Theoretical Orientation of Mental Health Workers in Turkey

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Abstract

The aim of the study is to evaluate the primary theoretical orientation of mental health workers (psychiatrist, psychologist, psychological counselor and social worker) in Turkey. The study was conducted on 1073 (572 women, 501 men) mental health workers, including 133 psychiatrists, 312 psychologists, 430 psychological counselors, and 198 social workers. Mental health workers between the ages of 22 and 73, from every city in Turkey participated in the study. Personal Information Form designed by the researchers was used as data collection tool in the study. Personal Information Form was emailed to the professionals and the data was collected online. Collected data were analyzed by frequency and percentage calculations. The findings of the study demonstrated that the primary theoretical orientation of psychiatrists and psychologists were cognitive behaviorist therapy, of psychological counselors were constructivist therapy and of social workers were system/family systems therapies. Furthermore, it was observed that the least preferred psychotherapy approach by the professionals was the multi-cultural therapy. The results of the study were discussed within the realm of the literature, and recommendations were presented for mental health workers and researchers.

Keywords: theoretical orientation, mental health workers, therapy

Öz

Türkiye’de Ruh Sağlığı Alanında Çalışan Profesyonellerin Kuramsal Yönelimi


Anahtar Kelimeler: kuramsal yönetim, ruh sağlığı çalışması, terapi
Psychotherapy theories aim to help and change the individual by enabling the individual’s different thoughts, feelings and behavior (Corsini & Wedding, 2008; Sharf, 2015). Mental health workers, while fulfilling this objective, differ among each other due to their individual traits, their target population, their education and their theoretical orientation (Brammer & MacDonald, 2003; Corey, 2013; Gladding, 2009; Hackney & Cormier, 1996; Heffler & Sandell, 2009; Welfel & Patterson, 2005). Theoretical orientation makes it possible to assume hypotheses related to the behavior and experiences of the client/patient, to formulate specific therapy responses and to evaluate the therapeutic process (Poznanski & McLennan, 1995). Theoretical orientation affects several variables including the therapeutic process, the approach to human nature, therapeutic methods and techniques, as well as the function and the role of the therapist and display an intrinsic systematic structure (Gladding 2000; Peterson & Nisenholz, 1999). Thus, it could be stated that the theoretical orientation has an extremely critical effects on the therapist, the therapeutic process and the client (Buckman & Barker, 2010; Tartakovskiy & Kovardinsky, 2013). Mental health workers, independent of their education, area of work and target population, have to consult a psychotherapy theory or theories for an efficient therapy/consulting/interview process. Sharf (2015) stressed that when the therapist would not utilize any theories in the therapeutic process, the therapist would have to proceed using only instincts and experiences, which would in turn limit the therapeutic process.

Psychotherapy theories differ in terms of the function and role of the therapist, psychotherapeutic goal and process, psychotherapeutic methods and techniques (Corsini & Wedding, 2008). There is no “right” or “wrong” psychotherapy. Each theory contributes to the understanding of individual behavior and therapeutic applications (Corey, 2013). Certain psychotherapy theories are centered on the individual (Rogers, 1963), while others consider the individual within the framework of the family and society (Goldenberg, 2012); some focus on the past experiences of the patient/client (Freud, 1914), while others focus on the present time (Perls, 1992). Corsini and Wedding (2008) reported that there are over 400 psychotherapeutic approaches. However, these approaches, rather than being individual psychotherapy theories, are the derivatives of psychodynamic, cognitive/behavioral, humanistic and transpersonal approaches (Peterson & Nisenholz, 1998).

Psychoanalytical therapy attempts to explain psychological disorders via subconscious processes, impulses and instincts and tends to treat the source of the disorder (Joannidis, 2006), while the constructivist approaches, instead of focusing on the causes of the problem, focus on the strengths and exceptional moments to adopt an approach centered on the solution (Sklare, 2005). Therapists that adopt the family systems approach focus on the understanding the family/relationship in initiating the change in the patient/client and necessity of the implementation of the therapeutic process on the whole family members (Nichols & Schwartz, 2004), while the therapists that adopt the client-centered approach put the individual at the center and believe that the individual is capable of solving his/her problems (Rogers, 1965). Existentialist therapists are against implementing a therapy using pre-established techniques and they focus on subjects such as freedom and responsibility, identity formation, evaluation of the meanings and objectives, awareness of death and extinction (Yalom, 1980). Therapists that adopt behavioral approaches, within the boundaries of scientific methodology, focus on the alleviation of the behavior that causes problems of adaptation in daily life based on certain methods and techniques (Kazdin, 2012).

Cognitive behaviorist therapists study focused on symptoms, attempting to exchange the negative schemes in the emotions and thoughts of the client with positive schemes (Boterhoven De Haan & Lee, 2014; Butler, Chapman, Forman, & Beck, 2006; Foreman & Pollard, 2011; Wollburg & Braukhaus, 2010). On the other hand, psychotherapists oriented towards multi-cultural therapy suggest that most psychotherapy theories were based on the basic values of European-Americal culture, thus it would be dangerous to conceive these as universal values (Corey, 2013). Psychotherapists oriented towards multi-cultural approach evaluate the patient/client within the context of the culture he or she belongs to, and utilize methods and techniques secondary to the culture of the patient/client (Corsini & Wedding, 2008). Psychotherapists with an eclectic approach, instead of formulating a new theory on the personality of the patient/client, aim to harmonize the psychotherapy with the personality of patient/client. Eclectic psychotherapists assume that there are no universal mechanisms of change and try to benefit from every theory (Corsini & Wedding, 2008).
Sue, Ivey and Pedersen (1996) argued that psychotherapy theories bear the traces of the culture/society they evolved in, one single theory would not be valid in all cultures/societies, and thus there are different theoretical orientations in different cultures. Theoretical orientations of the psychotherapists were analyzed in counties such as the USA (Bike, Norcross, & Schatz, 2009; Fleischman & Shorey, 2014; Scandell, Wlazelek, & Scandell, 1997), Argentina (Castañeiras, García, Lo Bianco, & Fernández-Alvarez, 2006), Romania (Ciobâca & Nedelcea, 2012), Israel (Tartakovsky, 2014), Denmark (Jacobsen, Nielsen, & Orlinsky, 2012), Sweden (Larsson, Kaldo & Broberg, 2010), Portugal (Vasco, Garcia-Marques, & Dryden, 1993), the UK (Fear & Woolfe, 1999), and Australia (Byrne & Reinhart, 1990). However, there are no previous studies conducted on the theoretical orientation of the mental health workers in Turkey. It is considered that the investigation of the theoretical orientation of mental health workers in Turkey would provide information on which psychotherapy theory/theories are preferred, in which frequency, and by whom and what types of therapy service the clients/patients receive. The objective of the study is to examine the primary theoretical tendency of the mental health workers in Turkey.

Determining the preferred therapy in Turkey is critical. This may indicate what type of therapy the client receives. Indeed, the way in which each therapeutic approach looks at human nature, the methods and techniques used, and the therapeutic process differ from each other. There are limited therapeutic approaches specific to the culture of Turkey. Therefore, this research can raise awareness about cultural sensitivity. In this context, it is thought that this research is important in terms of mental health services.

**METHOD**

**Participants**

The study was conducted on 133 (12.4%) psychiatrists, 312 (29.1%) psychologists, 430 (40.15) psychological counselors and 198 (18.5%) social workers, a total of 1073 mental health workers; 572 participants were female (53.3%), while 201 were males (46.7%). Age of participants varied between 22 and 72, and the mean age was 34. The professional seniorities of the participants were as follows: 347 (32.3%) were 1–4 years; 244 (22.7%) were 5–8; 148 (13.8%) were 9–12; 123 (11.5%) were 13–16; and 211 (19.7%) had over 17 years of professional seniority; 538 participants (51.1%) had undergraduate degrees, 312 (29.1%) had masters, 90 (8.4%) had PhD, and 133 (12.4%) had specialty in medicine. Professionals from 81 provinces (all cities of Turkey) participated the study.

**The Process**

In this research, firstly data collection tool was prepared. Personal Information Form was prepared for this purpose. Then E-mail was sent to mental health workers in order to participate in the study. Information form designed by the researchers after expert opinion was obtained, and similar studies and scientific books on psychotherapy theories that were reviewed, was used in the study. The form contains personal information on the professionals (gender, age, professional seniority, educational background, and the province that the professional works at) and questions to determine the primary theoretical tendency of the professional. Form was based on the selection of one of the 11 basic psychotherapy theories or expression of other theories if needed. The forms completed by 1130 professionals were examined and 57 faulty forms were discarded and analyses were conducted on remaining 1073 forms. The data collected were analyzed by calculating frequencies and percentage.

**Findings**

Table 2 show that the approaches that psychiatrists adopt most are cognitive behavioral approach (45.1%) eclectic/holistic approach (23.3%) and psychodynamic approach (10.5%) and psychoanalytical approach (7.5%). The approaches that psychologists adopt most are cognitive behavioral approach (29.7%), eclectic/holistic approach (20.8%), psychodynamic approach (7.4%) and system/family systems approach (7.1%). The approaches that psychological counselors adopt most are constructivist approach (23.5%), cognitive behavioral approach (21.6%), eclectic/holistic approach (15.6%), and client-centered approach (10.9%). The approaches that social workers adopt most are system/family systems approach (33.8%), constructivist approach (13.6%), client-centered approach (13.1%), cognitive behavioral approach (10.6%), and eclectic/holistic approach (9.1%)

When the results of the research are evaluated in a more systematic way, cognitive behavioral therapy is the most preferred approach for both psychiatrists and psychologists. Indeed, one of the two psychiatrists sees the cognitive behavioral approach as the primary theoretical
orientation. Similarly, one of the three psychologists sees the cognitive behavioral approach as the primary theoretical orientation. However, the constructivist approach is more prevalent in psychological counselors. Indeed, one of the four psychological counselors sees the constructivist approach as the primary theoretical orientation. Finally, one out of three social workers sees the system/family systems approach as the primary theoretical orientation. Furthermore, it was observed that the least preferred psychotherapy approach by the professionals was the multi-cultural therapy. This finding of the research can be considered as interesting.

RESULT, DISCUSSION AND RECOMMENDATIONS

Since there is no mental health legislation in Turkey, it is not clear who could conduct psychotherapy. However, it could be stated that usually psychiatrists, psychologists and psychological counselors, and partly the social workers apply psychotherapy in Turkey. The education that psychiatrists, psychologists, psychological counselors and social workers receive, their target populations and fields of study differ. These differences make them utilize different theories in psychotherapy. The scholars explained the differences in theoretical orientation of the psychotherapists by multi-dimensional reasons. In these studies the differences in theoretical orientation were analyzed based on the therapist (attachment style, personal traits, demographic features, attitude, values and expectations) (Castañeiras et al. 2006; Jacobsen et al., 2012; Larsson et al., 2010; Scandell et al., 1997; Vasco et al., 1993) and the variables of psychotherapy theory (applicability and efficiency of the theory on the case) (Negreiros, 1994; Oliver, Lightfoot, Searight, & Katz, 1990; Vasco & Dryden, 1994). Thus, the differences in theoretical orientation of the psychotherapists should be explained by multiple causality, instead of a single factor. It was determined in this study that approximately one of the two psychiatrists, and one of the three psychologists adopted cognitive behavioral approach as their primary theoretical orientation. The fact that cognitive behavioral approach was the primary theoretical orientation could be evaluated with relation to the therapist and the theory.

An evaluation based on theory would suggest that cognitive behavioral theory was preferred the most due to its symptom oriented structure, its ability to produce solutions to psychological problems within a short period of time (Boterhoven De Haan & Lee, 2014; Butler, Chapman, Forman, & Beck, 2006; Wollburg & Braukhaus, 2010), its structured and eclectic nature, its applicability in different cultures (Corey, 2013), its ability to examine the private experiences of the client/patient using a scientific approach (Weishaar, 1993), the fact that it was researched the most, its functional nature, its ability to provide a practical and efficient treatment, and its clear and

<table>
<thead>
<tr>
<th>Psychotherapeutic Approaches</th>
<th>Psychiatrist</th>
<th>Psychologist</th>
<th>Psychological Counselor</th>
<th>Social Worker</th>
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<tbody>
<tr>
<td></td>
<td>n</td>
<td>%</td>
<td>n</td>
<td>%</td>
</tr>
<tr>
<td>Cognitive Behavioral Approach</td>
<td>60</td>
<td>45.1</td>
<td>93</td>
<td>29.8</td>
</tr>
<tr>
<td>Eclectic/Holistic Approach</td>
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<td>23.3</td>
<td>65</td>
<td>20.8</td>
</tr>
<tr>
<td>Constructivist Approach</td>
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<td>0.8</td>
<td>15</td>
<td>4.8</td>
</tr>
<tr>
<td>System/Family Systems Approach</td>
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<td>0.8</td>
<td>22</td>
<td>7.1</td>
</tr>
<tr>
<td>Client-centered Approach</td>
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<td>0.8</td>
<td>12</td>
<td>3.8</td>
</tr>
<tr>
<td>Existential/Humanistic Approach</td>
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<td>1.5</td>
<td>16</td>
<td>5.1</td>
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<tr>
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<td>7.5</td>
<td>15</td>
<td>4.8</td>
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<td>10.5</td>
<td>23</td>
<td>7.4</td>
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<tr>
<td>Cognitive Approach</td>
<td>7</td>
<td>5.3</td>
<td>17</td>
<td>5.4</td>
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<tr>
<td>Behavioral Approach</td>
<td>3</td>
<td>2.3</td>
<td>8</td>
<td>2.6</td>
</tr>
<tr>
<td>Multicultural Approach</td>
<td>1</td>
<td>0.8</td>
<td>8</td>
<td>2.6</td>
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<tr>
<td>Other*</td>
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<td>1.5</td>
<td>18</td>
<td>5.8</td>
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<tr>
<td>Total</td>
<td>133</td>
<td>100</td>
<td>312</td>
<td>100</td>
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intelligible characteristics (Leahy, 2002). In fact, Moyer, Sohl, Knapp-Oliver, and Schneider (2009) determined that in one third of all psychosocial responses conducted during the last 25 years utilized primarily cognitive, behavioral or cognitive-behavioral methods. Thus, it could be argued that the reasons for the cognitive behavioral approach to be the primary theoretical tendency of psychiatrists and psychologists are the sensitivity of the theory for different cultures, its ability to provide results in short-term, its ability to allow for scientific assessments, it’s efficiency in therapy, it’s clear and intelligible nature for the client/patient, it’s structured nature and its ability to allow for the utilization of different therapeutic techniques.

On an analysis based on the therapist; in Turkey, psychiatrists receive an undergraduate education in medicine, and they are specialized in psychiatry in graduate school of medicine. Because of the nature of the education, they receive (medicine and education of biological psychiatry) (MacCluskie & Ingersoll, 2001), they work mostly in psychiatric clinics in hospitals and often conduct adjunct psychotherapy and medicine therapy. In Turkey, psychiatrists deal with the examination, indication, classification and treatment of cognitive, emotional and behavioral disorders of adaptability to the environment of the clients/patients. When performing these actions, psychiatrists frequently resort to drug treatment since they lack sufficient training in applied psychotherapy (Öztürk & Uluşahin, 2016). On the other hand, psychologists graduate from psychology departments and usually work at hospitals, psychological counseling centers, and partly at schools providing individual psychological counseling and group psychological counseling (Sümer, Helvacı, & Mısırlısoy, 2013).

The educational programs for both psychiatrists and psychologists almost lack any formal training on the application of a particular theory. Furthermore, both psychiatrists and psychologists provide services to a vast number of clients/patients every day. This fact increases the workload of psychiatrists and psychologists immensely. Therefore, it could be deducted that psychiatrists and psychologists are in need of a structured, symptom-centered, efficient in treatment, open and intelligible approach like the cognitive behavioral therapy. Thus, it could be stated that their education and workload were influential factors in psychiatrists and psychologists adopting cognitive behavioral therapy as their primary theoretical tendency. Furthermore, the fact that Turkish people are externally controlled and dependent to authority figures is considered, it was stressed that cognitive behavioral therapy could easily be implemented on Turkish clients/patients, and mental health workers are inclined to use the cognitive behavioral approach (Mocan-Aydın, 2000). Although in the past, psychiatrists and psychologists were inclined to psychoanalytic therapy in Turkey (Mocan-Aydın, 2000), it was determined because of this study that a serious change has occurred. Thus, it was observed that only a few psychiatrists and psychologists had the psychoanalytical approach as their primary theoretical tendency.

The primary theoretical tendency of psychological counselors in Turkey was the constructivist approach. Psychological counselors in Turkey graduate from the psychological guidance and counseling/psychological programs in departments of educational sciences of faculties of education in the universities and usually perform psychological counseling and guidance services for students, parents and school personnel. Psychological counselors, in addition to guidance services such as adaptive, guidance, moderating, developing and preventive services in educational institutions, perform psychological counseling activities as well. Although they often concentrate on educational, occupational and personal problems of the students, psychological counselors also perform protective and developmental activities in these areas. Psychological counselors deal with mild problems when compared to psychiatrists and psychologists. Psychological counselors, although aim to fortify the psychological health of the individuals, attempt to help them by acting upon their normal and healthy aspects even when they provide services to individuals with serious psychological problems. Hence, preventive and developmental principles are considered in the education of psychological counselors in Turkey (Turkish Psychological Counseling and Guidance Association, 2006).

Ültanır (2005) stressed that psychological counselors working in educational institutions should help train students with strong traits, who could solve their problems in an effective and convenient manner. When the education, target population and field of study of psychological counselors are concerned, it could be stated that they are inclined towards constructivist therapies. Thus, constructivist therapies concentrate on the exceptional moments where the client is successful and discovery of strong traits (Sklare, 2005). In the past, psychological counselors had the tendency towards client-centered therapy; it was observed in the study that there has been a significant change
in the theoretical orientation of psychological counselors. One out of four psychological counselors identified his or her primary theoretical tendency as constructivist approach in this study. On the other hand, client-centered therapy was the primary theoretical tendency of one in ten psychological counselors.

Another finding of the study was that one in every three social workers adopted system/family systems approach as his or her primary theoretical tendency. Social workers in Turkey graduate from social services undergraduate programs and work on the psychosocial effects, and results of issues such as psychiatric care, child protective services, domestic violence, poverty, racism and immigration (AASW, 2008). Social workers deal with the emotional and social problems that restrain the individual in these fields of study. They perform case studies and provide counseling services (Turkish Psychological Counseling and Guidance Association, 2006).

Family is at the center of social services applications. Social workers take into account also the family, family members and their problems while working with individuals with problems (Early & GlenMaye, 2000). It could be considered that social workers are inclined towards system/family systems therapy because of that attention paid by social workers to the family. Thus, system/family systems therapy evaluates the individual within the context of the family and the society. System therapists put emphasis on the importance of individual within the systems of family and society, and scrutinize the behavior and expectations of the individual within the system (Corey, 2013; Goldenberg & Goldenberg, 2012). Although social workers utilize humanitarian occupational values such as autonomy of the individual, respect in human relations, protection of the pride and value of the individual, the findings of the study determined that they had the tendency to adopt system/family systems therapy.

Finally, it was determined that the mental health workers in Turkey adopted the multi-culture approach the least. Although there are no theories developed within the Turkish culture, the fact that mental health workers inclined towards the theories based on the western culture instead of multi-culture psychotherapy could be considered as very interesting. Thus, Corey (2013) stresses that most psychotherapeutic approaches were based on European-American culture, and it is dangerous to consider these as correct values and as universal. On the other hand, multi-cultural psychotherapy advocates cultural sensibility, awareness of cultural differences, respect and recognition for cultural differences. Multi-cultural psychotherapists consider differences of power such as ethnic origins, gender, social class, sexual orientation, age, and religion (Corsini & Wedding, 2008). It was considered that this finding was a result of little education on cultural sensibility (Bektaş, 2006), and the non-multi-cultural structure of Turkish system of education (Kaya & Aydin, 2014). When the results of this study are considered; further studies could scrutinize mental health workers based on theoretical orientation. In addition, multi-cultural therapies should be prioritized in training of mental health workers. Finally, Turkish mental health workers should develop psychotherapy theories particular to culture and implement existing therapy theories by adapting them to the Turkish culture. Performing of this research with percentage and frequency can be considered as a limitation. In subsequent studies, the theoretical orientation can be examined together with the causes. In addition, the relationship between the theoretical orientation and demographic variables can be examined.

REFERENCES


