

THE EVALUATION OF PSYCHOTHERAPISTS IN MOVIES IN TERMS OF
EMOTIONAL INTELLIGENCE

A THESIS SUBMITTED TO
THE GRADUATE SCHOOL OF SOCIAL SCIENCES
OF
MIDDLE EAST TECHNICAL UNIVERSITY

BY

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IN PARTIAL FULFILLMENT OF THE REQUIREMENTS
FOR
THE DEGREE OF MASTER OF SCIENCE
IN THE DEPARTMENT
PSYCHOLOGY

SEPTEMBER 2009

Approval of the Graduate School of Social Sciences

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ABSTRACT

THE EVALUATION OF PSYCHOTHERAPIST REPRESENTATIONS IN MOVIES IN TERMS OF EMOTIONAL INTELLIGENCE

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September, 2009, 60 pages

The aim of the current study was to investigate the impact of psychotherapists' Emotional Intelligence (EI) on adolescent patients' perceptions about psychotherapists' success and on adolescent patients' preference about psychotherapists to consult. In order to examine EI level of psychotherapists who are represented in selected movies, the Scale for Evaluating Psychotherapist's Emotional Intelligence was created for specific to this study. 50 high school students aged between 16 and 18 were participated in the study. The participants

watched two movies of which one is representing high EI psychotherapist and the other representing low EI psychotherapist. Then they completed the Scale for Evaluating Psychotherapist's Emotional Intelligence for each movie. Since the experimental group sample size was small, non-parametric tests were conducted in data analysis. According to results, adolescents evaluated high EI psychotherapist as more successful than the one who has low EI. Accordingly, adolescents preferred to consult high EI psychotherapist when needed rather than the one who has low EI.

Key words: Emotional Intelligence, Adolescent Psychotherapy, Perceived Success of Psychotherapists, Preference about Psychotherapists, Representations of Psychotherapists in Movies

ÖZ

SİNEMADAKİ PSİKOTERAPİST TEMSİLLERİNİN DUYGUSAL ZEKÂ BAKIMINDAN DEĞERLENDİRİLMESİ

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September 2009, 60 sayfa

Bu çalışmada; psikoterapistlerin Duygusal Zekâ düzeylerinin, ergen hastaların psikoterapistleri başarılı bulup bulmamaları konusuna ve ergen hastaların ihtiyaç duyduklarında danışmayı tercih edecekleri psikoterapisti belirleme konusuna etkilerinin araştırılması amaçlanmaktadır. Seçilen filmlerde temsil edilen psikoterapistlerin Duygusal Zekâ düzeyini belirlemek amacı ile bu çalışmaya özgü olarak Psikoterapistin Duygusal Zekâ'sını Değerlendirme Anketi geliştirilmiştir. Çalışmaya, yaşları 16 ile 18 arasında değişen Lise öğrencileri

katılmışlardır. Katılımcılar, biri düşük Duygusal Zekâ sahibi psikoterapisti diğeri yüksek Duygusal Zekâ sahibi psikoterapisti temsil eden iki ayrı film izlemiş; ardından her film için Psikoterapistin Duygusal Zekâ'sını Değerlendirme Anketi'ni doldurmuşlardır. Örneklem grubun küçük olması dolayısıyla parametrik olmayan veri analizi yöntemleri kullanılmıştır. Bulgulara göre, ergenler katılımcılar Duygusal Zekâ'sı yüksek olan psikoterapisti Duygusal Zekâ'sı düşük olan psikoterapistten daha başarılı bulmuşlardır. Buna paralel olarak, ergen katılımcılar ihtiyaç duyduklarında düşük Duygusal Zekâ düzeyine sahip psikoterapist yerine, yüksek Duygusal Zekâ düzeyine sahip psikoterapiste gitmeyi tercih edeceklerini bildirdiler.

Anahtar kelimeler: Duygusal Zekâ, Ergen Psikoterapisi, Psikoterapistlerin Algılanan Başarı Düzeyi, Psikoterapistler ile ilgi Tercihler, Sinema Filmlerinde Psikoterapistlerin Temsili

To my family

ACKNOWLEDGMENTS

Firstly, I would like to express my sincere appreciation to my supervisor, Prof. Dr. Faruk Genöz for his understanding, suggestions and contributions throughout the process. I would also like to express my thankfulness to my committee members, Prof. Dr. Bengi Öner Özkan and Y. Do. Dr. Ahmet Gürata for their valuable suggestions and comments that encouraged me for my future work.

I want to thank to TÜBİTAK for their financial support throughout my graduate education that helped me to complete an important stage in my academic life.

I want to thank to all the students who participated in this rather long lasting study. Due to pleasure that I felt during this process, I became very sure about working with children throughout my professional life.

I owe very special thanks:

To my best friends Emel Akay Tunal and Pelin Kahya. They were always there when I needed them and their belief in me made me strong and confident;

To my family for standing by me every time, especially to my sister Mine Banlı for her endless patience and unconditional love;

Last, but not least, I want to offer my special thanks to my lovely husband, Ali İbrahim Pala, for his love and; support and motivation he provided. Besides being my husband, he is my best friend. In times of despair and loneliness, happiness and joy during writing this thesis and other paths of my life he is always with me. Without him, there would be something missing in the taste of life.

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CHAPTER I

INTRODUCTION

1.1 Emotional Intelligence

In recent years the popularity of the construct ‘Emotional Intelligence’ (EI) has steadily increased in both mainstream media and research arena (Freeland, Terry & Rodgers, 2008). Although the concept of EI has been popularized by Daniel Goleman’s (1995) influential book ‘Emotional Intelligence’ (Freshwater, D. & Stickley, T., 2004); in the research arena, EI was formally introduced by Salovey and Mayer in 1990 (Tsaousis & Nikolaou, 2005). They define EI as “the ability to perceive and accurately express emotion, to use emotion to facilitate thought, to understand emotions, and to manage emotions for emotional growth” (Salovey & Mayer, 1990).

In order to understand EI one should understand first emotions and what intelligence is. Emotions develop as response processes that assist individuals in coping with changes in their relationship with their environment (Freeland, Terry & Rodgers, 2008). Moreover, intelligence can be viewed as representing, primarily, the capacity to carry out abstract thought, as well as the general ability to learn and adapt to the

environment (Mayer, Salovey, & Caruso, 2004). Thus, Emotional Intelligence involves the accurate processing of emotion-relevant information (e.g. facial expressions) and the ability to use emotions in reasoning in order to solve problems (Brackett et. al. 2006).

Although it is a relatively new construct, Emotional Intelligence is emerging as an influential framework in a wide range of professional areas, including psychology, neuroscience, health psychology, developmental cognition; primary, secondary and advanced education; clinical health practice, counseling, industrial and organizational psychology; organizational development; and business management (Kooker, Shoultz & Codier, 2007). Although there are many professional areas in which the concept of EI is accepted, there is still a discussion in the scientific arena about what kind of an intelligence EI may be – if it is intelligence at all (Roberts, Zeidner, & Matthews, 2001). As a response to this discussion, Mayer, Caruso, Salovey and Sitarenios (2001) have argued that the emotional skills mapped by their model can be viewed as an intelligence, because: (a) they represent an intercorrelated set of competencies that can be statistically interpreted as a single factor with four subfactors mapping onto the four branches of the theoretical model; (b) they are distinct from, but meaningfully related to, abilities such as verbal intelligence; and (c) they develop with age.

1.1.1 Models of Emotional Intelligence

Although the most widely accepted definition of EI made by Salovey and Mayer (1990), another leading researchers, Bar-On (1997) and Goleman (1995) also defined EI from their own view. Bar-On (1997) characterises EI as ‘an array of non-cognitive capabilities, competencies, and skills that influence one’s ability to succeed in coping with environmental demands and pressures. Similar to Bar-On, Goleman (1995) defines EI as ‘any desirable feature of personal character not represented by cognitive intelligence. Goleman’s definition of EI is rooted in his theory of performance. Unlike Mayer and Salovey’s focus on abilities, Goleman focuses on competencies that contribute to success in leadership and at workplace (Freeland, E. M., Terry, R. A., & Rodgers, J. L., 2008).

Two broad categories of model have been developed for EI, which were described as ‘ability model’ and ‘mixed model’. Mayer, Salovey and colleagues have defined EI as an ability, emphasising individual differences in cognitive processing of affective information. In other words, in ability model EI is defined as a set of abilities consisting of perceiving, using, understanding and managing emotions. On the other hand, mixed models (Bar-On, 1997; Goleman, 1995) have included emotional abilities together with personality, motivation and affective dispositions (Bastian, Burns & Nettelbeck, 2005). As a reaction to mixed model theories, Mayer et al. (2000) stated that ‘Mixed’ conceptions of EI are so-called because they mix in well-studied but mostly uncorrelated traits such as optimism, motivation and well-being with aspects of ability EI (cited in Brackett et al., 2004).

In spite of the distinction between models of EI, there are four domains of emotional intelligence that are shared by both two models. These are self-awareness, self-management, social awareness, and social-relationship management (Kooker, Shoultz & Codier, 2007). These shared domains reveal that there is a little difference between the models of EI.

