the preparation of the interview questions, the researchers first examined the literature on the psychological counseling process and the therapy process and prepared draft interview questions in this direction. These interview questions were presented to the opinion of three field experts conducting the psychological counseling process. Necessary arrangements were made in line with the suggestions and corrections of the experts and the interview questions were restructured. Before starting the interviews, the participants were briefly informed about the research and the volunteers participated in the study. At the end of the interviews, the participants were informed that



they would act in accordance with the principle of confidentiality. For this purpose, code names were used when transferring the statements of the participants. The interviews were conducted in the study offices of the participants. Interviews were conducted individually by four researchers at the same time. Interview times vary between 30-35 minutes.

### ***Data Analysis***

Analysis of data used the content analysis technique. Content analysis aims to reach concepts to explain the collected data. When analyzing data in this research four stages were followed. These stages may be listed as follows; firstly data coding procedures were performed, coded data were classified according to common characteristics to determine subthemes and themes, then the subthemes and themes were organized and finally definition and interpretation of findings was completed (Şimşek & Yıldırım, 2011).

### ***Validity and Reliability***

#### *Internal validity/Plausibility*

The method used to ensure internal validity of the research was appropriate and sufficient participation in the data collection process. The basic criterion for appropriate and sufficient participation is that the researchers feel they have reached data saturation (Merriam, 2009). In this study, the researchers have obtained internal validity by providing appropriate and adequate participation.

Another method used to ensure internal validity is to have raw data reviewed by an expert in the field to check the logical appropriateness of findings that will be generated. The subthemes and themes created in the research were presented to two experts in the field and changes were made in line with the recommendations of the experts.

#### *External validity/Transferability*

External validity of qualitative research represents the situation related to how transferrable the results of the research are. The most commonly used method to ensure transferrability is rich and dense description (Patton, 2014). The interviews held with participants in this research were investigated in depth and the opinions of participants were described in detail.

#### *Reliability/Consistency*

Reliability of qualitative research is related to whether the collected data are consistent or not. One of the best known methods to ensure reliability is the inspection technique (Merriam, 2009). In this research, how the participants were determined, how the data was collected, how the subthemes and themes were created and the consistency of conceptualization of subthemes and themes were defined in detail. In addition, Miles and Huberman's (2015) inter-code reliability analysis formula was used. As a result of reliability analysis formula  $(37-9) / 37$ , reliability coefficient was calculated as 0.75

## **Results**

When the findings obtained from interviews with professionals are investigated, two themes were found for the 2nd question about the benefits of preliminary interviews. These themes were called *Client Discovery* and *Counseling Process Discovery*.

In the section about therapeutic routes in forming relationships in the 7th question, four main themes of *Forming Emotional Bonds*, *Use of Therapeutic Skills*, *Use of Therapeutic Conditions* and *Roles of the Counselor* were found.

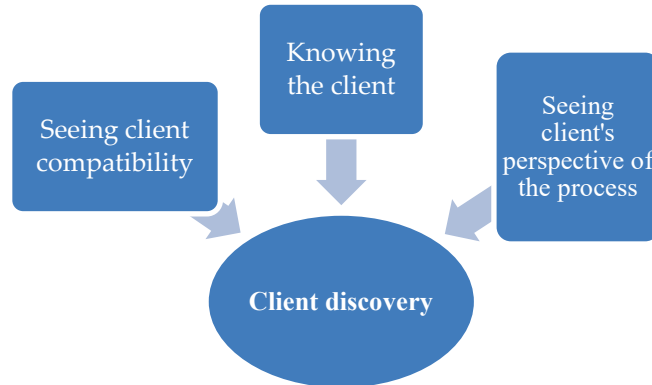
For the 10th question about difficulties experienced in finishing counseling, two main themes were obtained called *Counselor Concerns* and *Client Concerns*.

In the section on differences and expectations of the counseling process unique to Turkish culture four themes of *Insufficient Self-Control*, *Impaired Autonomy*, *Disobeying Rules* and *Perceptions of the Counseling Process* were found. The themes and subthemes contained within these themes obtained in the study are listed and explained below.

### ***Results related to the Benefits of Preliminary interviews in the Psychological Counseling Process***

Professionals explained the benefits of preliminary interviews in the psychological counseling process with two themes of Client Discovery (Figure 1) and Counseling Process Discovery (Figure 2).

