



Comparison of Mental Health Professionals in terms of Locus of Control, 5-Factor Personality Test, Defense Styles and Coping Styles According to the Psychotherapy School They Feel They Have in Practice

Dr. Funda KIVRIKOĐLU

funda.kivrikoglu@gmail.com

ORCID ID: <https://orcid.org/0000-0002-0001-8118>

Clinical Psychologist Tilbe ÖZARABACI

psk.tilbeozarabaci@gmail.com

ORCID ID: <https://orcid.org/0000-0003-4288-4425>

Abstract

Personality plays an active role in all our behaviors, choices, beliefs and mechanisms to protect ourselves. It seems possible that there is an interaction between the career choices of mental health professionals, who are a professional group working on the structure and dynamics of personality, and their personality structures. Mental health professionals continue to work with many different schools. These are predominantly psychodynamic school and psychoanalysis, cognitive behavioral therapy, gestalt school and eclectically a combination of these and other schools. The aim of this research is to reveal the differences of professionals working in the field of mental health according to the psychotherapy school they choose, according to locus of control, five-factor personality scale, defense strategies and coping styles. The schools preferred by mental health professionals were examined in 3 different groups as "Psychoanalysis/Psychodynamic Therapy", "Cognitive Behavioral Therapy" and "Eclectic Approach". 90 people, including 21 psychiatrists, 29 psychological counselors and 40 psychologists, from the province of Istanbul participated in the research. In the evaluation of personality traits, four different scales were used: "Locus of Control Scale", "Five-Factor Personality Scale", "Defense Strategies Scale" and "Coping Styles".

According to the results obtained from the research, it was seen that there was no significant difference between the schools chosen by the mental health experts in the direction of the research and the personality structures. However, it indicates that the neuroticism sub-dimension score has decreased over the years. Finally, a significant difference was found between individuals who adopted the CBT school and the sub-dimension of responsibility.

Key Words: Locus of Control, Personality, Defense Mechanisms, Coping Strategies

Introduction

Locus of control was defined for the first time by Rotter and is the tendency to attribute events that affect oneself positively or negatively to oneself or to external factors. A person is internally controlled if he/she believes that the event affecting him/her is under his/her control, and externally controlled if he/she believes that he/she is under the control of factors other than himself/herself (Rotter, 1966). Rotter (1982) defines people with internal locus of control as people who attribute events and situations to their own behavior or personality traits, and people with external locus of control as people who attribute events and situations to external factors rather than their own behavior and traits. Family and environmental factors play an important role in shaping locus of control. However, in addition to these, gender, educational status, personality and the effects of society are also significant factors in the development of locus of control.

The five-factor personality model is one of the most frequently used models in modern psychology to assess personality. The five dimensions of the five-factor personality model are extraversion, neuroticism, agreeableness/ agreeableness, openness to experience and conscientiousness (McCrae & Costa, 1992). Extraverted individuals are those who can establish relationships easily and quickly, approach people quickly, and enjoy human relations, while introverted individuals have difficulty in socializing and do not prefer to establish close relationships with people (Somer, Korkmaz, & Tatar, 2002). Individuals with high levels of neuroticism are depressed, tense and anxious individuals (Bacanlı, İlhan, Aslan, 2009). People with responsibility sub-dimension are disciplined and prepared for difficulties (Neuman & Wright, 1999). The dimension of openness to experience is a sub-dimension that evaluates a person's curiosity, eagerness to try new things and creativity, and these people are open and eager to try new experiences. Meek and compliant people are helpful, more forgiving, polite and have a high level

of tolerance when mistakes are made against them. These people are more flexible and adaptable (Bacanlı et al., 2009).

The definition of 'defense mechanism' was first introduced in Freud's 'Neuro-psychosis of Defenses'. The ego uses compensatory defenses to maintain its homostatis. These are called defense mechanisms. In short, defense mechanisms protect the person from internal and external conflicts and serve to ensure that they cope with minimal damage. DSM IV (1994) defines defense mechanisms as unconscious motivations that protect individuals against internal and external distress.

The concept of 'coping' is defined as the strategies used to protect oneself and reduce stress levels when under stress. Folkman and Lazarus (1985) pointed out that coping is all of the strategies used to reduce emotional tension. These strategies are cognitive or behavioral and play an important role in eliciting emotional responses (Lazarus & Folkman, 1984; Folkman & Lazarus 1985).

