MEANING-MAKING PROCESS OF PSYCHOTHERAPISTS ON FEELINGS OF INCOMPETENCE THROUGH THE FRAMEWORK OF THE PROFESSIONAL SELF-DEVELOPMENT: SOURCES, CONSEQUENCES, AND DEFENSE MECHANISMS

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ABSTRACT

MEANING-MAKING PROCESS OF PSYCHOTHERAPISTS ON FEELINGS OF INCOMPETENCE THROUGH THE FRAMEWORK OF THE PROFESSIONAL SELF-DEVELOPMENT: SOURCES, CONSEQUENCES, AND DEFENSE MECHANISMS

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The aim of the present study was to examine subjective experiences of novice and experienced psychotherapists about their feelings of incompetence in relation to their professional self. Sources and consequences of feelings of incompetence and adopted coping mechanisms of psychotherapists with feelings of incompetence were analyzed. Through purposive sampling, the study was conducted with five female psychotherapists from different experience levels. Two of the participants were experienced therapists who have made more than 300 therapy sessions and three of them were novice therapists who have made less than 50 therapy sessions. Semi-structured and face to face interviews were conducted with each of five participants and were analyzed by Interpretative Phenomenological Analysis. In addition, Defense Style Questionnaire was used to gain in-depth understanding on coping mechanisms of psychotherapists. Based on the results of the analysis, nine superordinate themes emerged. The themes were named as; ‘Therapist’s feelings of

The themes, clinical implications, and limitations of the present study were discussed depending on the relevant literature.

**Keywords:** Feelings of Incompetence, Psychotherapists, Professional Self-Development, Interpretative Phenomenological Analysis
ÖZ

PROFESYONEL KENDİLİK GELİŞİMİ ÇERÇEVESİNDE
PSİKOTERAPİSTLERİN YETERSİZLİK DÜYĞULARINA DAİR ANLAM
YARATMA SÜRECİ: KAYNAKLAR, SONUÇLAR VE SAVUNMA
MEKANİZMALARI

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Bu tez, profesyonel kendilik gelişimi çerçevesinde yeni ve deneyimli terapistlerin
yetersizlik duygusuna dair öznel deneyimlerini anlamayı amaçlamaktadır.
Yetersizlik duygusunun kaynakları ve sonuçları ve ayrıca terapistlerin yetersizlik
duygusuna dair savunma mekanizmaları analiz edilmiştir. Amaca uygun örneklem
ile, araştırma farklı deneyim seviyelerine sahip beş kadın psikoterapist ile
gerçekleştirilmiştir. Katılımcılardan ikisini 300 seanstan daha fazla seans yapmış
deneyimli terapistler oluştururken, kalan üç terapisti 50 seanstan daha az seans
yapmış yeni terapistler oluşturmuştur. Her terapist ile yarı yapılandırılmış, bire bir
görüşmeler yapılmıştır ve bu görüşmeler youmlayıcı fenomenolojik analiz yöntemi
ile analiz edilmiştir. Ek olarak, psikoterapistlerin baş etme mekanizmalarına dair
derinlemesine bir anlayış elde etmek için her katılımcıya Savunma Biçimleri Testi
uygulanmıştır. Analiz sonuçlarına göre, dokuz ana tema ortaya çıkmıştır. Temalar,
‘Yeterli hisseden terapist’, ‘Terapi sürecinde yetersiz hisseden terapist’,

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**Anahtar Kelimeler:** Yetersizlik Duygusu, Psikoterapistler, Profesyonel Kendilik Gelişimi, Yorumlayıcı Fenomenolojik Analiz
To my family
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CHAPTER 1

INTRODUCTION

The present study aimed to examine subjective experiences of novice and experienced psychotherapists about sources and consequences of their feelings of incompetence, and the adopted defense mechanisms in relation to their professional self.

For this purpose, in the following section, firstly, the approaches that covered feelings of incompetence were conceptualized from the point of views of different theoretical frameworks. Secondly, based on the studies in the literature, the sources and consequences of these feelings, and the mechanisms through which psychotherapists coped with these feelings will be explained. Thirdly, the relationship between feelings of incompetence and the supervision process will be described. Lastly, feelings of incompetence will be addressed within the framework of the professional self. Moreover, the way the researcher experienced these feelings in the process of her own journey to becoming a psychotherapist was conveyed.

1.1 Conceptualization of Incompetence

During psychotherapy training, psychotherapists generally experience doubts about their professional competence (Ladany, Hill, Corbett, & Nutt, 1996). In the related literature, the researchers conceptualized these doubts as self-doubts (Farber & Heifetz, 1982), feelings of insecurity (Hellman, Morrison, & Abramowitz, 1986), inadequacy (Hahn, 2001), or incompetence (Hannigan, Edwards, & Burnard, 2004). Therefore, the term of feelings of incompetence seems to cover all these similar concepts.
Feelings of incompetence are defined as “moments where a therapist’s belief in his or her ability, judgment and/or effectiveness is diminished, reduced, or challenged internally” (Thériault & Gazzola, 2005, p. 12). It seems that regardless of the experience level, feelings of incompetence are common experiences for psychotherapists. Psychotherapists experience feelings of incompetence as a continuous aspect of their professional and personal lives (Thériault & Gazzola, 2010).

It was seen that in the related literature, feelings of incompetence were conceptualized from different theoretical frameworks. From these theoretical frameworks, the three most fundamental ones related to the present study were defined as follows: (1) Psychodynamic conceptualization: Incompetence as countertransference, (2) Jung’s conceptualization: Psychotherapist as the wounded healer, and (3) Adler’s conceptualization: Incompetence as inferiority feeling.

1.1.1 Psychodynamic conceptualization: Incompetence as countertransference

To understand psychotherapists’ feelings of incompetence, it would be appropriate to understand the concept of countertransference. Countertransference has been defined as “the therapist’s internal and external reactions that are shaped by the therapist’s past or present emotional conflicts and vulnerabilities” (Gelso & Hayes, 2007, p. 25). According to the classical conception of Freud (1910/1959), countertransference can be defined as the psychotherapist’s transference, largely unconscious reactions, to his or her patient’s transference; reflecting his/her own previous experiences. Hayes and Gelso (2001) proposed that the origins of countertransference are developmental in nature. It comes from the therapist’s childhood. Yet, the origins cannot be apparent for the therapist all the time.

Therapy process or patient qualities trigger countertransference through bringing out the therapist’s emotional conflicts or vulnerabilities (Gabbard, 2001). Countertransference shows itself in three forms: affects, behaviors, and cognitions of
the therapist (Gelso & Hayes, 2007; Kiesler, 2001). The affect seeming most crucial to countertransference is anxiety as a result of feeling incompetent. In terms of affects, a study by Hayes et al. (1998) found that the majority of eight experienced therapists felt angry, bored, sad, nurturing, and inadequate in half of their sessions. The results of the study can be interpreted as that experiencing inadequacy is related to anxiety. Behavioral signs of countertransference are generally avoidance of or overinvolvement with the patient and his or her material, and aggression. Gelso and Hayes (1998) implied that through identification, patient’s feeling of hopelessness and helplessness may trigger the therapist’s feelings of incompetence and inferiority, and that the therapist defends against resulting effect of anxiety. In addition, Hahn (2004) found that the patient’s feeling of shame is associated with the therapist’s feelings of incompetence. In terms of cognitive aspect, distortion has an important place for countertransference. Hayes and Gelso (2001) argued that if the patient touches upon the therapist’s emotional conflicts or vulnerabilities, the therapist tends to under- or overestimate the frequency of the patient’s problematic material.

Researches indicated that there is a relationship between countertransference and specific personality disorders (Betan, Heim, Zittel Conklin, & Westen, 2005; Colli, Tanzilli, Dimaggio, & Lingiardi, 2013). According to these researches, Cluster B personality disorders (Antisocial, Narcissistic, Histrionic, and Borderline PDs) evoke more negative emotional responses in their therapists than cluster A (Schizoid and Paranoid PDs) and C disorders (Avoidant, Dependent, and Obsessive-Compulsive PDs). Therapists especially those conducting psychotherapy with patients with borderline personality disorder reported that they felt inadequate or incompetent and experienced a sense of frustration in sessions. In addition, findings also pointed out that the level of personality functioning of the patient has a relation with countertransference. Colli et al. (2013) suggested that therapists feel more helpless, inadequate, overwhelmed, and disorganized with low-functioning patients.

If countertransference cannot be handled by the therapist, it can have a destructive effect on the therapy process (Brown, 2001; Epstein & Feiner, 1988). Gelso and
Hayes (2007) mentioned five factors to successfully handle countertransference: self-insight, self-integration, empathy, anxiety management, and conceptualizing skills. Among these factors, development of empathy was emphasized as being crucial (Baehr, 2004) and be explained through Jung's concept of ‘the wounded healer’.

1.1.2 Jung’s conceptualization: Psychotherapist as the wounded healer

Related to the psychodynamic conceptualization of feelings of incompetence as countertransference, researches indicated that psychotherapists’ choice of profession was affected from their personal experiences, especially childhood experiences. The clinical studies suggested that many therapists had a family environment in which their early caregivers failed to meet their emotional needs as children (Burton, 1972; Henry, 1966; Guy, 1987). When the early caregivers did not meet the narcissistic demands of the child, the narcissistic injury occurs. This narcissistic injury causes the child to develop the false self instead of the true self, because the family environment does not validate the child's true self (Winnicott, 1960). Barnett (2007) stated that with the development of the false self, the child develops defenses against his or her wounds or vulnerabilities. Therefore, intolerance to failure and desire to be perfect come to the forefront from childhood. Feelings of inferiority predispose the child to look for approval and love of others. In relation, several studies proposed that people chose to be therapists because; they have unsatisfied needs in their family environment and by becoming a psychotherapist, they would like to heal their own vulnerabilities (Barnett, 2007; Hamman, 2001; Henry, 1966; Guy, 1987; Racusin, Abramowitz, & Winter, 1981).

Jung (1963) focused on the vulnerability of the therapists and suggested that the therapists have their own life history with wounds. He stated that “only the wounded physician heals” (Jung, 1963, p. 134). Jackson (2001) indicated that it is important to differentiate the wounded healer from the impaired professional. The impaired professional’s wounds affect negatively his or her therapeutic work and relation with patients. Therefore, as Wheeler (2002) implied, it gains importance how
psychotherapists deal with their own wounds. Researchers emphasized that just having the wounds does not bring the power to heal for psychotherapists. The therapists have the power to heal when they become aware of their own wounds and they are in the process of recovery. In this way, their wounds do not have a negative impact on their therapeutic work and relation with their patients (Gelso & Hayes, 2007; Jackson, 2001; Remen, May, Young, & Berland, 1985).

As described in the psychodynamic conceptualization, countertransference occurred when the wounds of the therapist and patient meet (Wheeler, 2007). Related researches in the literature suggested that if the therapist heals his or her past or present wounds, it enables them to develop empathy and insight in addressing their patients’ problems and in this way, the effectiveness of therapy increases (Guy, 1987; Wolgien & Coady, 1997), and that in relation, the use of countertransference in therapy becomes positive (Brown, 2001; Fauth, 2006; Gelso & Hayes, 2007).

1.1.3 Adler’s conceptualization: Incompetence as inferiority feeling

Both psychodynamic conceptualization and Jung's concept of the wounded healer give rise to the concept of the inferiority feeling and it brings the topic to Adler’s conceptualization of ‘the inferiority feeling’. According to Adler (1985/2014), it appears that natural motivation of the human is to overcome his or her incompetence that s/he has by striving for superiority. All the effort of the human is directed to the goal of reaching the position that will evoke a sense of confidence in himself or herself. Adler proposed that by overcoming real or imagined inferiorities, the individual’s growth takes place. Adler (1996) believed that ‘inferiority feeling’ begins in infancy. Because infants are totally dependent on their caregivers; they see their caregivers as strong and powerful. Therefore, challenging that power is a process inducing hopelessness for the infant. As a result, the infant begins to develop ‘inferiority feeling’ towards stronger and powerful people around him or her. In this regard, every child struggles to overcome his or her ‘inferiority feelings’ from birth (Adler, 1996). Adler (1938/2015) believed that to be a human being means to feel
himself or herself inferior and that this feeling is not a sign of weakness or abnormality because; it is common to all of us. On the contrary, ‘inferiority feeling’ is the sign of being healthy, normal, and being open to development (Adler, 1985/2014; 1964/2004). Therefore, Adler implied that the individual cannot escape from feeling inferior. On the contrary, feeling inferior is necessary to provide the motivation for growth.

According to Adler (1927/2001), ‘inferiority feeling’ becomes not normal for the human in two situations and in these two situations; ‘inferiority complex’ takes place. The first is to experience this feeling more intense and longer than normal. The second is to gain an advantage over his or her environment because; it is expected that this feeling provides peace, security, and equivalence with other people for the human. In these two situations, it seems that the human is unable to overcome normal inferiority feelings. In this regard, ‘inferiority feeling’ that is not normal varies in terms of both quantity and quality. In relation, Strano and Petrocelli (2005) conducted a research on Adler’s concept of inferiority feelings and found that adults who have low scores on inferiority feelings through the Comparative Feeling of Inferiority Index were more self-confident and tried more to achieve their goals. In contrast, adults who have high scores on inferiority feelings were found to be less successful.

1.2 Origins of Feelings of Incompetence

Looking at the sources of feelings of incompetence, it was seen that in the literature, a developmental model and more recent alternative explanations for this model took place. In the following part, this developmental explanation and alternative understandings for this model will be explained.
1.2.1 Development of the professional self

Several researchers attributed feelings of incompetence to ‘insecurity’ in terms of inexperience and indicated that feelings of incompetence decreased with professional improvement (Orlinsky et al., 1999; Skovholt & Rønnestad, 1992). For instance; Skovholt and Rønnestad (1992) conducted a qualitative study with 100 therapists and counselors and studied the reported themes in their development. They found that the pervasive anxiety of the beginner therapists declined as they become more professional. They also indicated that feelings of incompetence were in relation to insecurity resulting from inexperience. Therefore, they highlighted that feelings of incompetence diminished as the experience level of psychotherapists increased. Based on this relation, it could be implied that feelings of incompetence was particularly prevalent among novice psychotherapists.

Consistent with the results of Skovholt and Rønnestad (1992), Orlinsky et al. (1999) conducted a quantitative study with 3,958 psychotherapists. The results revealed that self-perceived low therapeutic mastery was reported by 83.2% of the novice psychotherapists with 0 – 1.33 years of experience, 69.2% of the psychotherapists with 1.33 – 3.15 years of experience, and 52.3% of psychotherapists with 3.15 – 5 years of experience. In this way, the results were interpreted as that novice therapists felt more incompetent than experienced therapists. The reason of beginning therapists to be more incompetent was explained by the more intense acute performance anxiety they experienced as compared to experienced therapists (Rønnestad & Skovholt, 2003; Skovholt & Rønnestad, 2003). Rønnestad and Skovholt (2003) mentioned that inexperienced students perceived the beginning of their professional education as intensely challenging and anxiety inducing.

Bischoff (1997) conducted a study on the improvement of the skills of therapist, with thirteen student therapists who had been on a master’s level training program. Participants were asked to keep a monthly diary for the first three months of their clinical contact. The diary included general and specific events that psychotherapists
considered as important for their professional development. As a result of the qualitative inquiry, the researcher argued that novice therapists tended to have lack of confidence in their clinical abilities and its primary reason was proposed as that these therapists did not internally evaluate themselves about how well they were as therapists. Generally, novice therapists rely on their supervisors and peers as the criterion for evaluating their experiences who tend to normalize these experiences by referring to their inexperience and give suggestions for their improvement. Similarly, Rønnestad and Skovholt (2003) indicated that novice therapists evaluated their work effectiveness through external sources such as supervisors’ explicit feedback. Therefore, the support of the third parties, especially supervisors, has a major impact on feelings of competence. Yet, these studies lacked in explaining why experienced psychotherapists continue to have doubts about their competence.

1.2.2 Alternative understandings

The origins of feelings of incompetence has been rarely studied and not known exactly; to uncover these feelings Thériault and Gazzola (2006) conducted a research on the sources of feelings of incompetence with eight experienced psychotherapists. As a result of analysis of the eight transcripts, they found that there were four main sources of this feeling: permissible aspects, professional issues, process issues, and personal issues. In terms of permissible aspects, the researchers specified that “echoes of being ‘only human’ and the impossibility of being ‘all things to all people’ were common” (p. 319). In this mildest aspect, normalizing feelings of inadequacy was crucial. In terms of professional issues, the researchers identified insufficient knowledge, lack of training and related experience. Also, administrative tasks like dealing with money issues and scheduling appointments were found to trigger feelings of inadequacy. Process issues had moderate level of influence on feelings of incompetence and arouse from the therapeutic relationship. In terms of process issues, the researchers mentioned about process-outcome discrepancy, relationship and relational issues, and thought-action incompatibility. The absence of a strong relationship and struggles on decisions about responsibility and boundary
triggered feelings of incompetence in psychotherapists. As the last source, personal issues were the most difficult issues to cope with, since they were consisted of psychodynamic issues, personal vulnerabilities, personal wounds, personal values, and state and trait issues. The researchers found a link between family relations and feelings of incompetence, inadequacy, and insecurity as mentioned above.

The study by Hodgetts et al. (2007) revealed similar results with the study of Thériault and Gazzola (2006). They studied on students’ and graduates’ satisfaction with education and preparedness for practice. They found that both students at their early stages in the occupational therapy educational program and those who were about the graduate reported that they felt as not being competent enough on psychotherapeutic skills. In contrast, those who graduated long before reported that they felt competent about their knowledge and skills. The researchers concluded that it appeared to take between six months and two years of clinical practice for therapists to feel clinically competent.

Another study by Thériault and Gazzola (2010) was conducted with ten novice psychotherapists on the subjective meaning of feelings of incompetence. The study concluded that in addition to the permissible aspects, professional issues, process issues, and personal issues; pressure was another significant source of feelings of incompetence among novice psychotherapists. This pressure could be both internal and external. Internal pressure arise from therapists’ high unrealistic expectations about themselves. On the other hand, external pressure arise from evaluations coming from third parties, especially from supervisors who tend to evaluate them critically. Similarly, Webster-Wright (2009) demonstrated that when professionals do not achieve their own high unrealistic expectations, they tend to have feelings of inadequacy.
1.3 Consequences of Feelings of Incompetence

Along with the sources of feelings of incompetence, the consequences of these feelings gain importance. Several consequences of feelings of incompetence, both positive and negative, will be mentioned below.

1.3.1 Consequences/Impact

The consequences of feelings of incompetence tend to have positive and negative impacts on both therapists and the therapeutic process depending on its depth and intensity.

The study by Thériault, Gazzola, and Richardson (2009) focused on the consequences of feelings of incompetence among novice psychotherapists. They revealed that feelings of incompetence had both positive and negative impacts. Positive impacts of feelings of incompetence were categorized as an increased level of concentration within sessions, increased search for knowledge and self-knowledge. Similarly, Hill, Sullivan, Knox, and Schlosser (2007) and Norcross (2000) indicated that being aware of themselves was beneficial for both therapists and the therapeutic process. On the contrary, negative impacts of feelings of incompetence were categorized as process disturbances like distraction, disengagement, and detachment, and decrease in self-esteem (Thériault & Gazzola, 2005; Thériault et al., 2009).

1.3.1.1 Related emotions to feelings of incompetence

Several studies showed that feelings of incompetence are not felt alone, but several other emotions accompanied to this feeling (Bischoff, 1997; Orlinsky et al., 1999; Thériault & Gazzola, 2005; Thériault & Gazzola, 2010; Skovholt & Ronnestad, 1992).
The study by Thériault and Gazzola (2005) pointed out the main categories for feelings of incompetence among psychotherapists as depth and intensity. They interviewed with eight psychotherapists who had more than ten years of experience and analyzed the data through grounded theory methodology. The findings revealed that the mildest category of feelings of incompetence was labeled as ‘inadequacy’ by participants. This level resulted from questioning one’s knowledge, skills, and training. Therefore, participants interpreted this level as permissible and positive, since it provides them enrichment. As mentioned in the study of Skovholt and Rønnestad (1992), the deeper level of feelings of incompetence, the more likely it was to be labeled as ‘insecurity’. This level resulted from self-doubts about psychotherapists’ professional roles including therapeutic relationship and the process-outcome discrepancy of therapy. Therefore, participants viewed this level more difficult to accept. The most intense level of feelings of incompetence was labeled as ‘incompetence proper’. This level stemmed from emotions related to the personal issues. These were about identity issues. In this regard, this level of feelings of incompetence was more difficult to process for participants.

Related to the results of Thériault and Gazzola (2005), another study by the same researchers was conducted with ten novice psychotherapists (Thériault & Gazzola, 2010). Participants had an average of 2 years and 2 months of experience. Data collection and analysis procedure was adapted from previous studies of the researchers. Similar to the results of their previous study, depth of feelings of incompetence including self-doubting processes of psychotherapists emerged as a major category. Depth of feelings of incompetence was divided into four levels. The first two levels, named as ‘procedural and technical uncertainty’ and ‘being bound to micro-outcomes’ resembled the level of ‘inadequacy’ in their previous study. The third and deeper level was labeled as ‘professional insecurity’ and resembled the level of ‘insecurity’. In addition, the fourth and deepest level was named as ‘self and identity doubts’. It showed similarity with the level of ‘incompetence proper’. The results also indicated that other emotions which were felt in parallel with feelings of incompetence affected depth and intensity of this feeling. Participants explained that
they felt anxiety, anger, helplessness, frustrated, powerless, and discouragement in parallel with feelings of incompetence.

1.3.1.2 Related somatic complaints to feelings of incompetence

Despite the positive results of feelings of incompetence, the emotional and physical burden that this feeling accompanies also brings in some negative consequences for the therapists. As a result of this emotional burden that is difficult to cope with, therapists tend to develop several somatic complaints. Bischoff (1997) indicated that psychotherapists’ anxiety was usually aroused from lack of confidence about their clinical competence. Psychotherapists reported on their monthly diary that the anxiety related to feelings of incompetence resulted in somatic complaints after conducting one to two months of psychotherapy; following which participants tended to complain about sleeplessness, decreased appetite, gastrointestinal problems, and crying spells.

1.4 Coping Mechanisms for Feelings of Incompetence

Feelings of incompetence and self-doubt have been evaluated as problematic and destructive (Mahoney, 1991). Feelings of incompetence have found to be related with stress (Deutsch, 1984), depression (Mahoney, 1991), burnout (Farber & Heifetz, 1982), and low self-esteem (Thériault & Gazzola, 2005; Thériault et al., 2009). In this regard, the way psychotherapists cope with their feelings of incompetence gains importance. Several sources of coping will be covered below.

1.4.1 Peer support

Several studies pointed that for psychotherapists, sharing their self-doubts about their competence was elaborated as an important coping way with feelings of incompetence (Bilican & Soygüt, 2015; Bischoff, 1997; Thériault et al., 2009).
Bischoff (1997) suggested that for novice therapists, sharing their self-doubts about their clinical work with their peers created a bond of support. This bond of support enabled their experiences with feelings of incompetence to normalize. Similarly, Thériault et al. (2009) indicated that active self-care strategies like sharing emotions with other people were viewed as a common and powerful way of coping with feelings of incompetence. Thériault et al. (2009) suggested that novice therapists shared their self-doubts with their peers more than their supervisors and that it had a positive influence on decreasing the feelings of incompetence.