1.1.2 Measurements of Emotional Intelligence

Measurement issues in Emotional Intelligence centre on whether EI should be assessed by self-report or by ability to solve problems in the emotional domain (Farrelly, & Austin, 2007). There are two primary approaches of measuring EI: performance-based tests and self-report inventories (Brackett et al., 2006). Mixed models have been operationalized in self-report measures (e.g. Bar-On, 1997) or observer ratings such as 360-degree assessments (e.g. Boyatzis, Goleman, & Rhee, 2000; cited in Carusa et. al. 2002). Those who conceptualize EI as a fairly well-defined set of emotion-processing skills aim to assess EI through objective performance tests. Conversely, those who view EI as encompassing multiple aspects of personal functioning aim to measure EI through self-report protocols (Zeidner, Matthews, & Roberts, 2004). In other words, followers of the ability model of EI prefer to use performance tests as a measurement tool while mixed model theoreticians prefer self-reports.

Caruso, Mayer and Salovey (2002) argued that ability or performance tests of emotional intelligence most directly operationalize the construct as intelligence, by

asking test takers to solve problems about, and using, emotions. Thus, they developed The Multi-factor Emotional Intelligence Test (MEIS) in 1999. However, the most recent EI ability test is the Mayer-Salovey-Caruso Emotional Intelligence Scale (MSCEIT, 2002).

1.2 Emotional Intelligence and Social Relationships

Once it is accepted that EI is a scientific construct by researchers, and then the questions arise that in which aspects of our lives EI contributes and what EI predicts. In the literature, there are many scientific findings revealing that EI has a strong impact on the quality of social relationships (Lopes, Salovey, & Straus, 2003; Yip, & Martin, 2006; Williams, Daley, Burnside, & Hammond-Rowley, 2009). For example, Yip and Martin (2006) conducted a study on examining the relationship between sense of humor, emotional intelligence, and social competence. The findings of this study reveal that individuals who are better able to regulate their emotions tend to experience more cheerful and less negative moods which affect the quality of social relationship. Moreover, the emotional aspects of humor appear to be more relevant to social competence and EI than are the cognitive or attitudinal aspects. Similarly, Lopes et. al. (2004) has found that the ability to manage emotions is most strongly associated with the quality of everyday social interaction.

Emotions typically occur in the context of relationships (Mayer, Caruso, Salovey, & Sitarenios, 2001). During social interactions, verbal and nonverbal emotional expressions convey information about one's own and others' thoughts, intentions,

and behaviors (Ekman, 1973, cited in Brackett, Rivers, & Shiffman, 2006). When a person's relationship with another person or an object changes, so do their emotions toward that person or object (Lazarus, 1991). Therefore, one cannot consider emotions without its context of relationship. For instance, one is angry if blocked from attaining a goal, happy if loved by someone who one loves in return, afraid when threatened, and the like. These relationships may be entirely internal, as when one is afraid of what one might do, or external, as when one admires another person. Since emotions often arise in relationships, emotional information is a certain form of these relationships (Mayer, Caruso, Salovey, & Sitarenios, 2001).

A working definition of the relationship which is offered by Gelso & Carter (1994) is 'the feelings and attitudes that counseling participants toward one another and the manner in which these are expressed'. This definition clearly reveals that one should consider relationships and emotions interconnected. Relationship management, which is a domain of EI, includes competencies of inspirational leadership, influence, developing others, catalyst of change, conflict management, building bonds, teamwork, and collaboration. Thus, strong relationship managers are able to problem solve, use persuasion effectively, and handle the social aspects of their relationships (Freeland, Terry & Rodgers, 2008).

In order to establish a high quality social relationship, emotional information coming from the others should be successfully processed. One's EI level makes a difference during this emotional information procession. EI is an intelligence that operates on, and with emotional information. Emotional information concerns the meaning of

emotions, emotional patterns and sequences, the appraisals of the relationships they reflect (Mayer, Salovey, & Caruso, 2004). Therefore, high EI people tended to behave appropriately for their environment. For example, accurately perceiving a person's emotions facilitates the prediction and understanding of that person's subsequent actions which enables one to have quality social interaction. Moreover, understanding the significance of emotional states regarding the person-environment relationship guides attention, decision making, and behavioral responses (Damasio, 1994). Managing emotions effectively also is critical to optimal social functioning as this skill enables one to express socially appropriate emotions and behave socially acceptable ways (Gross, 1998).

Regarding the roots of EI, although Gardner (1983) did not use the term emotional intelligence; his concepts of intrapersonal and interpersonal intelligences provided a foundation for later models of emotional intelligence. The core of intrapersonal intelligence is the ability to know one's own emotions, while the core of interpersonal intelligence is the ability to understand other individuals' emotions and intentions (Schutte et. al., 1998). Here, it should be pointed that these intelligence were assessed in terms of one's social interaction with people. For instance, since Mayer, Salovey, & Caruso's model of EI is based on the idea that emotions contain information about relationships, those who have high score on MSCEIT engage in quality social interactions with friends (Lopes et. al., 2003).

1.3 Therapeutic Value of the Relationship

There would seem to be nothing radical about the notion that ‘relationships heal.’ This notion has been around since the inception of psychotherapy and relayed from one generation of psychotherapists to another (Slife & Wiggins, 2009). However, while some psychotherapy practitioners and theoreticians believe that the relationship that develops between therapist and client is the essence of effective treatment, others believe that although the relationship is not the core of therapy, it provides significant leverage for the implementation of therapy techniques. Regardless of one’s position on whether the relationship is the essential ingredient of therapy or a means to an end, there is striking agreement that the client-therapist relationship plays an important role in treatment (Gelso & Carter, 1994). In fact, one of the most consistent predictors of treatment outcome to emerge from this literature has been the quality of ‘therapeutic alliance,’ where the alliance has referred to the emotional relationship and mutual involvement between patient and therapist (Alexander & Luborsky, 1986).

In order to create a deeper understanding about the therapeutic alliance, Luborsky (1976) identified two types of helping alliances. Type 1, more evident in the beginning of therapy; and Type 2, more typical of later phases of treatment. Type 1 alliance is “a therapeutic alliance based on the patient’s experiencing the therapist as supportive and helpful with himself as a recipient,” whereas Type 2 alliance is “a sense of working together in a joint struggle against what is impeding the patient, a sense of ‘we-ness.’” As a result, therapeutic relationship is a setting in which both

emotionality and rationality should be together in harmony. Whilst the rational mind may adequately attend to the necessary technical aspects of consulting process, it is not the place of the rational mind to intuitively sense the needs and emotions of the person at the receiving end of care (Freshwater & Stickley, 2004). Theory is not irrelevant, but theory is not primary; the concrete context of lived practice is more real and fundamental (Slife & Wiggins, 2009). Within the current climate of evidence-based practice, clinical outcomes and national standards, the value of human relationships (which is not necessarily a measurable phenomenon) and the associated emotion is lost. However, it is the fact that psychotherapy occurs in the context of an interpersonal relationship, and it is the relationship between patient and therapist that organizes the delivery of specific therapeutic techniques (Strupp, 1986). Supporting this idea, Rogers (1957) has defined the necessary and sufficient conditions for therapeutic personality change and stated the relationship as the most important one.

Slife and Wiggins (2009) stated that although the theorists have clearly taken relationship seriously, most of them have understood relationship weakly. Thus, they introduced a new concept: ‘ontological relationality’ to the literature. An ontological relationality postulates that the most basic reality of the world is relationship. Things, events, and places are not first self-contained entities that later interact and relate to other things, events, and places. All things, events, and places are first relationships-already and always related to one another. Hence, the best understanding of something is in relation to its context.

On the other hand, Bowlby (1988) investigated the therapeutic relationship in the context of 'Attachment Theory.' He believed that the therapeutic relationship is especially suited to activating an adult client's attachment expectations and behaviors. The therapy relationship is theorized to be a special form of adult attachment and to be strongly influenced by a client's early attachment experiences. Ideally, as the client comes to view the therapist as an attachment figure, the client experiences the therapist as a person who is wiser, stronger, and able to provide help, especially in times of distress. In this ideal situation, in which the client is able to begin to form a secure attachment to the therapist, the therapist can be expected to be emotionally available, assist in affect regulation, and provide a secure base from which to explore the client's inner and outer worlds (Woodhouse et. al., 2003).

In practice, no two psychotherapists perform treatment in precisely the same fashion; and even with respect to any particular intervention, different therapists are likely to hold different opinions about how to respond, even when they are adherents of the same school of thought (Bernstein, 1984). Therefore, although it is a neglected variable in psychotherapy (Garfield, 1997), psychotherapists and their style of establishing therapeutic relationship do have impact on outcome of psychotherapy (Parloff, 1961; Luborsky, 1997; Messer & Wampold, 2002). For instance, Parloff (1961) conducted a study in order to answer the question that whether there is a relationship between therapist-patient relationship and the outcome of psychotherapy. As a result, he concluded that the better the patient-psychotherapist relationship, the greater the symptomatic relief experienced by the patient.

Since the characteristics of establishing quality therapeutic relationship are involved in Emotional Intelligence domains, then one can say that it is the emotionally intelligent practitioner that hears the sigh, makes eye contact, communicates understanding and demonstrates human care (Freshwater, 2004).

1.3.1 Therapeutic Relationship in Psychodynamic Theory

In Psychodynamic approach, some theorists argue that the alliance and transference are distinct constructs, but there are others who maintain that all aspects of the therapist-client relationship are manifestations of the transference neurosis and should be interpreted as such (Horvath & Luborsky, 1993). In 'The Dynamics of Transference,' Freud (1912) discussed the value of the analyst's maintaining serious interest in and sympathetic understanding of the client to permit the healthy part of the client's self to form a positive attachment to the analyst (cited in Horvath & Luborsky, 1993). Therefore, the key issue in psychoanalytic literature is not whether therapeutic relationship is to be used, but rather how it is to be used (Hartley, 1995).