In Turkey and Istanbul, there are not many studies examining the personality structures of mental health professionals in relation to the schools they choose. Comparing the personality traits of experts who choose psychoanalytic/psychodynamic, cognitive behavioral and eclectic psychotherapy schools, which are frequently used in daily practice, is important to make sense of their choices. At the same time, making this interpretation aims to help people create awareness in terms of their choices and to emphasize the individuality of the preferred psychotherapy school. Another aim of the study is to guide mental health specialists who are new to the field and who are currently new to the profession or in the training phase to be more conscious in their school choices and to shed light on more successful psychotherapeutic studies in our country in line with their choice of a psychotherapy method suitable for their own characteristics.

Methods

In this study, it is aimed to compare the personality characteristics of psychiatry, psychology and psychological counseling and guidance specialists practicing psychotherapy in the province of Istanbul in relation to their preferred schools. The preferred schools of mental health professionals were examined in 3 different groups as 'Psychoanalysis/Psychodynamic Therapy', 'Cognitive Behavioral Therapy' and 'Eclectic Approach'. 91 people, including 21 psychiatrists, 29

psychological counselors and 40 psychologists, participated in the study. Four different scales were used in the evaluation of personality traits: 'Locus of Control Scale', 'Five-Factor Personality Scale', 'Defense Strategies Scale' and 'Coping Styles'.

The data collected in the study were analyzed with SPSS 25.0 program. Distribution and frequencies, ANOVA, T-Test and correlation analysis were used as analysis.

Rotter Locus of Control Scale (RLCS)

The Rotter Locus of Control Scale applied in this study was developed by Rotter (1966). This scale was adapted into Turkish by Dağ (1991). The aim of the scale is to measure the expectations of controlling forces within or outside oneself. It consists of 29 items, each of which is divided into a and b. When answering the scale, people choose the sentence that is closest to them as a and b. The reliability coefficient of this scale is 0.68, the test-retest reliability coefficient is 0.83 and the Cronbach's Alpha internal consistency coefficient is 70. In the convergent validity, a correlation of 69 was found between the mean of the locus of control scoring and the Rotter Locus of Control Perception Scale scoring, and a correlation of .29 between the Rosenbaum Learned Resilience scale, which measures self-control, and the Locus of Control Perception Scale. The reliability coefficient of the Turkish Form of this scale can be considered adequate. It can be said that it is a scale with validity indicators (Aytan, 2010).

Five Factor Personality Scale- Short Form (FFPS-SF)

Various studies have been conducted in our country for the Five Factor Personality Scale. In these studies, as a result of the items examined by exploratory factor analysis, it was determined that all items were categorized into categories with high loadings on the expected factors. The Five Factors explain 35.92% of the variance. In the reliability application, internal consistency coefficients were determined as alpha for the Short Forms and Long Forms and it was determined that the range of all norms of the Short Form factors was 0.80- 0.87. The internal consistency coefficients of the four norms are as follows; Extraversion 0.82-0.84, Agreeableness 0.80-0.86, Self-Control/Responsibility 0.79-0.87 Neuroticism 0.85-0.87 and

Openness 0.73-0.84. As a result, item selection from the Five Factor Personality Scale-Long Form was deemed sufficient (Somer, O. et al.,2002).

Forms of Defense Test (FDT)

Consisting of 40 items and 20 defenses, the Defense Forms Test was developed by Andrews, Singh and Bond (1993). In this test, which aims to empirically evaluate the effects of the defense mechanisms that the individual uses unconsciously at the level of consciousness, each item has a value between 1 and 9 points and is ranked from 'not at all suitable for me' to 'very suitable for me'. Internal consistency coefficients and item-total test correlation numbers; Cronbach's Alpha coefficients for Mature, Neurotic and Immature Defense Forms. 70, .61 and. 83. Item-total test correlations for the Mature Defense Style ranged from .49 to .66. Neurotic Defense Style ranged between .42 and .63, and Immature Defense Style ranged between .23 and .70.

Coping Styles Scale Short Form (CSSSF)

The Coping Styles Scale, which was shortened by Carver (1997) with fewer items, was first developed by Carver, Scheier and Weintraub (1989). The scale was adapted into Turkish by Bacanlı, Sürücü, and İlhan (2013) and it is based on a four-point Likert-type scale with a score of I never do such a thing = 1, I rarely do such a thing = 2, I moderately do such a thing = 3, and I mostly do such a thing = 4. The Likert-type scale has 28 items and a total of 14 sub-dimensions in groups of two. A low score value indicates that the dimensions are underutilized and a high score value indicates that the sub-dimensions are overutilized. Internal consistency coefficients between 0.39 and 0.92 were obtained from the dimensions of the Coping Styles Scale Short Form. Except for the 4 sub-dimensions of self-limitation, positive reinterpretation, using emotional social support and planning, the other dimensions had eigenvalues above 1.0. In the reliability studies conducted in this application, the Cronbach Alpha reliability coefficient of the sub-dimensions of the scale was between 0.24 and 0.84.