#### ***Client Discovery***



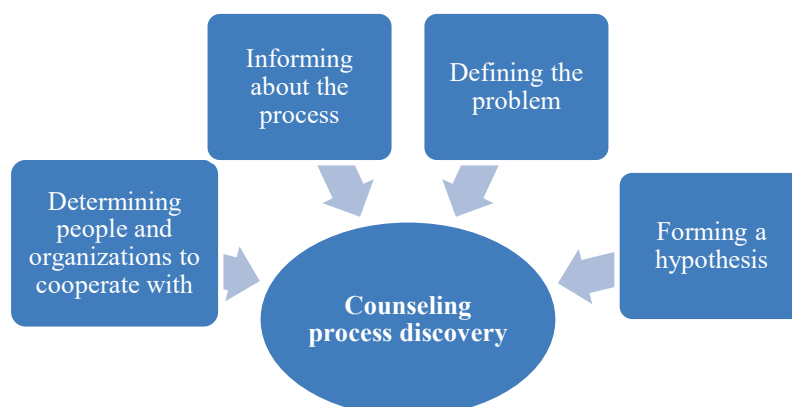
**Figure 1.** Themes and Subthemes of Client Discovery

Professionals stated that the subthemes of the client discovery theme included knowing the client, seeing the client's perspective on the process and seeing compatibility with the client. An example of the opinions of the professionals about client discovery is given below:

*The aim of the preliminary interviews is to get to know each other, is this person the type I will be able to work with, will I be able to form a relationship at least seeing that, what type of picture do they have in their mind about therapy, what type of thing do they think therapy is. I explain to them how the process will work, how I work, the nature of therapy, I explain a bit. The preliminary interview serves that purpose (Metin).*

*I do it, for about 15 minutes. I want to meet to see if their energy will be compatible with mine or not. Are the problems topics we can work with. To clarify these points. Also what type of work do they want, what are their aims, sometimes they only want ideas about a single topic. If that's the case, I'll approach with that expectation. In order to prepare myself for the process. It works well, it's a good application for me (Ayşe).*

#### ***Discovery of the Counseling Process***



**Figure 2.** Themes and Subthemes of Counseling Process Discovery

Professionals described the subthemes of informing about the process, defining the problem, forming a hypothesis and determining people and organizations to cooperate with as part of the counseling process discovery.

Within the scope of this theme, professionals made the following statements:

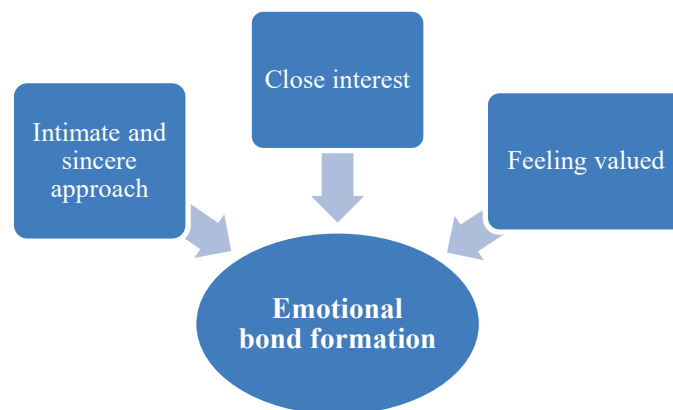
*I hold preliminary interviews. I mention what the process is, what route it will follow, how it's different from normal meetings, the principles of privacy and attending voluntarily, additionally if they are younger than 18 years I get informed consent from both the parent and the child (Hülya).*

*In high school, generally in the last ten minutes of lessons I hold preliminary interviews with students who want one before the counseling process. Generally I focus on why, the situation causing them to want the counseling process, plus I know the students because I work in the same organization but if there are parts I don't know a preliminary interview to learn about family or other things ensures I can form hypotheses about the counseling process (Melek).*

### **Results related to the Therapeutic Route to Form a Client Relationship**

Professionals grouped the therapeutic routes to forming a relationship with the client under the themes of forming emotional bonds, use of therapeutic skills, use of therapeutic conditions and role of the counselor. The emotional bond formation and related subthemes are shown in Figure 3, the use of therapeutic skills and related subthemes are given in Figure 4, the use of therapeutic conditions and related subthemes are given in Figure 5 and the role of the counselor and related subthemes are given in Figure 6.

#### **Emotional Bond Formation**



**Figure 3.** Themes and Subthemes of Emotional Bond Formation

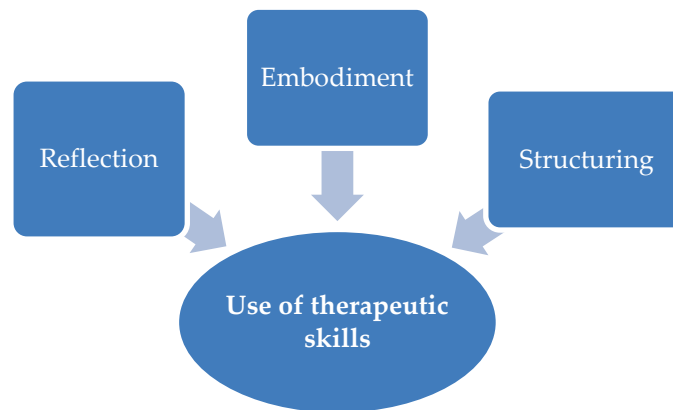
Professionals focused on the importance of an intimate and sincere approach, close interest in the client and the client feeling valued when forming an emotional bond with the client.