In Bilican and Soygüt’s (2015) research on professional development of psychotherapists in Turkey with 88 trainee and experienced therapists, the results indicated that in terms of coping strategies with the difficulties of the therapy process, therapists were most likely to discuss the problem with their peer. They evaluated this coping mechanism from a cultural point of view; considering that Turkey is a collectivistic culture, people tend to overcome their difficulties by sharing them with other people.

1.4.2 Sense of self-compassion

Through experiencing performance anxiety that arises from unrealistically high expectations on clinical competence, novice therapists feel overwhelmed at the beginning of their professional lives (Atkinson & Steward, 1997). The stress that they experience as a consequence of performance anxiety, does not allow them to realize that being clinically competent is a life-long process and that they are in a transition period which is a normal process (Tryssenaar & Perkins, 2001). Therefore, as Skovholt (2011) mentioned, it is important that both novice and experienced therapists show compassion to themselves as they do to others, and this leads them to be resistant to the up and downs they experience due to the nature of their work.

Within the scope of the development of self-compassion, various researches argued that recognizing and accepting the fact that it is not possible for one to know
everything, has a key role in the development of professional competence (Atkinson & Steward, 1997; Hodgetts et al., 2007; Neff, 2003; Neff, Kirkpatrick, & Rude, 2007). Self-compassion “involves being touched by and open to one’s own suffering, not avoiding or disconnecting from it, generating the desire to alleviate one’s suffering and to heal oneself with kindness” (Neff, 2003, p. 87). According to Neff (2003), self-compassion has three basic components: self-kindness vs. self-judgement, common humanity vs. isolation, and mindfulness vs. over-identification.

The first component of self-compassion, self-kindness vs. self-judgement, includes that after having a negative experience, the person behaves himself or herself with a caring and sensitive attitude rather than with criticism and harsh judgement (Neff, 2009). Common humanity vs. isolation, the second component of self-compassion, comes from the fact that no human being is perfect and that the person is inclined to make mistakes (Neff & Pommier, 2013). Neff (2003) indicated that the person sees his or her experiences as a part of the experience of the whole humanity rather than seeing them as isolated. The last basic component of self-compassion, mindfulness vs. over-identification, is to balance awareness about painful thoughts and feelings rather than being over-identified with them (Neff, 2003). It was found that self-compassion is related to greater life satisfaction, and lower levels of depression and anxiety which are negative consequences of feelings of incompetence.

In terms of self-compassion as a self-care mechanism for coping with feelings of incompetence, psychotherapists developed positive self-talk as a self-soothing behavior when feelings of incompetence emerged (Hill et al., 2007; Nutt-Williams & Hill, 1996; Thériault et al., 2009). A novice therapist described her feelings as follows:

I guess it just goes back to reminding myself a lot of “you don’t need to be perfect. You don’t need to do this right 100% of the time. You’re only human. With more experience, you know, you’ll catch on to this. It doesn’t mean you’re the worst counsellor that has ever lived, you know; think of all the young women who really enjoy coming to see you.” So there’s just, you know, I guess that kind of dialogue that goes on where I’m trying to figure out, “OK, it doesn’t mean I’m absolutely horrible” (Thériault et al., 2009, pp. 113-114).
Neff (2003) suggested that people with high levels of self-compassion have higher ‘true self-esteem’. As referred in Jung’s concept of the wounded healer, Winnicott (1960) introduced the concept of the True Self and described it as having authentic and spontaneous experiences, and feeling live and real. On the other hand, the False Self was described as giving importance to other people’s expectations more than the personal ones. Therefore, as Winnicott (1960) stated, alienating from the real and authentic core self leads to the development of the False Self. Related to Winnicott’s concept of the True Self, Deci and Ryan (1995) described true self-esteem as ‘optimal’ and not contingent on other people’s expectations and standards. According to Ryan and Brown (2006), the development of true self-esteem is associated with the behaviors as reflections of the individual’s authentic core self. In other words, true self-esteem is a sense of self-worth in which the individual behave in an autonomous and self-determined way. People with true self-esteem do not base their self-worth on external motivations such as other people’s approval. Rather, they experience their self-worth as an inherent aspect of being (Deci & Ryan, 1995).

1.4.3 Boundary making

Several studies suggested that increase in clarifying boundaries and differentiating responsibility is associated with decrease in feelings of incompetence (Bischoff, 1997; Bischoff, Barton, Thober, & Hawley, 2002; Skovholt & Rønnestad, 1992; Skovholt & Rønnestad, 2003; Thériault & Gazzola, 2006; Thériault et al., 2009). Bischoff (1997) pointed that to the development of novice therapists’ confidence in their clinical competence was related to the establishment of the clear boundaries. Those research findings indicated that to develop professional self, psychotherapists, especially novice therapists, should clarify two boundaries: the therapist-patient boundary and the professional self-personal self boundary.
1.4.3.1 Boundary between the therapist and the patient

In terms of the therapist-patient boundary, the findings suggested that beginning psychotherapists have permeable boundaries with patient problems for which they can take on responsibility. Due to lack of experience, novice psychotherapists view patient improvement as the determinant of their success (Skovholt & Rønnestad, 1992). Therefore, they can take the whole responsibility for change and progress and this situation creates pressure and anxiety for them (Bischoff, 1997). In turn, those emotions lead to an increase in psychotherapists’ feelings of incompetence (Thériault & Gazzola, 2006; Thériault et al., 2009). Related to the findings on feelings of incompetence which arouse from permeable boundaries between the therapist and the patient, the researchers stated that with the development of the professional self, psychotherapists learn both to share the responsibility of therapeutic change and progress with their patients and to set boundaries that should exist between them and their patients.

1.4.3.2 Boundary between the professional self and the personal self

In addition to the boundary between the therapist and the patient, Bischoff (1997) focused on the necessity of setting boundary between the professional role and the personal role. Before entering the professional life, all psychotherapists have experience helping their families and friends with their problems (Rønnestad & Skovholt, 2003). Before setting the professional self-personal self boundary, the distinction between the ‘lay helper’ role and the professional role has become confused (Bischoff, 1997; Rønnestad & Skovholt, 2003). Therefore, this role confusion evokes stress and feelings of incompetence for novice therapists. Bischoff (1997) suggested that in the first three months of clinical experience, setting the boundary, especially for novice therapists, is an important coping mechanism to deal with the feelings of incompetence.
1.4.4 Alternative ways

In addition to the coping mechanisms of peer support, sense of self-compassion, and boundary making, Thériault et al. (2009) found alternative ways to cope with feelings of incompetence. They indicated that psychotherapists cope with feelings of incompetence through relying on theoretical parameters. In this regard, it was seen that psychotherapists used theory to describe their roles as a therapist: directive, nondirective, guide, and so on. Making self-protective choices was found as another coping way. For instance, psychotherapists could refuse to make therapy with certain patient population that induces feelings of incompetence in them. In addition to these coping ways, psychotherapists also specified that focusing on the relationship with the patient and the process rather than on techniques decrease their feelings of incompetence.

1.5 Feelings of Incompetence and Supervision

Supervision can be conceptualized as “a relationship between a supervisor and a therapist to help the therapist more effectively engage in a purposeful relationship with a patient” (Shanfield, 2002, p. 741). In terms of feelings of incompetence, although supervision is helpful for psychotherapists to overcome these feelings, several studies indicated that disclosing feelings of incompetence can be difficult in supervision.

Yourman and Farber (1996) conducted a quantitative study with 93 trainee participants to investigate whether therapists distort or do not disclose stuff that induce feelings of incompetence to their supervisors. They found that although for psychotherapists, it is hard to disclose feelings of incompetence; it is not a ‘taboo’.

In contrast, the study by Thériault et al. (2009) focused on the consequences of feelings of incompetence in ten novice psychotherapists. The study results suggested that experiencing feelings of incompetence was seen as ‘taboo’ by inexperienced
therapists and that therapists were more inclined to show their supervisors good stuff rather than things creating feelings of incompetence. This action can be interpreted as therapists’ protection of themselves by avoiding negative evaluations from their supervisors. In connection with the results of this study, Hill et al. (2007) studied experiences of novice trainees on becoming psychotherapists, with five trainees. The results showed that positive feedback of supervisors and their empathic and supportive attitude was helpful for novice therapists to resolve their incompetence. In relation, Rønnestad and Skovholt (2003) stated that when novice therapists perceived criticism from their supervisors, it affected their mood negatively. As Skovholt and Rønnestad (1992) mentioned, especially the need for support for novice therapists can be interpreted as the absence of an internal evaluation criterion for assessing how they are doing in the therapy, and therefore they become dependent on external evaluation criteria such as supervisors viewpoints.

De Stefano et al. (2007) conducted a study with 27 trainee participants and found that for dealing with feelings of incompetence and failure, in terms of discussing these feelings with their peers, group supervision was helpful.

The results of these studies can be interpreted as that disclosing feelings of incompetence is seen as taboo for inexperienced therapists due to the fear of being criticized by their supervisors. Yet, for experienced therapists expressing feelings of incompetence to their supervisors is not considered as taboo. During this transition process from being inexperienced to experienced therapists, sharing of the feelings of incompetence with peers might be a protective factor.

1.6 Feelings of Incompetence in Relation with the Professional Self

It can be argued that the professional self gains importance in relation to therapists’ feelings of incompetence. Developmental models of therapist growth pointed out that anxiety about performance declines with the professional self-development of the therapist, so do the doubts about self-competence. Bischoff (1997) indicated that the
developmental process of novice therapists contains the development of confidence in their clinical competence. Similar to the developmental models of therapist growth, Hill et al. (2007) found that at the beginning of the semester, novice trainees were less anxious at the graduate classes, more confident in their clinical competence, and more comfortable in their therapist role. Thus, it can be argued that with time the struggle of becoming a psychotherapist tends to involve a period with professional self-doubts and feelings of incompetence (Skovholt & Rønnestad, 2003; Stoltenberg, 2005).

Researchers showed that in relation to the developmental model, therapists’ needs were differentiated in the supervision process. Orlinsky and Rønnestad (2005) indicated that at the beginning of their professional lives, inexperienced therapists expect more help, support, and guidance from their supervisors than experienced therapists. Collins and Long (2003) emphasized that the process of becoming a psychotherapist is more stressful for inexperienced therapists. Similarly, in a study by Orlinsky and Rønnestad (2005), psychotherapists noted that at the beginning of the professional self-development, therapists are more stressful, use more avoidance as a coping mechanism with difficulties in the therapy, and feel more incompetent. Accordingly, the researchers emphasized that they need more support from third parties, such as their supervisors, to feel more competent.

According to Rønnestad and Skovholt (2003), the professional development involves an increasing integration of the professional self and the personal self. During this integration process, personality of the therapist and his or her theoretical approach become integrated with each other and that the therapist naturally applies techniques that are congruent with his or her personality through formulating his or her professional roles. In addition; several studies indicated that professional development is a life-long process (Orlinsky et al., 1999; Skovholt & Rønnestad, 1992). Therefore, being open to learning new material has an important place in professional self-development and therapists’ self-perceived mastery (Rønnestad & Skovholt, 2003).
As mentioned in Jung’s conceptualization of psychotherapist as the wounded healer, if early childhood wounds are not healed, these unhealed wounds express themselves in the professional functioning. In this way, these experiences may have a negative influence on the professional development (Rønnestad & Skovholt, 2003). Herewith, for the professional self-development, the therapist should become aware of and understands his or her wounds and s/he should be in the process of healing of these negative experiences.

1.7 On the Researcher’s Journey of Becoming an Experienced Therapist

1.7.1 Personal experiences with feelings of incompetence

I felt incompetent several times as a psychotherapist during my graduate education. During my doctorate education in the clinical program of Middle East Technical University, I improved my skills on practicing psychotherapy. Throughout this period, I noticed that incompetency, which was difficult to express and something to be avoided at the beginning of my professional life, evolved into a more acceptable and permissible feeling. For this reason, it has been interesting for me to uncover the significance of feelings of incompetence for novice and experienced psychotherapists.

At the beginning of my professional life, performance anxiety was in the forefront for me as a novice psychotherapist. For this reason, at the initial practices of being a psychotherapist, feelings of incompetence were more intense for me and I tried to cope with it by avoiding it. During the doctorate education, I began to accept feelings of incompetence and allowed these feelings to take place more. For me, the most important factors through which incompetency evolved from being a feeling to be avoided to being a feeling to be accepted were both the environment in the clinical program that allowed the development of sense of self-compassion and the opportunity that as doctorate students became more experienced at practicing psychotherapy they involved into the system as being supervisors to the master’s
level graduate students. Through this process, I integrated my professional identity into my personality and maintained my professional self-development.

I, as both a therapist and a supervisor, have experienced that as a way of coping with feelings of incompetence, I should show the compassion that I had been showing to others, to myself initially. In this way, I have gained the ability to provide some space for the development of self-compassion. In addition, I have experienced feelings of incompetence as a natural feeling that is professionally felt. As a result, I have carried this outlook to other situations other than the clinical program.

1.8 The Aim of the Present Study

The current study aimed to examine subjective experiences of both novice and experienced psychotherapists about their feelings of incompetence in relation to their professional self-development. The phenomenological analysis was conducted to gain in-depth understanding on the sources and consequences of feelings of incompetence, and psychotherapists’ defense mechanisms.

For this purpose, the following questions were asked: What makes novice and experienced psychotherapists doubt about their competence? What are the possible consequences of psychotherapists’ feelings of incompetence? How do psychotherapists cope with their feelings of incompetence? How are feelings of incompetence related to the professional self-development?
CHAPTER 2

METHODOLOGY

2.1 Rationale of Using Interpretative Phenomenological Analysis

2.1.1 Philosophical assumptions of interpretative phenomenological analysis

Interpretative Phenomenological Analysis (IPA) was developed by Jonathan Smith to explore idiographic subjective experiences (Smith, 1996). Idiography as a theoretical base has its concerns on detailed understanding of individual experience (Smith, Flowers, & Larkin, 2009). The development of IPA is guided by three major philosophical traditions: phenomenology, hermeneutics, and symbolic interactionism (Smith & Osborn, 2003). Firstly, phenomenology is a philosophical approach for understanding a person’s subjective experience from the person’s own perspective rather than producing an objective statement about the phenomena being studied. Secondly, hermeneutics, the theory of interpretation, takes an important place in IPA. Through hermeneutics, the meaning of phenomenon being studied is reviewed primarily from a first-person perspective. This keeps the focus on the active role of the researcher in the exploration of the phenomenon being studied. Therefore, while the participants are trying to make sense of their world, the researcher is also trying to make sense of the participants’ world as well as making sense of their own world. In this context, a double hermeneutic is involved in IPA (Smith, 2004; Smith & Osborn, 2003). Finally, symbolic interactionism is another IPA’s theoretical underpinning. It refers to the way meanings are constructed by individuals within one’s both social and personal worlds (Smith & Osborn, 2003). In this regard, the meaning-making of individual is the central focus in IPA. Yet, both the researcher and individual can reach this meaning through interpretation (Biggerstaff & Thompson, 2008).
2.1.2 Why interpretative phenomenological analysis?

In the present study, IPA was chosen in order to gather rich and in-depth information about psychotherapists’ feelings of incompetence. IPA was used to analyze the data collected by semi-structured interviews. As a method of qualitative investigation, IPA was suitable for the present study because; it allowed for idiographic detailed investigation of psychotherapists’ feelings of incompetence. As discussed by Smith and Osborn (2003), IPA is a qualitative research design focusing on how people make sense of their world and their lived experiences. According to Howitt (2010), IPA can be used when a person’s psychological experiences are being studied through the person’s own perspective.

Considering that feeling of incompetence is a personal experience, the aim of using IPA in the current study is to explore psychotherapists’ personal experiences about their feelings of incompetence, its sources and consequences, and adopted coping mechanisms in detail and to understand the meaning of psychotherapists’ feelings of incompetence in relation to their professional self from their own perspective. By focusing on the lived experiences and personal world of the participants via IPA, this study will deepen the understanding of feeling of incompetence among psychotherapists.

2.2 Participants and Sampling Method

A purposive sampling process was followed consistent with the IPA guidelines (Smith & Osborn, 2003). In relation with it, the study had a homogenous sample. The present study was conducted with five female psychotherapists, aged between 24 and 29, all of whom were graduate students at the clinical psychology program of Middle East Technical University. The participants were three novice therapists who were master’s students and had conducted 0 to 50 psychotherapy sessions, and two experienced therapists who were doctorate students and had conducted more than 300 psychotherapy sessions. Also, they involved into the system as being supervisors
to the master’s level graduate students. All participants had been actively engaging in the practice of psychotherapy at the time of the study, and they had all completed the required courses of the program and had been working on their thesis. These criteria were established to offer uniformity to the sample base. The researcher reached the participants via telephone through AYNA Clinical Psychology Unit and informed them about the study. The interviews were scheduled with participants who accepted to participate in the study. The characteristics of the participants were listed in Table 1.

According to Smith and Osborn (2003), as a sample size three or four participants are a greatly useful number. Therefore, sample size was coherent with IPA guidelines. They suggested that this number for the sample allows adequate in-depth investigation with each individual case. Also, it allows an examination of similar and different themes of these cases in detail.

2.3 Materials

2.3.1 Defense Style Questionnaire (DSQ-40)

Defense Style Questionnaire is a self-report inventory composed of 20 defenses each of which is represented by 2 items. Each item is answered on a 9-point likert type scale where 1 indicates “completely disagree” and 9 indicates “fully agree”. The questionnaire has three dimensions as immature defenses (acting out, autistic fantasy, denial, devaluation, displacement, dissociation, isolation, passive aggression, projection, rationalization, splitting, and somatization defenses), neurotic defenses (idealization, pseudo altruism, reaction formation, and undoing defenses), and mature defenses (anticipation, humor, sublimation, and suppression). The internal consistency coefficients of immature, neurotic, and mature defenses were .68, .58, and .80, respectively. The test-retest coefficients were .75 for mature defenses, .78 for neurotic defenses, and .85 for immature defenses (Andrews, Singh, & Bond, 1993).
<table>
<thead>
<tr>
<th>Anonymised Name</th>
<th>Age</th>
<th>Education</th>
<th>Theoretical Orientation</th>
<th># of Sessions</th>
<th># of Patients</th>
<th># of Hours of Supervision</th>
<th>Their Own History of Psychotherapy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Therapist 1</td>
<td>24</td>
<td>Thesis year at MA program</td>
<td>Psychodynamic</td>
<td>11</td>
<td>2</td>
<td>48</td>
<td>No</td>
</tr>
<tr>
<td>Therapist 2</td>
<td>29</td>
<td>Thesis year at PhD program</td>
<td>Psychodynamic, Schema</td>
<td>1500</td>
<td>30-35</td>
<td>&gt;3 years</td>
<td>Yes (2,5 years - continue)</td>
</tr>
<tr>
<td>Therapist 3</td>
<td>25</td>
<td>Thesis year at MA program</td>
<td>Psychodynamic, Schema</td>
<td>34</td>
<td>3</td>
<td>60</td>
<td>No</td>
</tr>
<tr>
<td>Therapist 4</td>
<td>27</td>
<td>Thesis year at MA program</td>
<td>Psychodynamic</td>
<td>40</td>
<td>3</td>
<td>80</td>
<td>Yes (2,5 years – continue)</td>
</tr>
<tr>
<td>Therapist 5</td>
<td>28</td>
<td>Thesis year at PhD program</td>
<td>Schema, Humanistic</td>
<td>300</td>
<td>10</td>
<td>250</td>
<td>No</td>
</tr>
</tbody>
</table>
The Turkish adaptation of the scale was conducted by Yılmaz, Gençöz, and Ak (2007) (see Appendix B). The internal consistency coefficients of the mature, neurotic, and immature defense styles were .70, .61, and .83, respectively. The test-retest reliability was .75 for mature defense style, .88 for neurotic defense style, and .86 for immature defense style.

The purpose of using DSQ-40 is to interpret the results of qualitative analysis. The researcher aimed to interpret the results of qualitative analysis with the results of the scale. When there was a difference between participants’ self-reports and the researcher’s observations, the researcher tried to understand the sources of this difference.

2.4 Procedure

First of all, permission of Middle East Technical University Ethical Committee was taken. Before proceeding to the questionnaire and interview, an informed consent form consisted of brief information about the study was taken from the participants (see Appendix A).

Data was collected through semi-structured and face to face interviews that took between 90 and 120 minutes. There were main research questions in researcher’s interview guide (see Appendix C). Yet, the participants were encouraged to talk in detail about the topic and were probed further on important points. According to Smith and Osborn (2003), semi-structured interviews make easier to establish rapport/empathy with the respondent. This method also allows the interviewer to probe new and interesting areas that arise; thus produces richer data.

The participants were interviewed at AYNA Clinical Psychology Unit. All interviews were conducted by the researcher of the present study. The rapport between the researcher and the participants was enhanced by taking demographic information about the participants such as age, education level, the number of year
they had been in the profession, their theoretical approach, the number of therapy sessions they had conducted, the number of patient they had conducted therapy with, the number of hours of supervision they had taken, and their own psychotherapy history, at the beginning of the interviews.

2.5 Data Analysis

All interviews were audiotaped and transcribed. The data was analyzed by the guidelines of IPA (Smith & Osborn, 2003). In accordance with Smith, Jarman, and Osborn (1999), four stages of IPA for the data analysis were reported separately in the following section.

2.5.1 Stage 1: Looking for themes in the first case

After the first case interview, data analysis started. At the first stage, the transcript of the first case was examined by reading it a number of times to become familiar with the text. It referred to a detailed idiographic case examination. The left-hand margin of the transcript was used to take notes about the significant points on which the participant mentioned. The researcher also noted her observations and included them to the analysis. After returning to the beginning of the transcript, the right-hand margin was used to note emergent themes. As Smith and Osborn (2003) indicated, the number of emerging themes points out the richness of the transcript.

2.5.2 Stage 2: Looking for connections

At this stage, emerging themes through the whole transcript were written on a separate sheet in a chronological order. The researcher looked for theoretical connections between these themes and tried to cluster some themes together on a theoretical basis and to set some themes that emerged as superordinate themes.
2.5.3 Stage 3: Providing a table of themes

The next stage is to produce a table of the superordinate and subordinate themes that were generated for the first case. These themes suggested a hierarchical relationship between them. During this process, some themes were dropped when they did not fit well with the emerging clusters. The superordinate and subordinate themes were exemplified by rich key sentences from the transcript. The same procedure was followed for the second case.

2.5.4 Stage 4: Continuing the analysis with other cases

Lastly, the same process was repeated for each case. Cross-case comparisons were done to reveal the recurrent themes. Through this process the final table of superordinate and subordinate themes was generated.

2.6 Trustworthiness of the Study

In order to achieve trustworthiness, qualitative research has its own components as adequacy of data, adequacy of interpretation, and subjectivity and reflexivity (Morrow, 2005). In the following section, these components were described for the present study.

2.6.1 Adequacy of data and adequacy of interpretation

In the present study, to achieve standards of credibility as adequacy of data and adequacy of interpretation, the researcher collected and analyzed the data according to the guidelines of IPA. In the present study, semi-structured interviews were used to gather rich and in-depth understanding of the phenomena of interest. In addition, to ensure honesty in participants, the consent form informed them about the opportunity to refuse to participate or discontinue the interview whenever they felt uncomfortable. Therefore, the researcher tried to collect data from participants who
were willing to participate to the study (Morrow, 2005). Also, as can be seen at the results section, the results of the present study were discussed in line with the previous research findings in the literature (Silverman, 2000).

