

THE PROFESSIONAL AND SOCIAL ROLES OF CLINICAL PSYCHOLOGISTS  
IN TURKEY

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## ABSTRACT

### THE PROFESSIONAL AND SOCIAL ROLES OF CLINICAL PSYCHOLOGISTS IN TURKEY

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The purpose of this thesis is to examine how the professional and social roles of clinical psychologists are described in Turkey, how clinical psychologists evaluate these roles, and which factors are affecting the role definitions. It was hypothesized that there would be differences between the role definitions of the public, the role definitions of the other professions working with psychologists and the role definitions of psychologists themselves. Also, it was expected that the public would not differentiate the professions ‘psychologist’, ‘clinical psychologist’, and ‘psychiatrist’. Participants were 27 professions working with psychologists, 27 psychologists, and 105 citizens from Ankara, İstanbul, Muğla, and Aydın. The data were gathered by administering 3 versions of Perceptions about Psychologists Questionnaires developed by the writer. Content Analyses were done to examine the

data. The results indicated that although public had a general idea about the role definitions of clinical psychologists, it was also unable to differentiate the three relate professions. The results also summarized how clinical psychologists were understood in Turkey, and showed the factors related to the comprehension process. The findings, and their implications with suggestions for future research and practice, were discussed in the light of relevant literature.

**Keywords:** Role Definition, Clinical Psychologist, Public Opinion

## ÖZ

### TÜRKİYE’DE KLİNİK PSİKOLOGLARIN PROFESYONEL VE SOSYAL ROLLERİ

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Bu tezin amacı klinik psikologların profesyonel ve sosyal rollerinin birlikte çalışanlar ve halk tarafından nasıl algılandığını, klinik psikologların kendilerinin bu tanımlamaları nasıl değerlendirdiğini ve rol tanımlamalarını hangi faktörlerin etkilediğini incelemektir. Halkın, psikologlarla çalışan diğer uzmanların ve psikologların kendilerinin yapmış oldukları rol tanımlamalarında farkların bulunması beklenilmektedir. Ayrıca, halkın birbiri ile ilişki içinde olan ‘psikolog’, ‘klinik psikolog’ ve ‘psikiyatr’ mesleklerini ayırt etmekte zorluk yaşayacakları da beklenmektedir. Katılımcılar Ankara, İstanbul, Muğla ve Aydın illerinden 27 psikolog, 27 birlikte çalışan meslek grupları ve 105 halktan oluşmaktadır. Veriler yazar tarafından psikologlar, halk ve birlikte çalışanlar için ayrı ayrı hazırlanan Psikologların Algılanması Ölçeği ile toplanmıştır. Bilgilerin analiz edilmesinde

İçerik Analizi yöntemi izlenmiştir. Elde edilen bulgular halkın psikologların rol tanımlamaları hakkında genel bir fikri olsa da birbiri ile ilişkili üç meslek grubunu ayırt etmekte yetersiz kaldığını göstermektedir. Bulgular aynı zamanda klinik psikologların Türkiye’de nasıl algılandıklarını ve bu süreçlerde etkili olan faktörleri özetlemektedir. Bulgular ilgili literature ışığında tartışılmış, araştırmaya ve uygulamaya ilişkin öneriler getirilmiştir.

**Anahtar Kelimeler:** Rol Tanımlamaları, Klinik Psikolog, Halk

To my first and foremost teacher: to mom



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*“What doesn’t kill you, makes you stronger.”(Nietzsche)*

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## **CHAPTER 1**

### **INTRODUCTION**

With a long history reaching back to the beginning of the humankind based on the questionings of the philosophers for understanding the human behavior, at the same time with a short history of nearly a hundred years as an independent science, today psychology is growing, expanding, and strengthening its place on all over the world.

Psychology and clinical psychology, as one of its biggest field, is much more established and sound in the Western societies with earlier establishments. The development of psychology as a science and practice in the Eastern societies and in Turkey, on the other hand, has shorter histories and psychology still struggles to maintain its place and to be fully recognized and reach the desired respectability in our society.

To determine the status of clinical psychology in Turkey by questioning how it is perceived and defined (i) by the psychologists themselves, (ii) by different professions working with psychologists in different work settings, and (iii) by the society; to understand the present conditions of the profession; and to maintain the progress in the light of the gained information are prerequisites for increasing the credibility of clinical psychology and strengthening of clinical psychologists' role in their work settings. Therefore, determining the professional and social roles of clinical psychologists will be the main aim of the present study. In order to accomplish this aim, initially it is needed to give a brief history and development of psychology and also clinical psychology in Western and Eastern countries and primarily in Turkey.

## **1.1. Psychology**

### **1.1.1.. History and Development**

#### **1.1.1.1. Definition of Psychology**

Originated from the ancient Greek philosophy, derived from the words “psyche” (breath, principle of life, life, soul) and “logos” (speech, word, reason), and meaning “to talk about the soul”, *psychology* is defined as:

**a:** the science of mind or of mental phenomena and activities: systematic knowledge about mental processes: a method of obtaining knowledge about mental processes: **b:** the science of behavior: the study of the interactions between the biological organism (as man) and its physical and social environment (Webster’s, 1966 p.1833)

Psychology has broad research and application areas ranging from social psychology, studying human behavior in societal context, to comparative psychology, studying the differences of behavior in different species; from industrial and organizational psychology, studying human behavior in business settings, to educational psychology, studying behavior in school settings, and academic achievement. With different and still evolving fields of interest, psychology has a wide range of employment options for its members. Even at the mid 1940s, Shartle (1946) reported 28 different occupational titles for psychologists. These different and evolving fields and multiple research areas make limited definitions problematic for full comprehension that embraces every aspect of psychology.

#### **1.1.1.2. Early Roots of Psychology**

The great interest of people to understand themselves reflected its effect in the earlier works of Ancient Greek philosophers, thus had started the evaluation of body and mind forming the philosophical bases for psychological thinking. In his works, Aristotle distinguished soul (psyche) from body. Other Greek philosophers also focused on soul. On the other hand, in 1000s A. D., an Eastern philosopher, Ibn-i Sina – known as Avicenna by the Western Society – worked on soul in his work Kitab al-Najat (the Book of Salvation). Later in the



17th and 18th centuries, the writings of other well-known philosophers such as Descartes, Locke, and Kant influenced the history of psychology. At the same time, in the 18th century, physiology's effects were evident with the studies on brain and nervous system. Darwin was another leading figure who has influence on psychology with his famous works: *Origin of Species*, *The Descent of Man*, and *The Expression of Emotions in Man* (Murray, 1983).

#### **1.1.1.3. Emergence of Psychology as a Separate Science**

The history of scientific psychology, as we understand today, began nearly at the end of 19th century in Europe. Wilhelm Wundt published "Physiological Psychology" in 1873, and 6 years later established his Institute at Leipzig in 1879. Wundt became the founder of psychology and trained new faculties, including Lightner Witmer and William James, who later moved to the United States and began to be spread out the new in the US (Mandler, 2007). As one of Wundt's students, William James was the first faculty teaching psychology in Harvard University. Following him, G. Stanley Hall became the one who actually presented psychology to the US by founding the first department of psychology and laboratory in 1883, the American Psychological Association in 1892, and by publishing the *American Journal of Psychology* in 1887, and therefore he is considered as the founder of psychology in the US (Valentine, 1999).

#### **1.1.1.4. Schools of Thought in Psychology**

Throughout the history of psychology, it is seen that there were different schools of thought that form the theories which became the mainstream perspectives and influenced the developments. These are: structuralism, functionalism, psychoanalysis, Gestalt psychology, behaviorism, humanistic psychology, and cognitive psychology. These schools emerged with an argument that they were all presenting new theories and methodologies unique to their view (Simonton, 1995).

Structuralism and functionalism are the earliest schools. The former referred to the psychological approach of Wundt and Titchener and focused on to designate the mental structures, conscious experiences for analyzing human perception. Whereas, the latter was emerged as a reaction to structuralism and studied mental experiences. The foremost supporters of this view, James, Mead, Cattell, and Woodworth, determined the mental processes of humans as the active adaptation of the individuals to their environment and formed the basis for applied psychology rather than experimental psychology (Murray, 1983).

Another important and the most popular school that was distant from the experimental psychology area and interested in the abnormal psychology was psychoanalysis. Sigmund Freud might be considered as one of the biggest contributors of psychology. Besides the psychologists themselves, he is one of the most known figures for the public all over the world. His colleague Breuer's methods of hypnosis and catharsis for treating patients affected Freud. He later started using other methods like free association and dream analysis. Different from other schools of thought, Freud's primary training in medicine made him to focus on abnormal behavior and caused that his contributions to psychology is more in an applied manner. His main concepts such as defense mechanisms, id, ego, superego, and unconsciousness became diffused into the everyday language of the public (Schultz & Schultz, 2004).

Gestalt psychology emerged in Germany in 1910s in the same era with behaviorism as a criticism to Wundt's approach, which is the objects are perceived as the gathering of the elements. This school of thought was originated from the study of Wertheimer, Koffka, and Köhler. At the mid-1920s, this school was the main psychological view in Germany and started to be known in America after the Nazis were dominant in Germany that led many scientists to leave the country. Their main contributions to psychology include their impact on holistic education approach; and studies on perception, learning,

personality, social psychology, and motivation. Their basic propositions are still known as a motto: The whole is different from the sum of its parts (Wittig, 2002).

In the beginnings of the 20th century, behaviorism was born with an aim of predicting and controlling of behavior. The founder, Watson, claimed that psychology's research area must have been limited to the observable behavior because it was the only source of information that could be counted on to be objective (Wittig, 2002). Skinner's works had a leading role in behaviorism. Behaviorists ignore the unconscious and proposed that the outcome of an individual's acts, behavior, was important and there was no need to try to understand and conceptualize the underlying mental processes which were impossible to be sure of. They formed an analogy between the behaviors of animals and humans, and also interested in learning principles. Besides the classical and instrumental learnings, Bandura's social learning theory was also an important contribution to psychology literature (Bennett, 2006).

As a criticism to both behaviorism and psychoanalysis, humanistic psychology was emerged in 1950s in America. Different from the mechanic perspective of behaviorism, and reductionistic perspective of psychoanalysis, humanistic psychology believed that improving well-beings of individuals had to be the main goal of psychology, and psychology should treat them keeping in mind that they are unique. As being the leading figures of humanistic psychology, Maslow and Rogers focused on the need of self-actualizing of people. (Axelrod, 1999)

The final school of thought is cognitivism emerged in 1960s. Whilst behaviorism was focusing on studying behavior, cognitivism on the other hand, focused on studying the mind. They argued that the behaviors were the outcomes of the cognitive processes of the human mind. They focused on issues such as memory, problem solving, and thinking. Cognitivist researchers' studies later resulted in the establishment of cognitive science. (Tracey, 2006)

## **1.1.2. Psychology Today: It's Place in Western and Eastern Societies**

### **1.1.2.1. Western Psychology**

When the history of psychology is examined, it is seen that the important changes in science, society, economy and politics, such as wars, changes in state policies, in science, in economical, political and cultural structures of countries, and philosophical understandings, constituted the milestones of psychology. Belar (1998) proposed that the changes in psychology were mainly based on the changes in technology, in academy and in the marketplace it served. The areas of practice would be formed by the needs of the marketplace. Therefore, the marketplace is also another factor shaping the changes in psychology.

The most important and widespread influence was caused by the World Wars, especially the World War II. The War both opened new practice areas like selecting personnel for the army, testing the military personnel and rehabilitations after wars, and also resulted in the immigration of the scientists, escaping from the Nazis to other countries resulting in spreading their knowledge and views.

When the social and cultural settings are considered, the discriminations in different contexts have major impacts on psychology. Discriminations in different periods of time, such as discriminations against women, homosexuals, and black people also shaped the research areas of psychology. As the social climate has changed, the understanding and conceptualizations of these discriminations also changed resulting in changing theories about these factors (Schultz & Schultz, 2004).