Opinions of professionals about this topic are given below;

*I try to display a more intimate and more sincere approach without being artificial. I think this works well for the client. Not like a therapist who smiles all the time, but a somewhat sincere air. Considering the client may be a little nervous when they first come, the first meeting, at least in the first meetings, I leave time for forming a relationship. I can say one thing that I've noticed about them, for instance. Or I can state the wish that I'm really curious to understand their lives. I think these are important (Metin).*

*Our approach is about joining. Together with joining I include chatting, about clothes, work, how they got here, did they find parking, how well they look, you held my hand tightly, you have motivation for therapy; sentences like this (Ayşe).*

### Use of Therapeutic Skills



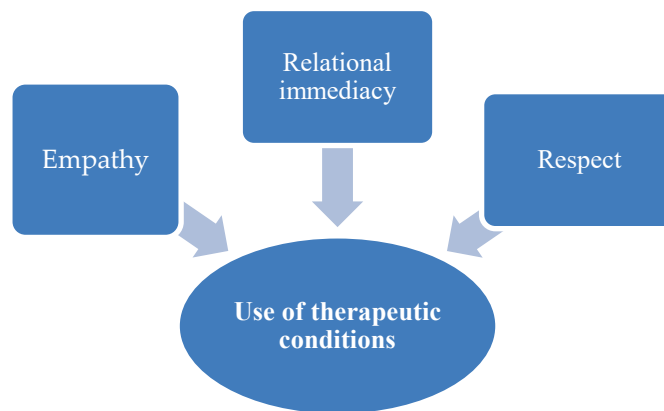
**Figure 4.** Themes and Subthemes of Use of Therapeutic Skills

Professionals stated that in the process of forming a relationship with the client they used the therapeutic skills of reflection, embodiment and structuring. The opinions of professionals about this topic are given below;

*Firstly the structuring dimension is very important. In later periods of the process it resolves any contradictions. With structuring the basic pieces fall into place (Hülya).*

*Embodiment is important in the process of forming a relationship, I think it's functional in terms of clarifying the process (Selin).*

### Use of Therapeutic Conditions



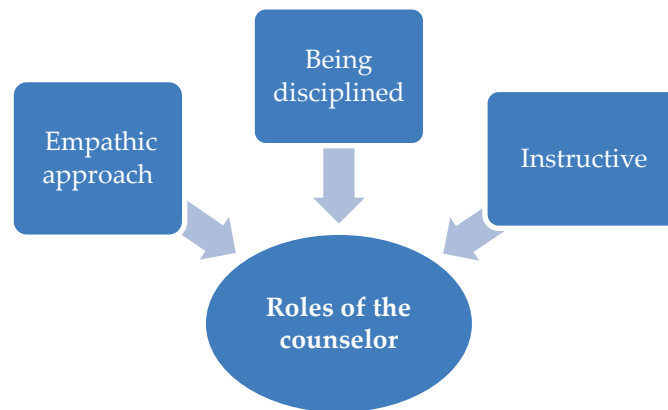
**Figure 5.** Themes and Subthemes of the Use of Therapeutic Conditions

Professionals emphasized that the therapeutic conditions of empathy, relational immediacy and respect were functional in forming a relationship with the client. The opinions of professionals about this topic are given below;

*I think seeing their channels is very effective in the therapeutic relationship with adolescents; in other words catching their perspective, even if it annoys them, using a bit of humor, communication at the bottom line, and understanding them, being able to see from their viewpoint. I think this is very important (Melek).*

*The here and now of the relationship is very important. Apart from that, the empathic approach. I definitely try to understand them. It's one of my first aims. I try to speak their language. When they say did you understand, saying yes I understand you opens up the client (Yaşar).*

### ***Roles of the Counselor***



**Figure 6.** Themes and Subthemes of Roles of the Counselor

Professionals defined being instructive, empathic approach and being disciplined as being the roles of the counselor while forming a relationship with the client. The opinions of professionals about this topic are given below;