In addition, the researcher documented a detailed audit trial. It included an examination about how the data was collected, recorded, and analyzed (Bowen, 2009). The researcher should document the audit trial by keeping documents collected from participants, transcriptions, audio records, test scores, and interview notes. In addition to the audit trial, as recommended by Bitsch (2002) peer examination was used to enhance the credibility of the present study. The researcher discussed her research findings with a colleague who had been a doctoral student doing her qualitative research.

Lastly, as mentioned by Patton (2002), the researcher’s ‘reflective commentary’ is important for the credibility of the research. It refers to understand the researcher’s effect on the research. For this aim, the researcher noted her observations and emotions about the participants during the interviews.

### 2.6.2 Reflexivity

During my graduate education, I have had a part as a therapist in the clinical system where the sample was collected. Accordingly, two participants who were classified as experienced therapists have known me. On the other hand, the other three participants who were classified as novice therapists have not known me. During the data collection process, I observed the following effect with the participants who had known me; the interviews progressed more smoothly from the beginning. In contrast, with the participants who had not known me, a warm-up process was needed at the beginning and with time, the interview became smoother.

Before the data collection process, I concerned about the probability that participants might share just a limited portion of their experiences about their feelings of
incompetence. Yet, this concern diminished and disappeared at the beginning of the data collection process. I attributed this to the fact that both new and experienced therapists had been familiar with feelings of incompetence in the clinical program and able to talk to their supervisors and to their peers about these feelings. Therefore, I observed that these previous experiences had a positive effect on the interviews and talking about these feelings was not taboo for the therapists from all experience levels. After the interviews, when the participants were asked to give feedback on the interviews, they stated that it was good for them to think about the areas they did not notice before.

During the process of becoming a psychotherapist, I have felt incompetent several times. At the beginning of my professional life, I felt incompetent more frequent and more intense. During the process of transition from novice to experienced therapist, there became a difference in meaning-making process of feelings of incompetence. In relation, it has been interesting for me to uncover the meaning of these feelings for novice and experienced psychotherapists. During the interviews with both novice and experienced therapists, as an insider, I have felt a sense of partnership and tended to focus more on the points where I used to have similar feelings or experiences.

In general, I observed that during the process of professional self-formation, novice therapists had desires to be perfect, had fear of being criticized by the supervisor or the clinical system, and tried to cope with the feelings of incompetence by avoiding them. Therefore, I have interpreted that in this way, novice therapists have experienced the false self. In contrast, experienced therapists seemed to have developed the sense of self-compassion by acknowledging incompetence as a common feeling for humanity. In relation, I have interpreted that with time, experienced therapists’ desires to be a perfect therapist have decreased and they began to experience their true self.
CHAPTER 3

RESULTS & DISCUSSION

3.1 Results

Based on the results of an interpretative phenomenological analysis on feelings of incompetence of novice and experienced therapists, nine superordinate themes emerged. The themes were named as; ‘Therapist’s feelings of competence’, ‘Therapist’s feelings of incompetence during therapy process’, ‘Therapist’s feelings of incompetence during supervision’, ‘Evaluation of feelings of incompetence within the definition of self’, ‘Evaluation of feelings of incompetence in the framework of professional self’, ‘Issues related to the personal process of the therapist as the source of feelings of incompetence’, ‘Issues related to the therapy process as the source of feelings of incompetence’, ‘On the consequences of feelings of incompetence’, and ‘On the mechanisms of coping with feelings of incompetence’ (see Table 2). These themes will be covered one by one in the following subsections.

3.1.1 Therapist’s Feelings of Competence

When novice and experienced therapists were asked to describe a therapist who felt adequate/competent and inadequate/incompetent, it was seen that novice therapists identified themselves with the definition of a therapist feeling incompetent. However, it was seen that experienced therapists defined themselves as a therapist feeling more qualified/competent and they made their descriptions through their own experiences. While Therapist 2 (an experienced therapist) defined herself as a therapist who feels more competent/adequate with professional satisfaction;
Table 2. Properties of Feelings of Incompetence in Novice and Experienced Therapists

<table>
<thead>
<tr>
<th>Superordinate Themes</th>
<th>Subordinate Themes</th>
<th>Dimensions</th>
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</thead>
<tbody>
<tr>
<td>Therapist’s feelings of competence</td>
<td>The mastery of theoretical knowledge, training, and experience</td>
<td></td>
</tr>
<tr>
<td>Therapist’s feelings of incompetence during therapy process</td>
<td>Development of self-compassion</td>
<td></td>
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<tr>
<td>Therapist’s feelings of incompetence during supervision</td>
<td>Professional self-formation</td>
<td></td>
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<tr>
<td>Evaluation of feelings of incompetence within the definition of self</td>
<td>Indecision about theoretical orientation, lack of training and experience</td>
<td>Trouble in handling therapeutic issues</td>
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<tr>
<td></td>
<td>Learning and using therapy skills</td>
<td>Difficulty in managing therapy sessions</td>
</tr>
<tr>
<td>Evaluation of feelings of incompetence in the framework of professional self</td>
<td>Anxiety of criticism</td>
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<td></td>
<td>Critical attitude on self</td>
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<tr>
<td></td>
<td>Need for approval/appreciation</td>
<td>Need for reparation/compensation</td>
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<tr>
<td>Superordinate Themes</td>
<td>Subordinate Themes</td>
<td>Dimensions</td>
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<tr>
<td>Issues related to the personal process of the therapist as the source of feelings of incompetence</td>
<td>Family relations</td>
<td>Closeness and engagement</td>
</tr>
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<td></td>
<td>Personal vulnerabilities</td>
<td>Responsibility and boundary</td>
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<tr>
<td>Issues related to the therapy process as the source of feelings of incompetence</td>
<td>Process-outcome discrepancy</td>
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<td></td>
<td>Therapeutic alliance</td>
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<tr>
<td>On the consequences of feelings of incompetence</td>
<td>Self-awareness</td>
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<td></td>
<td>Experience in theoretical and practical knowledge</td>
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<tr>
<td></td>
<td>Emotional-physical burden</td>
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<tr>
<td>On the mechanisms of coping with feelings of incompetence</td>
<td>Avoidance</td>
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<td></td>
<td>Peer support</td>
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<tr>
<td></td>
<td>Sense of self-compassion</td>
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<td></td>
<td>Setting boundary on professional role</td>
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<td></td>
<td>and personal role</td>
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</table>
Kendimi açıkça geldiğim noktada yeterliye yakın hissediyorum, klinik psikolog olarak her şekilde terapi yapabilirim, araştırma yapabilirim… Biliyorum Türkiye’de ya da Ankara’da iyi öğrenenlerden biri olduğunu düşünüyorum. Tabii ki de öğrenme biten bir şey değil ama pek çok meslektâşma göre yaptığım şeyin daha bir temeli olduğunu hissediyorum diyeyim en azından.

Therapist 4 (a novice therapist) described herself as a therapist who feels incompetent.

Ben yeterli hissetmeyen biriyim. (gülmsiyor) İnsan olarak da terapist olarak da... Zaman zaman yüzeye çıkan bir tema oluyor bu özellikle... Dolayısıyla yetersiz hisseden terapisti iyi tanımlayabilirim diye düşünüyorum.

According to the results, the differences between the identifications of novice and experienced therapists were explained by the fact that the superordinate theme of therapist’s feelings of competence had three subordinate themes within itself. These subordinate themes were named as; “The mastery of theoretical knowledge, training, and experience”, “The development of self-compassion”, and “Professional self-formation”.

3.1.1 The mastery of theoretical knowledge, training, and experience

In the definitions of novice and experienced therapists, it was emphasized that the mastery of theoretical orientation in parallel with training and experience gained by the therapist has an important role in feelings of competence.

Terapist bir yaklaşımı seçmiş olabilir, o yaklaşımı hakikaten içselleştirip ya da o yaklaşımı içselleştirdiğini düşünüp uygulayabiliyorsa bence yeterlidir. 

-(Therapist 1)

Teorik bir baza oturtabilen danışan, yeterli bir terapisttir. Sorunlarını anlayabilen, aslında doğru soru sormak faal da buradan geçiyor gibi. Şu sorunu olan bir dansına şu sorulmayacakken, diğerine sorulabilir gibi. O sorunu bir temele oturtmak, teorik bir çerçeveye koymak gibi.

-(Therapist 3)
3.1.1.2 The development of self-compassion

In their self-definitions as a therapist, experienced therapists emphasized that besides theoretical knowledge, the development of self-compassion that allows the therapist to gain awareness on his/her own deficits and to accept negative emotions about these deficits, and to make lessons out of mistakes is also important. Therapist 2, who was asked to describe a therapist who feels competent, emphasized the aspect of self-awareness, which allowed her to make mistakes and to see what she lacks of and what she needs.

It was seen that novice therapists were not able to internalize the feeling of self-compassion, and for this reason, it was not functional for them. However, within the scope of self-definition, self-awareness of being a therapist with deficits increased in the process. Therapist 1 mentioned that she did not have to face feelings of incompetence before the graduate process. Hence, she could have covered this feeling. Yet, in her graduate education, she expressed that she had to face these feelings. She stated that this necessity also had her to see the positive aspect of these feelings as raising awareness about herself.

3.1.1.3 Professional self-formation

For experienced therapists, regarding definitions of a therapist feeling adequate/competent, it was found that in their self-definitions, professional self-formation and their therapist identities have an important place. Therapist 2 stated
that during the period of her academic and professional life, her expectations were changed. During that period, she did not expect from the system to give everything to her and she adopted an active role in her profession and formed her professional identity in this way. She indicated that she felt herself as a more adequate/competent therapist by integrating her professional identity into her self-definition.

Therapist 5 expressed that in her academic and professional life, she has progressed from the definition of a therapist who can do everything to the definition of a therapist who can be good-enough, and has developed her professional identity accordingly.

On the contrary, professional self-formation of novice therapists was not complete. It was seen that they were in the process of questioning their own competence, and therefore, they could not integrate their therapist identities into their self-definitions. Therapist 3 questioned her competence in interpreting feelings of incompetence in the frame of her professional self, and expressed the feeling of helplessness together with these feelings.
3.1.2 Therapist's Feelings of Incompetence during Therapy Process

The most important difference between novice and experienced therapists was the way they gave meaning to feelings of incompetence. According to novice therapists, feelings of incompetence were not easy to accept, it was seen as a difficult feeling to be avoided and to cope with. When asked if there was a change in the way of coping with feelings of incompetence during training process, Therapist 1 stated that she was unable to do anything to cope with these feelings now.

It turned out that, unlike the meaning that novice therapists gave to feelings of incompetence, for experienced therapists it was seen that these feelings have evolved as an acceptable and permissible feeling rather than an emotion that indicated the presence of imperfection. Therapist 2 expressed how feelings of incompetence changed meaning with the influence of her personal therapy and the graduate education she received as follows:

Therapist 5 stated that feelings of incompetence at the beginning of her academic and professional life were feelings that could not be changed in parallel with the feeling of helplessness. However, with training and experience these feelings evolved to a more repairable version.

Yetersizlik duygusu elbette ki önceden bir şeyler çağrıştırmıştır ama kafamı değiştirdip belki başka bir şeye odaklanıp daha böyle kafa dağıtma yapmış olabilirim diye düşünüyorum. Şimdi daha çok içindeyim. Yani yüzleşmeye anlamanı evet ama bu yüzleşmeden sonra baş etme anlamında yine de çok fazla bir şey yapmıyorum.

It turned out that, unlike the meaning that novice therapists gave to feelings of incompetence, for experienced therapists it was seen that these feelings have evolved as an acceptable and permissible feeling rather than an emotion that indicated the presence of imperfection. Therapist 2 expressed how feelings of incompetence changed meaning with the influence of her personal therapy and the graduate education she received as follows:

Daha kendime izin vermeye çalıştım, yani işte yanlış yapabilirsin, eksik de yapabilirsin, işte ne bileyim bu danışanla çalışmak da istemeyebilirsin, nefret de edebilirsin. Yani bunları söyleyebilmenin, bu noktaya gelebilmenin, bilmiyorum belki daha hala gitmem gereken yol vardır ama anahtarı kendimde bu hisleri kabul etmekti. Kendi benliğimde de izin vermekle birlikte olan şeylerdi.

Therapist 5 stated that feelings of incompetence at the beginning of her academic and professional life were feelings that could not be changed in parallel with the feeling of helplessness. However, with training and experience these feelings evolved to a more repairable version.

O baştaki çaresiz bir şeydi. Yetersiz, yeterli hale gelebilecek bir şey gibi değildi. Bir kusur var, düzeltilebilecek bir şey değil gibiydi. Şimdi yetersizliklerim var ve değiştirebilirim gibi geliyor.
An important reason for the difference between the meanings given to feelings of incompetence by novice and experienced therapists was the feeling of self-compassion that novice therapists have not developed as experienced therapists did. Related to it, the researcher interpreted that novice therapists’ expectations about themselves and standards on their performances were higher according to their experience and training levels.

Yüksek lisansta şöyle hissediyordum: ‘Tek bir hakkın var (gülümsüyor), tek bir şansın var, çok iyi yap.

-(Therapist 2)

Ben kendimi içsel olarak yetersiz hissettiğim için, ben kendimden çok üst bir performans beklediğim için ne yaparsam yapayım yetersiz geliyor… Belirli bir çita oluyor sanırım ki ve o çitaya ulaşamazsam otomatik olarak yetersiz, eksik her neyse öyle görüyorum kendimi. Ama o çita da çok yüksek diye düşünüyorum.

-(Therapist 4)

Depending on the differences in giving meaning to feelings of incompetence, interpretation differences occurred in the descriptions of therapist feeling incompetent made by novice and experienced therapists. Depending on these differences in interpretation, it was found that the superordinate theme of therapist’s feelings of incompetence during therapy process had two subordinate themes in itself. These subordinate themes were named as; “Indecision about theoretical orientation, lack of training and experience” and “Learning and using therapy skills”.

3.1.2.1 Indecision about theoretical orientation, lack of training and experience

For novice therapists, relevant to the emphasis on the mastery of theoretical knowledge and experience in the definition of a therapist who feels competent; experiencing confusion about theoretical knowledge and orientation, and feeling lack of experience were seen as dominant in the definition of a therapist feeling incompetent.
For experienced therapists, it was seen that experiencing indecision about theoretical orientation and lack of training and experience were not among the prominent themes at their current training and experience level. However, at the beginning of their academic and professional lives, like novice therapists, confusion about theoretical orientation made them feel incompetent. When Therapist 2 was asked to interpret the difference between feelings of incompetence now and through graduate years, she explained this difference as follows:

Yüksek lisansta formüle edebilmek, teorik bir yere oturtabilmek, onları yapamadığım noktalar gözüme çarpardi. Şimdi formüle etme kısmıyla ilgili daha iyi hissediyorum, daha yetkin hissediyorum kendimi. Eksik kalsam bile bir şekilde tamamlayabileceğimi hissediyorum... Yüksek lisansta en çok zaten bilgim eksikti. O önemli gözüküyordu o yüzden.

3.1.2.2 Learning and using therapy skills

As a result of experiencing indecision about theoretical orientation, in relation to the lack of mastery of any theoretical orientation and experience; novice therapists' descriptions of therapist feeling incompetent had the theme of the difficulty in learning and using therapy skills which emerged as another dominant sub-theme. It was seen that in their descriptions on therapist feeling incompetent, experienced therapists associated learning and using therapy skills with the behaviors destroying the therapeutic relationship and the therapy process due to therapist’s performance anxiety. Therapist 2 explained incompetent therapist basically as anxious and added
that this concern of the therapist could reach to a degree that would interrupt the therapy process as follows:

Yetersiz bir terapistle ilgili ilk aklına gelen şey, kaygılı bir terapist gibi diyebilirim. (gülüşüyor) Kendi performansıyla ilgili olan, ‘Ne yapıyorum, ne ediyorum, elimi kolumu nereye koyдум?’ gibi. Herhalde ilk terapistlik hallerimi düşündüne… (gülüyor) O kaygıyla birlikte herhalde karşıdaki o ihtiyaçci görmemek, kaçınmak…

For Therapist 5, within the context of therapist’s feelings of competence, the researcher came up with the interpretation that therapist feeling incompetent had worries about being good and this anxiety prevented the therapist from being able to be spontaneous during therapy session.

Yeterli terapist, yeterince iyi olabilen… Hakikaten iyi olmaya çalışmaz, spontan olarak orada bulunur.

Depending on the definitions of novice and experienced therapists, learning and using therapy skills has been divided into two parts: “Trouble in handling therapeutic issues” and “Difficulty in managing therapy sessions”.

3.1.2.2.1 Trouble in handling therapeutic issues

The sub-theme of trouble in handling therapeutic issues was seen as a theme which novice and experienced therapists emphasized in their description of both therapist feeling competent and incompetent. Therapist 1 mentioned trouble in handling therapeutic issues in the descriptions of therapist feeling competent and incompetent as follows:

Yeterli terapist, bir meseleyi görmemek yerine bir şekilde ele almaça çalışan bir terapist.. Çok bariz bir şeyi gözden kaçırma asında bir şey işaret ediyor. Gözden kaçırılayan diyebilirim yeterli terapist için, işlemleyebilen… Bence o anda olanı veremeyen de terapi odasında, yetersiz olabilir.

The sub-theme of trouble in handling therapeutic issues showed itself in the analysis as avoiding confrontation and having difficulty in handling negative feelings. For
both novice and experienced therapists, it was seen that the current theme caused feelings of incompetence and it adversely affected the therapy process. While for Therapist 1, it was about having difficulty in confrontation related to the lack of experience,

for Therapist 2, it was seen that she gained awareness about her difficulty in handling negative feelings such as anger.

Also, for Therapist 2, these feelings had its negative reflections on the therapy process due to not being aware of the needs of the patient.

Therapist 5 underlined that she avoided making confrontation during the period when feelings of incompetence were intense and this avoidance slowed down the therapy and had a negative effect on the therapy process.

3.1.2.2 Difficulty in managing therapy sessions

Difficulty in managing therapy sessions took place in the results as another sub-theme in frame of the theme of learning and using therapy skills. When novice and experienced therapists were asked for memories of feelings of incompetence they felt during the sessions, it was seen that experiences of various difficulties took place within the scope of session managements.

When novice and experienced therapists were asked for memories where they had the most common and intense feelings of incompetence, the answers of both groups came from their experiences regarding the supervision process. The reason was that as therapists were not aware of feelings of incompetence during the therapy sessions, they could not focus on these feelings. In relation, it was seen that they felt

Yetersiz hissettiğim danışanla ilişki kurulamamış gibi hissediyorum. Araya girmekte zorlanıyorum, zaman zaman araya sokmadığını görüyorum. Orada kişi olarak ben hiç yokmuşum gibi hissediyorum ama biraz yetersizlik hissini de canlandıryor bende gerçekleşten. Yanı mutlaka araya gireyim gibi değil ama o zaman ben burada neyim, onu biraz sorgulatıyor bana açıkçası.

-(Therapist 1)

Seans yaptığım bir danışan borderline tipe giriyor, baya uuyor örüntüsü ve çok zorlanıyorum artık, seansı idare etmekte çok zorlanıyorum sürekli. Yaptığım yorum sanki gitmiyor gibi hissediyorum. O süreyi kullanmakla ilgili çok zor zorlanıyorum.

-(Therapist 2)

For Therapist 3, feelings of incompetence raised difficulties in session management, and at the same time, she evaluated the way of coping with these feelings as follows:

Yetersizlik hissi oluştuğu sırada kapanıyor zihin. Hiç çözüm bulamama gibi bir şey oluyor. O anda ne yapacağımı bilmiyorum. Sonra karşı tarafı odaklamanı düşünmem, terapide kendimden bir şey koymuyorum, karşısında bana verecek, en kötü soru sorarım diyorum. Terapide yönlendiren kişi olmak ne kadar yetersiz hissetsem de bir yandan yetkinlik hissi veriyorum ve terapisi yönlendiren kişi olunce istersen buradan kaçarım, s sorusuna hiç cevap vermem, bambaşka bir yere girerim bunun içinde çıkıyor gibi düşünüyorum.

3.1.3 Therapist’s Feelings of Incompetence during Supervision

When novice and experienced therapists were asked about memories where they had the most common and intense feelings of incompetence, the answers of both groups came from their experiences regarding the supervision process. The reason was that as therapists were not aware of feelings of incompetence during the therapy sessions, they could not focus on these feelings. In relation, it was seen that they felt
incompetent in being aware of these feelings after ending up the therapy session. Yet, as stated by therapists, these feelings were more intense during supervisions than the therapy sessions. Therapist 2 explained the reason of feeling more incompetent during supervisions as follows:


Supervision process was interpreted both positively and negatively by the therapists. Within the framework of positive and negative interpretations of the supervision process, the theme of therapist’s feelings of incompetence during supervision was divided into two subordinate themes: “Anxiety of criticism” and “Personal development”.

3.1.3.1 Anxiety of criticism

The supervision process was interpreted by novice and experienced therapists as an area in which they experienced feelings of incompetence more frequently and more intensely. As therapists stated, the reason of feelings of incompetence which was one of the main feelings in the supervision process, was linked with the anxiety of being criticized by the authority. The fact that supervisors within the clinical system, seen as authority figures by the therapists, and they used to point out what therapists lacked and approached to therapists’ personal processes, in accordance with its nature these attempts were perceived as getting criticism by the therapists. For them, this anxiety of receiving criticism became an emotion going parallel with the feelings of incompetence. Therapist 1 stated that dealing with her personal processes in the supervisions brought an extra emotional burden to her as follows:
Similar to Therapist 1, Therapist 2 defined the supervisions she received at the beginning of her academic and professional life as a ‘wounding’ process through which she gained awareness about herself.

Therapist 3 stated that after she ended up the therapy session with feelings of incompetence and took that therapy session to supervision, she was afraid of being criticized by the authority.

Therapist 4 interpreted the supervision as a setting where her inadequacies were shown in the first place, so that feelings of incompetence were intense and accompanied by the thought of 'I am not a good therapist'.

Finally, it was seen that for Therapist 5, anxiety of receiving criticism and not being appreciated by the authority were more preliminary during the doctorate education. Therapist 5 interpreted this situation as that the number of therapists in supervision groups during the doctorate education was higher. It meant that she was less able to deal with her personal processes during supervisions and therefore, she received less support than she got during her master education.

3.1.3.2 Personal development

The fact that supervisors were seen as authority figures by the therapists in the supervision process, and their focusing on what therapists lacked and that their questioning of therapists’ personal processes triggered therapists’ anxiety of being criticized in the first stage. Yet, later, therapists interpreted the supervision process as an area of gaining self-awareness in the context of personal development. Therapist 3 expressed how she gained self-awareness by dealing with her personal processes in supensions as follows:

In addition, Therapist 3 stated that she had a negative feeling about the clinical system, being able to talk about this feeling with her supervisor gave her a different sense of competence.

Therapist 5 identified the supervision she received in her graduate education as an empathic, supportive, and awareness-creating process.
3.1.4 Evaluation of Feelings of Incompetence within the Definition of Self

When novice and experienced therapists were asked to define themselves, it was seen that novice therapists were more critical in their self-definitions than experienced therapists. In contrast, experienced therapist stated that they tended to integrate their positive sides into their self-definitions more than at the beginning of their academic and professional lives. Consequently, “Critical attitude on self” was analyzed as a subordinate theme.