1.3.2 Therapeutic Relationship in Client-Centered Theory

As mentioned earlier, the leading researcher of Client Centered Approach, Rogers (1957), stated that among necessary conditions for therapeutic personality change, the most important one is the relationship established between therapist and client. He also stated that the process of counseling involves creating a climate for the client

to reformulate his or her deep, individual experiencing, prodded by the empathic understanding of the counselor.

1.3.3 Therapeutic Relationship in Existential Theory

In Existential Psychotherapy, connection with the client occurs on a deeper level, in part because client and counselor share the same existential dilemma, albeit from different perspectives. Thus, empathic response to a client can be described as a way of 'being with the client,' which in turn allows him or her to 'be with' others in his or her life (Yalom, 1980).

1.4 Adolescent Psychotherapy

When one considers the changes and conflicts of normal adolescence, it is not surprising that young people or their parents occasionally turn to counselors or to therapists for help with their problems (William & Peltz, 1957). In addition to the marked physical and physiological changes which are going on during the adolescent years, there is restlessness, confusion, and impatience; lack of stability, fluctuating enthusiasms and intense infatuations; laziness, forgetfulness, and inconsistency. The need for aggressive self-assertion and the desire for independence are opposed by the ever-present dependency striving and the desire for privileges, but without involving a sense of obligation and responsibility (William & Peltz, 1957). When, in addition to these manifestations, one considers the variety of problems which frequently arise during these same years, the reasons for the necessity of professional help become

even more obvious. For example, there may be problems in connection with premature or retarded physical or physiological development; difficulties in adjusting to parents or teachers or other authority figures; difficulties in getting along with contemporaries, and scholastic difficulties. According to Josselyn (1957), psychiatric treatment of the young adolescent is perhaps the most challenging, the most frustrating, the most baffling, the most anxiety-arousing, and the most narcissistically gratifying experience a psychiatrist can have. The problems of psychotherapy with adolescents in a clinic are strikingly different from those experienced with children and adults (Berman, 1957). This does not imply that there is an aura of unfathomable mystery surrounding the adolescent; rather, that the dynamics of adolescent behavior require special consideration.

1.4.1 Therapeutic Relationship in Adolescent Psychotherapy

For many years, the therapeutic relationship has been viewed as a pivotal change mechanism in adolescent psychotherapy, especially in psychodynamic and experiential traditions (Freud, 1946). More recently, the therapeutic relationship has been accorded a more prominent role in behavioral and cognitive-behavioral therapy (CBT) with children (Shirk & Karver, 2003). For example, Kendall (1991) noted that a positive therapeutic relationship is essential for CBT with youth and has found that the therapeutic relationship is viewed as highly important to children who completed a course of CBT. In fact, nonbehavioral child therapies often posit relationship processes as the primary change mechanism, whereas behavioral treatment consider such processes in the context of other active interventions (Shirk & Russell, 1998).

Similarly, although many adolescent clinicians have acknowledged the unique difficulties of engaging adolescents in the process of psychotherapy (Freud, 1965), the adolescents' participation in treatment largely has been ignored by clinical researchers (Shirk & Saiz, 1992). As A. Freud (1965) has observed, children's lack of insight into their emotional and behavioral difficulties represents a series impediment to the formation of an alliance with the therapist. Consequently, one major developmental discontinuity between adult and child psychotherapy is the patient's orientation to the process of treatment. Thus, because of the unique difficulties of engaging children in therapy, the therapeutic relationship in child treatment has deserved greater attention than it has received from clinical researchers.

Binder, Holgersen, and Nielsen (2008) found that the most common challenges reported by therapists in trying to establish a bond with adolescent client were as follows: (1) getting to know the problem in a way that makes it into something that can be worked on together; (2) finding a feasible therapist role; (3) motivating the adolescent to be personally engaged; (4) establishing a common frame for joint meaning making; and (5) handling ambivalence. Considering these difficulties, it seems that the working alliance develops more slowly and with more difficulty with children and adolescents than with adults (Shirk and Karver, 2003). Because children rarely refer themselves for treatment, often do not recognize or acknowledge the existence of problems, and frequently are at odds with their parents about the goal of therapy, alliance formation can be formidable challenge with youth (Shirk & Russel, 1998).

Since care and connection have equal importance in effective, high-quality patient care (Halldorsdottir, 1997), then it can be concluded that the major determinants in the success of the two therapists treating disturbed adolescents are their ability to establish a relationship (Jennings & Skovholt, 1999). Supporting this idea, Luborsky et. al. (1985) stated that the major agent of effective psychotherapy is the personality of the therapist, particularly the ability to form a warm and supportive relationship which is very important in adolescent psychotherapy. On the other hand, developmental theorists have hypothesized that the configuration of power in a relationship has a major effect on the nature of the relationship and its impact on development (Youniss, 1980; cited in Furman & Buhrmester, 1985). In other words, by trying to find out how an adolescent client experiences what you do as a therapist, also implies the risk that you may hear things that feel personally embarrassing, or that may hurt professional self-confidence. It implies that the therapist invites the adolescent into a more egalitarian way of working, and thereby brings more symmetry into the relationship (Binder, Holgersen, & Nielsen, 2008).

As a result, the therapeutic relationship is being defined the principal medium for change. Its functional value was not only in promoting collaboration on therapeutic tasks but also in increasing the child's receptivity to specific interventions. In fact, the relationship between child and the therapist is regarded as the necessary and sufficient condition for growth (Shirk & Saiz, 1992; Tang et. al., 2009). In other words, in adolescent psychotherapy, the therapist-offered conditions of warmth, nonjudgmental acceptance, and respect are viewed as providing the basis for therapeutic progress (Axline, 1947).

1.5 Adolescent Psychotherapy, Therapeutic Relationship, and Emotional Intelligence

As concluded in previous sections, establishing a quality therapeutic relationship, which is very important in adolescent psychotherapy, requires some characteristics and also, it is the high EI psychotherapists who acquire them. Emotional Intelligence includes self-control, enthusiasm, persistence, ability to motivate oneself and altruism (Codman & Brewer, 2001). At the root of altruism lies empathy, or the ability to read emotions in others, which forms the basis of the therapeutic relationship. If this is limited or lacking, if there is no sense of another's need or despair, then there is no care or compassion. Health care professionals are involved in forming helping relationships and must respond to patients'/clients' emotions and it is difficult to understand how this can happen unless they are able to be empathic (Reynolds & Scott, 2000).

In order to examine the characteristics of an expert psychotherapist, Albert (1997) interviewed 12 psychiatrists nominated by their colleagues as expert clinicians and found that the therapists' flexibility, sensitivity, ability to create a place of sanctuary for the client, and ability to create a therapeutic alliance were all important in providing effective psychotherapy. Moreover, Wicas and Mahan (1966) found effective therapists to be more self-controlled and sympathetic toward others. From these findings, one can conclude that effective and expert psychotherapist is the one who have high EI.

High EI individual tends to be somewhat higher in verbal, social, and other intelligences, particularly if the individual scored higher in the understanding emotion portion of EI (Mayer, Salovey, and Caruso, 2004). These individuals tend to be more open and agreeable than others. Moreover, the high EI person is drawn to occupation involving social interactions such as teaching and counseling more than to occupations involving clerical or administrative tasks. Mayer, Salovey, and Caruso (2004) have suggested that EI is more important and necessary among workers who have the most direct contact with customers. Similarly, Goleman (1998) stated that emotionally intelligent individuals presumably succeed at communicating their ideas, goals, and intentions in interesting and assertive ways, thus making others feel better suited to the occupational environment.

In addition, Emotional Intelligence is essential for therapists not only to enable them to create a therapeutic atmosphere with adolescents but also to help them to cope with demands and challenges of their jobs. In fact, EI is formulated to help account for the individual differences observed in the responses to stressful encounters and the individual's general sense of well being (Gerits, Derksen, Verbruggen, & Katzko, 2005). Highly developed self-awareness helps psychotherapists and others deal with competing demands, enhance working relationships, and improve performance (Amendolair, 2003). Additionally, self-management is the activity of controlling our emotions so they may be used to enhance work performance. Psychotherapists face extremes in emotion on a daily basis due to the fluctuation in emotional state of adolescents. They should be self-controlled to keep their impulses in check and keep them calm during crisis situations. Self-management has been recognized as

important for personal and professional success. Both the rational and emotional dimensions are essential to intellectual functioning and indeed to healthcare practices (Freshwater & Stickley, 2004). According to Amendolair (2003), the more emotionally demanding environment, the more leaders need EI. As mentioned earlier, Josselyn (1957) concluded that adolescent psychotherapy is one of the most stress-evoking jobs. Therefore, psychotherapists working with adolescents need EI at most. Evans and Allen (2002) contend that the ability to manage our emotional life, while interpreting other people's is a prerequisite skill for any caring profession. In addition to these advantages, to be aware of and to recognize one's own feelings as a therapist is one way to examine ruptures as an aspect of the treatment relationship; it implies being a receptive and feeling participant in the therapeutic dyad (Binder, Holgersen, & Nielsen, 2008). Also, the psychotherapists' EI will lead to creating a climate that facilitates health of the patients and staff (Amendolair, 2003). Therefore, health care is all about caring for people which high EI psychotherapists can do better.