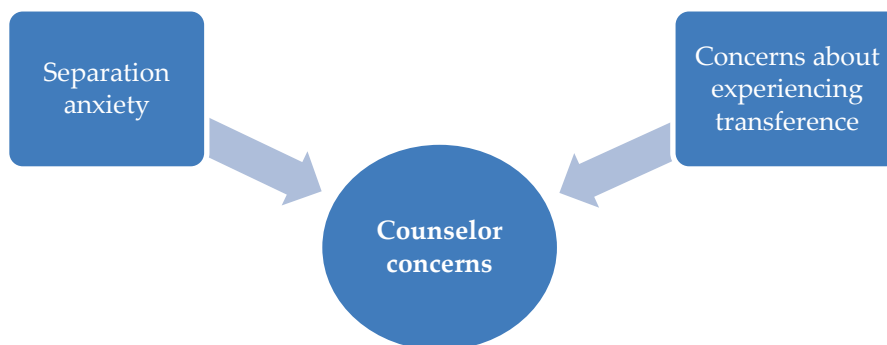
*I try to act as sincerely as possible. I don't go in for things like I'm a therapist, I'll act heavy, I'll stay this way. I try to use a language close to that used by the person opposite me. I use the words they use. I try to look from their framework as much as possible. I think I continuously ask myself questions like what are they thinking, what could they be feeling (Mehmet).*

*Firstly I try to do the preliminary interview myself on the telephone. Additionally, I try to be open and clear. If necessary I provide psycho-training related to the therapy process. From time to time I display a self-disclosure approach (Fatih).*

### ***Results related to Difficulties Experienced during the Terminal Stages***

Professionals explained difficulties experienced relating to the terminal stages as being counselor concerns and client concerns. The counselor concerns and related subthemes are given in Figure 7, while the client concerns and related subthemes are shown in Figure 8.

### ***Counselor Concerns***



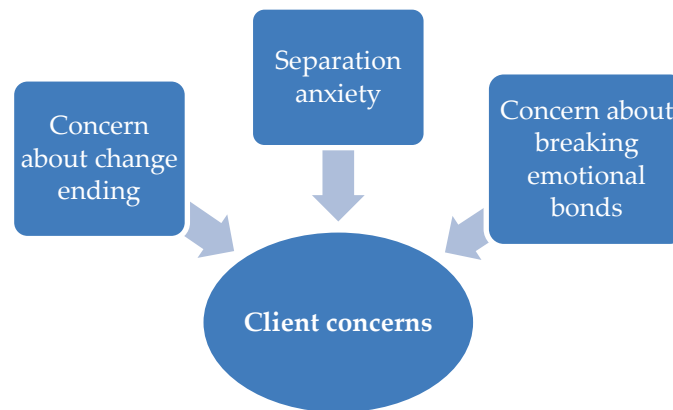
**Figure 7.** Themes and Subthemes of Counselor Concerns

Professionals stated that they experienced separation concerns and concerns about experiencing transference related to the theme of counselor concerns. Opinions about this topic are given below;

*Some clients don't want the process to terminate. They don't want to leave the counselor. This situation may be related to the counselor's transference. Because it develops, I've seen it develop. Perhaps this is related to my self-sacrifice schema (Ali).*

*Sometimes I leave out of the role of counselor and experience separation anxiety related to the process (Yaşar).*

### *Client Concerns*



**Figure 8.** Themes and Subthemes of Client Concern

Professionals stated that in the termination the concerns of clients were related to concerns about change ending, separation anxiety and concerns about breaking emotional bonds. The opinions of professionals about this topic are given below;

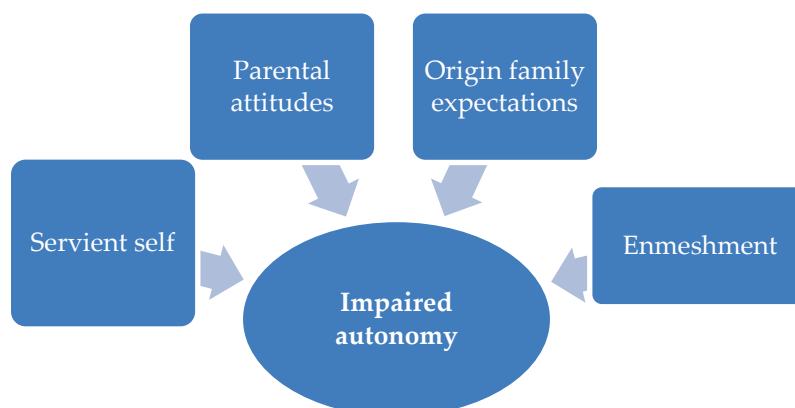
*Sometimes it can be difficult to break the bond with the client. Experiencing this problem through the years, thinking of the beneficial effects of the two month, three month counseling process, and the formation of a bond, problems can be experienced in ending it. Breaking the bond may be difficult (Yaşar).*

*It went very well. Awareness was high, but they could have come with the complaint that the last session was very bad. A little separation anxiety (Ali).*

### *Results relating to the Unique Differences and Expectations of Turkish Culture Encountered in the Counseling Process*

Unique differences and expectations of Turkish culture within the counseling process found the themes of impaired autonomy, insufficient self-control, perceptions of the counseling process and disobeying the rules. The impaired autonomy and related subthemes of the professionals are given in Figure 9, the insufficient self-control and related subthemes are given in Figure 10, the perception of counseling process and related subthemes are given in Figure 11 and the disobeying rules and related subthemes are given in Figure 12.