3.1.4.1 Critical attitude on self

When novice therapists were asked to describe themselves, it was seen that these descriptions were mostly centered on their negative features rather than their positive features. Like novice therapists, experienced therapists also mentioned that they focused more on their negative sides at the beginning of their academic and professional lives, but they began to see their positive features within the process and tried to change their critical attitudes towards themselves. Therapist 2 described the change she underwent from the undergraduate education to the present as follows:

It was seen that the critical attitudes that emerged when novice and experienced therapists were asked to define themselves did not appear when they were asked to describe how the people in their environment described themselves. For Therapist 4, it was seen that the adjectives she used when describing herself through the eyes of the people in her environment, were different from the adjectives she used for her self-definition.
3.1.5 Evaluation of Feelings of Incompetence in the Framework of Professional Self

Parallel to the self-definitions of the therapists, when they were asked how they described themselves as a therapist, the definitions of novice therapists focused on the characteristics that they had difficulty with as therapists. In common, these features appeared to be the indecision about theoretical orientation and the difficulty of working with negative emotions and of setting boundary to the patient. On the other hand, it was seen that like in their self-definitions, experienced therapists integrated the areas where they felt competent and where they had difficulty with in their definitions as therapists. According to the results, there were two basic needs that were common to both novice and experienced therapists in the context of these definitions: “Need for approval/appreciation” and “Need for reparation/compensation”.

3.1.5.1 Need for approval/appreciation

It was seen that for both novice and experienced therapists, the need for approval/appreciation had its implications both in their therapeutic relationships and in their relations with the authority regarding the system. Therapist 2 expressed that she needed more approval from the authority figures in her master education because; she felt herself incompetent in terms of theoretical knowledge. However, she mentioned that her need for approval from the authority decreased with the development of her internal evaluations in a more independent manner within the process, but still not totally disappeared.

For Therapist 4, who has been experiencing the early years of training and professional life, it was seen that the need for approval both in therapy session and in supervision was associated with feelings of incompetence. Therapist 4 stated that she felt the need for approval in the areas she felt incompetent and this need showed itself as a behavior by making more explanation than adequate both in therapy sessions and in supervision.

Açıklama yapma gereği duyuyorum mesela danışanlara. Burada keselim deyip seansı bitirebileceğim, süremiz de belli, burada keselim çünkü birazdan başka biri kullanacak odayı gibi bir açıklama yapma gereği duyuuyorum minik de olsa. (gülüşüyor) Oysa onu yapmaya da bilirim. Dolayısıyla açıklama yapma birisi siktıkla yetersiz hissediyor dur. (gülüşüyor) Mesela süpervizyonların başında kısa raporlar yazıyordu resmen transkripte dönüyordu çünkü her şeyi süpervizör görüşün ki yanlıs bir şey yapıtsam o müdahale etsin niyetiyle yapıyordu çünkü kendini yetersiz hissediyordum. Dolayısıyla hep böyle diğer birine sorum hakkı duyan, bunu yapmayı ama nasıl yapayım acaba, nasıl yapılandırı ve saire gibi bir başka kendi üstüne biri kendinden üstüne gördüğü terapist olarak birişine danıştayrsa yetersiz hissediyordur bence.

Also for Therapist 5, it was seen that the need for approval/appreciation increased when she felt herself incompetent, and these feelings of incompetence decreased by leaving its place to feelings of competence at times when this need met. In addition, Therapist 5 stated that the approval/appreciation enhanced her self-esteem in parallel with feelings of competence.

3.1.5.2 Need for reparation/compensation

In addition to the need for approval/appreciation, which was one of the factors causing feelings of incompetence; the need for reparation/compensation, one of the consequences of feelings of incompetence, was described as a need experiencing in therapy sessions by novice and experienced therapists. As a fundamental factor in the emergence of this need, the therapists described that they behaved in a way they made mistakes during therapy sessions. As a result of these behaviors, the need for repairing the adverse effects of these mistakes on the patients emerged.

Moreover, Therapist 1 mentioned the possibility that feelings of incompetence she felt as a result of a mistake she thought that she made in the session, might be reflected as a performance anxiety to the therapy process as follows:

Yetersizlik hissinin terapi sürecine yansıması bir şeyi iyi yapmaya çalışmak olabilir ama iyi yapmaya çalışmak da yine yetersizliği getirecek gibi geldi bana şu anda, yine o onarım isteğiyle alakalı bir şey bence iyi yapma isteği.

3.1.6 Issues Related to the Personal Process of the Therapist as the Source of Feelings of Incompetence

Regarding the meaning of feelings of incompetence for therapists, in relation to the therapy process and the place of professional development, it was seen that personal
processes of therapists were the sources of these feelings. Since the personal processes of therapists were related to the areas they were sensitive to and were challenged in the therapy process, it became necessary to evaluate feelings of incompetence of therapists by referring to the family relationships and their reflections on the therapy process under separate themes. For this reason, “Family relations” and “Personal vulnerabilities” were analyzed as sub-themes.

3.1.6.1 Family relations

When novice and experienced therapists were asked to tell a memory about feelings of incompetence, examples mostly came from experiences of family relationships. To explore the meaning of each therapist's feelings of incompetence in the context of family relationships, therapists' family-related experiences were addressed separately.

Therapist 1 expressed incompetence as a feeling parallel to the feeling of competition with her mother and sister in the family. Therapist 1 stated that one of her reasons of choosing the field of clinical psychology was to discover the reasons and to make sense of this competitive feeling in the family. Therapist 1 expressed the feelings of competition in the family as follows:


In addition to feelings of incompetence, emerging from the competition with two authority figures in the family, mother and sister; the meaning of these feelings for Therapist 1 was seen as having done something wrong. Therapist 1 stated that her feelings of incompetence reminded her of the childhood memories of when she made mistakes and waited to be punished by her mother.
Yetersizlik bir adım, oradan çıkıyorum hata yapmış midim diye düşünüyorum. Oradan hata yaptım peki, nasıl olacak, eleştirilme anlamında ne denenecek kısmı, o çok cezalandırılmayı çağrıştıran bende. Terapiye etkisini düşünüyorum. Danışandan da değersizleştiğim, eleştiren bir yorum almaktan korkuyor olabilirim. Bu beni korkutuyor, cezalandırılmayı çağrıştıran bir şey olursa ne yaparım diye… Profesyonel kimlikte yetersizlik hissinin yeri var ama ben bu yetersizliği cezalandırılmaya özellikle bağlayarak aileme çok öfkeleniyorum.

As the therapist had a family environment that did not accept negative emotions, she also had a difficulty in experiencing her negative emotions. It was seen that negative emotions were considered as weakness and the therapist had a style that tried to stand strong from the outside, and in parallel to the fear of punishment, she gave meaning to criticism she experienced in the family as having made a mistake, and through which she closed herself to being criticized.

Similar to the feelings of competition experienced by Therapist 1 with her mother and sister, another competition was seen between Therapist 2 and her mother. For this reason, it seemed that the therapist had a desire to establish a power in her relations with women. On the other hand, she had more neutral feelings towards men.

Given feelings of incompetence of Therapist 3, it was seen that she shared the same experience with Therapist 1. Therapist 3 stated that she had a family environment in which negative feelings were not accepted and were considered weak, and for this reason she had difficulty in expressing negative emotions. She stated that she began gradually expressing her feelings to her close friends; however she preferred not to show these feelings to others who were not close enough because; these feelings might be considered as weaknesses and could be used against her by others.

Aile, duygumu çok göstermemeye çalıştım bir yer. Olumsuz duygunun çok kabul edilmediği ve güçsüzlük olarak algılanabildiği bir ailede büyüdüğüm için o tarafa çok
Similar to Therapist 1, Therapist 3 indicated that feelings of incompetence conceptualized itself as being a child who could not meet her mother’s expectations and not approved by her mother when she showed negative feelings. As negative emotions were not accepted by her mother, the therapist stated that she was trying to cope with these emotions alone without expressing it.

Therapist 3 stated that she felt more competent than her sister in the family environment where the mother was more dominant and the father was passive. She stated that since childhood, her sister was in the frontline with her problems. Therefore, she felt herself pushed in the background as a child trying to meet her mother’s expectations and she could not experience her competence because; she thought that her competence would reveal her sister’s incompetence.

For Therapist 4, feelings of incompetence were associated with having a critical mother who set high standards for the therapist, just like in other therapists’ lives. The therapist stated that because of the high expectations of her mother, she also set high standards for herself and when she could not reach these standards, she judged herself like her mother judged her and felt incompetent.

In connection with her mother’s criticism, Therapist 4 mentioned that until her high school years, for her family, especially for her mother, she was a good child who fulfilled their expectations, but she started raging about her mother during high school, and she stated that she was still angry at her.


Lastly, Therapist 5 voiced that the source of feelings of incompetence was the competition her aunts put her with her sister; she felt the need to be visible in her family relations and to get an approval/appreciation against her elder sister:


When the meaning of the need for approval/appreciation for the therapist was questioned in the context of parent-child relationships, she talked about having a supportive mother and an approving father. It was noticed that the therapist had feelings of incompetence when she could not see the approval and appreciation from authority figures (school teachers, relative environment) which she had seen from her mother and father. Therapist 5 interpreted her current relationship with her sister as supportive, but in the beginning, she described it as a relation like a peer relation in which she was criticized and attacked by her sister.

Annem anlayışlı, destekleyici bir kadındır. Olumlu şeyler hakikaten söyler. Takdir eder mesela. Babam aynı şekilde, hatta o fazla gurur duyar benimle ilgili. Daha küçücükken bile

3.1.6.2 Personal vulnerabilities

It was seen that the areas in the context of family relations in which novice and experienced therapists felt incompetent were associated with the areas in the therapy in which they experienced difficulty and developed sensitivity, and that these sensitivities reflected itself in the therapy processes they carried out with the patients. For this reason, the areas in which each therapist developed personal sensitivity were addressed in connection with the experiences mentioned in the sub-theme of family relations.

Therapist 1 stated that she could not compete with two important authority figures in the family, her mother and sister, and she felt defeated when she entered the competition with them. For this reason, she mentioned that she forced herself to comply with the authority in order not compete. It was also found that feelings of incompetence for the therapist were related to having made a mistake and expecting to be punished. In relation to this, it was realized that in order to protect herself from punishment, the therapist rejected even constructive criticisms and interpreted the negative comments as being judged.

For Therapist 1, the problems in her relation with the authority reflected itself in the therapy process and prevented her from handling the patient’s issues of conflict with the authority, thus she felt herself incompetent in this regard.
Finally, in accordance with the fact that Therapist 1 was raised in a family environment that could not contain negative emotions, it was seen that she had difficulties in handling negative emotions, and accordingly she had a tendency to avoid working with the issues that has negative feelings in the center such as mourning.

Similar to the difficulty experienced by Therapist 1, Therapist 2 also expressed that she had a difficulty in experiencing intense negative feelings in her private life and dealing with these feelings in therapy as well. When this difficulty was addressed in terms of family relations, the fact that her family could not contain negative feelings reflected on the therapist as a difficulty in experiencing and coping with these negative emotions.

As mentioned in the subordinate theme of family relations, Therapist 2 had a competitive relation with her mother and this relation was established on setting power on each other with the sense of competition. In connection with this competitive relation, it was seen that the therapist tended to reflect this experience on women on the therapy process as anger and a desire to establish empowerment with the female patients. On the other hand, the therapist established a therapeutic and neutral relationship with the male patients:
Erkeklerde daha nötr yaklaşıyorum gibi hissediyorum. Ortaklaştığım şeyler daha çok oluyor kadınlarla.

Like Therapist 1, Therapist 3 stated that being raised in a family environment where negative emotions were not accepted and there was no unconditional love and acceptance, had its reflections on the therapy process as well. This reflection emerged in the therapeutic relationship where the therapist insisted on meeting her own needs as if they were her patient’s needs.


It was seen that for Therapist 3, having a mother who could not contain negative feelings and having thoughts that these feelings were a sign of weakness was led her having difficulty in dealing with negative feelings in therapy.

Parallel to the difficulty in dealing with negative feelings, Therapist 3 expressed how her personal processes affected the therapy process with the patients who had similar vulnerabilities as her own, as follows:

In connection with having a family environment in which the therapist could not experience coping with negative emotions in a mature way, she also appeared to use defense mechanisms to suppress these feelings. With regard to the therapy process, it
was noticed that she had difficulty in questioning the coping ways of the patients using similar defense mechanisms as her own.

Therapist 4 expressed that she was the good child who met the expectations of her family until high school. This experience caused her to feel that, as long as she met the needs of others rather than her needs, she could be loved and accepted, and that negative feelings were not accepted. In line with this experience, it was seen that the therapist could not set boundary in her interpersonal relationships and matched negative feelings with having made mistakes. These experiences reflected in the therapy process as inability to set boundaries in the therapeutic relationship, in the fear of losing the patient.

It was seen that Therapist 4 felt incompetent in her interpersonal relationships where she could not have control. However, she felt competent in areas which she could control such as education. For the therapist who defined herself as fragile in her interpersonal relationships, it was noticed that she was sensitive to rejection and when she received any clue about it, she felt worthless and lost her self-respect. In the therapeutic relationship, the therapist associated the patient's questioning with the therapist's competence and having made a mistake. Therefore, it triggered the therapist’s need of compensation in order to keep the patient in the therapy.

Therapist 5 stated that the need for approval/appreciation existed in the context of family relations and the effort to be visible to the authority persisted until this day. This personal need reflected in the therapy process as feelings of incompetence, particularly with the patients who had similar needs. The therapist stated that she had difficulty in therapy with the patients who had a high need for approval and she experienced performance anxiety while working with them.

Therapist 5, besides having difficulty with dependent patients who seek approval, stated that she felt more competent with the patients who had borderline organization with narcissistic features. She felt competent while working with those patients, though most of the therapists had difficulty with this group of patients; she explained this situation based on the general perception that the tasks pursued by this group had been difficult to accomplish. Since childhood, Therapist 5 has been managing to be visible in her family and school by achieving the hard work and by being appreciated afterwards. Therefore, it was interpreted that she felt more competent with the patients where most therapists had difficulty with; thus such an accomplishment was a way of making herself visible in academic and professional life.

Narsist yapıdaki, challenge gibi geliyor, onda onun için daha yeterli hissediyorum. Zor bir şey ama başa çıkabildim gibi düşünüp onların daha kırılgan taraflarını görmeye çalıştım için ilişki kurabildiğimi görmek yeterli hissettirdiyor. Borderline örüntüsü olanlarda da sincer çekmek zordur, ama yumuşak tarzım kolaylaştırdı topkabaklar belki bazı zamanlar. Zor olabilecek tiplerle daha yapabilir, yapmalıyım gibi yeterli hissedebilirim sanki.
3.1.7 Issues Related to the Therapy Process as the Source of Feelings of Incompetence

Parallel to the personal processes of therapists as the source of feelings of incompetence, it was seen that various factors related to the therapy process also caused feelings of incompetence in therapists. On the basis of the issues related to the therapy process, the expression of the discrepancy on the therapy process and outcome by the patient and the therapist, and the difficulties in establishing therapist-patient relationship were found as sub-themes. For this reason, theme of issues related to the therapy process as the source of feelings of incompetence was divided into two subordinate themes as “Process-outcome discrepancy” and “Therapeutic alliance”.

3.1.7.1 Process-outcome discrepancy

Novice and experienced therapists seemed to feel more incompetent with the patients who questioned the therapy process, indicating that they had no change, no improvement in themselves, or they got worse when they were looking forward for their problems to be alleviated.

Belki çok sonra arkadaşım, diyelim ki 50 seans geçirdik, hakikaten hiçbir değişiklik yok, o zaman yetersizlik olur. Danışan gelse, 20 seans yaptık, ne oldu, hiçbir şey yok, değişmiyor, biz ne yapıyoruz gibi sorular getirse o zaman yetersiz hissederim. 

-(Therapist 1)


-(Therapist 2)
It was also found that for therapists, patients’ questioning of the therapeutic process and showing resistance in the therapeutic relationship meant that their competence was being questioned; besides these questions led them to question their own competence.


-(Therapist 3)  

Parallel to patients’ questioning of the therapy process, it was seen that feelings of incompetence emerged where the therapist had expectations about the process and the patient, and where these expectations were not met by the patient in the process. Therapist 4 expressed her disappointment when her expectations about the patient and the therapy process were not met as follows:

Terapi sürecinde danışanın daha iyiye gitmesini bekliyorum ama sürekli kötüye de gidebilir. Bir hayal kıvrımı yaşayorum daha iyiye gitmesse ama bu his geçiyor bir süre sonra. Herhalde kendini yeterli hissedenden bir terapist de bu hissi yaşayabilir ama yetersiz bir terapiste göre daha kısa sürebilir.

3.1.7.2 Therapeutic alliance

The therapeutic relationship between the therapist and the patient was found to be the most fundamental factor affecting the choice of profession for therapists. While describing themselves in a therapeutic relationship, they paid attention to the following common features: being trustworthy, helpful, and not judgmental.

Klinik psikolog olmaya lisede karar verdim ama zaten o zaman psikologun klinik psikolog olduğunu sanoymus sadece. O zaman kendime yardımcı olmak, birilerine yardımcı olmak çok iyi geliyordu. Bana yardım eden bir yok, o yüzden birleri için iyi bir şey yaparak bu eksikliği kompanse edeyim gibi bir motivasyondan çıkmış o zaman.

-(Therapist 3)
While trustworthy and helpful features of therapists nurtured closeness-engagement aspect of the relationship between the therapist and the patient, non-judgmental feature of therapists was linked to the responsibility-boundary component of the therapeutic relationship. Therapists told that a therapeutic relationship lacking the aspects of closeness-engagement and responsibility-boundary made them feel incompetent. For this reason, the subordinate theme of therapeutic alliance was also divided into two sub-themes as “Closeness and engagement” and “Responsibility and boundary”, and these themes’ relation with feelings of incompetence was analyzed.

3.1.7.2.1 Closeness and engagement

Within the context of therapeutic relationship, when experiences in which therapists felt themselves incompetent were analyzed, it was seen that these feelings aroused from the problem of not being able to establish a close relationship with the patient. Therapist 1 expressed the association of feelings of incompetence with the therapeutic relationship as follows:


Similarly, Therapist 2 stated that, since she could not get spontaneously involved to the relationship when she felt incompetent, her behaviors negatively affect the therapy process and for this reason, a sense of alienation occurs in the relationship as opposed to the feelings of closeness and engagement.

In addition to incompetency as a feeling causing both novice and experienced therapists to question their existence in the therapeutic relationship, at the same time, therapists also expressed that some of the patients triggered feelings of incompetence in terms of personality traits. For example, for Therapist 1, the patients triggering these feelings tend to have narcissistic personality organization and perfectionist features,

Narsisistik, mükemmelliyetçili ve daha rekabet dansanlarda yetersizlik hissi daha çok oluyorm. Karşı tarafı da rekabete sokabilecek dansanlarla hissettiriyorum bu duyguyu.

for Therapist 2, feelings of incompetence were interpreted within the context of gender. Yet, the emphasis was given to the patient’s features forcing competition, which was common for both therapists.


As mentioned in the subordinate theme of process-outcome discrepancy on the therapy process as the source of feelings of incompetence, therapists expressed that they felt more incompetent with the patients who questioned the therapy process. While Therapist 3 stated that unlike the patients with these characteristics, the therapeutic relationship established with well-adjusted patients made her feel more competent,
Therapist 4 also expressed that she had difficulty with patients who had narcissist features and they made her feel incompetent. Yet, she indicated that she made progress in the therapy process with 'submissive' patients.

Within the context of the therapeutic relationship, as a result of the analysis of experiences in which therapists felt incompetent, it was seen that therapists felt more incompetent in therapy sessions with patients who did not comply with the borders and whom it was hard to set a border with. While Therapist 1 stated that she understood the necessity of setting boundaries within the therapy process and she felt more incompetent with the patients whom she cannot set a boundary with,

Therapist 2 stated that she felt more comfortable with the patients who were complying with the boundaries and she experienced difficulties more with the patients who pushed the boundaries.

For Therapist 4, the boundary in the therapeutic relationship was interpreted as the patient accepting her as a therapist and complying with the boundaries.
Daha boyun eğen, her şeye karşı çıkmayan, dinleyen danışanlarla daha yeterli hissediyor, terapinin daha iyi gittiğini düşünüyorum. Beni terapist olarak kabul eden danışanlarla daha iyi ama kabul etmeyenlerle daha zor. Eşit, arkadaş gibi görenlerle daha zor.

In addition to the issue of setting boundary in therapeutic relationship, it was seen that therapists gave space to their patients, for them to take their own responsibilities to achieve their own goals and to provide the sharing of responsibilities in therapeutic relationship. Therapist 2 stated that she tried to make her patients take an active role in reaching their own goals.

While Therapist 2 gave importance to their patients in taking an active role in reaching their own goals, she also underlined the patient’s state of readiness for the therapy as an important element in terms of the therapeutic relationship and the therapy process.


For Therapist 5, it was seen that both as a therapist and as a supervisor, she attributed the change and development of her patients and therapists to herself, and this style made a positive impact on her mood. In this context, she expressed her sense of responsibility as follows:

Hasta bir zorlukla başa çıkamadığında tabii sorumluluk hissettigim olayor. Bir müdahalede bulunmalıyım, bir şey yapmalıyım gibi... Hastalardaki değişimi, gelişimi ya da supervizyon gruplarındaki terapistlerin geribildirimi ya da onların vakada aldığı yorumlar olumlu olunca ben hemen tabii onu da kendime afetme durumu olayor sanırım ki bu aralar normal hissediyorum.
3.1.8 On the Consequences of Feelings of Incompetence

It was seen that feelings of incompetence that novice and experienced therapists had both in therapy sessions and in supervisions had its reflections as both positive and negative results in their academic and professional lives. While interpreting the positive results of these feelings as an increase in self-awareness, therapists also emphasized that they made theoretical readings in order to cope with these feelings and to apply these theoretical gains in practice. In spite of the positive results of feelings of incompetence, the therapists stated that the negative emotions going parallel to these feelings caused emotional and physical burden for them. For this reason, the theme of on the consequences of feelings of incompetence was analyzed under three subordinate themes: “Self-awareness”, “Experience in theoretical and practical knowledge”, and “Emotional-physical burden”.

3.1.8.1 Self-awareness

For both novice and experienced therapists, according to the time of their early academic and professional lives, gaining self-awareness was emphasized as the positive result of feelings of incompetence. It was observed that questioning what caused these feelings and where therapists had inadequacies and working on these inadequacies awakened the sense of competence on these feelings for the therapists. Therapist 1 stated that before the master education, she did not realize that she was a person with deficits and that she had difficulties in working with negative feelings. For this reason, it was seen that she did not feel the necessity of looking for a source to complete her deficits which she observed within the therapy process and worked on within the supervision process.

Bu döneme başlamadan önce ‘Ben yetersizim, yapamıyorum, olmuyor.’ diyen bir insan değildim ama yavaş yavaş bir şeyler çıkmaya başladığımı görüyorum. Düşünce düzeyinde ‘Ben yetersizim.’ dememiştim hiç kendime ama şu anda bir şeyler eksik, bir şeylerin yapılması gerekiyor diyorum bir yandan… Duygular kısmında eksikliğim var, karşı tarafın duygularını anlama konusunda, o yetersiz hissettiriyorum.
For Therapist 3, in relation to the self-awareness of the areas where she felt incompetent and to the self-criticism on her deficits, it was seen that she began to seek help for the areas she found herself incompetent and inadequate.