1.6 The Use of Movies in Psychology Discipline

Recent advances in self-help materials (books and self-help groups) include the use of cinematherapy or videowork, that is, the use of entertainment motion pictures for therapeutic purposes (Berg-Cross, Jennings, & Baruch, 1990; Hesley & Hesley, 1998). Motion pictures hold several advantages over other self-help materials because they are typically more available, familiar, and accessible, and they often represent easy, quick, and pleasurable activities for clients (Hesley & Hesley; cited in

Lampropoulus, Kazantzis, & Deane, 2004). According to Pichardo (2000), movies are among the most effective tools of the visual culture, and by providing experiences of human feeling they have been an important component of popular culture. Films have been used in therapies because cinema has an impact on viewers and it depicts human behavior. Motion pictures are not only narratives that transmit the values and ideas of our culture, but also a very popular and widespread method of communication and expression. In treatment, movies can be seen as therapeutic metaphors that can introduce clients to material that is sensitive or perceived as threatening (Heston & Kottman, 1997). Movie characters can essentially act as cotherapists for clients. In addition, Hesley & Hesley described how therapists use motion pictures to promote therapeutic change by offering hope and encouragement, deepening emotion, providing role models, enhancing client strengths, reframing problems, improving communication, and reprioritizing values. To these can be added the potential benefits of providing clients with support and acceptance for their condition and facilitating emotional relief, information gathering, problem awareness, and preparation for action.

Norcross et al. (2000) provided preliminary data on the clinical use of movies from 401 members of the clinical and counseling psychology divisions of the American Psychological Association (APA). The researchers reported that almost one half of respondents recommended movies to their clients and that 68% of these practitioners found them helpful.

In addition to therapeutic purposes, movies can be used as a representation or as an educational tool in psychotherapy process (Lampropoulus, Kazantzis, & Deane, 2004). On the other hand, in this study movies were used as research tools.

1.6.1 The Representations of Psychotherapists in Movies

According to Gabbard (2001), the way that psychotherapists have been portrayed in the cinema is a direct reflection of how society regards psychotherapy. Thus, it is imperative for psychologists to maintain an awareness of the cinematic portrayals of psychotherapists, psychotherapy, and mental illness in order to better understand clients' expectations for therapy. By increasing awareness of the role of the media in shaping the image of professional psychology, clinicians can hope to decrease the stigma surrounding mental health care through engaging in discussions of these media stereotypes and advocating for more realistic portrayals of psychotherapy (Orchowski, Spickard, & McNamara, 2006). Bischoff and Reiter (1999) have found that male clinicians are more likely than females to be portrayed in the movies as incompetent. This finding is striking in that after watching those movies, the participants of the study have rated the majority of all male clinicians as incompetent. This study is an important one indicating the strong impact of movies on people's perceptions.

1.7 Aims of the Study

Since Emotional Intelligence is a relatively new construct, the researchers generally focus on examining and understanding the concept itself. Additionally, due to the studies and writings of Goleman, Emotional Intelligence is recalled with the concepts of leadership, work performance etc. However, while examining the details and the domains of Emotional Intelligence, one can easily see that EI is very important and necessary for social interaction induced occupations like teaching and counseling. Moreover, clients' perception of psychotherapists is also a neglected area for researchers. This study simply tries to bring these two questions together with using the power of movies on people's perceptions. Lastly, because adolescent psychotherapy is very challenging and stress-evoking area, it is also aimed to guide and support adolescent psychotherapists by examining adolescents' perceptions on psychotherapists. In other words, it is hypothesized that adolescents will prefer to go to high EI psychotherapist rather than low EI one. It is also hypothesized that adolescents perceive the high EI psychotherapist more successful than low EI psychotherapist.

CHAPTER II

METHOD

2.1 Participants

Participants were 48 High School students, consisting of 28 males (58.3%) and 20 females (41.7 %). The age range of the students were between 16 and 18 with the median of 17 (SD = .64). While most of the students have not received psychological help from any kind of consultants ($n = 35$, 72.9%), 13 participants have received psychological help (27.1 %). Of 13 participants who have received help from a consultant, 4 participants have consulted a psychologist (30.77 %), 1 participant have consulted a psychiatrist (7.7 %), and 8 participants have consulted a psychological consultant (61.53 %). (See Table 1). The psychological consultant mentioned here is a kind of ‘counseling teacher’ in the Psychological Counseling and Guidance department of the school the students were attending.

Table 1*Demographic Characteristics of the Sample*

	<i>N</i>	<i>%</i>
Sex		
Female	20	41.7
Male	28	58.3
Age		
16	20	41.7
17	24	50.0
18	4	8.3
Psy. Help		
Yes	13	21.7
No	35	72.9
Psy. Help-Yes		
Psychologist	4	30.77
Psychiatrist	1	7.7
Psy. Cons.	8	61.53

2.2 Instruments

Before the study conducted, a Movie Choosing Checklist (Appendix A) was prepared for deciding which movie to be included in the study. The questionnaire set used in the study consisted of Demographic Information Form (Appendix B) and Scale for Evaluating Psychotherapists' Emotional Intelligence (Appendix C) which is also created for this study.

2.2.1 Movie Choosing Checklist

A movie choosing checklist was created to select two movies to represent high Emotional Intelligence therapist and low Emotional Intelligence therapist to the participants (see Appendix A). The checklist consisted of ten items which include the characteristics of Emotional Intelligence. The checklist was filled for each movie regarding the psychotherapist in the movie. The more characteristics of EI are filled the higher EI level the psychotherapist have. In terms of those checked items, two movies representing low and high EI were chosen. In order to make this decision, the checklists were filled by three clinical psychologists after watching each movie.

2.2.2 Demographic Information Form

The demographic information form (see Appendix B) included information on consent to participate the study, and information on age, gender. Additionally, there was a question whether they had a psychological help before or not. If so, there was one more question about which professional the participant attended for consulting.

2.2.3 Scale for Evaluating Psychotherapist's Emotional Intelligence

The scale was designed for examining adolescents' perception about psychotherapists they watched in the movies selected for the study in terms of psychotherapists' EI. Even Emotional Intelligence Scales were very few in practical arena, therefore there is no instrument measuring another person's EI. This scale is

created due to this necessity. It consisted of eight items representing characteristics of Emotional Intelligence. Participants rated the psychotherapist they watched in the movie in terms of these eight items on a likert-type scale. Since it is aimed to examine participants' perceptions of psychotherapist regarding his/her success and participants' preference about which psychotherapist they would like to consult, these eight items were evaluated and divided into two category: 'success' and 'preference'. In other words, while some items are measuring 'success' on the basis of participants' perceptions, others are representing 'preference' of participants. Cronbach's alpha was found .95 for the overall items.

2.3 Procedure

2.3.1 Selection of Movies

After a research on movies including a psychotherapy session, a few movies were found. However, in order to reach a standard, many of them were excluded from the list. The exclusion criterion is not only about its representation of psychotherapist, but also its technological qualities. For instance, some movies like *Zelig* (Woddy Allen, 1983) were excluded from the study due to their black & white format. Additionally, some movies were excluded because of its representation of psychotherapist. Regarding purposes of the study, the movies which have long therapy sessions representing one's psychotherapist role deeply rather than psychotherapist's social or family life were needed. Thus, after exclusion these movies, two movies were selected to use in the study.

Next, a checklist has been created for assessing inter-rater reliability on which movie includes the characteristics of Emotional Intelligence and which not. These checklists were filled by three clinical psychologists while watching the movies, hence the movies that were used in the study were chosen by objective terms. Then, Inter-rater reliability analysis using Kappa statistics was performed to determine consistency among raters for each movie. The interrater reliability for the first movie (Good Will Hunting) was found to be $Kappa = .61, p < .05$. The inter-rater reliability for the second movie (Analyze This) was found to be $Kappa = .74, p < .05$. After reliability analysis, two movies were categorized as one representing low EI psychotherapist and one representing high EI psychotherapist.

The movie selected as representing high EI psychotherapist is “Good Will Hunting”; on the other hand, “Analyze This” was chosen to represent low EI psychotherapist.

“Good Will Hunting” (1997) is a movie which focuses mainly on psychological and emotional development of Will Hunting throughout therapy process. Will Hunting is a 20 year old boy who works cleaning classrooms at the MIT. He is an orphan who grew up in various foster homes, where he had been physically abused as a child. He is also an extraordinary mathematical genius with a photographic memory, who likes to solve math problems that an MIT professor writes on a chalkboard. One day, Professor Lambeau sees Will writing the answer to a problem on the chalkboard. Then he follows Will to know him better and witnessed that Will is put in a jail due to physical attack to someone. Lambeau arranges with a judge to keep Will out of jail, as long as Will agrees to work on mathematical problems and to get

psychological help. Will is a too difficult patient for the various psychologists that Lambeau asks to help, but eventually Lambeau goes to his old friend Sean Maguire, who is teaching psychology at a local community collage. The movie focuses on this therapy process between Will and Sean Maguire.