The increment in the number of psychologists in the United States and Europe at the beginnings of the 20th century caused a need for new job opportunities for psychologists other than the laboratories, and university faculty positions. Therefore; psychologists started to work in application areas. As mentioned

above, the socio-cultural, economical, and political structure of the world affects also the scientific structure.

Today, psychology in Europe and America has an institutionalized, organized and sound structure. Psychologists are legally recognized as a profession, having a code of conduct and ethical codes. The two main organizations in Europe and America is European Federation of Psychologists' Association (EFPA) in Europe and American Psychological Association (APA) in America, being active with the main aim of promotion psychology as a science and profession, both having over 150000 members (retrieved from the official web pages [www.apa.org](http://www.apa.org), [www.efpa.be](http://www.efpa.be)). All across the world, psychology has been continuing to be affected by the perspectives, point of views, and trends from Europe and America. One of the newest developments today in America is prescription privileges, which are the legal right of using pharmacotherapy (deMayo, 2002, Heiby, E. M., 2002, Hayes, & Chang, 2002).

#### **1.1.2.2. Eastern Psychology**

Unlike the Western counterpart, psychology carries the properties of an imported science in Eastern societies. People went to Europe or America studied psychology and these psychologists were trained according to the theories originated from the Western societies. The imported nature of psychology limited its development to this knowledge that did not provide culture-based perspectives to the psychological problems of their own society.

We can take Japanese psychology as an example of the development of psychology in an Eastern society. Psychology has a relatively longer history in Japan; Japanese Psychological Association was founded in 1927, the World War II caused big damages in Japan, later in the 1960s number of universities showed an increase (Fumino, 2005). The earlier psychologists in Japan were educated in United States and later went back to their country and formed the roots of psychology in Japan (Nishikawa, 2005).

### **1.1.3. Clinical Psychology: History, Development, and Education**

Clinical psychology is referred to “a broad subfield, in which qualified professionals trained in some aspect of mental health, deliver therapeutic services to patients or clients, usually in a school, office, or hospital setting” (Taylor, 2000, p.1029). It is one of the most widespread and popular applied psychology subfields all around the world. Since the beginning of the field, clinical psychologists have been working to comprehend the mental health problems; to find out and conceptualize the psychopathologies, to construct theories trying to picture out the understanding of these pathologies; to plan effective treatments; and to explore the prevention methods. The diversity of the population clinical psychologists served, of the psychopathologies, of the treatment methods, and of the work settings caused clinical psychologists further specializes on different topics. As a result, there is even more subdivisions among clinical psychologists themselves.

The pioneer of clinical psychology was Lightner Witmer. He established the first psychology clinic in the University of Pennsylvania 1896, published the *Psychology Clinic*, that is the first journal in the field of clinical psychology, and named the field as “clinical psychology” (Witmer, 1996, original article 1907); therefore he was honored as the father of clinical psychology. Witmer had been educated in the experimental tradition, but he believed that in order to develop the scientific ground psychologists ought to work on methods easing the human problems (Jarmon & Halgin, 1987). Routh (1996) mentioned that emphasizing the uniqueness of each individual and making intervention to increase life standards was Witmer’s main contributions to the field. Moreover, Routh (1996) also emphasis on Witmer’s interdisciplinary view of solving people’s problems by was employing different professions including physicians, social workers, and teachers in his clinic.

For the achievement of legitimacy in psychology, clinical psychology worked nearly 50 years. First of all psychology received this legitimacy in the US as the American Psychological Association's (APA) objectives changed and included "the promotion of human welfare" and established Division 12, the clinical psychology subdivision (Jarmon & Halgin, 1987).

From the early points, aware of the importance of clinical psychology's power on people, psychologists themselves tried to foresee the future of clinical psychology and to contribute to this development. Hence, Woodworth (1992) reported his beliefs about the future of the field in his article originally published in 1937. He mentioned that although clinical psychologists had limited knowledge at that time, they were still holding different positions in various settings in which they can contribute to find solutions to human problems. He thought that the increment in the number of clinical psychologists would help the profession to strengthen its place in the society. The lack of sufficient training and qualifications of some clinical psychologists of his time might result in the problem that they could see a legal right that "any one can safely call himself psychologist, and the strange thing is that any one who so calls himself, with a little salesmanship, will be accepted as a bona fide psychologist" (Woodworth, 1992, p. 17). As a solution to that problem, he proposed that the more the growth of the profession in competence and in numbers, the more its influence and authority will become.

Nearly 50 years later, Sechrest (1992) comments on Woodworth and mentioned that although clinical psychology done a lot of research and show progress, the unoccupied territory of those times is now occupied, not only by clinical psychologists but also by social workers, counselors and so on resulting in clinical psychology to defend its territory like psychiatry and stated that Woodworth was correctly acknowledged the interception of clinical psychologists and psychiatrists' interests. However, his argument about changing the name "clinical psychology" in order to prevent the interception was

not the actual point according to Sechrest. He also mentioned that psychiatrists considered that the clinical psychologists were the “interlopers”. So, they developed the defending style against clinical psychologists.

When we considered the clinical psychology education, it is seen that there are two main models according to the emphasis given to research and practice: the Boulder model and the Vail model.

The World Wars, especially World War II, were important turning points in the history of psychology. For USA, the basis for clinical psychology graduate education was academic. However, after the World War II, the serving for the mental health needs for the veterans caused the critical question that for what purposes a clinical psychologist is being asked and resulted in the formation of the new education model: scientist-practitioner model (Belar, 1998).

At the Boulder Conference, the scientist-practitioner model is accepted for the training of applied psychologists (Donn, Routh & Lunt, 2000). Later, the importance of training enriched with a psychological clinic, as Witmer proposed, was reported by Chicago Conference on the Professional Preparation of Clinical Psychologists (Hoch, Ross, & Winder, 1966 cited in Jarmon & Halgin, 1987). This perspective of giving more importance on the clinical practice was more stressed by the Vail Conference in 1973 and a new model was suggested for clinical psychology education. There was a great increase in the number of professional programs and professional schools of psychology in the late 1970s (Jarmon & Halgin, 1987).

For the clinical psychology education the requirements for the practitioner and researchers show difference according to their different interests: Researchers claimed that clinicians are underequipped and unaware what they are doing. On the other hand, practitioners argued that the curriculum usually lacks the training



for the every-day problems they need to face in their practice as therapists (Beutler, Williams, Wakefield, & Entwistle, 1995).

As the changing needs for psychology practitioners increased the training programs started to provide different choices for the students who want to be practitioners. An alternative to more traditional Doctor of Philosophy (PhD) degree, more practice-oriented training program not requiring a dissertation is constructed and this degree is named as Doctor of Psychology (PsyD). Sayette (1990) studied the differences between PsyD and PhD educations, and the directors of graduate programs were asked the emphasis of their programs on a 7-point-likert scale and found that PsyD programs were based on clinical work emphasis ( $m = 2.3$ ) whereas PhD programs were slightly based on research training emphasis ( $m = 4.5$ ).

O'Donohue, Plaud, Mowatt, & Fearon (1989) acknowledged that specifying the current clinical psychology education programs would be useful in defining the profession, describing the commitments, determining the knowledge, specifying the training needs, comparing the curricula in order to define the changes, and deciding the baselines needed for an effective training. In order to fulfill these aims, they made a systematic evaluation of the APA accredited programs of clinical psychology and found that although PhD was the given degree, there were differences in the curricula with the common courses such as adult clinical assessment, statistics and clinical practice. The differences mainly based on whether the training programs planned to train academic faculties of practitioners. The theoretical orientations seen in the programs were behavioral, psychodynamic and community.

Donn et al. (2000) reported the education system for practitioners in European countries compared to the US and Canada, and acknowledged that the PhD degree usually served to train psychologists who planned to have academic careers. On the other hand, 6 years of education, and clinical practice training,

providing a diploma, licentiate or master's degree, is chosen by the psychology practitioners in Europe. For example, in England, a master's degree or diploma certified by the British Psychological Society is the requirement to work as clinical psychologists (Carstairs, 1989). Another example can be given from Netherlands which follows more practice oriented graduate education (Holdstock, 1994).

Drabman (1985) reported several problems of clinical psychology education. First of all, graduate clinical psychology students faced the problem of the lack of integrating other areas of psychology in clinical psychology graduate education that is causing to decrease in the quality and quantity of new clinical methods. Secondly, He mentioned the isolated condition of university life is another problem of education in clinical psychology. Being educated in the isolated settings and having little information about the "real world" apart from university, will cause the graduate student to have limited real life experience and face difficulty in determining the problems of the patients in practice.

In non-Western countries, clinical psychology has a shorter history. As an example, the graduate education for clinical psychology in Hong Kong started in 1970s, the same period of time as Turkey, and the Hong Kong Psychological Society established a Division of Clinical Psychology in 1982 and produced a Code of professional conduct (Ho, 1985).

Ho (1985) emphasizes the difficulties of clinical psychology in Hong Kong. First of all, he called readers' attention to the fact that in the development of clinical psychology in their culture, like most of non-Western cultures, the conflicting traditional cultural forces frustrating for the practitioners of clinical psychology. Another difficulty he mentioned is the enormous task for role definition of clinical psychologists and nature of the profession to both lay people and professionals. He based the roots of the difficulties clinical psychology faced, on not to develop indigenously but to be imported from Western societies. Thirdly, he asked a

critical question in the education: “to what extent are the principles and techniques of clinical psychology developed in the West relevant and applicable locally?” (p. 1214). Finally he mentioned the confusion of clinical psychology students as a result of the education language, English, and the Chinese-language of the everyday life. For the solution of these difficulties, he suggested that “a creative synthesis of collectivism and individualism, in which the best elements of both are preserved, points to an exciting direction for the future of clinical psychology in the East as well as in the West.” (p. 1212).

Clinical psychology started its progress, both academic and professional, by the 1960s in South Africa. The parliament recognized psychologists in 1974. The requirements were, registering to the Medical and Dental Council, receiving at least a master’s degree and one year internship (Manganyi & Louw, 1986).

## **1.2. Psychology in Turkey**

### **1.2.1. History and Development**

There is a lack of written information about the history of psychology in Turkey. Yolaç (2005) draws attention to the similarities between the lack of the written information about Turkey’s history and the profession. Some limited information was given by Yolaç (2005) in the 2nd Işık Savaşır Clinical Psychology Symposium. Lately; as a part of a Social Sciences Forecast Project 2003-2023; the Psychology Workgroup composed of the academicians from psychology departments summarized the history of the development of psychology in Turkey (Kağıtçıbaşı, Fişek, Canbeyli, Göregenli, Çelen, Şahin, Sümer, Çevik, Tekcan, Özgen, Sayıl, & Sunar, 2007).

The first initiatives of psychology in Turkey had been started by the young academicians went to Europe (Kağıtçıbaşı et al., 2007). In 1915, a German academician, G. Anschutz founded the first experimental psychology laboratory in İstanbul University (Yolaç, 2005). Later, in 1919, the first psychology chair under the philosophy division by M. Şekip Tunç in İstanbul University. In 1930s,

the academicians educated in foreign countries started to work in İstanbul and Ankara (Kağıtçıbaşı et al., 2007). W. P. Peters, one of the visiting professor studying in Turkey published *The Psychology and Pedagogic Studies* in 1940. By this time, the experimental chairs' having the leading role was not only the condition in Turkey but in all around the world. In terms of job opportunities in these years, teaching at high schools, in universities, and working as testers at psychiatry departments of the hospitals were some alternatives (Yolaç, 2005). These first initiatives were slowed down by the World War II and again started at the end of 1960s.

The autonomous psychology departments were founded in Ankara University, Hacettepe University, Ege University, Middle East Technical University, and in Bosphorus University in 1962, 1964, 1976, 1982, and 1982 respectively (Yolaç, 2005). In terms of the quality of the education in these universities at the beginning, Yolaç, as being one of the graduates from Hacettepe University, implied the incompetence of it by implying that there was only one departmental course and the other curriculum was acquired from department of psychiatry. Yolaç further mentioned that an alteration of the quality of the psychology education resulted when the European orientation turned towards an American one by the contributions of visiting faculties from the US.

As a result of two main social service projects, one of them was the disaster psychology and the other was in the traffic psychology area, the popularity of psychology has been increased in the last two decades (Yolaç, 2005) and with the research projects, especially about health, family planning, parenting education, educative television programs, and child development, the popularity of psychology showed a significant increment.

The Turkish Psychological Association was established in 1976 and has over 1600 members today (retrieved from the official website of [www.psikolog.org.tr](http://www.psikolog.org.tr)) with publications of books and periodicals, the Turkish Psychological Bulletin,

the Turkish Psychological Articles, and the Turkish Journal of Psychology, which has been included by the Social Science Citation Index since 1995 (Er, Solmuş, & Uçar, 2002).

The forecast workgroup report also gives quantitative information about the position of psychology in Turkey (Kağıtçıbaşı, et.al., 2007). By the year 2005, there were 28 psychology departments of which 15 are in private and 13 in state universities with a total 2070 students. The academic personnel in psychology departments reached a total number of 203, with 175 full-time and 28 part time faculties (p.131). Also, by 2005, there were approximately 2000 psychologist working in different areas and each year at least 150 new graduates are added to this number. However, most of these practitioners are only undergraduates working in different practice areas like hospitals, nurseries, retirement homes, army and courts (Kağıtçıbaşı et al., 2007)

### **1.2.2. Clinical Psychology: History, Development and Education**

Although part of the work done in 1930s under the name of “experimental psychology” was adaptation, development and application of scales and inventories; these activities were not mentioned under the name of “clinical psychology”. Later in 1960s; after the Turkish university education system was more influenced from the American style, and more graduate students went abroad for clinical psychology education, this field began to gain importance in Turkey, and today clinical psychology is the most popular specialty of psychology (Kağıtçıbaşı et al., 2007).

The main problem in the clinical psychology research is the question that whether psychology is a basic science, a similar situation like the other areas of psychology. Having the concern to be accepted as a positive science was the major consideration of clinical psychology from the mid-1900s until 2000s. Nevertheless, the emphasis on psychology’s role as a “human science” resulted in the changes of using a wider range of objective methods such as, qualitative

methods, case studies, and one-subject research designs (Kağıtçıbaşı et al., 2007).

Özer (2005) analyzed the clinical psychology graduate education in Turkey through the department websites, and as a result of the lack of information in these websites, additional information was gathered via telephone and e-mail from the departments. The results showed that there are graduate educations in master's degree level in 11 universities, 9 of which are based on Boulder model, requiring a dissertation and 4 of which are based on the Vail model, without the requirement of a dissertation. The graduate education in doctoral level for clinical psychology is present in 6 universities, all of which demand a dissertation for the fulfillment of the requirements. The graduate education in clinical psychology has nearly 30-year history. The first master's degree education was given in Hacettepe University in the beginnings of 1970s, and the first doctoral level education started in 2001 in Middle East Technical University.

The characteristics of the programs include an internship for 1 year; all of them containing psychopathology, clinical assessment, and psychotherapeutic skills courses; mainly following an eclectic approach with two exceptions – one states having a psychoanalytic and the other cognitive behaviorist approaches –with a mean of 5 students enrolling to the programs in one year period of time, nevertheless, there are fluctuations in opening of the programs in each year (Özer, 2005).

An important problem in the clinical psychology education in Turkey, similar to the other countries, is the excessive number of knowledge and skills that are need to be taught to clinical psychologist candidates and the shortness of the education period in contrast (Kağıtçıbaşı et al., 2007)

### **1.2.3. Shortcomings and Problems in Psychology in Turkey**

Psychology departments are not only required to provide students occupational proficiency but also academic competency in scientific model and this requirement is itself problematic in Turkey. Because of the mentioned scientific basis; the given undergraduate education is not adequate for training qualified personnel (Kağıtçıbaşı et al., 2007).

Because of the absence of a code of conduct and therefore the legally unclarified and undetermined nature of the job definitions, the employment area which requires multidisciplinary background, unsettled private practice conditions and undefined employee rights, not only clinical but also psychologist from other sub-fields face with great deal of problems in practice (Kağıtçıbaşı et al., 2007).

As the expectations increase, Turkey needs to establish psychology education in compatible with the history, society's needs, and the local characteristics and demands. Yolaç (2005) criticized the general perspective of accepting the classifications, theories, and models developed in Western countries as indisputable and unquestionable truths. As stated in the Psychology forecast workgroup report (Kağıtçıbaşı et al., 2007), cultural awareness is very important for the psychologists in Turkey. In this way; psychologists will have the change to contribute to the psychology science with the theories based on Turkish culture. Also, the study done by Göregenli (2005, cited in Kağıtçıbaşı et al., 2007) showed that the articles published in Turkish psychology journals mainly focus on the universal concepts however, lack the concepts about cumulative knowledge in Turkey and the problems of Turkey.

Another problem seen in the profession is the lack of self-esteem of psychologists. This was observed by the visiting faculties coming from other countries (Yolaç, 2005). The Health Act that has been remaining since 1928, the incompetence in the institutionalization process can be considered as the sources of the low professional self-esteem (Gençöz, 2005)

Karancı (2005) presented the problems of clinical psychology education in Turkey. First of all, there is lack of studies evaluating and determining the minimum standards for a graduate program. Secondly, there are limitations in the cooperation with the institutions for the students' internships, and in the number of clinical psychologists with doctorate level that can give supervision to those students. Thirdly, there are not enough faculties educated in clinical psychology area. Finally, the literature for clinical psychology in Turkish is insufficient.

### **1.3. Evaluation of Clinical Psychologists**

#### **1.3.1. Public**

In the 1st National Psychology Congress, in 1981, as an organizing committee member, Assoc. Prof. Nuri Bilgin (1983) mentioned the society's clear and precise images of an occupation as a prerequisite for that occupation to become a real profession recognized by the society with clearly defined boundaries differentiating it from other professions; with determined legal status, functions, and authorization; highlighting the importance of the public's views in determining a profession. That can also be seen if we look at the definition of profession:

A calling requiring specialized knowledge and often long and intensive preparation including instruction in skills and methods as well as in the scientific, historical, or scholarly principles underlying such skills and methods, maintaining by force of organization or concerted opinion high standards of achievement and conduct, and committing its members to continued study and to a kind of work which has for *its prime purpose the rendering of a public service...* (Webster, 1966, p. 1811, italics added).

Menninger (1949) commented on how clinical psychologists and psychiatrists would be perceived by the public, besides how psychiatrists perceive clinical psychologists. Accordingly, both psychiatry's and clinical psychology's problem is that there are inadequate and unqualified individuals presenting them as



psychiatrists and clinical psychologists, therefore causing public to evaluate the professions by considering these individuals.

Media, including movies, newspapers, TV programmes, and so on, is an important source of information for the public. People's ideas about a topic can be easily formed, affected, changed, or supported by media. Guest (1948) stated that the information about psychologists, about their job definition and about their professional activities gained from media could be misleading because its resources may be dubious, biased, and unrepresentative.

Guest (1948) studied public's knowledge about psychologists, their attitudes and the causes for these attitudes, "in order to fulfill (psychologists') objectives and obligations" (p. 135) and formed a questionnaire consisting three parts. The first part included questions regarding the psychologists' work, their responsibilities, their scientific recognition, and the characteristics of the profession in public's eyes. Secondly, free response questions about the duties of psychologists and resources for this information were presented. In the third part, subjects were asked to indicate on a likert scale their agreement on items related to psychologists and their qualifications, and a final question was asked to examine whether they were aware of the differences between a psychologist and a psychiatrist. Results indicated that; although subjects rated engineers and economists more frequently, they are aware of the fact that psychologists also have the role as vocational consultants; psychologists' scientist identity was recognized by the public but sadly, psychology was not found to be a desired occupation and according to the subjects' reports, the main reason for this undesirability is being worried and uncomfortable in any situation that a psychologist is present. An important finding of the study was that many people knew psychologists' role of dealing with mental problems but had lack of information about the other professional duties of psychologists in other areas such as industry. They were also unaware of the differences between a psychologist and a psychiatrist. The source of their information was from others

(56.6%) and from written media— newspapers, magazines, and books— (52.6%). Only 9% of the source of information was rated as being based on the movies.

Benjamin (1986) questioned psychology's public image and stated that public equalized psychology to "clairvoyance, mind reading, and spiritualism" in the earlier years of psychology in America. This emphasis was also made because of the fact that public's demands were exceeding the capacity of the number of available psychologists; thus the unqualified and even uneducated people offered service by presenting themselves as psychologists.

Wood, Jones, and Benjamin (1986) summarized the early studies about psychology's public image and found that information about psychologists was limited and psychiatrists were evaluated more understanding and straight-forward, also more effective in treating mental illness with organic causes. In their study, results indicated that 84.43% of the respondents thought that psychology was a science, and 58.28% believed that psychology was not used for manipulation and controlling people. Also, in their activities, psychologists were seen to survey attitudes, predict behavior, and evaluate school performance, whereas psychiatrist were believed to be evaluating mental disorders, and providing counseling. Moreover, 45.41% reported psychologists' effect in their lives. When the sources for this impact were questioned, 81.32% of them indicated the resources as their own, their friends' and relatives' therapy experiences, through their job, and by reading about psychology from books, magazines, newspapers, from TV and films, and taking a course related to psychology.

As psychology becomes widespread, the information about psychologists also increased. Besides test administration and conducting research, public believes that the basic activity is psychotherapy for most of the psychologists according to Taylor (2000).

When the characteristics of psychologists were examined, a discursive analysis study conducted in the US showed that, people believed that there is a difference between helping people and being friendly; on the contrary, the ability to be cold and calm was seen as positive features of psychologists (Dempsey, 2007). Another finding of Dempsey suggested that there was a tendency in the interviews to use “psychologists” and “psychiatrists” interchangeably. This finding draws attention to the importance of questioning public’s understanding of the difference between these two professions.

The attitudes toward psychologists in different cultures other than Western cultures show differences when the cultural conditions are taken into consideration. As previously mentioned, Ho (1985) explained culture’s effect in clinical psychology education in Hong Kong. Youssef & Deane (2006) also studied the reasons for Arabic communities not preferring mental health services. These reasons were based on the characteristics of collectivistic culture, in which the families were the main support source and mental-health seeking was devalued since it was thought to be showing the lack of the family support. Arabic people were also found to have suspicions about both psychologists and psychiatrists and were afraid to go to them, and rather preferred religious leaders.

### **1.3.2. Other Professionals**

Because of the nature of the profession, clinical psychologists ought to work with other medical personnel in hospital settings. It is supposed to be a working environment in which every personnel is focusing on his/her specialty area according to his/her education. However, when we consider the general evaluation of the clinical psychologists, we see that there are a lot of complaints for not being able to perform their job properly because of the wrong evaluations of their job, and having a job definition of only applying inventories or tests. These complaints have their roots on how the professional role of clinical psychologists is perceived by the other professions working in different settings.

In his review about the U.S. mental health workforce, Robiner (2006) defined this workforce consisting professions from different disciplines including psychology, psychiatry, social work, psychiatric nursing, and marriage and family therapy. Although stressing the interdisciplinary professional activities and importance of professionals' "truly understanding each other's disciplines in terms of their unique training paradigms, scope of practice, codes of ethics and conduct, regulatory mechanisms, or workforces" (p. 619), Robiner (2006) acknowledged the lack of this understanding.

Menninger (1950) stated views about the relationship between psychology and psychiatry. Opposite to Woodworth's view in 1937 that as the number of clinical psychologists increased, it might have caused a rivalry between the professions that were trying to penetrate into the unoccupied territory; a decade later, as a psychiatrist, Menninger mentioned the critical role of psychologists for better practice of psychiatrists but also reported that there had been "the evidences of both ignorance and criticism within each group concerning the other which in turn give rise to varying degrees of insecurity". Menninger (1950) considered clinical psychology's condition to be a new and developing field positively. He acknowledged that the education of medical students giving little information about clinical psychologists and therefore causing a misunderstanding. Another evaluation problem of psychiatrists he mentioned is the limited number of clinical psychologists working in an institution compare to the psychiatrist ratio that limited to show clinical psychologist's contributions.

### **1.3.3. Psychologists themselves**

The discrepancy between the academic training and professional practice is a critical argument point for psychologists. Cantor (1985) surveyed the training opportunities in the light of independent practice and found that only 39.1% of clinical PhD programs are training in the professional aspects, while in the PsyD programs the percentile rises to 68.1.

When the satisfaction of psychologists from their practice and education was questioned; it has been seen that psychologists usually show more than moderate satisfaction in different countries (Crowe, Jacobs, Lindsay, & Mark, 1985; Manganyi & Louw, 1986).

When the views of nonclinical psychologists about clinical psychology and clinical psychologists were questioned, Hartnett and his colleagues found that although the majority of the nonclinical psychologists had a positive perception, 35 % of them believed that therapy was ineffective. The results also revealed that the less the participants knew the individuals, the more they give referral. Moreover, the characteristics for clinical psychologists to be effective or ineffective were considered as their psychological training and interpersonal skills (Hartnett, Simonetta, & Mahoney, 1989).

In Turkey, the general critic of psychologists about their occupation stresses the importance of the legal recognition of the profession, and the need for a code of conduct (Yolaç, 2005; Gençöz, 2005; Türkiye’de ruh sağlığı alanında eğitim ve hizmet veren kurumların değerlendirilmesi, 1993).

#### **1.4. Significance and Purpose of the Study**

Clinical psychology, being one of the largest applied areas of the psychology science, has a brief history in Turkey. With this short history, it is urged the necessity of developing itself as a science, trying to meet the demands from other professions and public, maintaining the coherence between the actual conditions, the obligations, and the demands.

In the light of the available information about the history and present conditions of psychology, about the graduate education, there rise some critical questions for the comprehending the understanding of clinical psychologists: What are the demands of both the professions working with psychologists and public from

clinical psychologists? Which resources are used for getting information about clinical psychologists? How can the psychologists meet the social and professional demands? Last but not the least, how psychologists themselves perceive the demands of other professions and public, also what is their own definition about their profession? A thorough and detailed analysis of the professional and social roles of clinical psychologists would be helpful in answering these questions. For this analysis, initially, the definitions of these roles should be given.

The social role of clinical psychologists is conceptualized as the perceptions of the public about clinical psychologists. The social role is consisted of the explanation of clinical psychologists, the expectations from them, the definition of the differences between clinical psychologists, psychologists and psychiatrists, and resources of this information.

The professional role of clinical psychologists is determined by the conceptualization of the professions they are related. This role covers the conditions in which the professions need clinical psychologists, the responsibilities of clinical psychologists according to the other professions.

Furthermore, the conceptualization will be useful only if we think it as a tripod with three equally important branches. These conceptualizations are reciprocal in nature. The three parties all affect each other's conceptualizations. Therefore, clinical psychologists' own definition of their profession is crucial. How they define their profession, which factors are related to this definition, and the reality underlying the relation between education and practice should also be questioned.

As a result, the present study aims to determine how the professional and social roles of clinical psychologists are described in Turkey and how clinical psychologists evaluate these roles. In order to assess them, the research

questions are determined as: (i) how do the related professions define the role of a clinical psychologist in a hospital setting? (ii) how does the public define the role of a clinical psychologist? (iii) how do clinical psychologists themselves define their roles? (iv) how do the community and other professions differentiate psychologists, clinical psychologists, and psychiatrists? (v) what are the impacts of education and satisfaction from the profession in defining clinical psychologists' roles?

Accordingly, the following hypotheses are examined in this study:

1. There will be a difference between the role definitions of the public and psychologists themselves.
2. There will be a difference between the role definitions of the other professions working with psychologists and psychologists themselves.
3. It is expected that there will be a significant difference between the role definition determined by the content of education and the roles needed in application settings.
4. No significant difference will be found between the professions psychologist and clinical psychologist in public's view.
5. The characteristics of psychologists were considered to be resulted from the personal characteristics by the public, whereas psychologists and other professions were evaluated them as gained as a result of the training.
6. As the public's prior sources of information increase, there will a increment in the number of correct role definitions.

## CHAPTER 2

### METHOD

#### 2.1. Participants

The data were collected from 3 groups of participants in order to gain information about the professional and social roles of clinical psychologists. For the professional role, professions working with psychologists were chosen and these participants formed Group I. The Group II participants were included the public and determined to collect information about the social role of clinical psychologists. Finally, participants in Group III were the psychologists working in different settings for their point of views. The socio-demographic characteristics of the participants were examined separately according to these three groups.

Group I data were collected from Ankara, İstanbul, and Muğla. Participants were 27 professions working with psychologists. 14 of them were females and 13 of them were males. The age range was from 26 to 45 with a mean of 32.37 ( $SD = 5.17$ ). The education level of the subjects were university degree ( $N = 18$ ) and graduate degree ( $N = 9$ ). The occupations of the subjects were doctor, psychiatrist, nurse, social worker, correctional officer, technician, and dietician. The majority of the subjects (74.07 %) were working in hospitals, while others were working in dialysis centers, and prison and detention houses (see Table 2.1). The employment years of the subjects were ranging between 1 and 20 with a mean of 6.54 ( $SD = 5.34$ ).



**Table 2.1. Occupational characteristics of Group I subjects (professions working with psychologists)**

Variable	Frequency	Range	Mean	SD
Occupation				
Doctor	10			
Psychiatrist	7			
Nurse	5			
Social worker	2			
Correctional officer	1			
Technician	1			
Dietician	1			
Institution				
Hospital	20			
Dialysis center	5			
Prison	2			
Employment year		1 – 20	6.54	5.34
Education				
University	18			
Graduate	9			

N = 27

Group II data were collected from Ankara, İstanbul, and Aydın. Of 105 participants, 58 of them were females and 47 of them were males. The age range was from 18 to 67 with a mean of 31.94 ( $SD = 10.71$ ). The education level, occupations and income levels of the participants in the sample showed variability (see Table 2.2). There were participants with 11 different occupations. Also, there were subjects who were retired, housewives and students. The income level of the subjects were examined under three categories: low income (less than 2000 new Turkish liras), medium income (2000 – 5000 YTL), and high income (more than 5000 YTL).

**Table 2.2. Socio demographic characteristics of Group II (Public)**

<b>Variable</b>	<b>Frequency</b>	<b>Range</b>	<b>Mean</b>	<b>SD</b>
Age		18-67	31.94	10.71
Education				
Elementary School	1			
Middle School	2			
High School	37			
University	59			
Graduate	6			
Occupation				
Bank employee	11			
Cashier	4			
Engineer	21			
Health service worker	2			
Manager	3			
Office employee	5			
Secretary	4			
Security worker	1			
Self-employed	15			
Teacher	16			
Technician	2			
Student	15			
Housewife	2			
Retired	4			
Income level				
Low (<2000 )	32			
Middle (2000-5000)	64			
High (>5000)	9			

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*N* = 105

The last group, Group III was included participants working as psychologists ( $N = 27$ ). These data were collected from Ankara, İstanbul, and Muğla. 20 of the psychologists were females and 7 of them were males. The age range was from 27 to 48 with a mean of 37 ( $SD = 6.81$ ). The education level of the subjects were university degree ( $N = 14$ ) and graduate degree ( $N = 13$ ). 8 of the participants defined themselves as “psychotherapists”. When the institutions of the subjects were examined, it was seen that 8 of the participants were working in hospitals, 11 of them in private practice, 2 of them were working in dialysis centers, 1 of them in in prison and detention houses, and 5 of them in education area. The employment years of the subjects were ranging between 1 and 25 with a mean of 12.13 ( $SD = 8.35$ ) (see Table 2.3).

**Table 2.3. Socio-demographic characteristics of Group III subjects**

Variable	Frequency	Range	Mean	SD
Age		27 – 48	37	6.81
Education				
University	14			
Graduate	13			
Occupation				
Psychologist	12			
Clinical psychologist	7			
Psychotherapist	8			
Institution				
Hospital	8			
Dialysis center	2			
Private practice	11			
Prison	1			
Education	5			
Employment year		1 – 25	12.13	8.35
<hr/>				
$N = 27$				

## **2.2. Instruments**

Three questionnaires were developed for data collection in the study. The questionnaires are described below.

### **2.2.1 Questionnaire for Professions Working with Psychologists**

For the data collection from the professionals working with psychologists, a questionnaire was developed by the writer (see Appendix A). The questionnaire was contained demographic information including gender, age, education level, occupation, the institution subjects were working, year of working, and other professions working in the institution.

Open-ended questions were asked to gain information about the perceptions of the professions working with psychologists, how they conceptualize the role definition of psychologists. The questions were: “What are the job requirements of the psychologists/clinical psychologist working in your institution?”, “In what circumstances do you need psychologists/clinical psychologists for your job?”, “What are the characteristics of a successful psychologist?”, “In your opinion, what are the differences between the ideal psychologist/clinical psychologist you defined, and the ones you have encountered?”, “In your opinion, in what circumstances should someone go to a psychologist/clinical psychologist?”, “What are the differences between a psychologist and a clinical psychologist?” and “What are the differences between a psychologist and a psychiatrist?” Also, “How many years are needed for training a psychologist?” was asked.

Besides the open-ended questions, there were 2 likert type questions were used to assess whether the characteristics of psychologists were considered to be resulted from the personal characteristics or gained as a result of the training. These questions were rated from 1 to 4, 1 meaning “totally agree” and 4 “totally disagree”.

### **2.2.2 Questionnaire for Public**

In order to collect the data for the public's opinion about the psychologists, a questionnaire was developed by the writer (see Appendix B). The questionnaire was included questions about the participant's gender, age, education level, occupation, and the annual income level of the household.

Participants were also asked whether they or their acquaintances have had a professional help from a psychologist, if so, what were the length and topic.

Open-ended questions were asked to gain information about the perceptions of the public and how they conceptualize the role definition of psychologists. The questions were: "What do you understand form a psychologist/clinical psychologist?", "In your opinion, in what circumstances should someone go to a psychologist/clinical psychologist?", "What are the characteristics of a successful psychologist?", "What are the differences between a psychologist and a clinical psychologist?" and "What are the differences between a psychologist and a psychiatrist?" Also, "How many years are needed for training a psychologist?" was asked.

Besides the open-ended questions, there were 2 likert type questions were used to assess whether the characteristics of psychologists were considered to be resulted from the personal characteristics or gained as a result of the training. These questions were rated from 1 to 4, 1 meaning "totally agree" and 4 "totally disagree".

Public's information sources about the psychologists, the time spent for each of these sources, and to what degree the information gained affect their opinion were also questioned. Subjects were asked to select from the list of the sources (see Table 2.4), to report the time and amount and to select the effect of the source from a 4-point-Likert scale, 1 meaning "none" and 4 meaning "a lot".

**Table 2.4 the Information Sources for the Public to Determine “Psychologist”**

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Q: Select from the list below the information source/sources you gain your views about psychologists:

---

- From the psychologists I knew
  - From the descriptions of others about the psychologists
  - From the psychologists that I went
  - From the psychologists that people, whom I am acquainted with, went
  - From TV movies and series I watched
  - From the books, magazines and newspapers I read
  - From the TV help programs
  - From the TV women reality shows
  - From the cinema movies
  - From the internet
  - Other (define: \_\_\_\_\_)
- 

### **2.2.3 Questionnaire for Psychologists**

Finally, the data collection from the psychologists about their own role definition, and their evaluation about the other professions' and public's perceptions, a questionnaire was developed by the writer (see Appendix C). The questionnaire was contained demographic information including gender, age, education level, occupation, the institution subjects were working, year of working, and other professions working in the institution.

Open-ended questions were asked to gain information about the psychologists' own role definition, and their evaluation about the other professions' and public's perceptions. The questions were: “What are the job requirements from you in your work setting?”, “What are services required from a psychologist?”, “What are the characteristics of a successful psychologist?”, “What are the demands of other professions from a psychologist/clinical psychologist?”, “In your opinion,

what are expectations of the public from a psychologist/clinical psychologist?”, “When you consider the training you got, what are the similarities and differences between the activities your job required and the training?”, “What should the alterations be in the training system to meet the practice requirements?”, “What is your opinion about the code of conduct?”.

Besides the open-ended questions, psychologists view about the required education period, and whether the characteristics of psychologists were considered to be resulted from the personal characteristics or gained as a result of the training was asked. These 2 4-point-Likert questions were rated from 1 to 4, 1 meaning “totally agree” and 4 “totally disagree”.

The compatibility between the training and the expectations of the other professions and public, and their view of meeting these expectations were questioned in 4 4-point-Likert items, 1 meaning “totally agree” and 4 meaning “totally disagree”.

The participants were asked to determine their primary role definition by selecting from a list including the roles of therapist, tester, academician, researcher, administrator, and other.

The satisfaction level of the psychologists was asked to be select over a 10-point scale. Moreover, the positive and negative factors affecting their satisfaction level, the probability of choosing the same university education and the alternative choices were also questioned.

### **2.3. Procedure**

For the collection of the data from the psychologists and the professions working with psychologists, snowball technique was used. The questionnaires were distributed through the psychologists and psychiatrists working in different institutions in Ankara, İstanbul, and Muğla. The public questionnaires were

administered in Ankara, İstanbul and Aydın. Each of the three questionnaires included an informed consent including information about the aim of the study, and confidentiality. The time required for filling out the questionnaires was approximately twenty minutes.

#### **2.4. Data Analysis**

Initially, descriptive statistics were used for the data analysis to investigate the general characteristics of the sample. For the analysis of the open-ended questions, content analysis procedure was employed. Descriptive statistics were run for the other items by using Statistics Package for the Social Sciences (SPSS), version 10.0 for Windows; a computer program for multivariate statistics.



## CHAPTER 3

### RESULTS

In the present study, data from the professions working with psychologists ( $N = 27$ ), from the public ( $N = 105$ ), and from the psychologists ( $N = 27$ ) were analyzed. For the open-ended questions, content analyses were conducted.

#### 3.1 Content Analyses

##### 3.1.1 Results of the Content Analyses for Group I Data

The content analysis of the open-ended questions for the answers of the Group I participants (professions working with psychologists) was conducted (see Table 3.1).

In response to the first question (“What are the job requirements of the psychologists/clinical psychologist working in your institution?”), from the 67 responses 9 clusters were formed. “Psychometrical evaluations” were considered as the main job requirements of psychologists (15 responses). This was followed by “interview with the patient’s relatives”, “contributions to the diagnosis process”, and “working in the treatment process with the team”, each of them was consisted of 8 responses. “Interviews” and “participating to the visits” responses were given 7 times. Finally, 5 responses were given under the clusters of “psychotherapy”, and “providing psychological support”, and 4 responses were felt under “explaining alternative problem solving strategies” cluster.

For the question “In what circumstances do you need psychologists/clinical psychologists for your job?” 41 responses were given by 24 participants. “Psychometrical evaluations” was the at most answer (18 responses). 9

respondents considered they would need psychologists for the “interview with the patient’s relatives”, and 7 for the “contributions to the diagnosis”. Only small numbers of responses were given for the answers “working in the treatment” (3 responses), “providing psychological support”, and “referral of the ones who cannot deal with their problems” (2 responses each). 3 of the participants did not answer this question.

When the characteristics of a successful psychologist were questioned, the answers were as follows: “having knowledge and skills about the tests” (8 responses), “Having basic psychopathology knowledge” (7 responses), “warmth” (4 responses), “ability to cope with problems”, “knowing the ways of convincing people”, “having general medical knowledge” (3 responses for each), “ability to act as a member of a team”, “providing contributions to interview with patient’s relatives”, “having interview skills”, “good listener” (2 responses for each), “reliable”, “having the ability to evaluate patient according to the biopsychosocial model”, and “having the ability to work under scientific education” (1 response for each). Four of the participants did not give any response.

Of the 27 respondents, 13 reported no differences between the ideal psychologist/clinical psychologist, and the ones they have encountered. Whereas others informed that “lack of psychopathology knowledge” (6 responses), “difficulty in working harmoniously with the treatment team” (5 responses), “lack of psychometric knowledge” (4 responses), “difficulty in executing the responsibilities”, and “unsuccessful in empathy” (3 responses for each) were the differences. Thirteen of the participants did not give any response.

The circumstances for applying to psychologists were for “psychometric evaluation” (10 responses), “inorganic problems” (9 responses), “Inability to cope with stress” (5 responses), “family conflicts”, “problems of the healthy

people” (4 responses for each), and “when a psychiatrist referred for therapy” (3 responses). In this question 4 participants did not give any response.

The differences between a psychologist and a clinical psychologist were summarized, from the answers of 20 participants, as a clinical psychologist “has information about diagnosis”, “becomes a specialist of a subject” (7 responses), “has information about the psychiatric disorders” (6 responses), “has the necessary psychometric knowledge” (4 responses), whereas a psychologist was seen “not supposed to work in institutions other than counseling” and “the general name for the profession” (2 responses for each). Seven participants did not provide any response to this question.

Finally when the differences between a psychologist and a psychiatrist was asked, 26 participants stated that a clinical psychologist “is an assistant in the treatment team” (7 responses), “not supposed to provide any intervention on his/her own” (6 responses), “presents solution by talking” (4 responses), and “tries to solve the problems with the patient” (2 responses). On the other hand, a psychiatrist “provides medical support” (17 responses), and “is better in evaluating the patient because of the medical training” (13 responses). One participant left this question missing.

**Table 3.1. Responses of the Group I**

<b>Question</b>	<b>Response</b>	<b>Frequency</b>
Job requirements of psychologist		67 ( <i>N</i> = 27)
	Psychometrical evaluations	15
	Interview with the patient’s relatives	8
	Contributions to the diagnosis process	8
	Working in the treatment process with the treatment team	8

**Table 3.1. Continued**

<b>Question</b>	<b>Response</b>	<b>Frequency</b>
	Interviews	7
	Participating to the visits	7
	Psychotherapy	5
	providing psychological support	5
	explaining alternative problem solving strategies	4
Needing for own work		41 ( <i>N</i> = 24)
	Psychometrical evaluations	18
	Interview with the patient's relatives	9
	Contributions to the diagnosis	7
	Working in the treatment	3
	Providing psychological support	2
	Referral of the ones who cannot deal with their problems	2
Characteristics		39 ( <i>N</i> = 23)
	Knowledge and skills about the test	8
	Basic psychopathology knowledge	7
	Warmth	4
	Ability to cope with problems	3
	Knowing ways of convincing people	3
	General medical knowledge	3
	Ability to act as a member of a team	2
	Contributions to interview with patient's relatives	2
	Interview skills	2
	Good listener	2
	Reliable	1
	Ability to evaluate according to the biopsychosocial model	1
	Ability to work under scientific education	1
Differences between ideal and encountered		34 ( <i>N</i> = 14)

**Table 3.1. Continued**

<b>Question</b>	<b>Response</b>	<b>Frequency</b>
	No differences	13
	Lack of psychopathology knowledge	6
	Difficulty in working harmoniously with treatment team	5
	Lack of psychometric knowledge	4
	Difficulty in executing the responsibilities	3
	Unsuccessful in empathy	3
Circumstances for applying to psychologists		35 ( <i>N</i> = 23)
	Psychometric evaluation	10
	Inorganic problems	9
	Inability to cope with stress	5
	Family conflicts	4
	Problems of the healthy people	4
	Psychiatrist's referral	3
Differences between a psychologist and a clinical psychologist		41 ( <i>N</i> = 20)
	Information about diagnosis	20
	A specialist of a subject	7
	Information about the psychiatric disorders	6
	Necessary psychometric knowledge	4
	Working in institutions versus in counseling	2
	Naming of the profession	2
Differences between a psychologist and a psychiatrist		68 ( <i>N</i> = 26)
	Role in the treatment team	26
	Providing intervention on his/her own	6
	Type of presenting solution	4
	Solving the problems with the patient	2
	Medical support	17
	Advantage of medical training	13

### **3.1.2 Results of the Content Analyses of the Group II**

The content analyses of the Group II responses (public's opinion about the psychologist's role) were as follows.

When 105 participants were questioned what they understand from a psychologist/clinical psychologist, 17 participants did not respond. From the rest 88 respondents, 113 responses were obtained. 55 of these responses based on the psychologists' role as "help-provider". Psychologist was defined as the profession helping to find out the psychological problems and providing solutions. The participants differentiated the definitions of the psychologists and clinical psychologists in the other clusters. Psychologists were examined to "investigate human and animal behaviors" (9 responses), "graduate from Arts & Sciences faculties" (7 responses), "provide short term help" (2 responses), "provide talk-therapy" (2 responses), and "have no authorization to prescribe drugs (2 responses). They were also considered to "work privately" and to provide "voluntary help" (1 response). Whereas, clinical psychologists were thought to be related to "more severe problems" (17 responses), be "doctors using medical treatment" (12 responses), "working in hospitals" (4 responses) and "interested in the branch of psychology dealt with abnormal behavior" (1 response).

In response to the next question ("In your opinion, for which reasons does someone consults to a psychologist/clinical psychologist?"), 7 clusters were developed from the total 148 responses. These clusters are "incapability to solve one's own problems", "symptomatic reasons", "disorders", "promoting life", "dependencies", "interpersonal problems", "developmental reasons". The response numbers and sub-items in these clusters were summarized in Table 3.1. Also, 3 responses were given as people went to clinical psychologists in more severe conditions. On the other hand, it was also stated that 2 subjects reported that people should not go to psychologists. Moreover, 7 subjects did not give any response to this question.

**Table 3.2 Clusters, Sub-items, and Response Frequencies for Question2**

<b>Cluster</b>	<b>Sub-items</b>	<b>Frequency</b>
Incapability to solve one's own problem		55
Symptomatic reasons	Stress, aggression, unhappiness, insomnia, loss of appetite, loss of concentration, agitation, fatigue	23
Disorders	Depression, personality disorders, phobias, suicide	21
Promoting life standards	"Healthy people should also go"	20
Interpersonal problems	Lack of communication, conflicts, problems at work or home	18
Dependencies	Alcohol, drugs, lying	11
Developmental reasons	Age transitions, child development	3

Of 105 participants, half of them ( $N = 52$ ) reported that they did not know any differences between a psychologist and a clinical psychologist, whereas 4 participants reported that there was no differences. The remaining 49 participants gave 78 responses for explaining the differences. The major differences were about the nature of the problem each profession confronted, and prescription of medicine. 20 responses indicated that clinical psychologists treated more severe problems (i.e. personality disorders) while 11 responses indicating that psychologists dealt with more general problems (i.e. adjustment problems). Subjects also believed that people should consult the clinical psychologists if the condition required to be treated with medicine (13 responses). On the other hand, psychologists were evaluated as not prescribing drug but using talk-therapy (7 responses). Clinical psychologists were also believed to be specialized (8 responses) and working in diagnosis and treatment (7 responses). Other responses included: "Clinical psychologists' assessments are based on individuals" (3 responses), while "psychologists are related to societal problems" (1 response). "Clinical psychologists work in a treatment team" (1 response), on the contrary "psychologists practice therapy individually" (1 response). Psychologists "apply short term treatment" (2 responses), "solves

problems by focusing” (1 response), and “are assistants of clinical psychologists and apply inventories” (2 responses). Finally, 1 response was given regarding to the working setting of these two professions were different.

Further, the differences between a psychologist and a psychiatrist were questioned. 27 participants reported that they had no idea about the differences between these two professions, and 3 participants reported that these two professions have no differences in their practice. Of the 75 participants, a total 160 responses were given. The most frequent responses considering the psychiatrists are “medical treatment (51 responses) and “doctors graduated from medical school” (25 responses), and for psychologists “psychotherapy without using medication” (28 responses), “counseling” (13 responses), and “graduated from psychology department” (10 responses). Medical evaluation of the problems, dealing with more severe situations, using electroconvulsive therapy, calling the people as “patients” were some of the other responses given for indicating the differences of psychiatrists, whereas psychologists were considered to be closer to the person, not only dealing with patients, analyzing the psychological state. One of the participants reported that psychiatrists and psychologists were “two professions consistently criticizing each other as a result of the enmeshment of the province, and of the differences between the understandings of the patients”.

Final analyses were conducted for public’s perceptions about the characteristics of a successful psychologist. 11 participants did not answer this question. The rest 94 participants gave 307 responses (see Table 3.3). The most characteristic attributions about psychologists were seen as “showing high communication skills and empathy” (46 responses), “understanding, tolerant, and patient” (44 responses), “knowledgeable, and having competence in profession” (29 responses), “confidential” (25 responses), “experienced” (12 responses), and “friendly” (12 responses).



**Table 3.3. Characteristics of a Successful Psychologist in Public Opinion**

<b>Characteristic</b>	<b>Frequency</b>
Having high communication skills, empathy, being a good listener	46
Being understanding, tolerant, and patient	44
Being knowledgeable, and having competence in profession	29
Being confidential	25
Being experienced	12
Being friendly	12
Being inquisitive and interested in professional self-improvement	11
Being capable of finding solutions	10
Having a high self-esteem and being compatible with him/herself	10
Being compatible with his/her occupation	10
Being objective	9
Being soothing	9
Being humanistic	9
Being honest	9
Being tightlipped	9
Being a good observer	8
Being persuasive	7
Being calm	6
Being open to novelties	5
Being an analytic thinker	4
Being high in intuition	3
Being open to referral	2
Being even-tempered	2
Being cautious	2
Being non-judgmental	2
Being admirable	1

**Table 3.3 continued.**

<b>Characteristic</b>	<b>Frequency</b>
Having self-awareness	1
Being well intentioned	1
Being positive	1
Being coherent	1
Being organized	1
Being decisive	1
Being considerate	1
Having knowledge about the indigenous characteristics of his/her environment	1
Being creative	1
Having commitment to professional ethics	1
Being available at any time	1

### **3.1.3 Results of the Content Analysis of the Group III**

The data were collected from the psychologists ( $N = 27$ ) in order to evaluate their own job definition and in order to compare their perception of the evaluation of the profession by public and professions working with psychologists. Content analyses were conducted for the open-ended question answers of Group III participants.

In response to the first question (“What are the job requirements from you?”), all participants indicated their job required therapy and/or counseling (27 responses). “Being involved in a research” (9 responses) was another requirement, followed by “applying psychological batteries and inventories” (8 responses), “family counseling” (6 responses), “education and training” (5 responses), “listening to the problems” (4 responses), “diagnosis” (4 responses), and “suggest solutions” (3 responses).

When the services required from a psychologist were examined, psychologists gave 95 responses. “Problem solving”, “providing solutions to the problems”, and “guidance” had the highest response rates (12 responses each), followed by “counseling” (11 responses). Other responses included “providing confidentiality”, and “increasing the awareness level” (8 responses each), “applying vocational techniques”, and “referral to psychiatrists, if necessary” (7 responses each), “research”, and “act respectfully” (5 responses each), “time management”, and “helping the institution personnel” (4 responses).

Of total 164 responses, characteristics of a successful psychologist were seen as “showing high communication skills and empathy” (33 responses), “knowledgeable, having high theoretical background” (15 responses), “creative” (12 responses), “able to solve problems”, and “researcher, self-developer” (10 responses each), “analytical thinker”, and “self-sufficient” (9 responses each), “patient”, and “self-aware” (8 responses), “honest” and “humanist” (7 responses each), “experienced”, “observer”, and “likes one’s job” (6 responses), “confidential”, “persuasive”, and “respectful” (5 responses), and “has professional ethics” (3 responses).

For the question “What are the demands of other professions from a psychologist/clinical psychologist?” 75 responses were given. The most important demands are “psychometrical evaluations” (11 responses), “ethical responsibility” and “patient satisfaction” (9 responses), and “good communication” and “problem solving” (8 responses). Other responses included “compatibility at work” (7 responses), “confidential environment”, “attending research processes” and “counseling” (6 responses), “consistency” and “being productive” (2 responses), and “patience” (1 response).

From the psychologists’ point of view, public’s most important expectations were “getting quick solutions to the problems” (14 responses), “being good listener”

and “reliability” (10 responses), and “guidance” (9 responses). For all of the public expectations see Table 3.4.

**Table 3.4 Psychologists’ Perceptions of Public Expectations**

<b>Public’s expectations</b>	<b>Frequency</b>
Finding effective solutions in the short run	14
To be intellectual	10
To be trustworthy	10
To be a good listener	10
Providing guidance	9
Finding solutions to every kind of problem	8
Being available at any time	8
Providing service in lower prices	7
Prescribing medication	7
Providing instant psychological analysis	7
Foreseeing	7
To be attending to the patients	6
Being compatible with his/her occupation	3
Being indulgent	2
Being tolerant	2
Being capable in psychotherapy	2
Being at ease in every kind of situation	1
Not having taboos	1
Being considerate towards his/her profession	1
Having technical information	1
Being creative	1

When the similarities and differences between the activities that one’s job required and the training that one got examined, 10 participants reported that there were no differences. Other participants reported 34 responses. These are:

“education based on memorization” (8 responses), “therapy in practice is different than the book information” (8 responses), “there may be different demands” (6 responses), “different needs might arouse according to the work settings” (4 responses), “skills would be learned in time” (4 responses), “no availability of working with different populations” (4 responses), “practices cannot be based on a solid model, eclectic practices are more important” (3 responses). Psychologists’ suggestions for the alterations in the education can be examined under 4 clusters: “practice”, “topics”, “quantity” and “graduate education” (see Table 3.5). Furthermore, all participants agreed on the need for the code of conduct. It was considered that the code of conduct should have already been in practice to solve the recognition problems of the psychologists, to control the malpractices, and for the assurance of the profession.

**Table 3.5 Psychologists’ Suggestions for Alterations in Education**

<b>Cluster</b>	<b>Sub-items</b>	<b>Frequency</b>
Importance given to practice		33
	Case presentations	
	Explanation of various psychotherapies through examples	
	Faculty members experienced in practice	
	More emphasis on practice	
Quantitative demands regarding education		19
	Year of education should be extended	
	Number of undergraduate and graduate programs should increase	
Graduate characteristics		17
	Case dependent supervision	
	Establishment of new rules for differentiating clinical psychology from other sub-fields of psychology	
	Examination to have professional licence	
	Programs focusing on the sub-fields	

**Table 3.5 continued.**

<b>Cluster</b>	<b>Sub-items</b>	<b>Frequency</b>
Curriculum		10
	Testing, education in frequently used scales in clinical practice	
	Courses substantiating creative thinking	

### **3.2 Descriptive Analyses**

Descriptive statistics were run for analyzing whether the characteristics of psychologists were considered to be resulted from the personal traits or gained as a result of the training. The results indicated that all 3 groups of subjects believed that the characteristics were both personal traits and gained by training. The frequencies and percentages for personal traits and training are shown in Table 3.6, and Table 3.7 respectively.

**Table 3.6 Frequencies and Percentages of the Item “the psychologists characteristics are personal traits”**

	“totally agree”		“agree a little”		“disagree a little”		“totally disagree”	
	<i>f</i>	%	<i>f</i>	%	<i>f</i>	%	<i>f</i>	%
Group I	14	51.9	8	29.6	1	3.7	4	14.8
Group II	42	40	34	32.4	7	6.7	12	11.4
Group III	13	48.1	9	33.3	2	7.4	3	11.1

*N* = 149

**Table 3.7 Frequencies and Percentages of the Item “the psychologists characteristics are gained by education”**

	“totally agree”		“agree a little”		“disagree a little”		“totally disagree”	
	<i>f</i>	%	<i>f</i>	%	<i>f</i>	%	<i>f</i>	%
Group I	15	55.6	8	29.6	0	0	4	14.8
Group II	37	35.2	46	32.4	5	4.8	8	7.6
Group III	8	29.6	17	33.3	2	7.4	0	0

*N* = 150

The psychologists' views about the compatibility between the training and the expectations of the other professions and public, and their view of meeting these expectations were questioned in 4-point-Likert items. Results indicated that according to the psychologists, the compatibility for the related professions and their training is higher than the compatibility for the public and their training. Fourteen of the participants (51.9 %) indicated a total agreement and none of them mentioned a total disagreement for the compatibility of related professions. On the other hand, for public's compatibility, 40.7 % ( $N = 11$ ) reported a total agreement, whereas 25.9 % ( $N = 7$ ) indicated a total disagreement (see Table 3.8).

**Table 3.8 Frequencies and Percentages of the Psychologists' Views about the Compatibility between Education and Expectations**

	"totally agree"		"agree a little"		"disagree a little"		"totally disagree"	
	<i>f</i>	%	<i>F</i>	%	<i>F</i>	%	<i>f</i>	%
Related professions	14	51.9	7	25.9	6	22.2	0	0
Public	11	40.7	6	22.2	3	11.1	7	25.9

$N = 27$

The psychologists' views of meeting the expectations showed a similar pattern, 51.9 % ( $N = 14$ ) of them totally agreed that they meet the expectations of related professions and none of them reported a total disagreement. For the expectations of the public, 40.7 % believed that they met the expectations, whilst 11.1 % believed there was a total disagreement.

**Table 3.9 Frequencies and Percentages of the Psychologists' Views about Meeting the Expectations**

	"totally agree"		"agree a little"		"disagree a little"		"totally disagree"	
	<i>f</i>	%	<i>F</i>	%	<i>F</i>	%	<i>f</i>	%
Related professions	14	51.9	10	37.0	3	11.1	0	0
Public	11	40.7	9	33.3	4	14.8	3	11.1

*N* = 27

The participants were asked to determine their primary role definition by selecting from a list including the roles of therapist, tester, academician, researcher, administrator, and other. The majority of the participants' primary role definitions were found to be therapist (*N* = 21). The other primary roles were testers (*N* = 3) and researchers (*N* = 3).

The satisfaction levels of the psychologists showed that participants were satisfied from their jobs. The majority of the participants (*N* = 21) reported moderate (*N* = 6) or high levels of satisfaction. The positive factors affecting their satisfactions were feeling themselves useful, sufficient income, positive feedbacks, flexibility of working hours, and liking their job.

Public's information sources about the psychologists, the time spent for each of these sources, and to what degree the information gained affect their opinion were also questioned. The main resources for the information were media. Number of participants and the responses were summarized in Table 3.10.

**Table 3.10 The Frequencies and Percentages of the Resources**

Source of information	<i>f</i>	%
From the books, magazines, newspapers they read	70	66.7 %
From TV movies and series they watched	39	37.1 %



From the descriptions of others	37	35.2 %
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**Table 3.10 continued**

Source of information	<i>f</i>	%
From the internet	34	32.4 %
From the cinema movies	30	28.6 %
From the psychologists they knew	29	27.6 %
From the TV help programs	16	15.2 %
From the psychologists that they went	11	10.5 %
Form the psychologists that people, whom they are acquainted with, went	11	10.5 %
From the TV women reality shows	11	10.5 %

Finally, in order to test the relationship between the correct response number and total number of resources, Pearson correlation coefficients were conducted. Results indicates that as the number of information sources increases, the number of correct responses also increase ( $r = .38, p < .001$ ).

## CHAPTER 4

### DISCUSSION

The definitions of the clinical psychologists by the related professions, public, and clinical psychologists themselves need to be considered in a tripod perspective – with three equally important branches. The realistic comprehension of the psychology, both as a science and a practice, depends on the equilibrium between these three components. Otherwise, understanding the actual conditions will be impossible. Therefore, the present study aimed to determine how the professional and social roles of clinical psychologists are described in Turkey and how clinical psychologists evaluate these roles.

To begin with, the discussions about the results of the present study including the public's, related professions' and psychologists' responses about the job requirements, characteristics of a successful psychologist, the conditions people apply to psychologists will be given. Secondly, the results of the content analyses of the differentiation between the professions of 'psychologist', 'clinical psychologist', and 'psychiatrist' will be discussed. Then, additional factors including the psychologists' job satisfactions and the public's sources of the information for psychologists will be discussed. Finally, the implications and limitations of the study, and the suggestions for the future research will be mentioned.

#### **4.1 Job Requirements, the Conditions People Apply to Psychologists, and Characteristics of a Successful Psychologist**

Results indicated that professions working with psychologists stated the job requirements of psychologists as “psychometrical evaluations”, “interview with the patient's relatives”, “contributions to the diagnosis process”, “working in the

treatment process as a part of the team”, “interviews”, “participating to the visits”, “psychotherapy”, “provide psychological support”, and “explaining alternative problem solving strategies”. Their emphasis is on the point that psychologists are in a supporting role for psychiatrists. The similar responses were also given for the question in which circumstances psychiatrists need psychologists/clinical psychologists for their job.

The psychiatrists’ role definition of clinical psychologists ignores a critical component of the profession: providing psychotherapy. This is the result of the conflicting approach between the two professions. The similar situation mentioned by Woodworth in America 70 years ago (Woodworth, 1992, original article in 1937) and has shown the same pattern since the beginning of the psychology in Turkey (Yolaç, 2005). Yolaç stated the psychiatrists tried to block psychologists’ first struggles for code of conduct attempts in 1980s. This conflicting situation was also mentioned by one of the participants in the present study as a response to the question about the differences between psychiatrist and psychologist: “two professions consistently criticizing each other as a result of the enmeshment of the province, and of the differences between the understandings of the patients”. Being perceived like that is a misfortune for both of the professions.

On the other hand, public opinion shows a more favorable condition for psychologists. Public opinion of the job requirements of psychologists and clinical psychologists stressed the psychologists’ role as “help-provider”. Psychologist was defined as the profession helping to find out the psychological problems and providing solutions. Public considered psychologists/clinical psychologists for the referral authority for the psychological problems when someone is incapable to solve own problems, faces psychological disorders, developmental difficulties, and symptomatic problems, has dependency problems, and also for promoting their life standards. Some of the respondents also reported that psychologists are “more humanistic and friendly”.

Psychologists themselves define their job requirements as “Being involved in a research”, “applying psychological batteries and inventories”, “family counseling”, “education and training”, “listening to the problems”, “diagnosis”, and “suggesting solutions”.

For the professional role of a clinical psychologists, the related professions perceptions of psychologists primarily as psychometric evaluators points out an important problematic area. As a result of this understanding, the role of psychologists underestimated by the related professions and limited the practice area of psychologists. However, the social role can be evaluated as indicating the true nature of the profession with more emphasis on psychotherapy and counseling.

When the characteristics of a successful psychologist are considered, the responses of the professions working with psychologists are mainly covering the professional requirements of clinical psychologists: having knowledge and skills about the tests, having basic psychopathology knowledge, having general medical knowledge, having the ability to act as a member of a team, providing contributions to interview with patient’s relatives, having the ability to evaluate patient according to the biopsychosocial model, and having the ability to work in a scientific education. Only limited number of responses was given for the personal traits: warmth, ability to cope with problems, good listener, reliable. These results make us think that there would be a difference in the related professions evaluations about whether the characteristics of psychologists were considered to be resulted from the personal traits or gained as a result of the training. However, the results of the related personnel showed that although they mention training-based characteristics, they gave almost the same ratings for both personal traits and gained by education.

Characteristics of a successful psychologist show similarities between public's and psychologists' descriptions. The most reported 10 characteristic clusters are "showing high communication skills and empathy", "perceptive, tolerant, and patient", "knowledgeable, and having competency", "confidential", "experienced", "friendly", "inquisitive and interested in professional self-improvement", "capable of finding solutions", "having a high self-esteem and being compatible with him/herself", "compatible with his/her occupation" for the public, and "showing high communication skills and empathy", "knowledgeable, having high theoretical background", "creative", "able to solve problems", "researcher, self-developer", "analytical thinker", "self-sufficient", "patient", "self-aware", "honest" for psychologists.

Again, the psychologists and the public evaluated the characteristics as a result of personal traits and education equally. These results may be considered as a supporting point for the "art and science" structure of the profession.

#### **4.2 Differences between Professions**

When the differences between a psychologist and a clinical psychologist are questioned, professions working with psychologists reported that a clinical psychologist "has information about diagnosis", "becomes a specialist of the subject matter", "has information about the psychiatric disorders", "has the necessary psychometric knowledge", and mentioned that psychologist is "the general name of the profession". These responses indicate that psychiatrists can be viewed to be aware of the differences and the specialization in psychology to a degree.

Public's information about the differences is more complicated. Of the participants who were able to report a difference, 13 responses were misinterpreting clinical psychologists by mentioning that people consult to the clinical psychologists if their condition requires medical treatment.

Other responses of the public included that “clinical psychologists are specialized”, “working in diagnosis and treatment”, “base their assessments on individuals”. Psychologists, compared to clinical psychologists, were believed to practice therapy individually, not by working in a team”, “apply short term treatment”, “be assistants of clinical psychologists and apply inventories”. All of these results underlines the fact that public are not aware of the different sub-fields and interests of psychologists. A similar result was found in Guest’s (1948) study of the public opinion of psychologists. Guest acknowledged that many people knew psychologists’ role of dealing with mental problems but had lack of information about the other professional duties of psychologists in other areas such as industry.

Finally when the differences between a psychologist and a psychiatrist was asked, of the 26 participants from Group I (professions working with psychologists) stated that a clinical psychologist “is an assistant in the treatment team”, “not supposed to intervene to the patient alone”, “shows solution by talking”, and “tries to solve the problems with the patient”, On the other hand, a psychiatrist “provides medical support”, and “is better in evaluating the patient because of the medical training”. These results are also stressing the negative and denigrating style of the related professions.

Psychologists also mentioned the negative view in their responses to the factors affecting their job satisfaction and in their responses regarding to the code of conduct. They reported that the psychiatrists are degrading and depreciating their profession which is a negative factor influencing their satisfaction from their job and attempts of to inure the code of conduct.

The responses of the public about the differences between psychologists and psychiatrists are more objective and they clearly define the actual differences between the two professions.

#### **4.3 Additional Factors**

### **4.3.1 Education of the Psychologists**

The psychologists' evaluations of their education both gave their view about the differences in the education system concerning the academic and practice issues, and also presented their suggestions for the possible changes in the future from the eyes of the practitioners.

The differences of the education and practice were reported as follows: "education is based on memorization", "therapy in practice is different than the book information", "and different needs are arising according to the work settings". They are highlighting the gap between the practice and the training. As Mayne (1994) mentioned clinical psychology's rapid evolution both as a science and a profession and called the attention to the widening gap between research and practice in applied psychology programs. This is a critical statement need to be taken into consideration.

Psychologists' suggestions for the alterations in the education were examined under 4 clusters including: "practice", "topics", "quantity" and "graduate education". These clusters were described in the Results section in detail. The main point in these evaluations is also the emphasis on the importance given to the practice.

### **4.3.2 Public's Information Resources**

The main resources for the information are found to be written media (66.7 %), movies and series (65.7 %), and descriptions of others (35.2 %).

When the relationship between the correct response rate and number of resources examined, a significant correlation between the correct response number and total number of resources was found ( $r = .38$ ,  $p < .001$ ), that is, as the number of information sources increases, the number of correct responses also increase. This result indicates that the information resources are important contributor for increasing the awareness level of the public.

#### **4.5. Implications of the Study**

The present study serves as a resource for learning the present professional and social for definitions of the clinical psychologists. As previously discussed, the results of this study indicate that there is a difference in the understanding and conceptualization of psychologists' professional role between psychologists themselves, and the other professions working with psychologists. This issue requires the attention of the both professions. The aim of promoting public health and welfare is the common aim of these two professions. Therefore, the maximum energy must be canalized to find solutions for the gap between the conceptualizations in order to fulfill this aim. Understanding how psychiatrists and other professions clinical psychologist serve together define the professional role will be helpful to correct the misunderstandings, to overcome the problematic areas in the work environment, to gain the acceptance of the colleagues in the service area.

The results of the present study indicated although public have a general idea about the social role of the clinical psychologists, it is seen that there are also misconceptions about the role definition. This complication is resulted from the confusions of the professions between each other. The present study helped detecting the subjects leading to confusions. Noticing them would help the psychologists to promote studies for changing these misunderstandings and presenting the different sub-areas of psychology other than clinical psychology.

This study also attempted to fill a gap in Turkish psychology literature. Understanding how their own role is comprehended, what are the professional and social demands they need to cover, which sources would be more useful in spreading the correct role definitions would be a helpful tool for psychologists working in both research and practice.



When the current issues studied and capture the psychologists' interests in America and Turkey is compared throughout the main journals of the associations, it can be seen that there are variety of topics in Turkey. The articles in the last two years of the American Psychologists show focusing to special topics whereas; there are different subject matters for Turkish Journal of Psychology. As a result of the earlier development, American psychologists are now focusing more on the issues for developing themselves, such as methodological issues, development in psychology education, minority in psychologists themselves, and classism in services. On the other hand, Turkish psychologists usually focus on different subjects according to their interests.

As a summary, the present study provides up-to-date information about the public's and related professions' need of clinical psychologists, about psychologists' perception of these needs, about whether the education system is coherent to meet these needs.

#### **4.5 Limitations of the Study, and Suggestions for Further Studies**

The results of the present study should be interpreted in the context of some limitations. First of all, the sample sizes for the groups of psychologists and professions working with psychologists were small to get reliable results. With a larger sample, the results would be more demonstrative.

Secondly, the data were collected mainly from two metropolitans of Turkey. So, the implications should be limited to these populations. More widespread studies would be more useful in comprehending the whole picture of the professional and social role descriptions of clinical psychologists.

As another limitation, the data collection method can be considered. Using different methodologies would be useful both for gaining more information and for comparisons of the different studies for determining possible similarities and differences. Using semi-structured interviews might be one of the strategies for

collecting data. Also, it can be considered to develop a scale for measuring the professional and social roles.

For better conceptualization of the psychologists' roles, there need to be multitudinous number of large scale studies. Moreover, as the cultural background of the world changes, the changes in the professions become inevitable. This imposes the need for updating the information by conducting similar studies in time.

In the present study, job satisfaction levels of psychologists were found high, but this result may be because of the sample characteristics or because of the limited information available with two items measuring the job satisfaction. It is suggested to measuring the job satisfaction with more reliable instrument and comparing its effect on the psychologists' perceptions of their professional and social roles.

The study offers some information about the practitioners' criticism about the education system, and moreover, offers their own solutions. The increment in the number of the psychology departments, the limited capacity of the academic community, and the demands of the practitioners resulted in more psychologists working in practice, therefore, the importance of these suggestions increase. These suggestions may be further investigated and be taken into consideration in determining the future curricula for both undergraduate and graduate programs. The increment in the number of the psychology departments, the limited capacity of the academic community, and the demands of the practitioners resulted in more psychologists working in practice.

Most importantly, this study presented the information sources that are more relied on gaining information about psychologists. The newspapers, books, magazines, movies, TV series, shortly media, are one of the main resources. Today, the printed and visual media are used as treatment tools, and Aka

(2007) suggested that when the movie's effects are thought, it can be expected that they would be useful in changing traits and schemas in long-term use. If we consider that people are exposed to these sources all through their everyday life, providing the long-term effect, these tools can be used in promoting public's understandings of clinical psychologists in particular and psychology in general.

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## APPENDICES

### APPENDIX A

#### Perceptions about Psychologists Questionnaire (Related Professions Version)

Sayın katılımcı;

Bu çalışma Doç. Dr. Faruk Gençöz danışmanlığında Araş.Gör. Gaye Çenesiz tarafından yürütülen “Klinik Psikologların Profesyonel ve Sosyal Rollerini” konulu tez çalışması kapsamında hazırlanmıştır. Size yöneltilen soruların doğru ya da yanlış cevapları yoktur. Önemli olan sizin bu konular hakkındaki düşüncelerinizdir. Lütfen her soru hakkında vereceğiniz cevabı altında yer alan boşluğa yazınız. Vereceğiniz yanıtlar tamamen gizli tutulacak ve sadece bu araştırma kapsamında değerlendirilecektir. Yanıtlarınız kişi bazında değil, tüm katılımcılar çerçevesinde değerlendirileceğinden sizden herhangi bir kimlik bilgisi istenmemektedir.

Araştırma ile ilgili sorularınızı [gchenesiz@metu.edu.tr](mailto:gchenesiz@metu.edu.tr) adresine gönderebilirsiniz.

Katılımınız için teşekkür ederim.

Psk. Gaye Z. Çenesiz

Cinsiyetiniz:  Kadın  Erkek

Yaşınız: \_\_\_\_\_

Eğitim durumunuz:  İlkokul mezunu

Ortaokul mezunu

Lise mezunu

Üniversite mezunu

Üniversite üstü

Mesleğiniz: \_\_\_\_\_





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Başarılı bir psikoloğun sahip olması gereken özellikler neler?

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Saymış olduğunuz bu özellikleri düşündüğünüzde; aşağıdaki düşünceleri sizin değerlendirmenize göre uygun olan sayıyı işaretleyerek değerlendiriniz

	Tamamen katılıyorum	Biraz katılıyorum	Biraz katılmıyorum	Tamamen katılmıyorum
Bu özelliklerin kişisel özellikler olduğuna inanıyorum	1	2	3	4
Bu özelliklerin eğitim ile kazanılabacaklarına olduğuna inanıyorum	1	2	3	4

Başarılı bir psikolog en az kaç yıllık bir eğitimden geçmelidir? \_\_\_\_\_

İdeal olarak tanımladığınız psikolog/klinik psikolog ile gördüğünüz örnekler arasında hangi yönlerden farklılıklar var?

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Sizce hangi konularda bir psikoloğa/klinik psikoloğa başvurmak gerekir?

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Sizce psikolog ve klinik psikolog arasındaki farklar nelerdir?



## APPENDIX B

### Perceptions about Psychologists Questionnaire (Public Version)

Sayın katılımcı;

Bu çalışma Doç. Dr. Faruk Gençöz danışmanlığında Araş.Gör. Gaye Çenesiz tarafından yürütülen “Klinik Psikologların Profesyonel ve Sosyal Rollerini” konulu tez çalışması kapsamında hazırlanmıştır. Size yöneltilecek soruların doğru ya da yanlış cevapları yoktur. Önemli olan sizin bu konular hakkındaki düşüncelerinizdir. Lütfen her soru hakkında vereceğiniz cevabı altında yer alan boşluğa yazınız. Vereceğiniz yanıtlar tamamen gizli tutulacak ve sadece bu araştırma kapsamında değerlendirilecektir. Yanıtlarınız kişi bazında değil, tüm katılımcılar çerçevesinde değerlendirileceğinden sizden herhangi bir kimlik bilgisi istenmemektedir.

Araştırma ile ilgili sorularınızı [gchenesiz@metu.edu.tr](mailto:gchenesiz@metu.edu.tr) adresine gönderebilirsiniz.

Katılımınız için teşekkür ederiz.

Psk. Gaye Z. Çenesiz

Cinsiyetiniz:  Kadın  Erkek

Yaşınız: \_\_\_\_\_

Eğitim durumunuz:  İlkokul mezunu

Ortaokul mezunu

Lise mezunu

Üniversite mezunu

Üniversite üstü

Mesleğiniz: \_\_\_\_\_

Şu anda yaptığınız iş: \_\_\_\_\_

Evinize giren aylık gelir:  2000 YTL'den az

2000 – 5000 YTL arası

5000 YTL'den fazla

Daha önce hiç bir psikologdan kişisel yardım aldınız mı?

Evet

Hayır

Cevabınız evet ise; Hangi süreyle? \_\_\_\_\_

Hangi konuda? \_\_\_\_\_

Daha önce bir yakınınız psikologdan kişisel yardım aldı mı?

Evet

Hayır

Cevabınız evet ise; Hangi süreyle? \_\_\_\_\_

Hangi konuda? \_\_\_\_\_

Psikolog/Klinik psikolog denilince ne anlıyorsunuz?

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Sizce hangi konularda bir psikoloğa/klinik psikoloğa başvurmak gerekir?

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Sizce psikolog ve klinik psikolog arasındaki farklar nelerdir?

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Sizce psikolog ve psikiyatr arasındaki farklar nelerdir?

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Başarılı bir psikoloğun sahip olması gereken özellikler neler?

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Saymış olduğunuz bu özellikleri düşündüğünüzde; aşağıdaki düşünceleri sizin değerlendirmenize göre uygun olan sayıyı işaretleyerek değerlendiriniz

	Tamamen katılıyorum	Biraz katılıyorum	Biraz katılmıyorum	Tamamen katılmıyorum
Bu özelliklerin kişisel özellikler olduğuna inanıyorum	1	2	3	4
Bu özelliklerin eğitim ile kazanılabacaklarına olduğuna inanıyorum	1	2	3	4

Başarılı bir psikolog en az kaç yıllık bir eğitimden geçmelidir? \_\_\_\_\_

Psikolog ile ilgili bilgilerinizi nereden edindiniz?

- Tanıdığım psikologlardan
- Başkalarının psikologlar hakkında bana anlattıklarından
- Hizmet aldığım psikologlardan
- Tanıdıklarımın hizmet aldığı psikologlardan
- TV film ve dizilerinden
- Okuduğum kitap, dergi ve gazetelerden
- TV’de telefonla yardım alınan programlarda gördüğüm psikologlardan
- TV’deki “kadın programlarına” katılan psikologlardan
- Sinema filmlerinden
- İnternette
- Diğer (Belirtiniz: \_\_\_\_\_ )



1 aylık bir süreyi düşündüğünüzde Psikologlar/psikoloji ile ilgili aşağıdaki kaynaklardan kaç adet seyrettiğinizi/okuduğunuzu; her biri için kaç dakika zaman ayırdığınızı; bunların sizin insan ilişkilerinizi ne kadar etkilediğini belirtiniz:

	Kaç Adet	Kaç dakika?	İlişkiyi ne kadar etkiler?			
			hiç	biraz	orta	Çok
Sinema filmi						
TV filmi						
TV dizisi						
TV’de telefonla yardım alınan programlar						
TV’deki “kadın programları”						
Kitap						
Gazete						
Dergi						
İnternet						
Diğer (belirtiniz: _____ )						

## APPENDIX C

### Perceptions about Psychologists Questionnaire (Psychologists Version)

Sayın katılımcı;

Bu çalışma Doç. Dr. Faruk Gençöz danışmanlığında Araş.Gör. Gaye Çenesiz tarafından yürütülen “Klinik Psikologların Profesyonel ve Sosyal Rollerini” konulu tez çalışması kapsamında hazırlanmıştır. Size yöneltilecek soruların doğru ya da yanlış cevapları yoktur. Önemli olan sizin bu konular hakkındaki düşüncelerinizdir. Lütfen her soru hakkında vereceğiniz cevabı altında yer alan boşluğa yazınız. Vereceğiniz yanıtlar tamamen gizli tutulacak ve sadece bu araştırma kapsamında değerlendirilecektir. Yanıtlarınız kişi bazında değil, tüm katılımcılar çerçevesinde değerlendirileceğinden sizden herhangi bir kimlik bilgisi istenmemektedir.

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Katılımınız için teşekkür ederiz.

Psk. Gaye Z. Çenesiz

Cinsiyetiniz:  Kadın  Erkek

Yaşınız: \_\_\_\_\_

Eğitim durumunuz:  İlkokul mezunu

Ortaokul mezunu

Lise mezunu

Üniversite mezunu

Üniversite üstü

Mesleğiniz: \_\_\_\_\_

Şu anda yaptığınız iş: \_\_\_\_\_

Çalıştığınız kurum: \_\_\_\_\_

Kaç yıldır bu kurumda çalışıyorsunuz? \_\_\_\_\_

Kurumunuzda çalışan meslek grupları:

- Psikiyatrist
- Hekim
- Hemşire
- Psikolog
- Klinik Psikolog
- Sosyal hizmet uzmanı
- Diyetisyen
- Teknik personel (belirtiniz: \_\_\_\_\_ )
- İdari personel (belirtiniz: \_\_\_\_\_ )
- Diğer (belirtiniz: \_\_\_\_\_ )

İşyerinizde hangi işleri gerçekleştiriyorsunuz?

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Bir psikoloğun mesleğini icra ederken vermesi gereken hizmetler nelerdir?

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Başarılı bir psikoloğun sahip olması gereken özellikler neler?

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Saymış olduğunuz bu özellikleri düşündüğünüzde; aşağıdaki düşünceleri sizin değerlendirmenize göre uygun olan sayıyı işaretleyerek değerlendiriniz

	Tamamen katılıyorum	Biraz katılıyorum	Biraz katılmıyorum	Tamamen katılmıyorum
Bu özelliklerin kişisel özellikler olduğuna inanıyorum	1	2	3	4
Bu özelliklerin eğitim ile kazanılacaklarına olduğuna inanıyorum	1	2	3	4

Başarılı bir psikolog en az kaç yıllık bir eğitimden geçmelidir? \_\_\_\_\_

Kurumunuzda çalışan personeli düşündüğünüzde; bir psikologdan/klinik psikologdan beklentileri nelerdir?

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Bu beklentileri düşündüğünüzde; aşağıdaki düşünceleri sizin değerlendirmenize göre uygun olan sayıyı işaretleyerek değerlendiriniz

	Tamamen katılıyorum	Biraz katılıyorum	Biraz katılmıyorum	Tamamen katılmıyorum
Bu beklentilerin almış olduğum eğitim ile uyumlu olduğuna inanıyorum	1	2	3	4
Bu beklentilerin hepsini karşılayabildiğime inanıyorum	1	2	3	4

Sizce, halkın bir psikologdan/klinik psikologdan beklentileri nelerdir?

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Bu beklentileri düşündüğünüzde; aşağıdaki düşünceleri sizin değerlendirmenize göre uygun olan sayıyı işaretleyerek değerlendiriniz

	Tamamen katılıyorum	Biraz katılıyorum	Biraz katılmıyorum	Tamamen katılmıyorum
Bu beklentilerin almış olduğum eğitim ile uyumlu olduğuna inanıyorum	1	2	3	4
Bu beklentilerin hepsini karşılayabildiğime inanıyorum	1	2	3	4

Bir profesyonel olarak kendinizi öncelikle hangi rolde görüyorsunuz?

- Terapist  Test uygulamacısı  
 Akademisyen  Araştırmacı  
 İdareci  Diğer (belirtiniz: \_\_\_\_\_ )

Aldığınız eğitimi ve yaptığınız işi düşündüğünüzde gördüğünüz benzerlikler ve farklılıklar nelerdir?

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Karşlanması istenen ihtiyaçların klinik psikologlar tarafından karşılanabilmesi için eğitimde hangi değişiklikler yapılmalıdır?

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Meslek yasasının çıkartılması konusundaki görüşleriniz nelerdir?

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İşinizden ne kadar memnun olduğunuzu 10 üzerinden değerlendirecek olursanız kaç verirdiniz?

1 2 3 4 5 6 7 8 9 10

Memnuniyetinizi belirleyen olumlu ve olumsuz etmenler nelerdir?

Olumlu: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Olumsuz: \_\_\_\_\_

\_\_\_\_\_

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Geri dönme şansınız olsaydı; üniversitede yine aynı eğitimi alır mıydınız?

Kesinlikle Kesinlikle

Evet hayır

1 2 3 4 5

Ne eğitimi alırdınız? \_\_\_\_\_

Hangi mesleği seçerdiniz? \_\_\_\_\_