Therapist 3 expressed her feelings on gaining self-awareness about the areas she was sensitive to and had difficulty in, and on discovering herself as follows:

Terapi süreci, kişinin kendisine çok fazla şey kazandıran bir şeymiş. Lisede ilk karar verdigimde, bu kadar kendine de payı olan bir şey olduğu bilmiyordum. Sadece birileri için bir şey yapıyor olamam ama kendini keşfetmek, farkındalık, içgörü kazanmak gibi şeylerden haberim yoktu. Yüksek lisansta bu tarafını anladım ama yine de bu kadar hem acıtan hem de güzel gelen bir şey olduğu bilmiyordum.

Similar to Therapist 3, Therapist 4 stated that gaining awareness about herself made her satisfied, and therefore it made her easier to accept the areas she felt incompetent.

Ben terapistim, tıraş içinde abartarak söylüyorum, mükemmel olmalıyım gibi bir şey değil. Ben de insanım, ne mutlu bana ki yetersizliklerimi fark ettim. Fark etmeyip seansları öyle yapıyorum da olabilirdim. Fark ediyorum ve üzerine çalışıyorum.

3.1.8.2 Experience in theoretical and practical knowledge

Novice and experienced therapists indicated that they made theoretical readings in order to cope with feelings of incompetence and tried to convert these theoretical gains into practical knowledge. Therefore, from a professional/academic point of view, they described gaining experience in theoretical and practical knowledge as a positive result of feelings of incompetence they experienced. Therapist 1 expressed that this would be an injustice made to the patient if she had been performing therapy without the theoretical and practical knowledge that was the result of the supervision process where she experienced intense feelings of incompetence:
Therapist 4 stated that the training and professional process went hand in hand with the feelings of incompetence and being ‘wounded’, but from the theoretical and practical perspective, it had a positive effect on gaining self-awareness and working on one’s own self.

Therapist 5 mentioned that she was not able to lead her anxiety for being incompetent which she felt during her master education period, to make theoretical readings. Yet, she could enrich herself in theoretical aspects on areas she felt incompetent during her doctorate education and could apply these theoretical gains into practice.


daha depresif oldugum icin yuksek lisans doneminde, tamam yetersizim, o zaman bir sel seler okuyorum, yapmadugum seleri yapmaya calisayim gibi sel seler yapmiyordum. Doktorada yeni bir sel seler ogrenmeye calisabiliyorum. Onlar iyi geliyor, o bir basta cikma gibi oluyor.

3.1.8.3 Emotional-physical burden

Therapists stated that feelings of incompetence were accompanied by other negative feelings, and therefore brought extra emotional burden with it. Because of the increased difficulty in coping with this extra emotional burden, therapists expressed that this burden was accompanied by some physical complaints.

For novice and experienced therapists, feelings that went parallel with feelings of incompetence were found as anger, sadness, shame, helplessness, and guilt. The
relationship of these negative emotions with feelings of incompetence was expressed by therapists as follows:


-(Therapist 2)

In addition to the negative feelings such as anger, sadness, shame, helplessness, and guilt, which accompanied feelings of incompetence, physical effects of these feelings were also found. It was realized that this extra emotional and physical burden made it difficult for therapists to cope with feelings of incompetence. Novice and experienced therapists expressed various physical effects caused by feelings of incompetence and negative emotions parallel to these feelings:

-(Therapist 2)


-(Therapist 3)

3.1.9 On the Mechanisms of Coping with Feelings of Incompetence

Relevant to the sources and consequences of feelings of incompetence in novice and experienced therapists, the way they dealt with these natural feelings brought by the psychotherapy profession, and how coping mechanisms changed with the increase of theoretical and practical experience within the process gained importance. In this context, according to the analysis, four subordinate themes were found: “Avoidance”, “Peer support”, “Sense of self-compassion”, and “Setting boundary on professional role and personal role”.

3.1.9.1 Avoidance

For novice and experienced therapists who were at the beginning of their academic and professional lives, it was seen that avoidance as a coping mechanism had an important place, as therapists interpreted incompetence as a feeling that pointed to an irreparable flaw and that had to be avoided. Therapist 1 stated that she had not had to confront with feelings of incompetence before her professional life, but the education she received required it. However, it was seen that confrontation brought the difficulty to deal with these feelings and the therapist preferred avoidance as a way of coping with it.

Yetersizlik durumunu elbette ki önceden bir şeyler çağrıştırılmış ama belki başka bir şeye odaklanıp daha böyle kafa dağıtma yapmış olabilirim diye düşünüyorum. Şimdi daha çok içindeyim. Yüzleşme anlamında evet ama bu yüzleşmeden sonra baş etme anlamında yine de çok fazla bir şey yapmıyor. 69
Therapist 2 mentioned that she used avoidance as a way of coping with feelings of incompetence during her master education, and she gave up when she felt incompetent. For this reason, she expressed that she avoided these feelings in therapy session by not taking the issue into the supervision.

Therapist 3 uses humor frequently as a defense mechanism at mature level (see Appendix D). In contrast, qualitative analysis showed that Therapist 3 used humor as a coping mechanism to avoid feelings of incompetence. The therapist stated that she felt very helpless when she was prevented from using defense mechanism of humor as follows:

Because the source of feelings of incompetence was not being approved/appreciated by authority figures, it was seen that Therapist 5 used avoidance as a mechanism to cope with these feelings by getting away from the authority figures and ignoring the unmet need for approval/appreciation.

3.1.9.2 Peer support

No matter feelings of incompetence were either avoided or understood as a normal feeling, it was seen that novice and experienced therapists needed to express these
feelings and receive support from their peers as both a colleague and a source of social environment. Accordingly, peer support had an important place for therapists to cope with feelings of incompetence. Therapist 2 stated how the need to express the sense of being lost that caused feelings of incompetence emerged and how these feelings decreased after sharing the process that she questioned with her peers as follows:


As a coping mechanism, Therapist 3 described sharing the areas where she felt incompetent to her peers as follows:

Sosyal destek almak, akranlarına sormak bir baş etme mekanizması. Çok sık konuşuyoruz zaten, şunu şunu yaşadım, ne yapsaydım, şöyle bir şey hissettim gibi.

Therapist 4 stated that ensuring that she was not the only one as she received support from her peers on feelings of incompetence, made it easier for her to cope with these feelings.


Finally, for Therapist 5, it was seen that peer support was parallel to self-confidence, and had an important place in dealing with the feeling of incompetence.

Yakın arkadaşlarından destek görmek iyi geliyordu. Onlardan iyi bir şey duyunca, o anlayış, güvendi görünce toplandırm. Onlarla paylaşıp onlardan destek almaya çalışma şeklinde baça çıkmam oldu.
3.1.9.3 Sense of self-compassion

In the theme of therapist's feelings of competence, the development of self-compassion emerged as a sub-theme, the therapists gave an important place to it to cope with feelings of incompetence. For novice therapists, this feeling existed in their self-soothing behaviors; while for experienced therapists, seeing themselves as a whole with the acceptance of their deficits appeared to be a protective factor for feelings of incompetence. For Therapist 1, self-soothing as a way of coping with these feelings seemed to be on the thought level;

Eleştiri almam gerekiyor, düşünüsel düzeyde böyle baş etmeye çalışıyorum... Düşünce düzeyinde bu öğreneceğim bir süreç diyorum kendime... Başkaları da yetersiz hissediyor, aynı şeyi yaşiyoruz dışüncelerini üreterek bu hisle baş etmeye çalışıyorum.

For Therapist 4, it was seen that she tried to carry her self-soothing behavior existing at the thought level to the sense of self-compassion existing at the emotional level with her individual therapy. Also, she stated that she tried to be helpful and be fair to herself as she showed others. This result was also interpreted as that her self-soothing behavior was related to her frequent use of suppression as a defense mechanism at the mature level (see Appendix D).


For Therapist 5, it was mentioned that the need for approval/appreciation that authority figures satisfied was associated with feelings of competence. The therapist experienced feelings of intense incompetence because; her need for approval/appreciation was not satisfied in the doctoral education and she stated that self-soothing had an important role in coping with these feelings.
3.1.9.4 Setting boundary on professional role and personal role

It seemed that after novice and experienced therapists had chosen the field of clinical psychology, the demands for providing help and solution to the problems of their families, relatives and social environment increased. Therapists expressed that these requests often made them feel incompetent and setting boundary between professional and personal roles was functional for coping with these feelings. It was observed that novice therapists were more exposed to these requests and had difficulty in setting boundary between their professional role and personal role. In contrast, it was seen that experienced therapists made these boundaries more explicit within the process and therefore experienced less incompetency due to their role complexity.

While Therapist 1 expressed that the immediate solution requests from her elder sister made her feel incompetent and she set a boundary on that relationship;

Therapist 2 stated that expectations of her close environment made her feel incompetent because; they expected from her to be a therapist at every time and everywhere. The therapist stated that she tried to cope with these feelings by trying to give both sides the responsibility of the relationship and it relieved the pressure on her.
Klinik psikolog olarak terapi yapmaya başladığımda, mesela ilişkide çatışma yaşandığında ve bir şekilde çözümsüz bir noktaya geldiğinde ‘Sen psikologsun, senin daha ılımlı olman lazım, bu sorunun çözümüne katkıda bulunan taraf sen olmalısın.’ gibi beklentiler oluyordu. Yakın çevremden benim şu derdim var, şu sorunum var, bunu nasıl çözülebiliriz, bana bir şey söyle diyenler ilk yıllarda daha çok oluyordu. Bunun için daha uzun süredi bir şey gerek ya da tavsıye veremem gibi şeyler özellikle o yakın çevreme snur ve her an terapist değilim tavımı koydum. Yakın arkadaş ilişkilerimde de, ben ılımlı olmak zorunda değilim her zaman mesajı vermeye çalıştım. Başkıyı sadece kendi üzerinden hissetmek istemiyorum, karşı taraf bana da beklıyorum. Bu tarz beklentileri azalttım, azaltmak istedim çünkü hoşuma gitmedi her yerde her zaman terapist olmak.

Therapist 3 stated that being consulted professionally in the social environment made her feel competent and belonging to the profession because; she felt incompetent in her clinical program. On the contrary, she noted an increase in her mother’s questions about her profession which made her feel incompetent and she felt the need to set a boundary between her professional and personal roles in her relation with her mother.


Therapist 4 stated that if she did not set a boundary between her professional role and personal role, it would be a process that made her feel incompetent. Thus, she expressed that she tried to protect this boundary by giving various explanations to both her family and social environment.

İş başka, arkadaşlık, özel hayat başka. Çok tüketici bir şey olur, izin vermem buna, hele ki artık kendi sınırlarımı, kendi ihtiyaçlarını dile getirebilen biriyle istemezsem bunu... Aile beni yetersiz hissettiriyor. Sen bilirsin de, sen de terapistsin ama senin daha şu sorunun var, sen daha onu hâledememisin diyorlar. Arkadaşlarımlarla ilgili de, ilk insanlarla tanıştığım zaman sen psikologsun, şu an da bilirsin, beden dilinden anlıyor musun ne demek istediğimi gibi sorularla ve isteklerle karşılaşıyordum, şimdi de karşılaşıyorum. Elbette ki beden dilinden okumuyorz her şeyi ya da şu an seninle tanışıyoruz, tanıştığımızın için ben sana terapi veremem gibi yantılarla savuşturuyorum zaten.
Therapist 5 stated that at the beginning of her academic and professional life, the requests of help and solution from her family and social environment caused stress for her and she did not know how to set her roles. In the process, however, she said that with the boundary that she set between her professional and personal roles, she reduced the requests of solutions from her environment and their expectations on her being a therapist at every time and everywhere.

3.2 Discussion

In the present study, novice and experienced psychotherapists were interviewed about their feelings of incompetence. By Interpretative Phenomenological Analysis, the researcher tried to explore psychotherapists’ personal experiences about their feelings of incompetence, its sources, consequences, and coping mechanisms in detail, in relation to their professional self. According to the results, nine themes emerged. In the following sections, each theme will be discussed in itself and also in relation to other themes.

3.2.1 Therapist’s Feelings of Competence

Under the theme of therapist’s feelings of competence, the mastery of theoretical knowledge gained importance. It was interpreted as a way of coping with feelings of incompetence for novice and experienced therapists. Therapists made theoretical/academic readings about the areas in which they felt inadequate and participated in the trainings related to the field. The results of Bilican and Soygüt’s study (2015) indicated that one of the ways in which novice and experienced
therapists coped with the challenges of the therapy process was to read related articles and books. According to these results, it seemed that the theoretical and practical enrichment in the framework of the areas where the therapists felt inadequate made them feel more competent/adequate. Therapist 4 exemplified the area where she felt competent as follows:

Contrary to the experienced therapists, novice therapists were at the beginning of their academic and professional lives. Therefore, they lacked experience and were not clear about their theoretical orientation. It led them not to complete the formation of their professional self. While experienced therapists integrated their therapist identities into their self-definitions, novice therapists seemed to have a distinction between their professional selves and personal selves. As several studies indicated, with the professional development of therapists, their professional selves began to integrate with their personal selves (Rønnestad & Skovholt, 2003; Skovholt & Rønnestad, 1992). This correspondence reduced therapists’ doubts about their competence, along with their performance anxieties. As Skovholt and Rønnestad (2003) pointed out in their study, reduced doubts about the competence of therapists, along with their performance anxieties provided them to pay attention to their patients and in turn, the improvement of the quality of the therapy process.

Unlike experienced therapists, novice therapists were unable to integrate their professional selves into their self-definitions. Therefore, their expectations about themselves became unrealistically higher and these unmet expectations prevented them from developing self-compassion. For novice therapists, the sense of self-compassion was not functional because; feelings of incompetence were equivalent to the feeling of being in a state of having irreparable flaw and incomplete deficiency. Contrary to novice therapists, for experienced therapists, the development of self-compassion empowered them to have more humane expectations about themselves.
Within the scope of the development of self-compassion, various researches showed that recognizing and accepting that it was not possible for one to know everything had a key role in the development of professional competence (Atkinson & Steward, 1997; Hodgetts et al., 2007; Neff, 2003). In addition, as will be mentioned in the theme of therapist’s feelings of incompetence during therapy process, for experienced therapists, feelings of incompetence at the beginning of their academic and professional lives evolved from the feeling to be avoided to the feeling to be accepted.

3.2.2 Therapist’s Feelings of Incompetence during Therapy Process

Feeling incompetent was not a rare experience for therapists. Therapists mentioned that they limited their competence by 25% of the time, often through their careers (Thériault & Gazzola, 2006). According to the study of Orlinsky et al. (1999), each therapist felt incompetent, but this feeling was more common among novice therapists.

The development of the sense of self-compassion emerging as a subordinate theme under the theme of therapist’s feelings of competence created significant differences in meaning-making process of feelings of incompetence for novice and experienced therapists. It gained importance that novice therapists did not internalize self-compassion as well as experienced therapists, therefore feelings of incompetence turned out to be something avoided for them. For novice therapists, these feelings pointed to the existence of an irreparable flaw and an incomplete deficiency. For experienced therapists, these feelings evolved into a more acceptable emotion with the development of self-compassion, from an avoided feeling which was difficult to confront they experienced at the beginning of their educational and professional lives.

Under the theme of therapist’s feelings of competence, the mastery of theoretical knowledge and orientation, training, and experience had important roles. In relation,
under the theme of therapist’s feelings of incompetence during therapy process, indecision about theoretical orientation, lack of training and experience had important places, too. While this theme emerged as an agenda for novice therapists; for experienced therapists, it emerged as a theme in the agenda more intensively at the beginning of their academic and professional lives. Similar to the results of this study, Hodgetts et al. (2007) found that therapists new to the program and experienced therapists close to the end of the program related feelings of incompetence to the theoretical knowledge, training, and experience, and in this frame, experienced therapists felt more competent. Similarly, the studies conducted by Thériault and Gazzola (2006; 2010) on the sources of feelings of incompetence suggested that the lack of knowledge, training, and experience caused these feelings for therapists.

As the research results of Overholser and Fine (1990) showed, it seemed that novice therapists were unclear about theoretical orientation and they lacked knowledge, and this confusion had its reflections on their behavior towards therapy. It was observed that being uncertain about theoretical orientation encumbered them in terms of the case formulation of their patients. Therefore, they questioned about what they were doing in the sessions and they felt incompetent with their insecurity about the interventions they were doing. Therapist 3 stated her thoughts in the framework of this interpretation as follows:

3.2.3 Therapist’s Feelings of Incompetence during Supervision

Bilican and Soygüt (2015) stated that therapists needed supervision more at the beginning of their training. The results of their research showed that 69% of novice therapists and 27% of experienced therapists regularly continued supervision.
Compared to the therapy sessions, it seemed that therapists experienced feelings of incompetence more intensely during the supervision process. The main reason why incompetence was felt more frequently and intensely during supervision was interpreted as that therapists experienced anxiety of being criticized by the authority. Therapists’ anxiety of being criticized and not being appreciated by the authority was experienced intensely at the beginning of their educational and professional lives. In contrast, for experienced therapists, in the frame of personal development, this feeling turned into a process in which they became aware of their deficits and needs. In the cultural context, anxiety of being criticized by the authority, which was stated as a negative aspect of supervision process, was related to the dimension of power distance as one of Hofstede’s cultural dimensions. According to Hofstede’s (1984) research, Turkey exhibited high degree of power distance. In other words, the individuals in Turkey were found to be obedient, be refrained from the powerful people, and to accept the hierarchical order. In the present study, within this dimension, it made sense that novice therapists saw their supervisors as the authority figures and therefore, they needed their approval.

For novice therapists, anxiety of being criticized and not being appreciated was a more active topic. In contrast, for experienced therapists, the personal development became a leading theme within the supervision process. However; early in their educational and professional lives, experienced therapists also seemed to be intensely concerned about being criticized during the supervision process. Skovholt and Rønnestad (2003) pointed out that supervision was a stressful process because; novice therapists had a fragile-self, so they were highly sensitive to negative feedback. Therefore, novice therapists’ meaning-making process about the feedback given to them was important in terms of feelings of incompetence. As a consequence of supervision, by increasing self-awareness of therapists, the acquisition of personal development became a situation spreading to the process. Supervision was also an area that was in touch with therapists’ personal processes. Therefore, therapists interpreted it as a process creating more emotional pressure at the beginning of their academic and professional lives. For the current study, another important role in the
difference between novice and experienced therapists’ meaning-making process on supervision was that experienced therapists continued to be in the system as supervisors and therefore, felt more adequate and competent.

In addition to the anxiety of being criticized by the authority, the fact that supervision was carried out in the group environment also created anxiety at the beginning of the supervision process. At the beginning of the supervision process, having supervision together with peers caused therapists to compare themselves with their peers in the group. Hence, it increased feelings of incompetence more for therapists. Yet, as will be mentioned in the theme of on the mechanisms of coping with feelings of incompetence, it was also seen that this comparison turned out to be peer support helping therapists to cope with their feelings of incompetence.

In conclusion, as Vallence (2005) pointed out, the present study results could be interpreted as that supervision process enhanced therapists’ personal development by increasing their self-awareness and also their professional development by disclosing their feelings of incompetence as a clinician in supervision.

3.2.4 Evaluation of Feelings of Incompetence within the Definition of Self

The results of Thériault and Gazzola’s (2010) research showed that novice therapists were more focused on their weaknesses and had more tendencies towards being excellent. In relation with this finding, the present study pointed that novice therapists had a critical attitude on their self-definitions. In contrast, it was seen that experienced therapists could integrate their positive and negative features in their self-definitions. The underlying component of the difference in self-definitions of novice and experienced therapists was the sense of self-compassion. Novice therapists had weaker self-compassion than experienced therapists. Therefore, the sense of self-compassion became less functional in their lives.
The results of the present study were related to the component of Neff’s (2003) concept of self-compassion: self-kindness vs. self-judgement. Compared to experienced therapists, novice therapists seemed to have harsh self-criticism and judgment about themselves and it was associated with self-judgement, which is the negative pole of the self-compassion. On the other hand, experienced therapists seemed to be kinder to their deficits and weaknesses and it was related to self-kindness. As Neff et al. (2007) mentioned, rather than criticizing themselves about the areas they found themselves inadequate, experienced therapists seemed to try to approach with more unconditional acceptance toward themselves by accepting that no one could be perfect.

In addition to the lack of self-compassion, the lack of self-confidence also triggered feelings of incompetence for novice therapists and leaded to a critical self-attitude when assessed within the frame of these feelings. In parallel with the development of self-confidence in experienced therapists, along with the mastery of theoretical knowledge, training, and experience, the meaning of feelings of incompetence and their self-definitions showed change at the same time. Therapist 2 expressed how this change shaped itself within the process as follows:


3.2.5 Evaluation of Feelings of Incompetence in the Framework of Professional Self

In the framework of the professional self, it was seen that the two essential needs, the need for approval/appreciation and the need for reparation/compensation, were related to the feelings of incompetence of novice and experienced therapists.
According to the results, the need for approval/appreciation existing both in therapy sessions and in supervisions emerged as a need causing therapists’ feelings of incompetence when unsatisfied. The results of Thériault and Gazzola’s (2010) research showed that novice therapists were more focused on their weaknesses and had more tendencies towards being excellent. In parallel with these results, researchers indicated that novice therapists were more sensitive to criticism and felt more need for approval/appreciation. Similar to this study, Bischoff (1997) also showed that therapists, especially novice therapists, expected approval from their supervisors about what they did with their patients which was therapeutic. The current research results were similar to those in the literature. The present study showed that the need for approval existing in the therapy sessions was considered in the context of a therapeutic relationship, which was interpreted as an acceptance of the therapist’s presence by the patient. For therapists, while the acceptance of therapeutic interventions by patients was seen as a sign for approval; patients who questioned and pushed the boundaries seemed to trigger the feelings of disapproval for the therapists.

The need for approval/appreciation existing in the supervisions was related to the subordinate theme of anxiety of criticism mentioned in the theme of therapist’s feelings of incompetence during supervision. It seemed that therapists who experienced anxiety of being criticized by the authority were also likely to have desires to receive the authority’s approval/appreciation. As Skovholt and Rønnestad (1992) mentioned, especially the need for approval of novice therapists could be interpreted as the absence of an internal evaluation criterion for assessing what they were doing in the therapy, and therefore as being dependent on more external evaluation criteria such as supervisors, patients, and also peers.

For novice therapists, feelings of incompetence meant making mistakes. In relation to having made a mistake, it seemed that these feelings emerged as a need for reparation/compensation in the therapy process. The most important emotion that caused the need for reparation/compensation, which was considered as counter-
transference, seemed to be the sense of guilt going parallel with feelings of incompetence. The sense of guilt was critical for experienced therapists as well, and showed itself as a need for reparation/compensation within the therapy process.

If the need for approval/appreciation and the need for reparation/compensation were not met, there was a lack of self-confidence for therapists. In relation with the fact that self-confidence was an important component in therapists’ descriptions of a therapist feeling competent, the lack of self-confidence went parallel with the fear of misunderstanding in both therapy sessions and supervisions for therapists. Accordingly, therapists felt that they had to explain themselves in order to prevent misunderstanding.