The other movie selected for the study, “Analyze This” (1999), also focuses on the therapy process between patient and psychotherapist, nevertheless not in an office. Ben Sobel is a Psychiatrist who has own problems in personal life like his son spying on his patients when they open up their heart, his parents’ hesitation to attend his upcoming wedding and his patients' problems not challenging him at all. On the other hand, Paul Vitti who is a Godfather has a few problems as well like sudden anxiety attacks in public, a certain disability to kill people etc. One day, Ben unfortunately crashes into one of Vitti's cars. Since he blames himself, Ben gives his business card to one of Vitti’s men. This sudden meeting is followed by a business visit of Paul Vitti himself, who wants to be free of inner conflict within two weeks, before all the Mafia Men meet. The movie mainly focuses on emotional development of Paul Vitti through the therapy process which is an extraordinary one.

2.3.2 Application of the Study

Once the selection of movies was made, certain permissions are obtained from the Ethical Committee of Social Sciences Institute and Polatlı College which is the school the application was made. With the help of school teachers, 50 high school

students were brought together in the video room. After having their consent on participating the study, some general information was given to the students.

In the first meeting, “Good Will Hunting” was presented to be watched. After watching the movie, the participants filled the questionnaire set which includes Demographic Information Form and the Scale evaluating Psychotherapists’ EI. Few weeks later the second meeting was arranged. For this session, the same 50 students were brought together which is informed in the first session. This time, the participants watched “Analyze This” and filled the questionnaire set. Since one student could not participate in the study due to her health problems and one participant could not fill the scale appropriately, 48 filled scales were included in the analysis.

2.4 Data Analysis

Sample size of experimental condition was small. In addition, the sample was not normally distributed since it was based on the sample selected from one school. As a result, non-parametric test was used in the analysis. The Wilcoxon Signed-ranks Tests were applied for paired samples.

CHAPTER III

RESULTS

3.1 Descriptive Characteristics of the Main Measurement

First, in order to examine descriptive characteristics of the main measurement of the study, descriptive analysis was performed, and to investigate the Cronbach alpha levels for the baseline values of the measurement, reliability analysis was run (See Table 2). At the end of the reliability analysis, Cronbach alpha was found .95 for the overall items.

Table 2

Descriptive Characteristics of the Scale

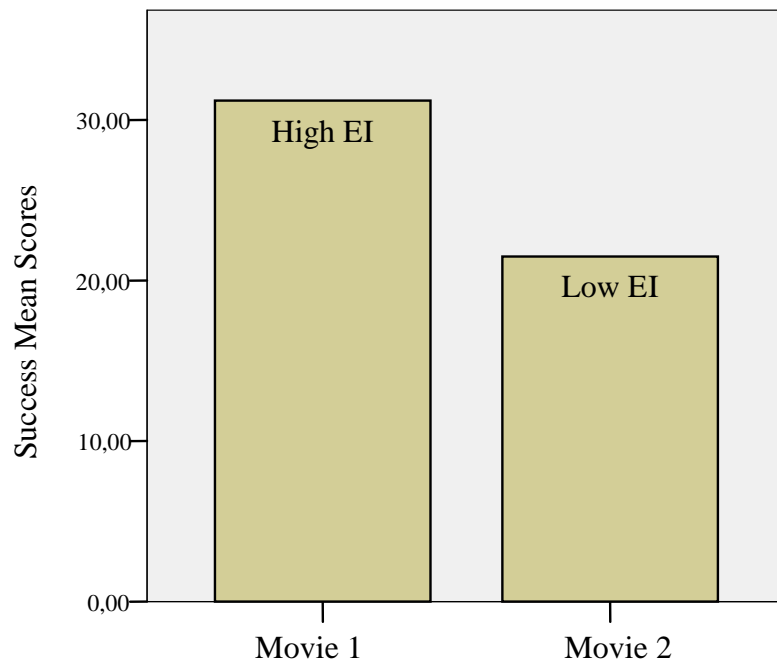
	Movie 1		Movie 2	
	M	SD	M	SD
item1	4.54	.99	3.23	1.72
item2	4.06	1.37	2.98	1.69
item3	4.56	1.03	2.96	1.67
item4	4.42	1.03	2.85	1.74
item5	4.52	.99	3.29	1.61
item6	4.17	1.26	2.83	1.60
item7	4.48	1.03	3.12	1.68
item8	4.52	.94	3.20	1.76

3.2 Difference between Evaluations of Psychotherapists regarding two different movies

In order to investigate students' perceptions about the psychotherapists they watched in the movie and also to examine difference on perceptions in terms of two different movies selected, Wilcoxon Signed – ranks tests were performed.

3.2.1. Success of the Psychotherapist

The Wilcoxon Signed-ranks Test indicated that students evaluate the psychotherapist in the first movie (Good Will Hunting) who is the high EI one, more successful ($\underline{M} = 31.20$) than the one in the second movie (Analyze This), low EI psychotherapist ($\underline{M} = 21.50$), $\underline{T} = 111.50$, $\underline{p} < .001$, $\underline{r} = - .66$. In other words, as hypothesized, adolescents evaluated high EI psychotherapist as more successful than low EI psychotherapist (See Graph 1).



Graph 1. Success Mean Scores for Movie 1 and Movie 2

Table 3

Group Differences for 'Success' of the Psychotherapist

	N	Mean	SD	Sum of Ranks	p
Movie 1	48	31.20	5.41	111.50	.001
Movie 2	48	21.50	10.19	923.50	

3.2.2. Adolescents' Preferences about the Psychotherapist

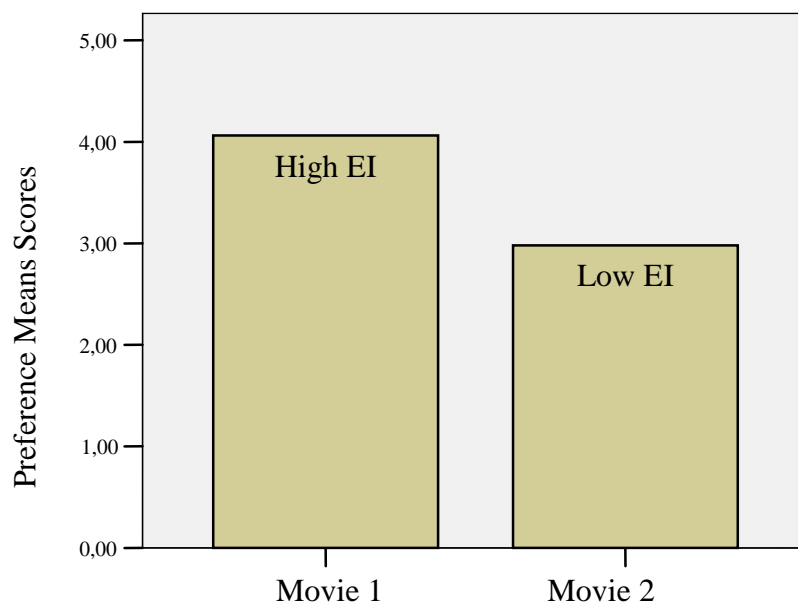
The Wilcoxon Signed-ranks Test indicated that participants prefer to consult the psychotherapist in the first movie who is the high EI one ($\underline{M} = 4.06$) rather than the one in the second movie who has low EI ($\underline{M} = 2.98$), $\underline{T} = 90$, $p < .01$, $r = - .47$.

Table 4

Group Differences for 'Preference' about the Psychotherapist

	N	Mean	SD	Sum of Ranks	p
Movie 1	48	4.06	1.37	90	
Movie 2	48	2.98	1.69	438	.01

These finding was also in line with the research hypothesis as it was expected that adolescents would prefer to consult high EI psychotherapist rather than low EI psychotherapist (See Graph 2).



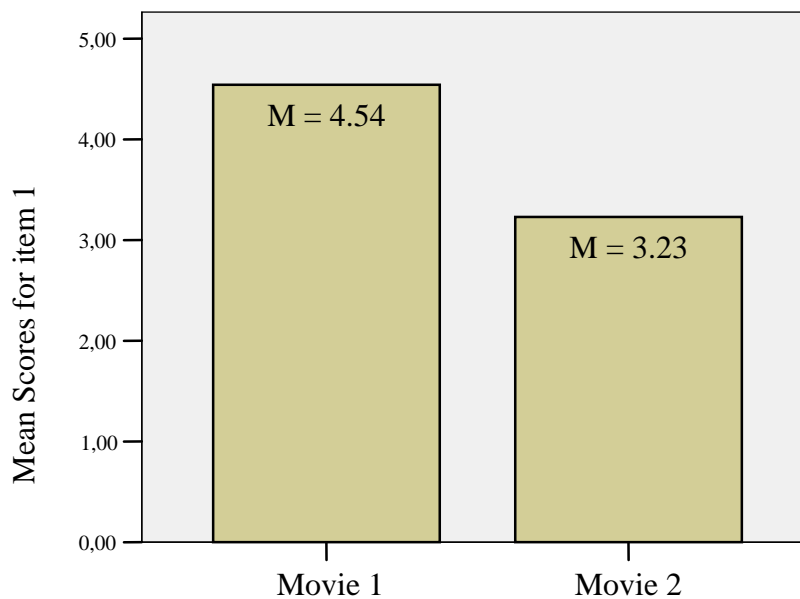
Graph 2. Preference Mean Scores for Movie 1 and Movie 2