### *Impaired Autonomy*



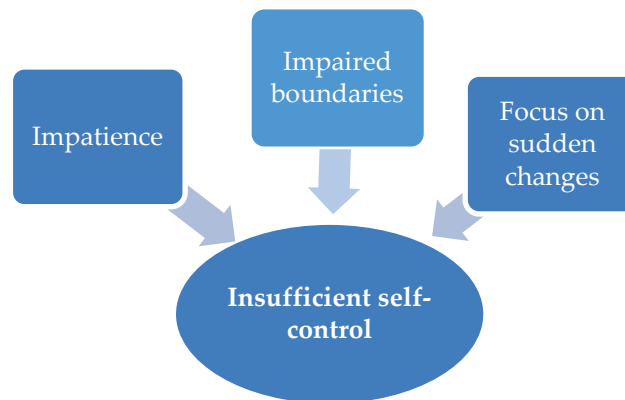
**Figure 9.** Themes and Subthemes of Impaired Autonomy

Professionals explained the impaired autonomy theme unique to Turkish culture with servient self, parental attitudes, origin family expectations and enmeshment. The opinions of professionals related to this are given below;

*There are definitely things special to Turkish culture, for example I've noticed generally the thing revealed in problem situations links to the mother's and father's attitudes while working with clients. We generally have a non-individual relational self, so the parent's styles and behavior affects the children's development. Whether we like it or not, as the child attempts to reveal their own power, this is a factor we have difficulty with. This is a situation where Turkish culture is reflected in the personalities and behaviors of clients (Melek).*

*We have a collective culture. From what I've seen, one side that dominates in our culture is that someone older should tell me what to do. We want someone autocratic, someone who knows everything. The truth is they want someone to know and show them the way. It may be interpreted that they don't take responsibility in terms of existentialism, but I think this is more related to the culture. Our culture is a collective culture, people may not want to do things on their own. Father and head of the family, or the wise person in the dynasty, people expect a mix of that kind of thing (Savaş).*

### **Insufficient Self-Control**



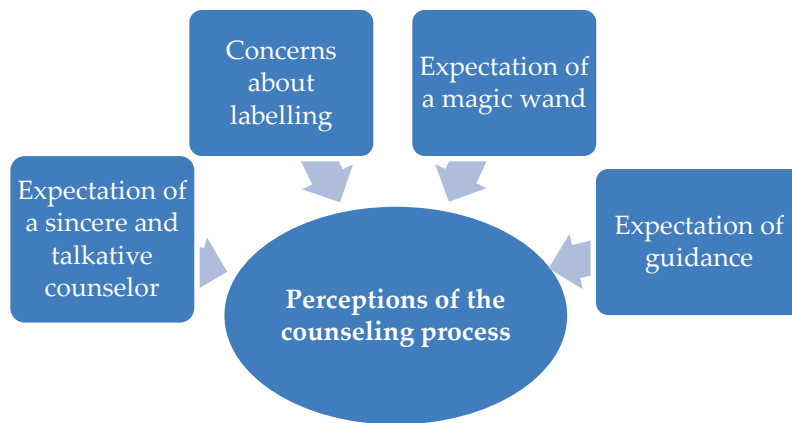
**Figure 10.** Theme and Subthemes of Insufficient Self-Control

Professionals stated the the theme of insufficient self-control unique to Turkish culture was represented by the subthemes of impatience, impaired boundaries and focus on sudden changes. The opinions of professionals related to this topic are given below;

*In Turkish culture I think clients can't deal with problems, have low skills for coping with difficulties and are impatient individuals who expect all problems to be solved in a short time. Additionally, when working with individuals who want the problem solved immediately or who have a "this is the way it is" style with no self awareness, no thinking, no logical skills, I think the client having the perception that in one moment you can solve everything or a negative perception that nothing will work is a large problem (Canan).*

*There is impatience, in other words meaning it's the nature of the work. I think some confuse it with a doctor's treatment. There is something like that, a habit. When they come and talk, they want to learn what the problem is immediately. Like making a diagnosis of a disease. Many don't think there'll be participation. I think that might be unique to our culture. There is intense impatience. We're always, come on let's get everything done right now. They have that kind of approach (Metin).*