3.2.6 Issues Related to the Personal Process of the Therapist as the Source of Feelings of Incompetence

In fact, the decision to be a psychotherapist was a decision for the therapists’ own development. Novice and experienced therapists that were interviewed in the present study were often seemed to have reasons for being a therapist as; a self-discovery and self-improvement. The desire of the therapists to understand themselves better had an important link with their family relationships. As Hayes and Gelso (2001) mentioned, therapists’ relations with their families or those they referred to as the authority figures were the basis of feelings of incompetence. Also, the issues that these feelings existed in family relationships were reflected as the personal sensitivities of therapists within the therapy process.

The roots of the need for approval/appreciation that emerged as a consequence of the evaluation of feelings of incompetence in the frame of the professional self could be seen in therapists’ relations with their mothers or with those they referred to as the authority figures. Similarly, in Thériault and Gazzola’s (2010) research results, it was seen that the personal wounds of therapists and their unfinished business with their past fed their feelings of incompetence. Ronnestad and Skovholt (2003) indicated
that therapists’ professional development was influenced by their personal lives. Their research results indicated that in the context of feelings of incompetence, early negative family experiences of therapists influenced them as professionals. These experiences came from memories like receiving conditional love from parents, having demands of their families on their achievements, and rigid child rearing practices of parents.

Similarly, according to the results of the current study, the fact that therapists had authority figures in their family relationships who were critical and had high unrealistic expectations, did not accept negative emotions, and saw negative emotions as weaknesses; the sense of competition was central in their relation with these figures, causing them to develop an unsatisfied need for approval and a continual desire to satisfy this need. As Barnett (2007) pointed out, these unsatisfied needs of therapists also caused them to experience anxiety of being criticized by the authority, which in the present study reflected to the relationships with the supervisors as mentioned in the theme of therapist’s feelings of incompetence during supervision. This anxiety, which was similar to the anxiety of being criticized that was experienced in their early life, caused novice and experienced therapists not to tolerate making mistakes, thus they could not develop the sense of self-compassion.

Feelings of incompetence had its unavoidable reflections on the areas where the therapists were sensitive to as they did not allow therapists to make mistakes and prevented them from accepting themselves with their imperfections, and was parallel to the anxiety of being criticized. Moreover, similar to the results of Thériault and Gazzola’s (2010) study, since sense of competition was central in therapists’ relations with their families and they had an unfinished business with this feeling, it seemed that this experience had its reflection within the therapy process in the form of experiencing difficulty with the patients who were competitive. In relation to the personal processes of therapists, the areas that therapists developed personal sensitivities showed difference. However, it seemed that the main issue that novice and experienced therapists had in common was dealing with intense negative
emotions. Because they grew up in a family environment that did not contain negative emotions, therapists could not learn to cope with these negative emotions and therefore, they had difficulty in dealing with these negative emotions. Similar to the results of this study, the results of Colli et al.’s research (2013) also indicated that therapists felt incompetent and helpless with the patients having borderline and dependent personality features.

Consequently, as Gilrath, Shaver, and Mikulincer (2005) argued that due to having critical members, especially mothers, in their family environments; therapists tended to internalize the critical style of these family members. It caused therapists to adopt an attitude of self-criticism rather than self-acceptance. This attitude also emerged as an obstacle to the development of self-compassion for therapists. However, especially for experienced therapists, the clinical program they were in seemed to have provided a sense of self-compassion, unlike their own family environment. In this way, as Jung (1963) mentioned, it could be interpreted that therapists who had wounds in their family relationships, when provided with some opportunities could increase their ability to heal themselves by strengthening their resiliency in the process.

3.2.7 Issues Related to the Therapy Process as the Source of Feelings of Incompetence

It appeared that novice and experienced therapists felt incompetent due to the various sources of the therapy process. According to the current analysis, these sources shared two important themes: (1) process-outcome discrepancy and (2) therapeutic alliance.

Therapists reported that they experienced feelings of incompetence when their need for approval/appreciation was not satisfied and their competence was questioned by the patients. Looking at the process-outcome discrepancy, according to Stewart and Chambless’s (2008) research, it was seen that patients who continued to come to the
therapy sessions but did not show any visible progress usually continued on average twelve sessions before concluding that the process did not work. During this process, it was seen that the patients questioned the competency of the therapist and they blamed the therapist for not being able to meet their expectations. In particular, novice therapists took the responsibility for the change and development of the patients. Therefore, they developed the need of compensation by internalizing the blames of the patients.

The subordinate theme of therapeutic alliance included the components as closeness and engagement and sharing the responsibility with the patient and setting boundaries in therapeutic relation. In terms of themes that were sources of feelings of incompetence related to the therapy process, therapists generally experienced these feelings with the competition-inducing patients. In contrast, they felt more competent with the patients who did not question the process and who accepted therapists’ interpretations. Experiencing feelings of incompetence with the competition-inducing patients traced back to the family relationships of the therapists and its reflection to the therapy process was reported in the therapists’ relations with the patients. As mentioned in the subordinate theme of family relations of the therapists, it was seen that the sense of competition was critical in their family relations with authority figures. The fact that this feeling was an unfinished business for therapists also leded them to experience difficulties in their relation with the competition-inducing patients.

It should also be noted that the boundaries in the therapeutic relationship served to protect the therapist as well as the patients. It was seen that therapists had difficulty to set boundaries with the patients they felt incompetent with and that these boundaries set by therapists could be flouted by the patient. Both for novice and experienced therapists, feelings of incompetence evoked a sense of mistake that was made in the frame of therapists’ past family experiences and expectations of the authority figures that was not met, hence they tended to take all the responsibility in the therapeutic relationship. DiCaccavo (2002) proposed that therapists as children
were good at putting the needs of others before their own. Therefore, in the therapeutic relationship, they put the needs of the patient before their own and felt responsible for the progress of the patient and felt guilty if the patient did not show progress. For this reason, when the patients questioned the process and revealed the discrepancy on this process, the therapists attributed the fault to themselves, and as a result, they felt guilty in the therapeutic relationship.

3.2.8 On the Consequences of Feelings of Incompetence

As Rønnestad and Skovholt (2003) stated, being a therapist is a lifelong journey. It may be said that perhaps there is no other profession as satisfying as this profession that allows learning and growing. This is why it can be said that this journey is both challenging and satisfying. Feeling of incompetence experienced by therapists due to both the therapy and the personal processes can be seen as both challenging and satisfying features of this journey. Novice and experienced therapists interpreted feelings of incompetence positively in terms of increasing their self-awareness, and motivating them to gain theoretical and practical experience on their professional development. On the other hand, it was obvious that these feelings brought an extra burden to the therapists to deal with both emotionally and physically.

For both novice and experienced therapists, who are at the beginning of their academic and professional lives, feelings of incompetence seemed to gain meaning as awareness that they naturally have deficiencies as well. Accepting these feelings as it was rather than avoiding them through suppressing, reminds of the component of Neff’s (2003) concept of self-compassion as mindfulness vs. over-identification. Keeping a light on the dark sides of their personalities that they were not aware of and overtly working on these sides makes them feel more competent. As Norcross (2000) pointed out, the therapists’ awareness of themselves benefited both themselves and the therapeutic process. Working on the lacking points of themselves linked with the motivation to gain theoretical and practical knowledge for the therapists. It was seen that therapists did theoretical readings in order to cope with
feelings of incompetence and tried to convert these theoretical gains into practical knowledge.

Despite the positive results of feelings of incompetence, the emotional and physical burden that this feeling accompanied, could be resulted in a negative way for the therapists. In addition to the sense of guilt, feelings of anger, sadness, shame, and helplessness shared by novice and experienced therapists emerged as an emotional burden accompanied to the feelings of incompetence which was difficult to cope with. Similarly, in the study of Thériault and Gazzola (2010), the therapists felt helplessness, anger, and anxiety in addition to their feeling of incompetence. As presented in the study of Bischoff (1997), it appeared that as a result of this emotional burden that was difficult to cope with, therapists developed somatic complaints related to stomach- and head-ache, insomnia, trembling, and digestive system.

**3.2.9 On the Mechanisms of Coping with Feelings of Incompetence**

Particularly at the beginning of their professional lives, therapists developed avoidance as a defense mechanism to cope with their inadequacies (Thériault et al., 2009). A source of motivation was required for the therapist to sail in an area he or she did not know about, from a place where he or she felt comfortable and safe. For novice therapists, this motivation generally came from more external sources such as approval/appreciation by others. For this reason, when external resources diminished or cut out, therapists lost their motivation for confronting the areas where they felt incompetent, and as a result they used avoidance mechanism as a defense. This caused them to have a critical self-evaluation towards themselves. In the cultural context, for novice therapists at the beginning of their professional lives, avoidance as a defense mechanism was related to the dimension of uncertainty avoidance as one of Hofstede’s cultural dimensions. This dimension concerned how individuals feel themselves in the face of variable and uncertain situations and what they do to avoid them in a group (Hofstede, 1984). According to the research of Hofstede,
Turkey was found to exhibit strong uncertainty avoidance features. In relation to this, in the present study, it was seen that novice therapists initially developed avoidance as a way of coping with their feelings of incompetence.

Contrary to novice therapists, for experienced therapists, the motivation for confronting the areas that they felt incompetent was derived from a much more internal source rather than external one. For experienced therapists, this internal source provided them the courage to confront feelings of incompetence, and this courage also ensured these therapists to be less critical towards themselves. For novice and experienced therapists, the main difference in the way of coping with feelings of incompetence lied here because of that as experienced therapists were less critical towards themselves, it could ensure them to develop the sense of self-compassion, and this feeling of self-compassion, in turn, became a key element in coping with feelings of incompetence by approaching this emotion rather than avoiding it. In terms of that Therapist 2 and Therapist 5 mostly used anticipation as a defense mechanism, it could be interpreted that regarding feelings of incompetence, their expectations and perceived limits about themselves were realistic (see Appendix D).

In the development of the sense of self-compassion as a way of coping with feelings of incompetence, the way therapists shared responsibility for the areas they felt incompetent within the therapy process was also an important factor. Novice therapists seemed to take the responsibility for change and development on the therapy process. Therefore, novice therapists had an internal attribution for the process when their patients did not show any change and development in the therapy process.

In contrast to novice therapists, experienced therapists seemed to give the responsibility for change and development to the patients, so they could have an external attribution on process-outcome discrepancy. In relation with the transformation of the source of feelings of incompetence from internal to external,
the sense of self-compassion for therapists found room for improvement and made it easier to cope with these feelings for them. In this context, as Skovholt (2011) mentioned, it was important for the therapists to show the compassion that they had been showing to others, to themselves, and this led them to be resistant to the ups and downs they felt due to the nature of their work.

In addition to the avoidance mechanism for novice therapists and the sense of self-compassion for experienced therapists, therapists also had a need to talk about their anxieties. Even a therapist who was going to personal therapy regularly and received supervision needed some peer support. According to the study by Bilican and Soygüt (2015), novice and experienced therapists in Turkey dealt with the difficulties of the therapy process, most commonly by sharing their emotions with their peers. They discussed this coping mechanism from a cultural point of view. According to Hofstede’s (1984) research, Turkey was found to be a collectivistic culture. Because of that Turkey is a collectivistic culture; people overcame the difficulties by sharing with other people. Similar to this result, several studies in the literature showed that the most common and strongest coping mechanism for novice therapists was to share their feelings of incompetence with their peers (Bischoff, 1997; Thériault et al., 2009). In the current research, it was also seen that when novice and experienced therapists felt incompetent, they shared these feelings with their peers and this sharing functioned as a way of coping with feelings of incompetence. It was observed that this functionality was due to the fact that the peers were also going through the same process with the therapists, so they experienced similar problems where they felt incompetent.

Feelings of connectedness were related to the component of Neff’s (2003) concept of self-compassion: common humanity vs. isolation. At the beginning of their professional lives, therapists seemed to feel alone about their deficiencies and weaknesses. Autistic fantasy as a defense mechanism was used mostly by Therapist 1 at the immature level (see Appendix D). It could be interpreted that the therapist isolated herself from experiencing feelings of incompetence and coping with it.
However, by sharing their feelings of incompetence with peers within the process, they realized that these feelings were also a part of their peers’ experiences. In relation, it was seen that it increased therapists’ feeling of connectedness. In addition, Neff (2003) also stated that in terms of coping with stress, self-compassion was associated with emotional approach rather than emotional avoidance. Therefore, it could be suggested that because of that novice therapists did not develop the sense of self-compassion; they were more inclined to use avoidance as a way of dealing with feelings of incompetence. In contrast, experienced therapists were more inclined to approach these feelings as they were more compassionate toward themselves.

Finally, it appeared that both novice and experienced therapists were expected to provide two kinds of help: professional therapy and ‘almost therapy’ with relatives (Kottler, 2017, p. 66). For therapists at the beginning of their professional lives; it seemed that there was an increase in the requests of their families, relatives and friends regarding finding immediate solutions to their problems and asking for advice. For therapists, as Bischoff (1997) pointed out, this increase led to feelings of incompetence, and the confusion of professional roles with personal roles. Therefore, setting the boundary, especially for novice therapists, was an important skill and coping mechanism to deal with feelings of incompetence. For experienced therapists, it was seen that within the professional process, setting the boundaries between their professional role and personal role reduced such requests.

As a result, for optimal professional development, it seemed to be important for psychotherapists to develop a sense of self-compassion by leaving their efforts to be perfect and accepting their faults; but still keeping their motivation to improve their skills. In addition, as Neff (2003) stated, with the development of sense of self-compassion, therapists tended to set higher levels of true self-esteem. In terms of family relationships, it was observed that therapists’ childhood needs were not met by their caregivers and their true selves were not validated by them. Subsequently, they developed false selves (Winnicott, 1960). Yet, it seemed to be necessary for psychotherapists to develop true selves in terms of professional self-development.
Throughout the transition process from novice to experienced therapist, therapists successfully developed true selves by becoming active agents in their professional development.
CHAPTER 4

GENERAL DISCUSSION

In the current study, interviews carried out with five novice and experienced therapists revealed subjectively rich data about the nature of feelings of incompetence. The interviews were analyzed through Interpretive Phenomenological Analysis and the obtained data provided the researcher an in-depth discovery of the sources, consequences, and therapists’ styles of coping with feelings of incompetence. As a result of this analysis, nine superordinate themes common to both novice and experienced therapists were found. These themes were named as ‘Therapist’s feelings of competence’, ‘Therapist’s feelings of incompetence during therapy process’, ‘Therapist’s feelings of incompetence during supervision’, ‘Evaluation of feelings of incompetence within the definition of self’, ‘Evaluation of feelings of incompetence in the framework of professional self’, ‘Issues related to the personal process of the therapist as the source of feelings of incompetence’, ‘Issues related to the therapy process as the source of feelings of incompetence’, ‘On the consequences of feelings of incompetence’, and ‘On the mechanisms of coping with feelings of incompetence’, and were in line with the relevant studies in the literature.

In general, the results of the present study showed that; as mentioned by Thériault and Gazzola (2005), questioning one's own competence is an important feature of being a therapist. For this reason, the focus of the current study is not whether the therapists have feelings of incompetence or not, but rather the frequency and intensity of the type of feelings of incompetence are experienced by the therapists. The results of the research showed that experience makes a remarkable difference in the process of meaning-making of the therapists on feelings of incompetence. While feelings of incompetence for novice therapists are something to be avoided,
experienced therapists accept incompetence as a natural feeling that all people can experience, thus they try to understand the causes of this feeling.

Similar to the results of Thériault and Gazzola’s (2010) study, the present study found that experienced therapists questioned their competencies just like novice therapists, but this questioning did not affect their personalities and self-worth in a critical manner as it did in novice therapists. The difference in the meaning-making process between novice and experienced therapists on feelings of incompetence also affected their way of coping with these feelings. While novice therapists used avoidance as a way of coping with feelings of incompetence, experienced therapists developed the sense of self-compassion against these feelings (Neff, 2007). In terms of professional self-development, the results indicated that the reflection of the therapist's acceptance of his or her own deficits and shaping his or her approach according to this acceptance during the therapeutic process is considered as something positive.

Considering the sources of feelings of incompetence, it can be said that the search for help that the therapists experienced in their childhood has ultimately led them to receive clinical psychology education. This argument was valuable since therapists tend to use the lessons they have learned from their previous experiences to better empathize with their patients who have similar problems (Guy, 1987; Wolgien & Coady, 1997). As indicated by Rønnestad & Skovholt (2003), such experiences enable the therapists to gain the ability to understand their patients better and to have compassion for them, only if they are aware of their vulnerabilities and working on them in their supervision or in their own therapies.

As Thériault and Gazzola (2010) pointed out, as the experiences of the therapists on feelings of incompetence are subjective, feeling incompetent does not always indicate being incompetent. Similarly, the results of the present study demonstrated that experienced therapists were more aware of this distinction, but for novice therapists, feeling incompetent meant literally being incompetent. In the context of
professional self-formation, this result was related to the need for an external evaluation about what novice therapists do well in therapy. On the contrary, it was seen that experienced therapists managed to develop internal evaluation criteria (Bischoff, 1997; Skovholt & Rønnestad, 1992).

In relation to the results of the present study, the strengths and clinical implications will be discussed. Following this subsection, the limitations of the study will also be mentioned and suggestions for future researches will be made.

4.1 Strengths and Clinical Implications of the Present Study

In the relevant literature, lack of research on the meaning-making process of novice and experienced therapists on feelings of incompetence and its relation with professional self-formation and self-development is noteworthy. Thus, the current research is an important initiation in filling this gap in the international literature. At the same time, it was seen that the present study is the first in the national literature in terms of its methodology and the detailed study carried out for discovering therapists’ feelings of incompetence.

The methodology of this research was considered as another strong aspect. In the current study, interviews with novice and experienced therapists about the sources, consequences, and coping mechanisms with feelings of incompetence were analyzed by the method of Interpretive Phenomenological Analysis. According to Smith and Osborn (2003), IPA is a qualitative research design focusing on how people make sense of their world and experiences. In this context, feelings of incompetence are personal experiences. Therefore, the aim of using IPA is to explore psychotherapists’ personal experiences about their feelings of incompetence, its sources, consequences, and the coping mechanisms in detail and to understand the meaning of psychotherapists’ feelings of incompetence in relation to their professional self through their own perspective.
Since the present study is a qualitative research, the trustworthiness becomes a critical issue. As noted in the methodology section, another strength of the study is to have important elements that the qualitative research must possess in terms of achieving trustworthiness. In order to achieve trustworthiness, qualitative research has its own components as subjectivity and reflexivity, adequacy of data, and adequacy of interpretation (Morrow, 2005); all of which were satisfied in the present study (for details see section 2.6).

In the related literature, it was seen that the studies had participant groups that showed important variations in terms of experience levels (Thériault & Gazzola, 2005). For this reason, in the present study a rigorous comparison on experience levels of the therapists were aimed by choosing novice and experienced therapists as participants. Thus, the current study tried to explain how experience played a role in the meaning-making process of the therapists on feelings of incompetence in more detail.

In addition to the strengths of the present study, it is possible to refer to the clinical implications of the study in terms of the supervision processes. Bischoff et al. (2002) suggested that in the supervision, the emphasis on what the therapists do weakly leads to intensify feelings of incompetence in the therapists. Therefore, especially in the professional self-development of novice therapists, normalizing and validating their feelings of incompetence, feeling supported in the supervision, and emphasizing the areas they feel competent and they do well have a positive influence on their professional self-formation.

Another clinical implication of the present study regarding supervision was that supervisors had a better understanding of the nature, sources, consequences, and coping mechanisms of feelings of incompetence felt by therapists, and this understanding gains meaning when handled in the supervision process. As stated by Thériault and Gazzola (2005), feelings of incompetence were not solely linked to the lack of experience just like feelings of competence which were not solely linked to
experience. In relation to the better understanding of the various elements of feelings of incompetence, it seems important that the supervisors help the therapists to cope with the inevitable feelings of incompetence and motivate them in this sense through focusing on the development of their sense of self-compassion by leaving their efforts to be perfect and accepting their faults; but still keeping their motivation to improve their skills.

Another clinical implication of the current study was that both novice and experienced therapists coped with the difficulties they experienced in the therapeutic process, by sharing them with their peers, as mentioned by Bilican and Soygüt (2015). They underlined that peer supervision was crucial in terms of giving the therapists the chance of expressing their feelings of incompetence and that comparing their feelings with the feelings of other therapists who were at the same level of experience. This peer sharing serves to see that the therapists are not alone in their feelings of incompetence as these feelings are common emotions possessed by other therapists.

Lastly, feelings of incompetence that had been first experienced in the early family environment become a personal wound for the therapists and that this wound may show up as a countertransference in the therapeutic relationship with the patient who had the similar wounds. Consistently, as stated by Hill et al. (2007) and Williams and Fauth (2005), for the therapists, focusing on gaining awareness on their wounds during the training process and encouraging them to bring these issues into their individual therapy/analysis in the process of healing these wounds gain importance. Thus, therapists can benefit from their own experiences in the therapeutic process.

4.2 Limitations of the Present Study and Suggestions for Future Studies

The first limitation of this study was that only female therapists were interviewed to ensure the confidentiality of the participants. Since the number of male therapists in the program was fewer than the female therapists, it would be difficult to keep their
identities confidential. Therefore, the researcher collected qualitative data only from female therapists. Accordingly, it can be said that the transferability of the research results to male therapists is influenced in terms of gender effect. Future research will be critical in terms of transferability of the findings by forming a group consisting of equal number of male and female participants.

Another limitation of the research was the cross-sectional design of the study. Cross-sectional research design prevents the researcher from following the same therapists at different stages of their professional development. If a longitudinal research design is used in future researches, this limitation can be eliminated. Therefore, longitudinal design would handle different stages of the professional development of the therapists more regularly.

Lastly, the participants were all from graduate level clinical program, and consisted of novice therapists who were at the last year of their master’s program receiving clinical supervision, and experienced therapists who were doctorate students working on their dissertation and providing clinical supervision to the master’s students. For this reason, it can be argued that the participants were composed of well-educated therapists in the field of psychology. Accordingly, the results of the research may not be adapted to the less educated therapists in the field. The future researches can address how the education level plays a role on the feelings of incompetence.
REFERENCES


ARAŞTIRMAYA GÖNÜLLÜ KATILIM FORMU

Bu araştırma, ODTÜ Psikoloji Bölümü doktora öğrencisi Hande Gündoğan tarafından Prof. Dr. Tülin Gençöz danışmanlığında doktora tezi kapsamında yürütülmektedir. Bu form sizi araştırma koşulları hakkında bilgilendirmek için hazırlanmıştır.

Çalışmanın Amacı Nedir?
Araştırmannın amacı, yeni ve deneyimli psikoterapistlerde yetersizlik duygusunun temellerini, sonuçlarını ve bu duyguyla baş etme mekanizmalarını anlamaktır.

Bize Nasıl Yardımcı Olmanızı İsteyeceğiz?
Araştırmaya katılmayı kabul ederseniz, size öncelikle 15 dakika sürecek olan bir anket verilecek olup ardından yaklaşık iki saat sürecek olan bir görüşme yapılacaktır. Bu görüşmede sizlere çalışmanın amacına uygun sorular sorulacaktır. Daha sonra içerik analizi ile değerlendirilerek üzere cevaplarınızın ses kaydı alınacaktır.