3.3. Further Examination of the Variables

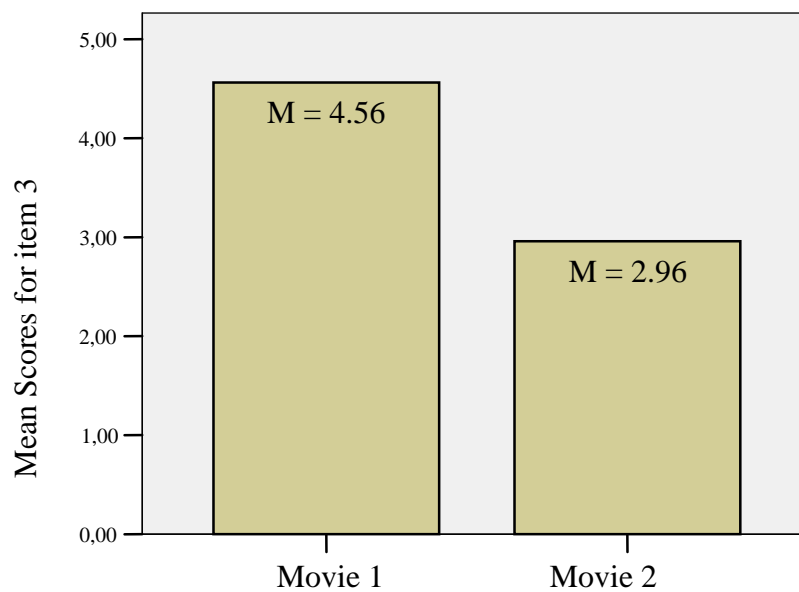
In order to make a deeper investigation, the variables of “success of psychotherapist” and “students’ preferences about psychotherapists” were examined on the basis of students who consult a psychological health professional before the experiment and the ones who don’t consult any professional separately. Results indicated that even students who do not receive help from any consultant before, rated high EI psychotherapist as more successful than the one who has low EI, $T = 73$, $p < .001$, $r = -.65$. Moreover, the students who consult a psychological counselor before rated high EI psychotherapist as more successful than the one who has low EI, $T = 0$, $p < .05$, $r = -.84$. Nevertheless, the psychotherapists in the first and the second movie did

not differ from each other in terms of their success for the students who consult a psychologist before, $\underline{T} = 1.50$, ns, $r = -.64$.

In terms of 'preferences about psychotherapist', one significant result revealed that students who do not consult any professional before preferred to consult high EI psychotherapist rather than low EI psychotherapist, $\underline{T} = 53.50$, $p < .01$, $r = -.47$. However, the students who consult a psychological counselor before ($\underline{T} = 2$, ns, $r = -.53$) and the ones who consult a psychologist before ($\underline{T} = 1$, ns, $r = -.54$) did not reveal significant preferences between high EI and low EI.

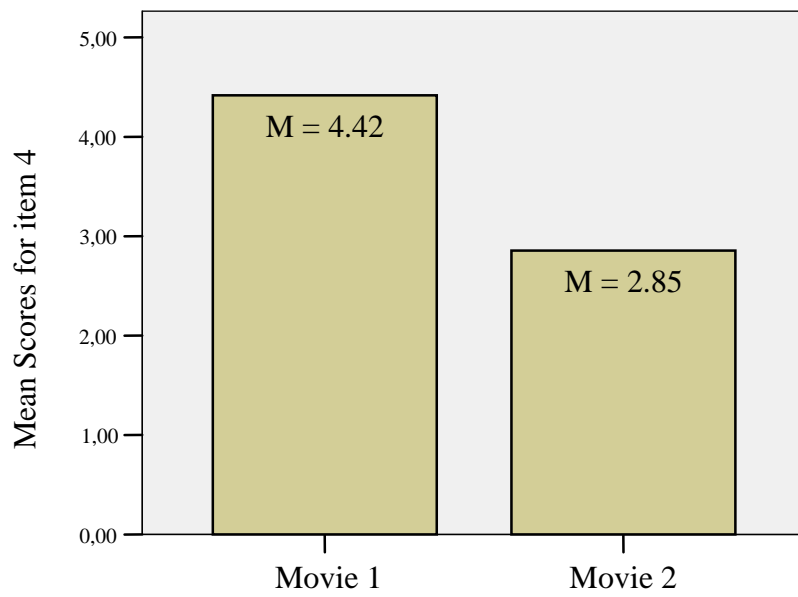


Graph 3. 1st item Mean Scores for Movie 1 and Movie 2

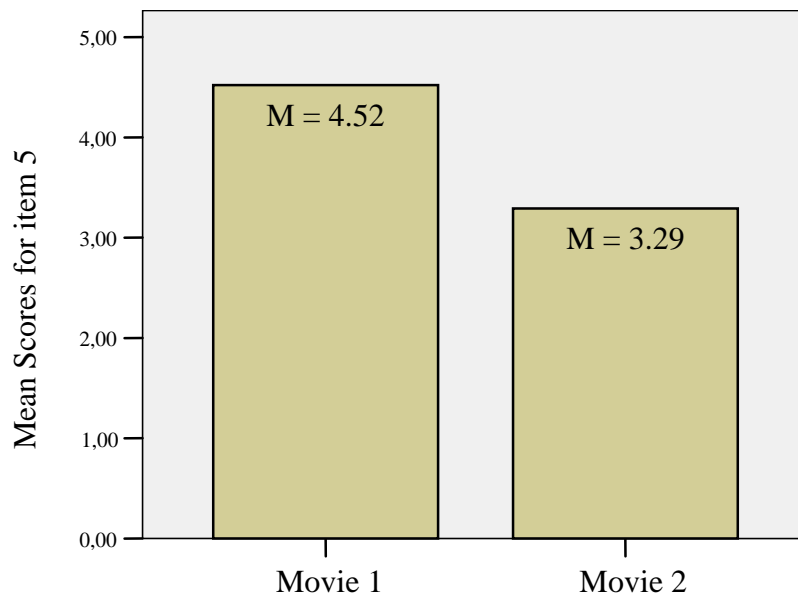


Graph 4. 3rd item Mean Scores for Movie 1 and Movie 2

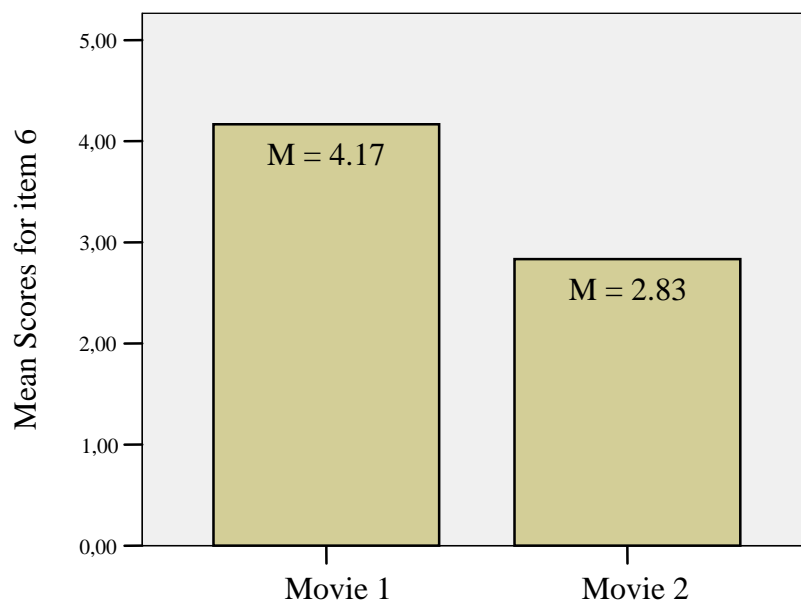
When examining all the graphs, one could notice that item 3 created the greatest mean difference in terms of Movie 1 and Movie 2 (See Graph 4). This finding can be explained by understanding the content of this item. Item 3 involves information about perception of participants on psychotherapist' attitude towards his/her patient (See Appendix C). Since high EI psychotherapist and low EI psychotherapist definitely differ from each other regarding their attitudes towards the patients, then it is expectable that item 3 created the biggest mean difference in terms of Movie 1 and Movie 2.



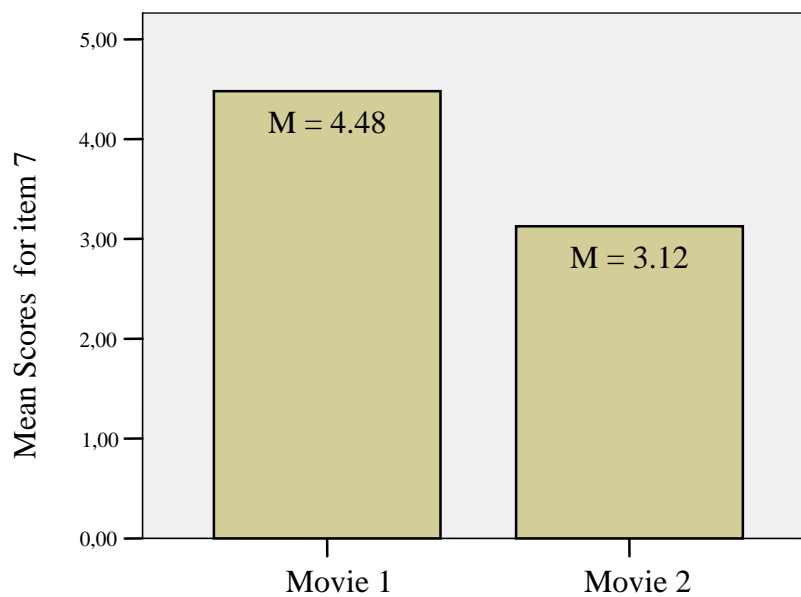
Graph 5. 4th item Mean Scores for Movie 1 and Movie 2



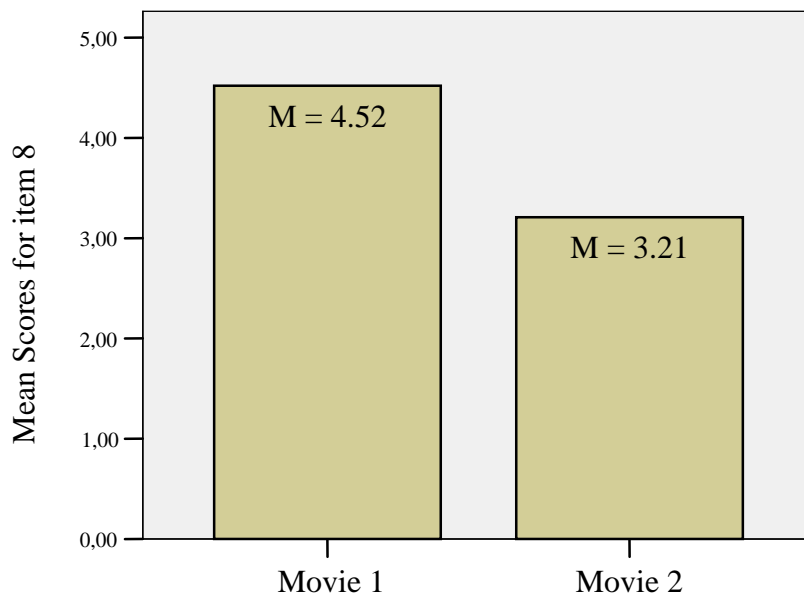
Graph 6. 5th item Mean Scores for Movie 1 and Movie 2



Graph 7. 6th item Mean Scores for Movie 1 and Movie 2



Graph 8. 7th item Mean Scores for Movie 1 and Movie 2



Graph 9. 8th item Mean Scores for Movie 1 and Movie 2

Although the smallest mean difference was created by item 5, in general all other items except item 3 gave similar values for Movie 1 and Movie 2. It means that all items except item 3 are distinctive in a same strong manner. In spite of these differences, the graphs examining the items separately show that whole scale evaluating the psychotherapist in the movie clearly distinguish high EI psychotherapist and low EI psychotherapist in the movies.

CHAPTER IV

DISCUSSION

Since EI a relatively new construct, various studies have been conducted as a result of the attempts of understanding the concept itself. However, although there are many studies in literature investigating the necessity of EI for nurses, psychological health care professionals and EI were not brought together in a study.

Moreover, patients' perception about their psychotherapists and psychotherapy itself is a neglected variable for the outcome of the therapeutic process. Nevertheless, it is a fact that the therapeutic process is as much as it is perceived by the patients.

As a result, the current study is aiming at bringing these two questions together. In other words, the main objective of the study is to examine the impact of psychotherapists' EI level on patients' perception and accordingly on the outcome of the therapy.

This chapter involves the discussion on the findings of the study separately, the overall discussion on whole findings, limitations and implications of the current study and lastly directions for future studies.

4.1 Findings related to Adolescents' Perceptions about Success of the Psychotherapist

In terms of the Scale evaluating the Psychotherapists' EI, participants evaluated high EI psychotherapist more successful than the one who have low EI. In mentioned scale, the items measuring participants' perception about success of the psychotherapist include the domains of Emotional Intelligence (See Appendix C). In other words, the criteria of measuring success here are created by taking EI domains into account. It means that the success mentioned here is not the overall success of the psychotherapist, rather the specific one which has a basis of psychotherapists' EI level.

Since the success mentioned here is about emotion perception, emotion regulation etc., it should be pointed out that participants' consisting of adolescents may have been an impact on results. In fact, the same results may have not been received if the participants had consisted of adults. This point may be explained by the difference between adolescents' emotional needs and adults' emotional needs or the difference between adolescents' authority figure perception and adults' authority figure perception. As mentioned in Chapter I, the most common problems in adolescence is having difficulties in adjusting to parents or teachers or other authority figures (William & Peltz, 1957). Thus, it is expectable that adolescents evaluate emotionally warm and empathic authority figure who has unconditional love and acceptance as successful rather than the one who is not. However, these characteristics may be considered as non-professional by adults. Therefore, it should be kept in mind that

the participants consisted of adolescents while trying to understand the results of the current study.

On the other hand, this result may be explained by the difference between age range of the patient in the first movie and the second one. In the first movie representing high EI psychotherapist, *Good Will Hunting*, the patient was younger than the one in the second movie, *Analyze This*. Hence participants may have identification with younger character in the first movie rather than the older one in the second movie. Therefore this identification process may have contributed on participants' evaluation of the psychotherapists in the movies.

Additionally, participants' evaluation high EI psychotherapist as successful may be due to warm, acceptable and supportive relationship established between the patient and the psychotherapist in the first movie. As mentioned earlier, one major problem in adolescent psychotherapy is patient's orientation to the process of treatment (A. Freud, 1965). Thus, because of the unique difficulties of engaging children in therapy, the therapeutic relationship in child treatment has an important impact on the outcome of the therapy. Consequently, the evaluations of the psychotherapists may differ regarding the relationship established between patient and psychotherapist.

4.2 Findings related to Adolescents' Preferences about the Psychotherapists

In terms of the Scale evaluating the Psychotherapists' EI, participants preferred to consult the high EI psychotherapist rather than the low EI psychotherapists. This result, as expected, is parallel with the result of the first variable. Therefore, participants preferred to consult the psychotherapist whom they evaluated as successful. However, there is a difference between considering a psychotherapist as successful and consulting him/her. One may consider the psychotherapist of someone else or the one being watched in the movies as successful but does not prefer to consult him/her. The preference variable was included in the study in order to investigate this controversy.

Taking the participants' being consisted of adolescents into account, it is expectable that adolescents prefer to consult the high EI psychotherapist rather than the low EI one. This result may be explained by the characteristics of Emotional Intelligence.

Since emotionally intelligent psychotherapists are able to understand and regulate emotions, they can establish quality therapeutic relationship and maybe more importantly they can lead adolescent patients as an appropriate authority figure. High EI psychotherapists are not only appropriate authority figure but also they are role models who create an egalitarian environment for adolescents. Although bringing symmetry in the relationship with adolescents is considered as a risk for some researchers (Binder, Holgersen, & Nielsen, 2008), it is this symmetry that create warm and supportive environment in which adolescents feel safe and confident.

Consequently, keeping in mind that these results should be considered as specific for the adolescents, one can state that emotionally intelligent psychotherapists are more successful and preferred more than the low EI psychotherapists.

4.3 Discussion for Overall Findings Related to Success of the Psychotherapists and Preference about the Psychotherapists

According to Szykiersky and Raviv (1995), researchers tend to devalue the patient's views and do not accept as valid their criticism of the therapist. This devaluation is covert, using psychological jargon and attributing the patients' observations of the therapist to the psychological difficulties that brought them to seek therapy. This devaluation issue makes the gap between patient and therapist bigger. In order to narrow the gap, psychotherapists should understand the importance of patients' perception on therapeutic process and more research should be conducted examining this topic. The current study is conducted in order not only to highlight the importance of patients' perception but also to investigate the factors affecting this perception.

Since Emotional Intelligence means to perceive, to express, to understand and to regulate emotions; and psychotherapy is very much about emotions, one can easily conclude that these two concepts should be together. In fact, the biggest portion of the whole psychotherapy process consists of notification, understanding and regulation of emotions. Consequently, it was surprising to see that there is no research examining the EI of psychotherapists in literature. Therefore, by making

inferences from the research results studying EI and patients' perception separately, Emotional Intelligence of psychotherapists is considered as an important factor affecting the patients' perception about psychotherapists and accordingly whole therapy process.

In the current study, the results reveal that EI level of the psychotherapists has affected the perception of patients about the success of the psychotherapists. In line with this result, EI level of the psychotherapists also affected the preference of the patients about the psychotherapists.

Another factor affecting the patient's perception is the relationship established between the patient and the therapist. Although it is not measured as a separate factor in the current study; as mentioned in Chapter I, emotionally intelligent psychotherapist is the one who is able to develop quality relationship with patient. In addition, adolescents' perception is much more on the basis of the relationship while adult's perception is on the basis of previous knowledge about psychotherapy itself. The results of Dollinger and Thelen's (1978) study show that although knowledge about psychology increased with age, the more evaluative responses were not more positive with age. Moreover, children who had been to a psychologists, who had participated in research, or who had taken a psychology course did not express significantly more favorable attitudes and attraction toward psychology than their peers. Therefore, this result supports the idea that the most important factor affecting the perception of adolescents about psychotherapists is the relationship established

during the process and accordingly the EI level of psychotherapist rather than the previous knowledge about psychotherapy.

Thus, since child's perceptions of the label psychologist will certainly color his/her expectancies when coming to the clinicians for treatment, from an ethical perspective, psychotherapists should be sensitive to what children think about their efforts to help them. On the other hand, while mentioning the perception of people as important for the outcome of therapy, one cannot underestimate the contribution of media to this perception. Although in the media, psychotherapy is often depicted as ineffective which of course affects people's therapy motivation (Sydow & Reimer, 1998), there are also good examples teaching people what psychotherapists do and shaping their expectations.

In conclusion, since adolescent psychotherapy is a challenging area in psychology, the current study has aimed to guide and support adolescent psychotherapists by pointing out Emotional Intelligence as an important characteristic for them. Additionally, this study can be considered as advice for psychotherapists because Emotional Intelligence is an ability that can be learnt and can be developed.

4.4 Implications of the current study

In the literature of Emotional Intelligence, there are few studies on investigating the relationship EI and a specific occupation. Moreover, these studies generally focus on leadership characteristics or nursery. On the other hand, psychologists and educators

are interested in EI because they need to know its implications on educational and psychological area. Although believing in the importance of EI in educational area both for teachers and students, this topic should be examined in another study.

The major implication of the current study about EI is to reveal its importance in psychotherapy settings. Emotionally intelligent psychotherapists are not only able to establish a quality relationship with patients by understanding, expressing and regulating emotions; but also able to keep their psychological health. Moreover, since EI is an ability that can be learnt and developed, emotionally intelligent psychotherapists may teach patients how to regulate and express emotions appropriately.

Today in Turkey, the concept of Emotional Intelligence is recalled only with the concepts like leadership, job motivation, job satisfaction etc. Although these areas are also important to study, it is disappointed to see that EI still did not have the deserved value in psychotherapy settings for both psychotherapists and the patients. From the patients' side, it should be investigated that whether EI is accelerating the recovery or not in another study.

Consequently, it is hoped that such studies like the current study enable the concept of Emotional Intelligence to receive deserved value in psychotherapy applications. Moreover, the current study has an aim to show the necessity that the candidates of psychological health care professionals should be educated in Emotional Intelligence for both increasing their EI level and motivating them to study EI.

4.5 Limitations of the current study and Directions for Future Studies

Since the topic investigated in the current study is not studied before, there are some limitations of the study.

The first limitation occurred during selection of movies. In order to reach a standard, two movies which have long therapy sessions representing detailed style of the same sex therapists were needed. Moreover, these two movies should have had appropriate content that can be watched by adolescents. Therefore, two movies of which one is comedy film were selected. Although one can expect that adolescents would have identification or feel sympathy with the character in the comedy film, this wasn't the case. But still, this may create a confounding. In the future research, movie selection should be more detailed and longer process, maybe a pilot study, so that one can include movies which have almost same characteristics.

Another limitation is about sample characteristics. The participants of the study are high school students who have age between 16 and 18 and do not represent whole adolescents. Therefore, the findings can be generalized only to the samples that have similar characteristics. For future studies, it can be suggested that this findings should be replicated with a wider sample.

Furthermore, as mentioned earlier, since the topic of the current research was not studied before, there were not scales specific to this topic that can be used. Although the scale created for this study seems to have a good reliability. There may be some

question marks about its validity. In future research, in order to receive more precise findings, one should make adaptation of the scale used.

There has also been some indication that the outcome may be affected by some procedural issues. Being no counterbalancing the sequence of the movies and making participants watched Good Will Hunting, high EI psychotherapist, at first might have created confounding. Therefore, in future studies these issues should be considered and control group should be used.

In conclusion, one should consider that the current study is the first attempt to understand the relationship between Emotional Intelligence and psychotherapy while examining the missed parts of the study.

CHAPTER V

CONCLUSION

The findings of the present study reveal that adolescents perceive the psychotherapists who have high Emotional Intelligence as much more successful than the ones who have low Emotional Intelligence. Furthermore, adolescents prefer to consult psychotherapists who have high Emotional Intelligence rather than the ones who have low Emotional Intelligence. Taking these findings into account, the obvious conclusion to be drawn is that adolescent psychotherapists should value the concept of Emotional Intelligence and get educated on this topic not only for being a good psychotherapists but also making difference among their colleagues.

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APPENDICES

APPENDIX A

Movie Choosing Checklist

Filmin adı:

Filmi izleyen kişi:

Lütfen izlediğiniz filmdeki terapist karakterinin sahip olduğunu düşündüğünüz özellikleri, maddelerin yanına işaret koyarak belirtiniz. Terapistte bulunmadığını düşündüğünüz özelliklerin yanını boş bırakınız.

___ Filmde izlediğim terapist kendi duygularının farkındaydı.

___ Filmde izlediğim terapist gerektiğinde kendi duygularını kontrol edebiliyordu.

___ Filmde izlediğim terapist hissettiği duyguları tanımlayabiliyordu.

___ Filmde izlediğim terapist düşüncelerinin altında yatan duygularını fark edebiliyordu.

___ Filmde izlediğim terapist, hastasının hissettiği duyguları fark edebiliyordu.

___ Filmde izlediğim terapist, hastasının hissettiği duyguları anlayabiliyordu.

___ Filmde izlediğim terapist, hastasının duygularını kendi istediği yönde manipüle edebiliyordu.

___ Filmde izlediğim terapist hissettiği duygu değişimlerini fark edebiliyordu.

___ Filmde izlediğim terapist, hastasının yaşadığı duygu değişimlerini fark edebiliyordu.

___ Filmde izlediğim terapist, hastasının düşüncelerinin altında yatan duyguları anlayabiliyordu.

APPENDIX B

DEMOGRAPHIC INFORMATION FORM

Adınız.....

Soyadınız.....

Yaşınız.....

Daha önce herhangi bir Ruh Sağlığı çalışanından destek aldınız mı?

Evet () Hayır ()

Evet ise, aşağıdakilerden hangisi?

Psikolog () Psikiyatrist ()

Rehberlik öğretmeni () Diğer, belirtiniz ().....

APPENDIX C

SCALE FOR EVALUATING PSYCHOTHERAPISTS'EMOTIONAL INTELLIGENCE

Aşağıda, seyrettiğiniz filmdeki psikoterapist rolüyle ilgili ifadeler bulunmaktadır. Her ifadeyi okuduktan sonra o maddede belirtilen fikre katılma derecenizi 5 (Tamamen Katılıyorum) ve 1 (Hiç Katılmıyorum) arasında değişen rakamlardan size uygun olanını işaretleyerek belirtiniz. Bu ölçek kişisel görüşlerinizle ilgilidir, bunun için “doğru” ya da “yanlış” cevap vermek söz konusu değildir. Önemli olan işaretlediğiniz rakamın sizin gerçek düşüncenizi yansıtmasıdır.

- 1 **Hiç Katılmıyorum**
- 2 **Biraz katılmıyorum**
- 3 **Kararsızım**
- 4 **Biraz katılıyorum**
- 5 **Tamamen Katılıyorum**

1. Filmdeki psikoterapist, hastasına yardımcı oldu.	1	2	3	4	5
2. Psikolojik bir rahatsızlığım olsaydı bu psikoterapiste gitmek isterdim.	1	2	3	4	5
3. Psikoterapistin hastasına yaklaşımını beğendim.	1	2	3	4	5
4. Psikoterapisti genel olarak başarısız buldum.	1	2	3	4	5
5. Psikoterapist, hastasının ne hissettiğini anlama konusunda başarılıydı.	1	2	3	4	5
6. Psikoterapisti, hastasına karşı hissettiği duyguları kontrol etme konusunda başarısız buldum.	1	2	3	4	5

7. Psikoterapisti, hastasının davranışlarını yönlendirme konusunda başarılı buldum.	1	2	3	4	5
8. Psikoterapisti hastasının ne hissettiğini anlama konusunda başarılı buldum.	1	2	3	4	5

APPENDIX D

Informed Consent

Bu çalışma, Prof. Dr. Faruk Gençöz'ün danışmanlığında Orta Doğu Teknik Üniversitesi Psikoloji Yüksek Lisans öğrencisi Müge Banlı Pala tarafından yürütülmektedir. Çalışmanın amacı, katılımcıların psikoterapistleri değerlendirirken kullandıkları kriterler ile ilgili bilgi toplamaktır. Çalışmaya katılım tamamıyla gönüllülük temelinde olmalıdır. Ankette, sizden kimlik belirleyici hiçbir bilgi istenmemektedir. Cevaplarınız tamamıyla gizli tutulacak ve sadece araştırmacılar tarafından değerlendirilecektir; elde edilecek bilgiler bilimsel yayımlarda kullanılacaktır.

İzleyeceğiniz filmler ve dolduracağınız anketler genel olarak kişisel rahatsızlık verecek unsurlar içermemektedir. Ancak, katılım sırasında sorulardan ya da herhangi başka bir nedenden ötürü kendinizi rahatsız hissederseniz cevaplama ya da izleme sürecini yarıda bırakıp çıkmakta serbestsiniz. Böyle bir durumda anketi uygulayan kişiye, anketi tamamlamadığınızı söylemeniz yeterli olacaktır. Anket sonunda, bu çalışmayla ilgili sorularınız cevaplanacaktır. Bu çalışmaya katıldığınız için şimdiden teşekkür ederiz. Çalışma hakkında daha fazla bilgi almak için Müge Banlı ile (E-posta: mugebanli@gmail.com) iletişim kurabilirsiniz.

Bu çalışmaya tamamen gönüllü olarak katılıyorum ve istediğim zaman yarıda kesip çıkabileceğimi biliyorum. Verdiğim bilgilerin bilimsel amaçlı yayımlarda kullanılmasını kabul ediyorum. (Formu doldurup imzaladıktan sonra uygulayıcıya geri veriniz).

İsim Soyisim (Rumuz)

Tarih

İmza

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