### Perceptions of the Counseling Process



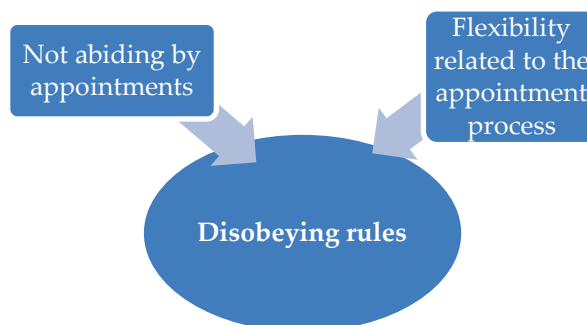
**Figure 11.** Theme and Subthemes of the Perception of the Counseling Process

Within the theme of perceptions related to the counseling process unique to Turkish culture, professionals explained client's concerns about labeling, expectation of a sincere, talkative and directive counselor and the effect of the counseling process being like a magic wand. The opinions of professionals are given below;

*Actually there are differences like this, there is a prejudice against the, lets say, classic guidance, against a psychological situation. I saw this very clearly at the last school I worked. There were these conversations between the parents. Am I crazy, if I come will the neighbors say are you crazy, why are you going? Now in our culture, still there is a profile that says coming to counseling process is madness. I try to break that prejudice now and I find it very difficult. Later for example, the children will have a similar prejudice. They might think you're a doctor that kind of perception can form. They think only sick children should come. They have difficulty understanding the word psychological counselor. We have a culture where parents say there's nothing wrong with my child, my child is perfect, and thinking that it will show them in a bad light so there's a problem with opening up in our culture. They don't want to bring it up, they see it as a deficiency, as shameful (Gamze).*

*Clients expect a lot before counseling. Make me better. Let me not do anything. I'll come. I go, you do something to me and I'll get better. There is an expectation of a counselor-focused approach. Tell me what I should do. There is a client expectation of direction. Hit my head with the magic wand and I'll go and get better immediately in three sessions. I think it is cultural (Ali).*

### Disobeying Rules



**Figure 12.** Theme and Subthemes of Disobeying Rules



Professionals state the theme of disobeying rules unique to Turkish culture included not abiding by appointment times, having a tendency to be flexible about paying and inconsistent behavior related to coming to appointments. The opinions of professionals related to this topic are given below;

*The client doesn't ring and say they can't come today, they just don't come. Additionally there is no canceling of appointments for us. They don't call and say I can't come today. You're waiting, will the client come or not. In other words they don't call the counselor and cancel. I think there's a cultural aspect to that (Ali).*

*For example, practises in Europe or America are more standardized. About appointment times, duration, payments. There are more definite lines. In our culture there has to be some flexibility (Mehmet).*

## Discussion

In this research, data about the experiences of professionals related to the psychological counseling process were collected with the qualitative data analysis method under the headings of benefits of preliminary interviews for the counseling process, therapeutic route following in forming relationships with clients, difficulties experienced in the termination process, and differences and expectations unique to Turkish culture encountered in the counseling process. The results of the research found professionals explained the benefits of the preliminary interview for the psychological counseling process with two themes of client discovery and counseling process discovery; therapeutic routes followed to form relationships with clients were grouped in the themes of forming an emotional bond, roles of the counselor, use of therapeutic skills and use of therapeutic conditions; while differences related to the finishing stages were themed as counselor concerns and client concerns. Professionals explained the differences and expectations unique to Turkish culture in the counseling process with the themes impaired autonomy, insufficient self-control, perceptions of the counseling process and disobeying rules.

Professionals explained the benefits of preliminary interview for the psychological counseling process with two themes of client discovery and counseling process discovery. Under the client discovery themes, the subthemes were knowing the client, seeing the client's view of the process, and seeing compatibility with the client, while the counseling process discovery theme involved the subthemes of informing about the process, defining the problem, forming the hypothesis and determining people and organizations to cooperate with. The preliminary interview stage is a preparatory stage for counseling between the client and the expert who will aid them in solving their personal problem and is the first form of psychological aid toward solving the problem occurring interpersonally and face to face. Together with the pre-interview phase, both parties are in the process of discovering each other in terms of receiving and giving assistance, which is considered as a step that facilitates change. Formation of the first ideas about the process, making decisions about the process and shaping the perceptions about the process begin in the preliminary interview. At the end of the preliminary interview, the client is expected to obtain satisfactory information on the roles, functions, general procedures, services and limitations of the counselor. While most of the mental health professionals emphasize the importance of establishing a relationship in the psychological support process, almost all of them state that it is necessary to establish a high level of relationship and intervention for change to occur (Egan, 1998).

The theme of emotional bond formation comprised the subthemes of intimate and sincere approach, close interest and the client feeling valued. Rogers stated that it should be communicated to clients that they are valued just for being an individual, without consideration of who they are and what they do. In counselor's relationships with clients there is an expectation of being true and sincere, and being clear and consistent in relationships and behaviors (İkiz, 2006). Basic ethical principles like reassurance, forming an aid relationship, protecting the client, being interested and behaving frankly may be interpreted in different forms linked to individual traits from therapist to therapist (Akdoğan & Ceyhan, 2011).

The other theme of counselor roles in therapeutic routes comprised the subthemes of being instructive, empathic approach and being disciplined. According to Goleman (1995), not understanding how others feel is a great deficiency in terms of emotional intelligence and is a tragic failure in the name of being human. This is because emotional harmony is sourced in empathic power and this is very important for qualified counseling. In a similar manner in his research Sanberk (2010) determined that during successful psychological counseling the counselors displayed more empathy and/or supportive behavior. Withmore (2004) emphasized that if the client is not approached empathically in the therapeutic relationship, the client will not feel understood or safe and in this situation no technique will be of any use.

The subthemes of reflection, embodiment and structuring were found within the theme of use of therapeutic skills. Embodiment skills are helpful in making what the client talks about vivid and realistic (Ivey, 1988, as cited in İkiz, 2006). According to İkiz (2006), the effective listening skill is a necessary basic skill for feedback in the counseling relationship and formation of other verbal and non-verbal communication skills. In the study by Highlen and Baccus (1977) they found the reflection skill increased the frequency of the client verbally stating their feelings. In research comparing the therapeutic skills of Turkish and American psychological counselors, Bikos, Uruk, Sun, Karairmak, and Denizli (2003) showed that Turkish psychological counselors used content reflection especially more compared to American psychological counselors.

Finally in the theme of use of therapeutic conditions, professionals distinguished the subthemes of empathy, relational immediacy and respect. According to Rogers, necessary and sufficient therapeutic conditions to create positive change within the psychological counseling process are to form a relationship with the client, for the counselor to be transparent and sincere, to have unconditional positive regard for the client, to empathize with the client and for the client to feel this empathy and unconditional respect from the counselor (as cited in Denizli, 2009). Akdoğan and Ceyhan (2011) stated the most important skill of a therapist in therapy is the skill in forming a relationship aiming at client development based on reason and respect. According to Acar and Gülderer (2006), being here and now in the therapeutic relationship does not mean being aware of feelings experienced in the present moment, but at the same time bringing events, situations or unfinished business from the past into the here and now and re-experiencing them. As a result, it is important in the counseling process.

It appeared professionals grouped experiences related to terminating the psychological counseling process under two main themes. These themes are counselor concerns and client concerns. Counselor concerns included the subthemes of separation anxiety and concerns about experiencing transference. The psychological counseling process ends if the therapist and client reach their aims or for reasons due to the client or therapist. Apart from reaching therapeutic aims ending the psychological counseling process, the most common reasons for terminating are listed as the client not gaining any benefit from the process (perceived by the counselor and client) and moving to a different location or the counselor changing organizations (Cormier & Hackney, 2014). When the literature is investigated, when the feelings experienced by professionals during the termination are researched, it appears sources deal with the situation from two aspects. These focus on which feelings are experienced in two situations; first when the client wants to exit the process and second when the counselor wishes to end the counseling process. Accordingly, when the client ends the process professionals feel guilty, insufficient, relief, anxiety, resentment, hurt and sadness; when the counselor ends the process professionals feel guilty, relief, anxiety, resentment and sadness (Robson, 2014). The professionals in our study group appeared to state these feelings mentioned above related to their clients leaving as "concerns". When the termination is examined in terms of transference and countertransference roles, the feelings the client has developed for the therapist and the counter feelings developed by the therapist in the face of this transference appear to affect the termination. In the psychoanalytic literature, transference is defined as the client seeing the person providing professional support not as themselves but as an important person they had a relationship with in the past (Kozacioğlu, 1988). Counter transference is defined as the feelings elicited in the counselor related to the client due to the feelings of

the client reflected onto the professional providing a service (Hughes & Kerr, 2000). When the statements relating to the termination by professionals participating in our study are investigated, it is understood that they experience anxiety related to separation and that transference with the client played an important role in the ending process. Experiencing anxiety about separation is closely related to the counselor's previous experiences. How a person experienced losses in their own lives and how they managed this process affects termination of the psychological counseling process (Robson, 2014). The second theme determined in our study related to terminating the counseling process is client concerns. This theme includes the subthemes of concerns about change ending, separation anxiety and concerns about breaking emotional bonds. The end of the psychological counseling process may be evaluated by both client and counselor as both an opportunity and a loss (Robson, 2014). The end of the process may be seen as an opportunity in terms of meaning the client is able to make their own decisions or decides they do not need the process anymore. However, it may be seen as anxiety-inducing situation by both client and counselor due to attachment styles in their individual histories and suppressed feelings about losses experienced. Ending the psychological counseling process, when seen from the client's perspective, appears to cause a fear that the gains obtained during the process will be lost. Some clients are observed to have renewed symptoms of old problems while passing through the terminating of the process (Becker Jr & Frederich, 1985). The statements made by professionals participating in our study about their clients' reactions to termination are in accordance with the literature. Professionals stated that clients felt bad again in the last session or experienced concerns related to breaking the emotional bonds that had formed. When examined in general, the termination process is seen as a process that requires meticulous planning. With the aim of dealing with negative feelings about ending the psychological counseling process, it may be said that professionals need high levels of awareness about their own personal losses and attachment styles. Additionally, it may be said to be important that the possible feelings caused by separation anxiety in the ending process should be discussed with clients beforehand.

Professionals' themed difficulties and expectations unique to Turkish culture in the psychological counseling process under four main headings; these were called impaired autonomy, insufficient self-control, perceptions of the counseling process and disobeying rules. The theme of impaired autonomy included the subthemes of servient self, parental attitudes, origin family expectations and enmeshment. According to Ng (1992), in the eastern cultures like India, Middle East and China which includes Turkey, when defining a psychological healthy individual the focus is not on individual elements but on family and social factors. Defined as collectivist cultures, compared with the concept of being an independent individual, the concept of being a part of a family or society is emphasized more in these cultures (Aycan & Kanungo, 2000). The second theme of insufficient self-control included the subthemes of impatience, impaired boundaries and focus on sudden change. In Turkish society there are some messages transferred collectively between generations through the mediator of families. According to Gültekin and Acar (2004), the most common messages in our society are the messages "be perfect, please others, be strong, push yourself and hurry up". These messages obtained from strong social relationship patterns may be permanent and affect the lifestyles of individuals. In this research the statements by professionals relating to the clients' impatience, difficulties with personal boundaries and focus on short-term developments in terms of healing/solving problems may be explained in terms of collective transference. The subthemes of expecting a sincere and talkative counselor, concerns about labeling, expectation of a magic wand and expectation of direction formed the perceptions related to the counseling process that are unique to Turkish culture. Cultural differences show themselves in perceptions related to the therapeutic process. Studies have shown that clients tend to choose counselors who they think are similar to themselves (cultural, appearance, behavior, etc.) (Erdur, Rude, & Baron, 2003). Important collective social elements in our culture are the importance given to sharing, showing close interest, being talkative and two-way relationships. In line with this, the roles the counselor takes on may vary according to culture. According to Mocan-Aydin (2000), the other emphasized concept of a desire for direction is the tendency of Turkish people for external control. Another element is the prejudice felt about professional mental health

services in our culture. Called concern about labeling, this subtheme again appears to be the effect of social assessment and relational self. Finally the disobeying rules theme included the subthemes of not abiding by appointments and flexibility about the appointment process. This theme, which could be defined as unilateral incomppliance with the planned counseling process, represents incomppliance with a social rule. In developing collective societies like Turkey, as the societal control mechanism has not been sufficiently developed for official and social rules, individuals choose to abide by mainly externally controlled-sanctioned rules while they may choose not to abide by non-sanctioned rules as they have not internalized them. As stated by Balcı (2003) western societies are individually centered, with individuals aware of their responsibilities, while in eastern societies collective behavior is dominant and there is a high tolerance for uncertainty. In the therapeutic process, if the client unilaterally leaves the process in unplanned manner, they are aware there will be no sanctions. If a summary is necessary, the knowledge of individual rights and awareness of individual responsibilities in collectivist societies are at lower levels compared to individualist societies and as the infringement sanctions are less deterrent, it may be said individuals abide by the rules relatively and this situation shows itself in the counselor-client relationship.

In this study, the experiences of mental health professionals about psychological counseling and therapy processes were tried to be explained. The participants of the study are psychological counselors, psychotherapists and psychologists. Similar studies may be conducted with practitioners who have received training in only one mental health field, such as only psychological counselors or psychologists only, or have received psychotherapy trainings based solely on one approach, such as only cognitive-behavioral psychotherapy or systemic psychotherapy. However, a similar research can be carried out by including the client's perspectives. The results of this research can be used to revise the theoretical and practical courses of the universities that train mental health professionals. Vocational training can be designed for mental health professionals, especially in terms of culture-specific psychological helping process.

This study has some limitations. First of all, it is suggested that this research, whose generalizability is limited, should be conducted with more institutions and individuals with quantitative or mixed research design. Secondly, in this study, questions about professional development were asked to the participants. Self-report may be influenced by the prejudice of social desirability. Third, fourteen participants have postgraduate training. The participants who did not have graduate education received comprehensive therapy training. In other words, most of the mental health professionals involved in this study were at a high level in the context of professional development. Therefore, our results may not reflect the therapeutic processes of individuals without adequate supportive training in the field of mental health.

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