Sizden Topladığıımız Bilgileri Nasıl Kullanacağız?
Araştırmaya katılmınız tamamen gönüllülük temelinde olmalıdır. Çalışmada sizden kimlik veya kurum belirleyici hiçbir bilgi istenmemektedir. Cevaplarınız tamamıyla gizli tutulacak ve sadece araştırmacılar tarafından değerlendirilecektir. Katılımcılarınız elde edilecek bilgiler toplu halde değerlendirilecek ve bilimsel yayılmlarda kullanılacaktır.

Katılımlıza ilgili bilmeniz gerekenler:
Katılabıınız anket ve görüşme, genel olarak kişisel rahatsızlık verecek sorular veya uygulamalar içermemektedir. Ancak, katılım sırasında sorulardan ya da herhangi başka bir nedenden ötürü kendinizi rahatsız hissederseniz araştırma yarıda bırakıp
çıkmakta serbestsiniz. Böyle bir durumda çalışmayı uygulayan kişiye çalışmadan çıkmanız istediğinizi söylemek yeterli olacaktır.

Araştırmayla ilgili daha fazla bilgi almak ısterseniz:

Görüşme sonunda, bu çalışmaya ilgili sorularınız cevaplanacaktır. Bu çalışmaya katıldığınız için şimdiden teşekkür ederiz. Çalışma hakkında daha fazla bilgi almak için Psikoloji Bölümü öğretim üyesi Prof. Dr. Tülin Gençöz (E-posta: tgencoz@metu.edu.tr) ya da doktora öğrencisi Hande Gündoğan (E-posta: hgundogan134@yahoo.com) ile iletişim kurabilirsiniz.

Yukarıdaki bilgileri okudum ve bu çalışmaya tamamen gönüllü olarak katıldığım. 

(Formu doldurup imaladıktan sonra uygulayıcına geri veriniz).

İsim Soyad              Tarih              İmza
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**APPENDIX B: DEFENSE STYLE QUESTIONNAIRE (DSQ-40)**

Lütfen her ifadeyi dikkatle okuyup bunların size uygunluğunu yan tarafında 1 den 9 a kadar derecelendirilmiş skala üzerinde seçtiğiniz dereceyi çarpı şeklinde (X) işaretlemek suretiyle gösteriniz.

<table>
<thead>
<tr>
<th>1</th>
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<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
</tr>
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<tbody>
<tr>
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<td></td>
<td></td>
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</tr>
<tr>
<td>Bana çok uygun</td>
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<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. Başkalarına yardım etmek hoşuma gider, yardım etmem engellenirse üzülürüm. 1 2 3 4 5 6 7 8 9
2. Bir sorunum olduğunda, onunla uğraşacak vaktim olana kadar o sorunu düşünmemeyi becerebilirim. 1 2 3 4 5 6 7 8 9
3. Endişemin üstesinden gelmek için yapıcı ve yaratıcı şeylerle uğraşırım (resim, el işi, ağaç oyma). 1 2 3 4 5 6 7 8 9
4. Arada bir bugün yapmam gereken işleri yarına bırakırım. 1 2 3 4 5 6 7 8 9
5. Kendime çok kolay gülerim. 1 2 3 4 5 6 7 8 9
6. İnsanlar bana kötü davranmaya eğilimliler. 1 2 3 4 5 6 7 8 9
7. Birisi beni soyup paramı çalsa, onun cezalandırılmasını değil ona yardım edilmesini isterim. 1 2 3 4 5 6 7 8 9
8. Hoş olmayan gerçekleri, hiç yokmuşlar gibi görmezlikten gelirim. 1 2 3 4 5 6 7 8 9
9. Süpermen’mişim gibi tehlikelere aldırımam. 1 2 3 4 5 6 7 8 9
10. İnsanlara, sandıkları kadar önemli olmadıklarını gösterebilme yeteneğimle gurur duyarım. 1 2 3 4 5 6 7 8 9
11. Bir şey canımı sıktığında, çoğu kez düşünsesizce ve tepkisel davranışım. 1 2 3 4 5 6 7 8 9

109
13. Çok tutuk bir insanım.  
14. Her zaman doğruyu söylemem.  
15. Sorunsuz bir yaşam sürdürmemi sağlayacak özel yeteneklerim var.  
16. Seçimlerde bazen haklarında çok az şey bildiğim kişilere oy veririm.  
17. Birçok şeyi gerçek yaşamından çok hayalimde çözerim.  
21. Her zaman, tanıdığım birinin koruyucu bir melek olduğunu hissederim.  
22. Bana göre, insanlar ya iyi ya da kötüdürler.  
23. Patronum beni kızdırsa, ondan hıncımı çıkarmak için a işimde hata yaparım ya da işi yavaşlatırım.  
24. Her şeyi yapabileceğim güçte, aynı zamanda son derece adil ve dürüst olan bir tanıdığım var.  
25. Serbest bıraktığımda, yaptığı işi etkileye bilecek olan duygularımı kontrol edebilirim.  
27. Hoşlanmadığım bir işi yaptığında başım ağrır.
28. Sık sık, kendimi kesinlikle kizmam gereken insanlara iyi davranırken bulurum. 

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |

29. Hayatta haksızlığa uğruyorsam, eminim. 

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |

30. Sınav veya iş görüşmesi gibi zor bir durumla karşılaşıyorsam, bunun nasıl olabileceği hayal eder ve başka çıkmak için planlar yaparım. 

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |

31. Doktorlar benim derdím ne olduğunu hiçbir zaman gerçekten anlamıyorlar. 

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |

32. Haklarım için mücadeleye ettiğim sonra, girişken davranıldığımdan dolayı özür dilemeye eğilimliyimdir. 

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |

33. Üzüntülü veya endişeli olduğumda yemek yemek beni rahatlatır. 

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |

34. Sık sık duygularımı göstermediğim söylenir. 

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |

35. Eğer üzüleceğimi önceden tahmin edebilirsem, onunla daha iyi baş edebilirim. 

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |

36. Ne kadar yakırsam yakınsayım, hiçbir zaman tatmin edici bir yanıt alamıyorum. 

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |

37. Yoğun duyguların yaşanması gereken durumlarda, genellikle hiçbir şey hissetmediğimi fark ediyorum. 

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |

38. Kendimi elimdeki işe vermek, beni üzüntülü veya endişeli olmaktan korur. 

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |


| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |

40. Eğer saldırganca bir düşüncem olursa, bunu telif etmek için bir şey yapma ihtiyacı duyarım. 

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
## APPENDIX C: INTERVIEW SCHEDULE

<table>
<thead>
<tr>
<th>Interview Schedule: Psychotherapists’ experiences on feelings of incompetence</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Self</strong></td>
</tr>
</tbody>
</table>
| 1. Kendinizi nasıl bir kişi olarak tanımlarsınız?  
   *Prompt: Kişiliğinizin temel özellikleri nelerdir?*  
   *Kişiliğinizi betimlemeler ile tanımlayacak olsanız nasıl tanımlarsınız?* |
| 2. Çevrenizdeki kişiler sizi nasıl tanımlarlar, nasıl tarif ederler?  
   *Prompt: Aile üyeleri, arkadaşlar?* |
| 3. Kendinizi terapist olarak nasıl tanımlarsınız?  
   *Prompt: Kişisel özellikleriniz çerçevesinde nasıl tanımlarsınız?* |
| 4. Kendini yeterli hisseden bir terapisti nasıl tanımlarsınız? |
| 5. Kendini yetersiz hisseden bir terapisti nasıl tanımlarsınız? |
| 6. Siz kendinizi bu tanımlamalarımız çerçevesinde nasıl değerlendiriyorsunuz? |
| 7. Yetersiz hissettiğiniz zaman kişilik ve terapistlik tanımınızda farklılık oluyor mu? |
| 8. Siz bu farklılığı nelere bağlıyorsunuz?  
   *Prompt: Hangi faktörler?* |
| **Feelings of Incompetence** |
| 1. Yetersizlik hissi size ne hatırlatıyor? Anı verebilir misiniz?  
   *Prompt: Fiziksel, duygusal, zihinsel?* |
| 2. Terapist olarak hangi sıklık ve yoğunlukta yetersizlik hissini yaşayorsunuz?  
   *Prompt: Terapide hangi tip hastalar ve hangi olaylarda yetersizlik hissini yaşadıysınız?*  
   *Terapide hangi tip hastalar ve hangi olaylarda kendinizi daha yeterli hissediyorsunuz?* |
| 3. Yaptığınız terapi seanslarından yola çıkarak yaşadığınız yetersizlik hissine örnek verebilir misiniz? |
4. Kendinizi yetersiz hissettüğiniz zaman bu sizi ve terapi seanslarınızı nasıl etki ediyor?

**Coping Mechanisms**

1. Yetersizlik hissi ile nasıl baş ediyorsunuz?
   *Prompt: Özel stratejiler, baş etme yolları, zihinsel, pratik?*
   *Size yardımcı olan faktörler nedir?*
   *Hangi kişilik özellikleriniz yetersizlik hissiyle baş etmenizi kolaylaştıran/zorlaştırıyor?*

2. Terapi seanslarınızdan baş etme tarzınıza ait örnek verebilir misiniz?

3. Baş etme tarzınızda terapistlik deneyim sürecinizde değişiklik oldu mu?
   *Prompt: Bu değişikliği siz neye bağlıyorsunuz?*
## APPENDIX D: DSQ-40 SCORES OF THERAPISTS

### Therapist 1

<table>
<thead>
<tr>
<th>Defense Styles</th>
<th>Score</th>
</tr>
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<tr>
<td><strong>Mature</strong></td>
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</tr>
<tr>
<td>Anticipation</td>
<td>12</td>
</tr>
<tr>
<td>Humor</td>
<td>10</td>
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</tr>
<tr>
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</tr>
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<tr>
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<tr>
<td>Undoing</td>
<td>7</td>
</tr>
<tr>
<td>Reaction Formation</td>
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</tr>
<tr>
<td>Idealization</td>
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<td><strong>Immature</strong></td>
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<td>Autistic Fantasy</td>
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</tr>
<tr>
<td>Isolation</td>
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</tr>
<tr>
<td>Devaluation</td>
<td>9</td>
</tr>
<tr>
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<td>8</td>
</tr>
<tr>
<td>Acting Out</td>
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</tr>
<tr>
<td>Somatization</td>
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<tr>
<td>Projection</td>
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<td>7</td>
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<td>Displacement</td>
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<td>Autistic Fantasy</td>
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APPENDIX E: CURRICULUM VITAE

PERSONAL INFORMATION

Surname, Name: Gündoğan, Hande
Nationality: Turkish (TC)
Date and Place of Birth: 12 September 1987, Kırklareli
Marital Status: Single
Phone: +90 312 210 31 82
e-mail: handegundogan@icloud.com

EDUCATION

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FOREIGN LANGUAGES

Advanced English

PUBLICATIONS


APPENDIX F: TURKISH SUMMARY/TÜRKÇE ÖZET

1. GİRİŞ

Çalışma, yeni ve deneyimli terapistlerin yetersizlik hisleri üzerine olan deneyimlerini profesyonel kendiilik gelişimi çerçevesinde derinlemesine incelemeyi amaçlamaktadır.

1.1 Yetersizliğin Kavramsallaştırılması


Psikodinamik kavramsallaştırıyla ilişkili olarak, araştırmalar göstermektedir ki; terapistlerin meslek seçimleri kişisel deneyimlerinden, özellikle çocukluk dönemi deneyimlerinden etkilenmektedir. Jung (1963), bu sonuçla ilgili olarak terapistlerin yaralar içeren kendi yaşam geçmişleri olduğunu ifade etmektedir. Wheeler (2007), karşı-aktarımın terapist ve hastanın yaralarının buluştuğu noktası olduğunu belirterek,
belirtmektedir. Eğer terapist kendi geçmiş ya da şimdiki yaralarını iyileştirme sürecindeyse, bu durum terapistin hastalarının problemlerine karşı daha empatik olmasını ve böylelikle de terapi etkinliğinin artışınu sağlamaktadır (Guy, 1987; Wolgian ve Coady, 1997).


1.2 Yetersizlik Hislerinin Kökenleri


1.3 Yetersizlik Hislerinin Sonuçları


1.4 Yetersizlik Hisleriyle Baş Etme Biçimleri

Mahoney (1991), yetersizlik hislerinin kişi için zor ve yıkıcı olabildiğinden bahsetmektedir. Bu nedenle, terapistlerin bu hislerle baş etme biçimleri önem kazanmaktadır.

Çeşitli araştırmalar göstermektedir ki; terapistlerin yeterlilikleriyle ilgili şüphelerini akranlarıyla paylaşmaları önemli bir baş etme biçimidir (Bilican ve Soygüt, 2015;

1.5 Yetersizlik Hisleri ile Süpervizyon ve Profesyonel Kendilik İlişkisi


Orlinsky ve Rønnestad (2005), terapistlerin ihtiyaçlarının süpervizyon sürecinde değişiklik gösterdiğini belirtmektedirler. Profesyonel hayatlarının başlarında yeni terapistler, deneyimli terapistlere göre yeterli hissetmek için süpervizyondan daha fazla yardım, destek ve rehberlik beklemektedirler. Bununla ilişkili olarak, Thériault ve ark. (2009), yetersizlik hissünün yeni terapistler için ‘tabu’ olarak görüldüğünü, bu nedenle de süpervizyona daha çok seansa dair iyi şeylerı götürmeye eğilimli
olduklarını göstermektedirler. Bu çerçevede, baş etme mekanizmaları kapsamında ele alınan akran desteği yeni terapistler için koruyucu faktör olarak ele alılmaktadır.

1.6 Çalışmanın Amaçları

Yetersizlik hislerinin olması sebepleri, sonuçları ve terapistlerin bu hislerle baş etme biçimleri ve profesyonel kendilik gelişimiyle ilişkisini anlamak üzere çalışma, şu soruları cevaplamayı amaçlamaktadır: Yeni ve deneyimli terapistleri yeterlilikleri konusunda şüphe düşüren faktörler nedir? Yetersizlik hislerinin olması sonuçları nedir? Terapistler yetersizlik hisleriyle nasıl baş ederler? Yetersizlik hisleri profesyonel kendilik gelişimiyle nasıl ilişkilidir?

2. YÖNTEM

2.1 Katılımcılar


2.2 Ölçüm Araçları

Andrews, Singh ve Bond (1993) tarafından geliştirilen Savunma Biçimleri Testi (SBT-40), araştırmada terapistlerin yetersizlik hisleriyle baş etme biçimlerini
detaylandırmak amaçlı kullanılmıştır. 40 maddeden oluşan ölçek, 9’lu likert üzerinden değerlendirilmekte olup 20 savunma biçimi, immatür, nevrotik ve olgun savunmalar olarak 3 boyutta toplanmaktadır. Ölçeğin iç tutarlılık kat sayısı, İmmatür, Nevrotik ve Olgun Savunmalar için sırasıyla .68, .58 ve .80 olarak bulunmuştur. Ölçek, Türkçeye Yılmaz, Gençöz ve Ak (2007) tarafından uyarlanmış olup ölçeğin iç tutarlılık katsayısı aynı sırayla, .83, .61 ve .70 olarak bildirilmiştir.

2.3 Prosedür

ODTÜ Etik Komitesi’nden alınan gerekli izinlerin ardından AYNA Klinik Psikoloji Destek Ünitesi aracılığıyla iletişimге geçen terapistlerden, araştırmaya katılmayı kabul edenlerle görüşme için zaman ayarlaması yapılmıştır. Katılımcılara, görüşme öncesinde araştırmaya gönüllü katılım formu ve SBT-40 doldurtulmuştur. Ardından, katılımcılarla 90 ve 120 dakika arasında süren yarı-yapılandırılmış birebir görüşmeler yapılmıştır.

2.4 Analiz

2.5 Güvenirlik


3. SONUÇLAR VE TARTIŞMA

3.1 Sonuçlar

3.1.1 Yeterli hissededen terapist


3.1.1.1 Teorik bilgiye dair hakimiyet, eğitim ve deneyim

Yeni ve deneyimli terapistlerin yeterli hissedenden terapist tanımlamalarında, terapistin aldığı eğitim ve kazandığı deneyimle paralel olarak teorik yönelime dair hakimiyet kazanmasının terapistin kendisini yeterli hissetmesinde önemli bir yere sahip olduğunu vurgulandığı görülmüştür. Terapist 3, bu vurguyu şu şekilde dile getirmiştir:

Teorik bir baza oturtabilen danışanı, yeterli bir terapisttir. Sorunlarını anlayabilen, aslında doğru soru sormak falan da buradan geçiyor gibi. Şu sorunu olan bir danışana şu sorulmayacakken, diğerine sorulabilir gibi. O sorunu bir temele oturtmak, teorik bir çerçeveye koymak gibi.

3.1.1.2 Öz-şefkat duygusunun gelişimi

Deneyimli terapistler, yeterli hissedenden terapist tanımlamalarında sadece teorik bilgiye dair hakimiyetten yeterli olmadığını, bunun yanı sıra terapistin eksik kaldığı alanları görüp farkındalık kazanmasını, eksik kaldığı alanlara dair olumsuz duyguları kabul eden, hata yapmaya izin veren öz-şefkat duygusunun gelişiminin de önemli olduğunu vurgulamışlardır. Terapist 2, öz-şefkat duygusunun yeterlilik hissini nasıl etkilediğini şu şekilde belirtmiştir:
Herhalde hata yapabilen bir terapisttir. (gülüşmüyor) Hata yapmaya izin veren bir terapisttir… Benim için önemli bir mesele kendindeki o eksik olanı görmek… Terapilerde de genelde öyle bir ortaklık görmeye başladığımı fark ettim. İnsanların daha mutlu olması değil çok terapinin amacı gibi, eksik tarifini görmek, kabul etmek ya da tüm o tutarlıklarını görebilmek… Nerede eksikim var, nerede yapamıyorum, bunu görebilmek yeterli hissettiriyor diye düşünüyorum.

3.1.1.3 Profesyonel kendilik oluşumu

Deneyimli terapistler için, yeterli hisseden terapist tanımlamalarında profesyonel kendilik oluşumunun ve kişilik tanımlarında terapist kimliklerinin önemli bir yere sahip olduğu bulunmuştur. Deneyimli terapistlerin aksine, yeni terapistler için profesyonel kendilik oluşumunun tamamlanmadığı, kendi yetkinliklerini sorgulama aşamasında oldukları ve bu nedenle, kendilik tanımına terapist kimliklerini entegre edemedikleri görülmüştür. Terapist 2, oluşturulan profesyonel kendiliğin kişilik tanımına entegre olmasıyla kendisini daha yeterli bir terapist olarak hissettğini şu şekilde dile getirmiştir:


3.1.2 Terapi sürecinde yetersiz hissededen terapist


3.1.2.1 Teorik yönelime dair kararsızlık, eğitim ve deneyim eksikliği

Yeni terapistler için yeterli hissedenden terapist tanıımında teorik bilgiye dair hakimiyet ve deneyimin vurgulanmasıyla ilişkili olarak, yetersiz hisseden terapist tanıımında, teorik bilgi ve yönelime dair kafa karışıklığı yaşama ve deneyim açısından eksiklik hissetme durumunun baskın olduğu görülmüştür. Terapist 4, teorik bilgiye dair yetersizlik hislerini şu şekilde ifade etmiştir:

Bazı görüşmelerde çok yeterli hissettirim, o da teorik bir konuya %100, %95 diyeyim hakim olmadığını düşündüğüm için bazen neyi nasıl yapacağını bilemiyorum, bu da yetersiz hissettiriyor.

Deneyimli terapistler de, meslek ve eğitim hayatlarının başlarında, yeni terapistler gibi teorik yönelime dair kafa karışıklığı yaşama durumunun kendilerini yetersiz hissettirdiğini ifade etmişlerdir.

3.1.2.2 Terapi becerilerinin öğrenimi ve kullanımı

Teorik yönelime dair kararsızlık yaşama, herhangi bir teorik yönelime dair hakimiyet duygusuna sahip olmama ve deneyim eksikliğiyle ilişki olarak, yeni terapistlerin yetersiz hisseden terapist tanımlamalarında terapi becerilerinin öğrenimi ve kullanımında zorluk teması da, diğer bir baskı alt temalı olmuştur. Deneyimli terapistlerin, yetersiz hisseden terapist tanımlamalarında terapi becerilerinin öğrenimi ve kullanımının, terapistin performans kaygısı nedeniyle hastaya olan terapötik ilişkisi ve terapi sürecini bozan davranışlarda bulunma durumu ile ilişkilendirdikleri görülmüştür. Terapist 2, yetersiz bir terapisti temelde kaygılı bir terapist olarak tanımlamakla birlikte terapistin bu kaygısının terapi sürecini sekteye uğratacak boyuta ulaşabileceğini şu şekilde açıklamıştır:
Yetersiz bir terapistle ilgili ilk akıma gelen şey, kaygılı bir terapist gibi diyebilirim. (gülünsüyor) Kendi performansıyla ilgili olan, ’Ne yapıyorum, ne ediyorum, elimi kolumu nereye koyдум?’ gibi. Herhalde ilk terapistlik hallerimi düşününce… (gülüyor) O kaygıyla birlikte herhalde karşısında o ihtiyacı görmemek, kaçınmak…

Terapi becerilerinin öğrenimi ve kullanımı alt temasında terapistlerin genel olarak, terapötik konuları ele almada ve seans yönetiminde zorluk yaşama vurgu yaptıkları görülmüştür.

3.1.3 Süpervizyonda yetersiz hissedenden terapist

Yeni ve deneyimli terapistlere, yetersizlik hissini en sık ve en yoğun hissettikleri anlar sorulduğunda, her iki grup için de cevap süpervizyona ait yaşantılardan gelmiştir. Terapistler tarafından süpervizyon sürecinin hem olumlu hem de olumsuz açıdan yorumlanması çerçevesinde, süpervizyonda yetersiz hissedenden terapist teması kendi içinde iki alt temaya ayrılmıştır: eleştirilme kaygısı ve kişisel gelişim.

3.1.3.1 Eleştirilme kaygısı

Yetersizlik hissinin süpervizyon sürecinde yaşananan temel hislerden biri olmasının nedeni, terapistlerin belirttiği üzere otorite tarafından eleştirilme kaygısı yaşamaları olmuştur. Otorite olarak görülen süpervizörün ve ait oldukları klinik programın, doğası gereği terapistin eksikliklerini işaret etmesi, kişisel süreçlerine girilmesi terapistler tarafından ilk etapta eleştiri olarak algılanmış ve bu eleştirilme kaygısı yetersizlik hissiley paralel gidin bir duyguluk olmuştur. Terapist 4 tarafından süpervizyon, ilk etapta yetersizliğinin gösterildiğini düşündüğü, bu nedenle yetersizlik hissinin yoğun olduğu ve bu hissın ‘iü bir terapist değilim’ düşüncesine eşlik ettiği bir alan olarak yorumlanmıştır.

Süpervizörün yorumlarına takılıyorum, yorum yaptı deyip geçemiyorum. Beni yetersiz görüdüler, beni eleştiriyor, beğenmedi, demek ki iyi bir terapist değilim gibi düşünceler geçiyor o anda. Hala akıma gelince yine onlar geçiyor. Şimdi farklı ediyorum ki daha çok süpervizyonlar beni o noktaya çekiyor. Bir başka anlatacak olmak, bir başkağın yargısı vesaire otomatik olarak beni o yetersizlik hislerine götürüyor.
3.1.3.2 Kişisel gelişim

Süpervizyon sürecinde otorite olarak görülen süpervizörün terapistlerin eksikliklerine işaret etmesi ve kişisel süreçlerini sorgulaması, ilk aşamada terapistlerin eleştirilme kaygısını tetikliyör olsa da ilerleyen zamanda terapistler süpervizyon sürecini kişisel gelişim çerçevesinde öz-farkındalık kazandıkları bir alan olarak yorumlamışlardır. Terapist 5, yüksek lisans döneminde aldığı süpervizyonu empatik, destekleyici ve farkındalık kazandırıcı bir alan olarak tanımlamıştır.