Results

Table 1

Statistical Distribution of Mental Health Professionals Participating in the Study

Profession of Participants	Frequency	
	Number	%
Psychologist	40	44.5
Psychological Counselor	29	32.2
Psychiatrist	21	23.3
Total	90	100

When we look at the psychotherapy schools, it is observed that 28.9% of the participants work in psychodynamic/psychoanalysis, 50% in cognitive behavioral therapy, and 21.1% in eclectic schools.

Table 2

Distribution of Psychotherapy Schools Used by Mental Health Specialists Participating in the Study

PS of the participants	Frequency	
	Number	%
Psychodynamic/Psychoanalysis	26	28.9
Cognitive Behavioral Therapy	45	50
Eclectic Therapy	19	21.1
Total	90	100

While 90% of the participants in the study stated that they received training, 10% stated that they did not receive any training. When the hours of training received among the participants of the study were examined, it was observed that 16.7% had 0-24 hours, 10% had 25-49 hours and 73.3% had 50 hours or more.

Table 3

Have you received any training related to the school you have chosen? (Yes No)

Answer	Number	%
Yes	81	90,0
No	9	10,0
Total	90	100,0

Table 4

If yes, how many hours of training did you receive?

Training Hours Received	Number	%
0-24	15	16,7
25-49	9	10,0
50+	66	73,3
Total	90	100,0

When asked whether they have a certificate in the education they received, 75.6% stated that they have a certificate. 24.4% of the respondents stated that they do not have any certificate.

Table 5

Do you have any diploma or certificate related to the education you received? (Including Master's/PhD education)

	Number	%
Yes	68	75,6
No	22	24,4
Total	90	100,0

When those who received and did not receive supervision were examined, they stated that they received supervision with a rate of 78.9%.

Table 6

Did you get supervision?

	Number	%
Yes	71	78,9
No	19	21,1
ToTtTotal	90	100,0

60% of the mental health professionals participating in the study stated that they had been working for 0-4 years, 28.9% had been working for 5-9 years depending on their school, and 11.1% stated that they had been working for 10 years or more depending on this school.

Table 7

How many years have you been doing psychotherapy with this school?

	Number	%
0-4	54	60,0
5-9	26	28,9
10+	10	11,1
Total	90	100,0

Other Results

According to the analysis made as a result of examining the occupational groups according to the five factor personality scale, the sigma value is greater than .05 and the variances are homogeneously distributed. According to the 5-factor personality tests of mental health experts; As a result of the One-way Anova Test performed to compare extraversion, neuroticism, agreeableness and responsibility, it was seen that the difference between them was not significant at the .005 level $F(2.87)=1.42$ ($p>.005$).

Table 8

*Examination of occupational groups according to the **Five Factor Personality Scale- Short Form***

	Sum of squares	df	Average	F	Sig.
--	----------------	----	---------	---	------

Intergroup	45,878	2	22,939	1,425	,246
In-group	1400,530	87	16,098		
Total	1446,408	89			

As a result of the total score of the participants' defense level and the countermeasure analysis of quitting their success habits, it was determined that there was a .001-centered relationship ($p < .005$).

Table 9

Correlation between participants' total defense strategies score and coping styles

		Defense	
		total	Coping
Defense total	Pearson Correlation	1	,351**
	Sig. (2-tailed)		,001
	N	90	88
Coping	Pearson Correlation	,351**	1
	Sig. (2-tailed)	,001	
	N	88	88

** . The correlation is significant at the 0.01 level.

When we examine the psychotherapy schools in terms of the total score of the locus of control scale, although the variances are homogeneous, according to the schools to which the mental health specialists belong; The difference between psychoanalysis, CIS and eclectic schools was found to be insignificant at the .005 level. $F(2.86) = .490$ ($p > .005$).

Table 10

Locus of control scale total score according to psychotherapy schools

Locus of Control Total

	Sum of squares	df	Average	F	Sig.
Intergroup	12,552	2	6,276	,490	,614
In-group	1101,200	86	12,805		
Total	1113,753	88			

One-Way Anova test was applied to examine whether there was a difference between the number of years that mental health professionals worked in terms of extraversion, agreeableness, neuroticism and responsibility as a result of the five-factor personality tests. $F(2,87) = 4.72$, $p < .005$ in terms of 423 ($p < .005$) In the comparison of neuroticism levels according to the years they worked, the difference was $F(2) = 4.72$, but when the posthoc table is examined, the group with the lowest neuroticism score is the group working for 10 years or more, while the group working between 0-4 years has the highest neuroticism score.

Tablo 11

Evaluation of mental health professionals based on work experience

		Sum of squares	df	Average	F	Sig.
Extraversion	Intergroup	,907	2	,453	,469	,627
	In-group	84,104	87	,967		

	Total	85,011	89			
Neuroticism	Intergroup	9,846	2	4,923	4,725	,011
	In-group	90,641	87	1,042		
	Total	100,487	89			
Agreeableness	Intergroup	1,189	2	,595	,423	,656
	In-group	122,231	87	1,405		
	Total	123,420	89			
Conscientiousness	Intergroup	1,341	2	,671	,799	,453
	In-group	73,017	87	,839		
	Total	74,358	89			

Table 12
Distribution of neuroticism subscale score between groups

<i>Neuroticism</i>	How many years have you been doing psychotherapy with this school?	N	Subset for alpha = 0.05	
			1	2
Tukey HSD ^{a,b}	10+	10	3,4125	
	5-9	26	4,0817	4,0817
	0-4	54		4,4491
	Sig.		,112	,509

On the other hand, when mental health specialists received supervision and their coping scores were examined, it was determined that the coping scores of those who received supervision were higher, and the difference was found to be .019 $F(1,86)=5.69$ ($p<.005$).

Table 13

The relationship between the participants' coping scores and whether they received supervision

Coping

	Sum of square	df	Average	F	Sig.
Intergroup	298,419	1	298,419	5,693	,019
In-group	4507,899	86	52,417		
Total	4806,318	87			

According to the schools of mental health professionals; Although it was observed that mental health professionals working with the Cognitive Behavioral Therapy school created a significant difference at the level of .061 according to Tukey's table in the sub-dimension of responsibility, $F(2,87)= 3.56$ ($p< .005$), they scored higher.

Table 14

Comparison of 5-Factor Personality Scale Short Form by Schools

		Sum of Square	df	Average	F	Sig.
Extraversion	Intergroup	2,077	2	1,038	1,089	,341

Comparison of Mental Health Professionals in terms of Locus of Control, 5-Factor Personality Test, Defense Styles and Coping Styles According to the Psychotherapy School They Feel They Have in Practice

	In-group	82,934	87	,953		
	Total	85,011	89			
Neuroticism	Intergroup	1,303	2	,651	,571	,567
	In-group	99,184	87	1,140		
	Total	100,487	89			
Aggreeableness	Intergroup	1,598	2	,799	,571	,567
	In-group	121,823	87	1,400		
	Total	123,420	89			
Conscientiousness	Intergroup	5,638	2	2,819	3,569	,032
	In-group	68,719	87	,790		
	Total	74,358	89			

Table 15

Responsibility Sub-Dimension Tukey Test

Conscientiousness		Subset for alpha = 0.05	
Psychothrapy School	N	1	
Tukey HSD ^{a,b}	Psydynamic-psychoanalytic	26	3,4038
	Eclectic	19	3,9276
	CBT	45	3,9667
	Sig.		,061

Discussion

The personality traits of individuals are an important factor in the decisions they make in many areas of their lives. Like every individual in the society, mental health professionals have distinct personality structures and these factors are expected to affect their professional choices and the schools they work in. Based on this idea, in this study, the relationship between personality traits, locus of control, defense styles, coping styles and the schools chosen by mental health professionals were examined.

90 people participated in the study, of which 40 were psychologists, 29 were psychological counselors and 21 were psychiatrists. The schools to which mental health specialists are affiliated are psychoanalytic-based schools with a rate of 28.9%, cognitive behavioral school with a rate of 50%, and eclectic school with a rate of 21.1%.

No data were found to support the argument that there are differences in the personality structures of mental health workers with different schools, which is the primary hypothesis of the study. This situation can be explained in two ways. The first possibility is that these three different groups, united under the umbrella of psychotherapy, actually show common personality structures. Having common characteristics such as enthusiasm to help people, curiosity, willingness to question, tendency to empathize and analytical thinking, people belonging to these three sister professions may show similar personality traits.

Secondly, even though the research shows a homogeneous distribution, the number of participants is limited and the measurement capacity of the scales used is limited. Personality is too deep a subject to be measured by a few tests. Personality traits and types have occupied research in psychology for years, and although there are many different theories about personality, no clear consensus has been reached. While this is the case, these results obtained by using 90 participants and 4 different scales provide limited information. A more comprehensive study on the number of participants and the content of the scales will yield positive results in terms of reaching more detailed results.

In another data, it was determined that coping strategies of individuals with the problems they face have an effect on their defense strategies. The fact that individuals develop coping strategies in parallel with defense strategies is important in terms of adaptation and seems to be consistent. A

situation that needs to be dealt with creates a perception of danger for the person and the organism that perceives danger will instinctively turn to self-defense.

In the study, extraversion, neuroticism, softness, openness to experience and responsibility factors of mental health professionals were compared in terms of professional experience and the number of years they worked. As a result of the study, there was no difference in extraversion, agreeableness, openness to experience and conscientiousness in terms of years of experience, but the neuroticism score decreased with increasing years of experience. The group with the lowest neuroticism score is the group working for 10 years or

more, while the most neurotic group is the group working for 0-4 years. This data can be explained in two different ways. First, neuroticism is a condition that decreases with age. While people behave more impulsively when they are young, impulsivity decreases with age as libidinal energy decreases. It is expected that people with less psychotherapy experience will be younger and more experienced therapists will be older. This may explain why neuroticism is lower among more experienced therapists.

Secondly, therapists who have been practicing psychotherapy for many years are likely to benefit from this process themselves. The therapist himself also benefits from the therapy. In this case, it can be thought that the therapy process is mutually beneficial and that the therapist changes along with the client's process. Considering the psychotherapists who receive a large number of sessions, it does not seem likely that no client will contact them in the long run. In this context, the therapist is actually working on himself/herself during some sessions. While the therapist is helping people to learn better coping mechanisms, he or she is also learning them. In addition, in the process of therapy the therapist also learns patience, recognizing that changes take time and effort. In addition, empathizing with different people helps to see human differences better (Hatcher et al., 2012). When we look at all these, we can expect the psychotherapist to be more tolerant, more tolerant of uncertainty, more patient and constantly updating his/her own coping mechanisms. These characteristics are quite contrary to the neurotic structure.

Another result of the study was the comparison of the duration of supervision and coping styles. A significant difference was found between coping between psychotherapists who received supervision and those who did not. Receiving supervision facilitates coping. This supports the importance of supervision, which is always emphasized. Worthen and McNeill (1996) suggest that

a qualified supervision process is supportive for the supervised therapist to recognize and cope with his/her mistakes and failures. This suggestion is also consistent with the research data.

Another significant and important data in the study is the significant relationship between the Cognitive Behavioral school and the responsibility sub-dimension. It was observed that mental health professionals affiliated with the CBT school scored higher in the responsibility sub-dimension. Compared to other schools, it was observed that mental health professionals who adopted the Cognitive Behavioral Therapy school scored higher on the responsibility sub-dimension. This situation is consistent with the fact that the Cognitive Behavioral School is more defined and its framework is clearer than other schools. In this context, the high scores of the responsibility sub-dimensions seem to be consistent with the fact that the experts who adopt the CBT school choose this school, which has clearer boundaries, has certain rules, requires meticulous and detailed work. In addition, in the CBT school, the therapist plays a more active role, asks more questions, and in some cases even physically participates in the realization of the assignments. In cognitive behavioral therapies, it is aimed to replace the undesirable behavior with a more functional behavior and environmental arrangements are made for this purpose. Multiple conditioning is used to eliminate undesirable behaviors and to gain compatible behaviors, and learning is the key word. The theory likens human beings to machines with a wide working area and states that people do not have freedom and responsibility (Altıntaş, Gültekin, 2003). This point of view explains the fact that the responsibility sub-dimensions of the experts who chose the Cognitive Behavioral Therapy school in the study were higher than the experts working with the Psychodynamic school.

When we look at the psychodynamic school and psychoanalysis, the psychotherapist plays a more passive role, allowing people to find their own way through their own free associations and aiming for people to take more active responsibility by taking as little role as possible. In the psychoanalytic school, the client describes all his/her feelings and obsessions. Aggressive, soft, loving, every emotion is told to the therapist and the therapist acts as a shadow in this process. At the same time, one of the most effective methods of psychoanalysts is silence. In psychoanalytic theory, the task of the therapist is to catch the client's conflicts and to prepare an environment for the client to solve his/her conflicts (Altıntaş and Gültekin, 2003).

According to all these results, it was observed that there was no significant difference between the schools chosen by mental health professionals in line with the research and their personality

structures. While this may indicate a real structural similarity, it may also be a reflection of the limited number of data and scales. In addition, a significant difference was found between individuals who received supervision and coping strategies and this data emphasizes the importance of supervision.

Another significant finding is that the Neuroticism subscale score decreased over the years. This may be attributed to the advancement of age and may indicate the bilateral healing effect of psychotherapy. Finally, a significant difference was found between the individuals who adopted the CBT school and the responsibility subscale. This data can be attributed to the fact that the nature of the CBT school is compatible with a more active and responsible structure.

References

Altıntaş, E., Gültekin, M.(2003) *Psikolojik Danışma Kuramları*.İstanbul: Alfa Yayıncılık

American Psychiatric Association (1994) *Diagnostic and Statistical Manual of Mental Disorders: DSM IV (4th ed.)*. Washington: American Psychiatric Association.

Andrews G, Singh M, Bond M. (1993) *The Defense Style Questionnaire*.*J Nerv Ment Dis.* 1993 Apr;181(4):246-56.

Aytan, E.M. (2010). *Obsesif Kompulsif Bozukluklarda Denetim Odağı ve Benlik*

Saygısı Arasındaki İlişkinin İncelenmesi. Yüksek Lisans Tezi. Maltepe Üniversitesi.İstanbul

Bacanlı, H., İlhan, T., & Aslan, S. (2009). *Beş faktör kuramına dayalı bir kişilik ölçeğinin geliştirilmesi: sıfatlara dayalı kişilik testi (SDKT)*. *Türk Eğitim Bilimleri Dergisi*, 7(2), 261-279.

Bacanlı, H., Sürücü, M. ve İlhan, T. (2013). *Baş Çıkma Stilleri Ölçeği Kısa*

Formunun Psikometrik Özelliklerinin İncelenmesi: Geçerlik ve güvenirlik çalışması.

Kuram ve Uygulamada Eğitim Bilimleri, 13, 81-96

Carver, C. S. (1997). You want to measure coping but your protocol's too long: Consider the brief COPE. *International Journal of Behavioral Medicine*, 4(1), 92-100.

Carver, C. S., Scheier, M. F., ve Weintraub, J. K. (1989). Assessing coping strategies a theoretically based approach. *Journal of Personality and Social Psychology*, 56 (2), 267-283.

Dağ, İ. (2002) *Kontrol odağı ölçeği: ölçek geliştirme güvenirlik ve geçerlik çalışması*. Türk Psikoloji Dergisi, 17(49), 77-90.

Folkman, S. and Lazarus, R.S. (1985) *If It Changes It Must Be a Process: Study of Emotion and Coping during Three Stages of a College Examination*. *Journal of Personality and Social Psychology*, 48, 150-170.

Hatcher, S. L., Kipper-Smith, A., Waddell, M., Uhe, M., West, J. S., Boothe, J. H., Frye, J. M., Tighe, K., Usselman, K. L., & Gingras, P. (2012). What Therapists Learn from Psychotherapy Clients: Effects on Personal and Professional Lives. *The Qualitative Report*, 17(48), 1-21. Retrieved from <http://nsuworks.nova.edu/tqr/vol17/iss48/1>

Lazarus, R. S., ve Folkman, S. (1984). *Stress, appraisal, and coping*: Springer Publishing Company LLC.

McCrae, R.R., Costa, P.T. (1992). Four ways five factors are basics. *Personality and Individual Differences*, 13(6),653-665.

Rotter, J.B. (1966). Generalized expectancies for internal vs. external control of reinforcement, *Psychological Monographs*, 80, 1-28.

Rotter, J.B. (1982). *The Development and Application of Social Learning Theory*. New York: Preager.

Somer, O., Korkmaz, M., Tatar, A. (2002). *Beş faktör kişilik envanterinin geliştirilmesi-I: Ölçek ve alt ölçeklerinin oluşturulması*. Türk Psikoloji Dergisi, 17 (49),21-33.

Worthen, V. ve McNeill, B. W. (1996). A phenomenological investigation of "good" supervision events. *Journal of Counseling Psychology*, 43(1), 25-34.