3.1.4 Kendilğe ilişkin eleştirel tutum

Yeni ve deneyimli terapistlerden kendilerini tanımlamaları istendiğinde, yeni terapistlerin deneyimli terapistlere göre kendilik tanımlamalarında daha eleştirel olduklarını görmüştür. Buna karşın, deneyimli terapistler, mesleki/akademik hayatlarının başlarına kıyaslı, olumlu tarafını daha fazla kendilik tanımlarına entegre edebildikleri yorumunda bulunmuşlardır. Bu nedenle, kendilğe iliskin eleştirel tutum bir alt tema olarak analiz edilmiştir.

3.1.4.1 Kendilğe ilişkin eleştirel tutum

Yeni terapistler, kendilerini tanımlamaları istendiğinde, bu tanımlamaları olumsuz özellikleri üzerinden devam ettirdikleri ve olumlu özelliklerine çok fazla vurgu yapmadıkları görülmüştür. Ancak, yeni ve deneyimli terapistlerin kendilerini tanımlamaları istendiğinde ortaya çıkan eleştirel tutumlarının, çevrelerindeki kişilerin kendilerini nasıl tanımladıklarını taraf etmeleri istendiğinde ortaya çıkmadığı fark edilmiştir. Terapist 2, yüksek lisans döneminde şimdiki zamana kadar geçirdiği değişimi şu şekilde belirtmiştir:
Geçtiğimiz yıllarda kendime bakışımında daha kendimde sevmemiş tarafları çok gören bir tarafım vardı. Hala var olduğu yerler de var. Anlamaya çalışıyoruz herhalde (gülüşüyor) kendimi diyeyim, tanımlamaya çalışıyorum ne olup bittiğini. Bu tanımların içinde dediğim gibi biraz daha kendine yukselen bir taraftan var olduğunu fark ettim. Kendi hislerimle biraz mesafeli bir taraftan var, bunu değiştirmeye çalışıyorum, değiştirdim de büyük ölçüde.

3.1.5 Profesyonel kendilik çerçevesinde yetersizlik hislerinin değerlendirilmesi


3.1.5.1 Onaylanma/takdir görme ihtiyacı


3.1.5.2 Onarım/telafi ihtiyacı

Yetersizlik hissine neden olan faktörlerden biri olan onaylama/takdir görme ihtiyacı ek olarak, yetersizlik hissinin sonuçlarından biri olan onarım/telafi ihtiyacı, yeni ve deneyimli terapistler tarafından seansta hastaya karşı ortaya çıkan bir ihtiyaç olarak tanımlanmıştır. Bu ihtiyacı ortaya çıkmasında temel unsur olarak, terapistlerin seansta hata olarak tanımladıkları davranışlarda bulunmaları ve bu davranışların sonucunda da hatanın hastada oluşturabileceği olumsuz etkileri onarım isteği görülmüş tür. Terapist 1, hissettiği onarım/telafi ihtiyacı şu şekilde dile getirmiştir:


3.1.6 Yetersizlik hislerine kaynak oluşturan terapistin kişisel sürecine ilişkin konular

Yetersizlik hisslerinin terapistler için anlamı, terapi süreci ve profesyonel gelişimdeki yerile ilişkili olarak, terapistlerin kişisel süreçlerinin yetersizlik hissine kaynak oluşturduğu görülmüştür. Terapistlerin kişisel süreçlerinin, terapide zorlandıkları ve hassas oldukları alanlarda ilişkili olması nedeniyle, yetersizlik hissini terapistlerin aile ilişkileri açısından anlamını ve terapi sürecine yansımasını ayrı temalar altında değerlendirme gerekşiminin doğmuştur. Bu nedenle, aile ilişkileri ve kişisel hassasiyet alt temalar olarak analiz edilmiştir.

3.1.6.1 Aile ilişkileri

Yeni ve deneyimli terapistlerden yetersizlik hissine dair anı vermeleri istendiğinde, örnekler aile ilişkilerine dair yaşantılarından gelmiştir. Yetersizlik hissi genel olarak, olumsuz duyguları kapsayamayan bir aile ortamına ve eleştirel bir bakımverene sahip olunması ile ilişkilendirilmiştir. Terapist 3, yetersizlik hissinin kendisine annesinin

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beklentilerini karşılayamayan ve olumsuz duyguyu gösterince annesi için doğru olamayan çocuk halini canlandırdığını dile getirmiştir.

Çocuk olarak bir şeyleri yetersiz yapıyorumuş ya da annemin gözündeki mertebeye, o beklentisine ulaşamıyorum gibi... Hiçbir zaman doğru bir çocuk olamıyorum duygusu ailede ve o yetersizlik duygusu hep içinde kapalı kalmış olduğu için sürekli çıkacak yer arıyorum...Annem çok baskın ve kimseyi konuşтурmayan bir karakter olduğu için de kendimi hep eksik ve yetersiz hissetmişimdir. Yanında hissedeyeceğim de.

3.1.6.2 Kişisel hassasiyet

Yeni ve deneyimli terapistlerin aile ilişkilerinde yetersiz hissettikleri alanların, terapide zorlandıkları ve hassas oldukları alanlarla ilişkili olduğu ve hastayla terapi sürecine yansıdığını görülmüştür. Terapist 1’in olumsuz duyuguları kapsayamayan bir aile ortamında yetişmesi nedeniyle, kendisinin de olumsuz duyuguları ele almada zorluk yaşadıgı ve buna bağlı olarak, yas gibi olumsuz duyuguların temel his olduğu konuları çalisamadığı görülmüştür.

Danışmanının yaş olduğuunda, onu nasıl işlemlerim çok bir fikrim yok, o benim hassas bir alanım gibi duruyor. Duygular kısmında, karşı taraftan gelen yoğun duyguları tam olarak alamayı beceremeyen diyeyim.

3.1.7 Yetersizlik hislerine kaynak oluşturan terapi sürecine ilişkin konular

Yetersizlik hislerine kaynak oluşturan terapistlerin kişisel sürecine paralel olarak, terapi sürecine ilişkin çeşitli faktörlerin de terapistlerde yetersizlik hissine neden olduğu görülmüştür. Analiz sonuçlarına göre, terapi sürecine ilişkin konuların temelinde, terapi süreci ve sonucuna dair uyumsuzluğun hasta ve terapist tarafından dile getirilmesi ve terapist-hasta ilişkisinin kurulmasında yaşanan zorluklar alt temalar olarak bulunmuştur. Bu nedenle, yetersizlik hissine kaynak oluşturan terapi sürecine ilişkin konular teması, süreç-sonuç farklığı ve terapötik ilişki olmak üzere iki alt temaya ayrılmıştır.
3.1.7.1 Süreç-sonuç farklılığı

Yeni ve deneyimli terapistlerin, terapi sürecini sorgulayan, bu süreçte kendisinde hiçbir değişim, gelişim olmadığını belirten ya da duygudurumunun iyiye gitmesini beklerken daha kötüye gittiğini ifade eden hastalarla daha yetersiz hissettikleri örülmüştür. Hastaların terapi sürecini sorgulamasının ve terapötik ilişkide direnç göstermesinin, terapistler için kendi yetkinliklerinin, yeterliliklerinin sorgulanması anlamına geldiği ve bu sorgulamanın aynı zamanda terapistin kendi yeterliliğini sorgulamasına da neden olduğu fark edilmiştir. Terapist 1, süreç-sonuç farklılığına dair bu hissi şu şekilde açıklamıştır:

Belki çok sonralarda, diyelim ki 50 seans geçirdik, hakikaten hiçbir değişiklik yok, o zaman yetersizlik olur. Danışan gelse, 20 seans yaptık, ne oldu, hiçbir şey yok, değişmiyor, biz ne yapıyoruz gibi sorular getirse o zaman yetersiz hıssederim.

3.1.7.2 Terapötik ilişki

Terapistlerin meslek seçimlerinde mesleğe dair kendilerini etkileyen en temel unsurun, terapist-hasta arasındaki terapötik ilişki olduğu görülmüştür. Terapistlerin terapötik ilişkide kendilerini tanımlarken, şu ortak özellikler üzerinde durdukları dikkat çekmiştir: güvenilir ve yardımsever olma ve yargılavıcı olmama.

Stajlarda gözlemlediğim psikolog-hasta ilişkisi hoşuma gidiyordu, karşı tarafı hakikaten anlamaya çalışan bir tarz. Psikologun hastanın yaşadığı zorluklara güvenen tarafı hoşuma gidiyordu. Bir de o ilişkinin sayesinde, yapılan müdahaleler sayesinde hastalardaki değişimin görülmesi beni etkilemişti. Dediğim gibi daha hastanın önemsendiği bir ilişki.

-(Terapist 5)

Terapistlerin güvenilir ve yargılavıcı olma özellikleri, terapist-hasta arasındaki ilişkiye dair yakınlık-bağlık unsurunu çağrıştırırken, buna ek olarak yargılavıcı olmama özelliği de terapötik ilişkiye dair sorumluluk-sınır unsuru ile ilişkilendirilmiştir.

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3.1.8 Yetersizlik hislerinin sonuçlarına dair


3.1.8.1 Öz-farkındalık

Yeni terapistler ve mesleki/akademik hayatlarının başlarındaki zamana göre deneyimli terapistler için, öz-farkındalık kazanımı ve bununla ilişkili olarak öz-eleştiri yapabilme kapasitesinin artışı, yetersizlik hissinin olumlu sonuçları olarak vurgulanmıştır. Terapist 4, kendisiyle ilgili farkındalık kazanmasının kendisini mutlu hissettirdiğini ve böylelikle yetersiz hissettiği alanları daha kolay kabul edebildiğini belirtmiştir.


3.1.8.2 Teorik ve pratik bilgi açısından deneyim

Yeni ve deneyimli terapistler, yetersizlik hissiyle baş etmek için kendilerini teorik okumalar yapmaya yönlendirdiklerini ve bu teorik kazanımları pratik bilgiye dönüştürmeye çalıştıklarını dile getirmişlerdir. Bu nedenle, yaşadıkları yetersizlik hissinin olumlu bir sonucu olarak mesleki/akademik açıdan teorik ve pratik alanda deneyim kazandıklarını belirtmişlerdir. Terapist 4, yetersizlik hissiyle paralel giden meslek ve eğitim sürecinin yaralayıcı olduğunu, ancak kendisine dair farkındalık kazanıp bunların üzerine çalışmasının hem teorik hem de pratik açıdan olumlu bir yerinin olduğunu dile getirmiştir.

3.1.8.3 Duygusal-fiziksel yük

Terapistler, yaşadıkları yetersizlik hissine başka olumsuz duyguların da eşlik ettiğini, bu nedenle yetersizlik hissünün kendisinden başka beraberinde ekstra duygusal yük getirdiğini ifade etmişlerdir. Yeni ve deneyimli terapistler için yetersizlik hissiyle paralel gidilen duygular; öfke, üzüntü, utanç, çaresizlik ve suçluluk hislerinde ortaklaştığı görülmüştür.


-(Terapist 2)

Ekstra gelen bu duygusal yükle baş etmelerinin daha da zorlaşması nedeniyle, terapistler bu duygusal yüke bazı somatik belirtilerin de eşlik ettiğini dile getirmiştirler.


-(Terapist 1)

3.1.9 Yetersizlik hisleriyle baş etme mekanizmalarına dair

Yeni ve deneyimli terapistlerin yetersizlik hislerinin kaynakları ve sonuçlarıyla ilişkili olarak, terapistlik mesleğinin getirisi olan bu doğal duyguya nasıl baş ettikleri önem kazanmıştır. Bu kapsama, analiz sonuçlarına göre dört alt tema bulunmuştur: kaçınma, akran desteği, öz-şefkat duygusu ve profesyonel rol-kişisel rol sınırı belirleme.
3.1.9.1 Kaçınma

Yeni ve mesleki/akademik hayatlarının başlarına göre deneyimli terapistler için, yetersizlik kaçınılmaz gereken, onarılamaz bir eksikliğe işaret eden bir duygusal eksiklik olduğu için, baş etme mekanizması olarak kaçınmanın önemli bir yere sahip olduğu görülmüştür.

Yetersizlik duygusu elbette ki önceden bir şeyler çağrıştırılmış ama belki başka bir şeye odaklanıp daha böyle kafa dağıtma yapmış olabilirim diye düşünüyorum. Şimdi daha çok içindeyim. Yüzleşme anlamında evet ama bu yüzleşmeden sonra baş etme anlamında yine de çok fazla bir şey yapmiyorum.

-(Terapist 1)

3.1.9.2 Akran desteği

Yetersizlik hissi, mesleki/akademik hayatın başındaki terapistler için kaçınılan bir duygusal eksiklik olduğuna göre, akranlardan destek alma ihtiyacı duyulmuştur. Terapist 5 için, akran desteğinin öz güven duyguyu paralel olduğu ve bu güvenin yetersizlik hissiyle baş etmesinde önemli bir yere sahip olduğunu görürmüştür.

Yakın arkadaşlardan destek görmek iyi geliyordu. Onlardan iyi bir şey duyunca, o anlayışı, güveni görünce toparlandım. Onlarla paylaşım onlardan destek almaya çalışma şeklinde başa çıkmanın oldu.

3.1.9.3 Öz-şefkat duygusu

Yeterli hissededen terapist temasında, bir alt tema olarak ortaya çıkan öz-şefkat duygusu gelişiminin, terapistler için yetersizlik hissiyle baş etmede önemli bir yere sahip olduğu analiz sonuçlarına göre bulunmuştur. Yeni terapistler için bu duyguya, kendini telkin etme davranışlarında var olurken, deneyimli terapistler içinse eksik
taraflarının kabulüyle kendilerini bütün olarak görmeklerinde ve yetersizlik hissinde koruyucu faktör olmasında ortaya çıkmıştır.


3.1.9.4 Profesyonel rol-kışisel rol sınırını belirleme

Yeni ve deneyimli terapistlerin, klinik psikoloji alanını seçtikten sonra aile, akraba ve sosyal çevrelerinden gelen, problemlere yardım ve çözüm taleplerinde artış görülmüştür. Bu taleplerin çoğunlukla kendilerini yetersiz hissettirdiğini dile getiren terapistler, profesyonel ve kışisel rolleri arasındaki sınırı belirlemenin bu hisle baş etmede işlevsel olduğunu belirtmişlerdir. Terapist 2, yakın çevresinin kendisinden her an, her yerde terapist olması beklentisini kendisini yetersiz hissettirdiğini şu şekilde dile getirmiştir:

Yakın çevremden benim şu derdim var, şu sorunum var, buna nasıl çözümler bana bir şey söyle diyenler ilk yıllarda daha çok oluyordu. Bunun için daha uzun süreli bir şeyler ya da tavsiye vermem gibi şeyler söyleyerek özellikle o yakın çevreme sınır ve her an terapist değilim tavrını koymu.

3.2 Tartışma

3.2.1 Yeterli hissedenden terapist


Yeni terapistlerin, deneyimli terapistlerin aksine, profesyonel kendiliklerini kişilik tanımlamalarına entegre edemiyor oluşları, kendilerinden beklentilerinin bulundukları aşamaya göre yüksek olması ve bu karşılanamayan yüksek beklentilerin öz-şefkat duygusunun gelişimini engellemesi şeklinde yorumlanmaktadır.

3.2.2 Terapi sürecinde yetersiz hissededen terapist


3.2.3 Süpervizyonda yetersiz hissedenden terapist


3.2.4 Kendilik tanımı çerçevesinde yetersizlik hislerinin değerlendirilmesi


3.2.5 Profesyonel kendilik çerçevesinde yetersizlik hislerinin değerlendirilmesi


3.2.6 Yetersizlik hislerine kaynak oluşturan terapistin kişisel sürecine ilişkin konular


3.2.7 Yetersizlik hislerine kaynak oluşturan terapi sürecine ilişkin konular

Yeni ve deneyimli terapistlerin yetersizlik hisleri üzerine yapılan güncel araştırmalar göstermektedir ki; terapi sürecine dair süreç-sonuç farklılığını ve terapötik ilişki kapsamında yakınılık ve bağlılık ve sorumluluk ve sınır faktörleri yetersizlik hissinin kaynakları çerçevesi altında ortaklaşmaktadır (Thériault ve Gazzola, 2006, 2010; Thériault et al., 2009). Genel olarak yetersizlik hissinin ön planda olduğu bir terapötik ilişki incelemesinde, terapistin takdir görme, onaylanma gibi ihtiyaçlarının karşılanmadığı ve yetkinliğin sorgulanması ve sınır koymada zorluğunu yaşamış bir ilişki türü görülmektedir. Genel olarak terapistlerin rekabete sokan danışanlar ile yetersizlik hissini yaşamalar, bunun aksine süreci sorgulamayan, yorumlarını alan ve bunu belli eden danışanlar ile kendilerini daha yeterli hissetmeleri söz konusu olmaktadır.

3.2.8 Yetersizlik hislerinin sonuçlarına dair

Yeni ve deneyimli terapistler tarafından yetersizlik hissi, kendileriyle ilgili farklılıkların artması, eleştiride bulunabilmeleri ve profesyonel gelişimlerini sağlayan teorik ve pratik alanda deneyim kazanmaları açısından olumlu
yorumlanmaktadır. Buna karşın, yetersizlik hissinin duygusal ve fiziksel açıdan terapistler için baş edilmesi gereken ekstra bir yük getirdiği de açık kaldır.


3.2.9 Yetersizlik hisleriyle baş etme mekanizmalarına dair

Terapistler, özellikle mesleki hayatlarının başlarında yetersizliklerini yüzlerine vuracak risklerden kaçınma savunması geliştirilmektedirler. Thériault ve ark.’ın (2009) yeni terapistlerin yetersizlik hisleri üzerine olan çalışmalarında, terapistlerin
kendilerini korumak adına süpervizyona yetersiz hissettikleri alanları götürmemeye ve iyi olduklarını düşündükleri durumları götürmeye eğilimli olduklarını göstermektedir. Yeni terapistlerin aksine, deneyimli terapistlerin kendilerine karşı daha az eleştirel olmaları, öz-şefkat duygusunu geliştirmelerini sağlamakta ve bu öz-şefkat duygusu da yetersizlik hissiyle kaçıranak baş etmeye çalışmak yerine, bu hisle temas ederek baş etmede temel unsur olmaktadır.


4. GENEL TARTIŞMA

Yeni ve deneyimli terapistlerle yapılan görüşmeler sonucunda yetersizlik hislerinin doğasına dair detaylı ve zengin veri elde edilmiş olup bu veri yorumlayıcı fenomenolojik analiz kurallarına göre analiz edilmiştir. Analiz sonucunda, hem yeni
hem de deneyimli terapistler için ortak olan dokuz üst tema ilgili literatürdeki araştırma sonuçlarıyla uyumlu olarak bulunmuştur.


Çalışmanın sonuçlarıyla ilgili olarak, aşağıdaki kısımda çalışmanın güçlü yönleri ve klinik sonuçlarından, ayrıca çalışmanın sınırlılıkları ve gelecek çalışmalar için önerilerden bahsedecektir.

4.1 Çalışmanın Güçlü Yönleri ve Klinik Sonuçlar


Çalışmanın güçlü yönlerine ek olarak, klinik sonuçları süpervizyon kapsamında değerlendirerek mümkün olmaktadır. Özellikle yeni terapistlerin profesyonel kendilik gelişimlerinde, yetersizlik hislerinin normalleştirilmesi ve kabul edilmesinin, süpervizyonda desteklendiklerinin hissedilmesinin ve yeterli olduklarını alanlara daha fazla odaklanmasının pozitif etkisi olduğu görülmüştür. Bununla birlikte, süpervizörlerin yetersizlik hissini doğrulamak da bir anlayışa sahip olmaları ve bunu süpervizyon sürecinde bir araç olarak kullanmaları açısından önem taşımaktadır. Süpervizörlerin yetersizlik hissini kaynaklarını, sonuçları ve baş etme mekanizmalarını daha iyi anlamaları ve bunu terapistlerin yetersizlik hislerini daha kolay kabul etmeleri ve bu konuda onları motive etmeleri kapsamında kullanmaları çalışmanın klinik sonuçlarından biri olarak görülmektedir.


Son olarak, terapi sürecinde karşı-aktarım olarak ortaya çıkan terapistin kişisel yaralarının süpervizyon eğitimi sürecinde farkında olmasının terapi süreci açısından önemi olduğu görülmüştür (Hill ve ark., 2007; Williams ve Fauth, 2005). Bu kişisel yaraların iyileştirmesi sürecinde terapistlerin bireysel terapi almasının teşvik edilmesi önem kazanmaktadır.

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4.2 Çalışmanın Sınırlılıkları ve Gelecek Çalışmalar için Öneriler


Araştırmanın bir diğer sınırlılığı olarak, araştırma deseninin enlemsel olması söylenebilir. Enlemsel araştırma deseni, araştırmacıyı aynı katılımcıların profesyonel gelişim sürecindeki farklı dönemlerinde takip etmesini engellemiştir. Bu çerçevede, gelecek araştırmaların boylamsal desen kullanılarak yapılması bu sınırlılığı ortadan kaldıracaktır.

Son olarak, araştırmanın katılımcı grubunu klinik psikoloji yüksek lisans programı tez aşamasındaki iyi eğitilmiş yeni terapistler ve doktora programı tez aşamasında bulunan ve yüksek lisans öğrencilerine süervizyon veren deneyimli terapistler oluşturumaktadır. Bu nedenle, araştırma sonuçlarının alandaki daha az eğitim gören terapistlere aktarılabilirliği ve eğitim seviyesinin yetersizlik hisleri üzerindeki etkisini ele almak üzere gelecek çalışmaların katılımcı gruplarını eğitim seviyesi açısından çeşitlilik gösteren terapistlerden oluşturmaları önem kazanmaktadır.
APPENDIX G: TEZ FOTOKOPİSİ İZİN FORMU

ENSTİTÜ

Fen Bilimleri Enstitüsü
Sosyal Bilimler Enstitüsü  X
Uygulamalı Matematik Enstitüsü
Enformatik Enstitüsü
Deniz Bilimleri Enstitüsü

YAZARIN

Soyadı: Gündoğan
Adı: Hande
Bölüm: Psikoloji

TEZİN ADI (İngilizce): Meaning-Making Process of Psychotherapists on Feelings of Incompetence through the Framework of the Professional Self-Development: Sources, Consequences, and Defense mechanisms

TEZİN TürÜ: Yüksek Lisans  Doktora  X

1. Tezimin tamamından kaynak gösterilmek şartıyla fotokopi alınabilir. X
2. Tezimin içerikler sayfasi, özet, indeks sayfalarından ve/veya bir bölümünden kaynak gösterilmek şartıyla fotokopi alınabilir. X
3. Tezimden bir bir (1) yıl süreyle fotokopi alınamaz. X

TEZİN KÜTÜPHANEYE TESLİM TARİHİ: