

Examining Mental Health Professionals' Social Justice Attitudes in Turkey

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ABSTRACT

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Purpose: Mental health professionals' personal values have a critical role in providing efficient services to culturally diverse clients, being social advocates, and promoting social justice. In the present study, mental health professionals in Turkey were assumed to be grouped under three categories: the ones who are sensitive, who are rigid, and who are apathetic based on their Belief in a Just World, moral identity, open-mindedness, and social dominance orientation scores. The study aimed to examine the differences among these three groups of mental health professionals in Turkey in relation to social justice.

Methods: A total of 232 mental health professionals participated in the study. The Social Justice Scale, Moral Identity Scale, Open-Mindedness Scale, Social Dominance Scale, and Belief in a Just World Scale were used to collect data, and cluster analysis was performed to analyze the data. **Findings:** The results indicated that there were statistically significant differences between three categories regarding social justice scores. Results pointed out that sensitive Turkish mental health professionals were more prone to social justice than the other groups. **Implications for Research and Practice:** According to the results, there is a potential risk that there might be cultural groups outside of the boundaries of these mental health professionals' scope of justice. In order to prevent these risks, some precautions should be taken during mental health professionals' training. Mental health professionals should be equipped with current competencies to provide service to diverse groups.

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Introduction

Counselors and psychologists have been providing mental health services to a more culturally diverse population than ever. Providing sufficient services to diverse groups requires multicultural competencies. As Vera and Speight (2003) pointed out, commitment to multiculturalism also requires commitment to social justice.

Multiculturalism, social justice, and advocacy are highly empathized concepts of both counseling and psychology fields in the United States of America. Multicultural competencies (Sue, Arredondo, & Davis, 1992), social justice competencies, and advocacy competencies (American Counseling Association [ACA], 2003) have been formulated; there are divisions (e.g., American Psychological Association [APA] Division 45) and associations (e.g., Association for Multicultural Counseling and Development) working on these issues. However, the case is different in Turkey. Although Turkey is a multicultural country, multiculturalism is still a very hot topic and viewed in the context of religion or ethnicity (Kagnici, 2015). Studies regarding multiculturalism in psychology and psychiatry in the Turkish context are very limited (Goregenli, 2010; Keklik, 2010) due to academicians' positivistic approach (Cimilli, 2002; Goregenli, 2010; Kaygusuz, 2009) and the risks associated with talking about diversity. In counseling, although it has become an issue of interest (e.g., Erdur Baker, 2007; Bektas; 2006, Kagnici 2011; 2013; 2014; Karairmak, 2008; Koc, 2003), the number of studies conducted are very limited. Advocacy and social justice are also new research areas in Turkey. Although there are a few studies regarding social justice and education (Aslan & Gulacti; Gezer, 2017; Polat, 2007; Ozdemir, 2017; Tomul, 2009), in counseling literature only a few studies (Kagnici, 2015; 2017; Karairmak, 2015; Keklik, 2010) have mentioned advocacy and social justice.

Although social justice is a new research area in counseling literature in Turkey, social justice is not a new concept. As defined by Lee (2007, p. 1), "social justice involves promoting access and equity to ensure full participation in the life of a society, particularly for those who have been systematically excluded on the basis of race/ethnicity, gender, age, physical or mental disability, education, sexual orientation, socioeconomic status, or other characteristics of background or group membership". Besides, advocacy is accepted as a professional role for counselors and psychologists in order to make environmental changes for clients (Lewis & Bradley, 2000, 11). As Motulsky, Gere, Saleem, and Trantham (2014) underlined, sensitivity to injustice is only a start; counselors and psychologists should also be agents of change. In order to be agents of change, counselors and psychologists first need to be culturally aware, in other words, work hard on their values, personal characteristics, and potential cultural biases.

Cultural awareness is the mental health professionals' sensitivity to their personal values and biases and awareness of how these may influence perceptions of the client, the client's problem, and the counseling relationship (Sue, Arredondo, & McDavis, 1992). This basic competence indicates that mental health professionals' personal values have a critical role in providing efficient services to culturally diverse clients,

being social advocates, and promoting social justice. Therefore examining personal variables related with social justice seems to be critical.

Moral identity is one of the individual personal characteristics considered to be related to social justice attitude. According to Aquino and Reed (2002), moral identity is a self-schema that is organized around specific moral trait associations that are closely linked in memory, which has both a public and private aspect. As Damon and Hart (1992, cited in Aquino & Reed, 2002) proposed, people who formulate their self-concept according to their moral beliefs are likely to translate those beliefs into action. In other words, when justice and care are deeply rooted in one's self-concept, they guide people's attitudes and actions towards out-group members (Sam, Hardy, Bhattacharjee, Reed, & Aquino, 2010). As Hoffman (2000, cited in Eisenberg & Morris, 2001) mentioned, activation in moral cognitions might result in affective motivation to rectify violations of justice or simply to improve another's situation.

Belief in a Just World (BJW) was introduced by Lerner in 1965. According to BJW, good things happen to good people and bad things happen to bad people (Furham, 2003). The BJW is associated with a tendency to not defend the interests of victims and needy others, which results in victim blaming (Furham & Proctor, 1992; Montada, 1998; Overcash, Calhoun, Cann, & Tedeschi, 1996). Since the main point in BJW is that people live in a world where they generally get what they deserve, in cases of any inequality, inequality is observed as "being deserved". Having a lower BJW is more likely to have higher and more positive attitudes toward social justice (Parihk, Post, & Flowers, 2011; Van Soest, 1996).

Personality is also considered as a related variable. As one of the five multicultural personality characteristics, open-mindedness refers to "an open and unprejudiced attitude towards different groups and towards different cultural norms and values" (Van der Zee & Van Oudenhoven, 2000, 294). As Garmon (2010) mentioned, individuals who are open-minded tend to learn more than individuals who are closed-minded and also less likely to distance themselves from ethnically different individuals (Hello, Scheepers, & Slegers, 2006). Open-minded people are likely to try different activities, have intellectual curiosity, and be ready to examine various ideologies (Ward, Leong, & Low, 2004). Therefore, certain personality variables such as empathy and openness affect people in terms of prejudice against subordinates (Akrami & Ekehammar, 2006; Altemeyer, 1998; Pratto, Sidanus, Satallworth, & Malle, 1994; Stephan & Finlay, 1999).

Social dominance orientation is the other variable that is considered to be related to social justice attitude. Social dominance theory argues that members of dominant groups have good things in life such as good health and members of subordinate groups receive poor housing and poor health in life (Sidanius & Pratto, 2011). In other words some groups in a society have more advantages than the others, and this is how it should be due to group-based social hierarchies. According to Sidanius (1993; cited in Sidanius & Pratto, 2011), the individuals with low social dominance orientation are more likely to adopt equality-based ideologies and own roles that decrease inequalities in society.

The current state of Turkish mental health professionals' social justice level is unknown. As Pederson (2002) pointed out, psychology has been moving towards a more multicultural basis. During this transition some mental health professionals are expected to be under the influence of cultural encapsulation. These people are insensitive to cultural variations among individuals and assume their own view is the only right one (Wrenn, 1962 as cited in Pederson, 2002). Since this transition is painful, some other mental health professionals are expected to be uninterested in diversity issues. However, a majority of mental health professionals are expected to be eager to become culturally competent. Moreover, based on their attitudes, people make either positive, negative, or neutral evaluations of objects (Haddock & Maio, 2005). Similarly, based on the previous literature it was expected that mental health professionals would be grouped into three groups based on their social justice attitudes, those with positive, negative, and neutral evaluations of social justice issues. Accordingly, in the present study mental health professionals in Turkey were assumed to be grouped under three categories: those who are sensitive, rigid, and apathetic based on their Belief in a Just World, moral identity, open-mindedness, and social dominance orientation scores. The aim was to examine the differences among these three groups of mental health professionals in Turkey in relation to their attitudes to social justice.

Method

Research Design

In the present study, a descriptive correlational research design was utilized. Correlational research aims to accurately describe a situation or phenomenon without manipulation variables in the study (Christensen, Johnson, & Turner, 2015). Specifically, a classification strategy using cluster analysis (Heppner, Kivlighan, & Wampold, 2008) was used to classify counselors into subgroups, which were hypothesized to present differences on their social justice attitudes.

Research Sample

A total of 283 mental health professionals participated in the study. The sample included 170 counselors, 89 psychologists, and 24 psychiatrists. In addition, psychiatrists were excluded from participating due to the small sample size. Univariate and multivariate outliers were excluded from the analysis. Consequently the final data included 232 mental health professionals including 149 counselors and 83 psychologists. Ages of the participants ranged from 22 to 56, with a mean of 30.57 (sd = 6.76); and 72.4 % of the participants were females and 27.6 % of the participants were males. Regarding experience levels of the participants, 8.6 % had 1 year or less experience in the profession, 40.09 % had 1 to 5 years of experience, 26.3 % had 6 to 10 years of experience, 12.1 % had 11 to 15 years of experience, and 12.1 % had more than 15 years of professional experience.

Research Instruments and Procedures

In the present study, it was aimed to reach mental health professionals from all over Turkey. For this purpose, a personal information form and all instruments were uploaded to an online platform (i.e., Google forms). An online survey method has the advantage of reaching a broad range of participants from a large population (Heppner, Kivlighan, & Wampold, 2008). Later invitations for participating in the study were sent to mental health professionals via e-mail groups and social media. Mental health professionals that were aimed to be reached were counselors, psychologists, and psychiatrists.

Social Justice Scale. The Social Justice Scale (SJS) was developed by Torres-Harding, Siers, and Olsin (2012). The SJS aims to measure attitudes regarding social justice, values, perceived behavioral control, and intentions. The scale has 24 items and four factors: a) social justice attitudes, b) perceived behavioral control, c) subjective norms, and d) behavioral intentions. Torres-Harding et al. demonstrated that confirmatory factor analysis (CFA) fit indices indicated an acceptable fit for the factor structure of the SJS. Cronbach's alpha coefficients were between .82 to .95. The scale was adapted to Turkish by Cirik (2015). The fit indices of the second-order CFA demonstrated a good fit for the model ($\chi^2 = 671.15$, $df = 246$, $\chi^2/d = 2.72$, GFI = .90 AGFI = .88, RMSEA = .05, NFI = .96, NNFI = .97, CFI = .97, SRMR = .04). The internal consistency coefficients of the Turkish form were .92 for total scale and ranged from .84 to .92 for the subscales. In the present study, Cronbach's alpha was calculated as .92 for the total scale, and the coefficient alpha ranged from .88 to .93 for the subscales.

Moral Identity Scale. The Moral Identity Scale (MIS) was developed by Aquino and Reed (2002). The original scale has two subscales measuring symbolization (five items) and internalization (five items). The MIS has acceptable internal consistency reliabilities of .73 and .82 for internalization and symbolization factors, respectively. The Turkish adaptation study of the MIS was conducted by Yilmaz and Yilmaz (2015). Yilmaz and Yilmaz confirmed the factor structure of the Turkish form of the MIS with CFA, and fit indices indicated good fit for the measurement model of the Turkish version of the MIS (CFI = .96, NNFI = .95, IFI = .96, GFI = .95, AGFI = .92, RMSEA = .052, NFI = .91, SRMR = .057, PNFI = .067, PGFI = .57). The test-retest reliability coefficient was .71 for the internalization subscale and .74 for the symbolization subscale in the Turkish form of the scale. Cronbach's alpha coefficients were .77 and .76 for the internalization subscale and symbolization subscale, respectively. The MIS is a seven-point scale for answers ranging from "1- totally disagree" to "7-totally agree". In the present study Cronbach's alpha was found to be .65 for the internalization subscale, .77 for symbolization subscale, and .76 for the total scale.

Open-Mindedness Scale. The Open-Mindedness Scale is the subscale of Multicultural Personality Questionnaire (MPQ) developed by Van der Zee and Van Oudenhoven (2000) to measure multicultural effectiveness. The Open-Mindedness Scale measures open-mindedness, in other words being in a state of not having prejudice towards individuals from different cultural groups and with different cultural norms and values. The Open-Mindedness Scale has 16 items that respondents evaluate on a five-

point scale ranging from “1-not applicable” to “5-totally applicable” to rate their open mindedness levels. Exploratory factor analysis indicated that the Turkish form of the MPQ has five factors including open-mindedness, and Cronbach’s alpha for open-mindedness scale was .84 (Kagnici, 2011). In the present study, Cronbach’s alpha was .86 for the Open-Mindedness Scale.

Social Dominance Scale. The Social Dominance Orientation Scale (SDOS) (Sidanius & Pratto, 1999) was used to measure the social dominance orientations of the participants. SDOS is a seven-point scale ranging from “1-Totally True” to “7-Totally Wrong” and has 16 items. The scale was adapted to Turkish by Karacanta (2002), and the factorial structure was further investigated by Hasta and Karacanta (2013). The Turkish form of SDOS presented a two-factor solution as Jost and Thompson (2000) found. One factor is called “opposition to equality,” and the other is “group-based dominance”. Cronbach’s alpha for the subscales for the Turkish form was .85 for the total scale and .87 and .70 for opposition to equality and group-based dominance subscales, respectively. In the present study, Cronbach’s alpha coefficient was .86 for the opposition to equality subscale, .78 for the group-based dominance subscale, and .84 for the total scale.

Belief in a Just World Scale. The Belief in a Just World Scale (BJW) was developed by Dalbert (1987, 1999; cited in Cetinalp-Sahin, 2014) and adapted to Turkish by Goregenli (2003; cited in Cetinalp-Sahin, 2014). The BJW has six items and is a five-point Likert-type scale. This scale measures how an individual perceives the world as a just place. Cronbach’s alpha for the original form was .78 (Dalbert, 1999) and was .69 for the Turkish form. Cronbach’s alpha was calculated as .86 for the present study.

Data Analysis

Prior to data analysis, assumptions of the ANOVA and normal distribution were tested. Normal distribution was assured by calculating skewness and kurtosis values, and there were no values exceeding the normal distribution. Later, k-means cluster analysis was performed on 232 mental health professionals to explore whether the mental health professionals constitute subgroups based on their (i) social dominance orientation inventory scores, (ii) moral identity inventory scores, (iii) belief in a just world inventory scores, and (iv) open-mindedness inventory scores. Cluster analysis yielded three subgroups in the sample, and one-way analysis of variance was used to see whether the three subgroups of professionals differ in their social justice attitude scores.

Results

The cluster analysis presented three interpretable clusters (Cluster 1, $n = 70$; Cluster 2, $n = 76$; and Cluster 3, $n = 86$). Cluster 1, named “Rigid Professionals”, was constituted by mental health professionals with the highest BJW levels ($z = 1.13$) and social dominance orientations ($z = .48$) and lower levels of open-mindedness ($z = .05$) and moral identity ($z = .03$) as expected. Cluster 2, named as “Sensitive Professionals”, had the highest open-mindedness ($z = .75$) and moral identity scores ($z = .69$) and the lowest BJW ($z = -.52$) and social dominance orientations ($z = -.62$) levels among mental

health professionals. Cluster 3, labeled as “Apathetic Professionals”, included mental health professionals with a low social dominance orientation ($z = .94$), and their scores were concurrently low on levels of open-mindedness ($z = -.62$), BJW ($z = -.45$) and moral identity ($z = -.81$). The results of the cluster analysis and the z-scores of the clusters are presented in Table 1.

Table 1

Final Cluster Centers and z-Scores of the Clusters on Social Dominance, Open-Mindedness, Moral Identity, and Belief in a Just World Scale

	Cluster		
	Rigid Professionals ($n = 70$)	Sensitive Professionals ($n = 76$)	Apathetic Professionals ($n = 86$)
Social dominance	.48	-.62	.09
Open-mindedness	.056	.75	-.62
Moral identity	.34	.69	-.81
Belief in a Just World	1.13	-.52	-.45

A one-way analysis of variance (ANOVA) was conducted to examine whether the social justice levels differ among the Turkish mental health professionals who were grouped into the three clusters (rigid, sensitive, and apathetic). All scores of the subscales of Social Justice Attitudes Scale, which were attitudes towards social justice, perceived behavioral control, subjective norms subscale, and behavioral intention subscale, were included in the analysis. Standard deviations of the subscales of the Social Justice Scale are presented in Table 2.

Table 2

Descriptive Statistics Related to the Social Justice Subscale Scores of Mental Health Professionals

Subscale	Group	n	M	SD	SE
Attitude	Rigid	70	70.84	6.14	.73
	Sensitive	76	75.21	3.52	.40
	Apathetic	86	69.52	7.84	.84
	Total	232	71.78	6.63	.43
Behavior	Rigid	70	29.65	3.09	.37
	Sensitive	76	31.32	3.28	.37
	Apathetic	86	27.26	4.03	.43
	Total	232	29.31	3.90	.25
Norms	Rigid	70	20.29	4.30	.51
	Sensitive	76	20.00	6.09	.69
	Apathetic	86	19.97	5.36	.57
	Total	232	20.07	5.30	.34
Intention	Rigid	70	24.47	2.73	.32
	Sensitive	76	26.11	2.52	.28
	Apathetic	86	23.30	3.77	.40
	Total	232	24.57	3.30	.21

The results of the ANOVA indicated that there were statistically significant differences, $F(2,229) = 18.19, p < .01$ between the three clusters regarding attitudes towards social justice (ATSJ) subscale scores. Levene's test was significant for the ATSJ scores. Thus in order to find the differences among the groups, we chose Dunnett's C test for the follow-up analysis which does not assume homogeneity of variances. The results of the Dunnett's C test presented that rigid professionals had lower levels of ATSJ when compared to sensitive professionals and sensitive professionals had a higher level of ATSJ scores when compared to apathetic professionals. There were no significant differences between rigid professionals and apathetic professionals regarding ATSJ scores. Means and standard deviations for attitudes towards the social justice subscale are available in Table 2.

Regarding the perceived behavioral control (PBC) subscale scores, the results of the ANOVA indicated that there were significant differences among all clusters [$F(2, 229) = 27.17, p < .01$]. Levene's test was significant for the PBC scores, thus Dunnett's C follow-up test, which does not assume homogeneity of variances for the follow-up analysis, was chosen. Sensitive professionals had significantly higher scores on PBC when compared to rigid professionals. Moreover, apathetic professionals had significantly lower scores on PBC scores than rigid professionals and sensitive professionals. Means and standard deviations for perceived behavioral control (PBC) are presented in Table 2.

There were no significant differences among clusters regarding the subjective norms subscale [$F(2, 229) = 0.08, p > .05$]. However, there were significant differences among clusters in the behavioral intention (BI) subscale scores [$F(2, 229) = 16.47, p < .01$]. Levene's test was significant for PBC scores, Dunnett's C follow-up test, which does not assume homogeneity of variances as the follow-up analysis, was again chosen. Sensitive professionals had higher scores on BI when compared with both rigid professionals and apathetic professionals. There were no significant differences in BI rigid professionals and apathetic professionals. Means and standard deviations for the subjective norms subscale are available in Table 2.

Discussion and Conclusion

The present study aimed to examine the differences among three groups of mental health professionals in Turkey in relation to social justice. In order to examine social justice levels in terms of BJW, moral identity, open-mindedness, and social dominance orientation, cluster analysis was performed. Results pointed out that the *sensitive* Turkish mental health professionals were more prone to social justice than the other groups, namely *rigid and apathetic* professionals. These mental health professionals had the highest open-mindedness and moral identity scores and the lowest BJW and social dominance orientation levels among the participating mental health professionals. In other words, these mental health professionals are able to be considered to be open to various experiences and sensitive, to have high moral development and behave according to universal ethical principles, to not observe inequality as "being deserved" and to not believe in group-based social hierarchies. The finding that these mental

health professionals' social justice levels are higher than the other groups' is not surprising since all these qualifications seem essential for being advocates of disadvantaged groups. Thus, this finding is parallel with the literature that the people who are more open to cultural differences, who have high moral identity, whose social dominance orientation and BJW are lower have positive social justice attitudes (Parihk, Post, & Flowers, 2011; Yildirim & Akgun, 2013; Van Soest, 1996).

According to the findings of the study, there is a group of Turkish mental health professionals with high levels of social dominance orientation and low open-mindedness and moral identity levels whose social justice levels are also low. This specific finding is notable because it may be assumed that these mental health professionals might face difficulties while working with culturally diverse groups, and might even provide insufficient services to these groups. According to Aguiar, Vala, Correia, and Pereira (2008), when the suffering of victims falling outside the boundaries of an individual's scope of justice, that individual's justice concerns might not be activated. Turkey is a multicultural country, and under these circumstances, there is a potential risk that there might be cultural groups outside the boundaries of this group of mental health professionals' scope of justice.

In order to prevent these risks, it is believed that some precautions should be taken during mental health professionals' training. Multicultural competence has emerged as an important topic in human service professions and their teaching (Ridley & Kleiner, 2003). Societies are more diverse than ever, and mental health professionals are providing mental health services to diverse groups. Since culture plays an important role in the counseling process (Vontress, 2000), mental health professionals should have the cultural competence to include cultural dimensions into counseling process. Moreover, social justice awareness and advocacy skills should be integrated in counseling and psychology training. It seems critical that mental health professionals should be challenged in terms of multiculturalism, social justice, and advocacy during their training. There are study findings that training might have significant positive effects on participants' social justice attitudes, belief in a just world, moral identity, and open-mindedness levels (Hurtado, Engberg, & Ponjuan, 2003 cited in Broido & Reason, 2005; Kagnici, 2011; Miranda, Radliff, Cooper, & Eschenbrenner, 2014; Nagda, Gurin, & Lopez, 2003).

In Turkey mainly graduates of counseling and psychology undergraduate programs work as mental health providers, and licensing or certification is not mandated. In order to work as a counselor and psychologist in Turkey, it is sufficient to have an undergraduate degree. Therefore, providing such training in bachelor's degree programs is crucial in Turkey. As D'Andrea and Daniels (1991) proposed, counselor education programs have two levels: the cultural encapsulation level and the conscientious levels. In the cultural encapsulation level, multicultural counseling training is almost nonexistent; in the conscientious level, students systematically receive multicultural counseling training. Currently, it is hard to claim that counseling and psychology programs in Turkey are at the conscientious level. As mentioned, multicultural counseling and social justice are new concepts, and currently the focus of the available studies is mainly on introducing the concepts and competencies.

Although integrating multiculturalism, social justice, and advocacy issues into the counseling and psychology curriculum is crucial at the moment, it is also a fact that integration of social justice in counseling psychology programs is limited and not easy (Motulsky, Gere, Saleem, & Trantham, 2014). As underlined by Miranda and colleagues (2014), social justice needs to be integrated into the program description, course content, activities, and field-based training in counseling and psychology bachelor's programs in Turkey. Fostering a supportive atmosphere for learning experiences; engaging in difficult dialogues that challenge students to critically examine and reflect upon their worldviews, their privilege, and their biases; and providing opportunities for students to engage in service-oriented collaborative projects with surrounding communities as emphasized by Bemak, Chung, Talleyrand, Jones, and Daquin (2010) seem to be the key points in this integration.

Multicultural competence, social justice, and advocacy studies are mainly conducted by collecting data about perceptions of the participants. In future studies, participants' actual actions related to these concepts needs to be examined. Also, further studies need to examine not only the personal factors related to these concepts, but also the cultural factors in order have a more comprehensive understanding of social justice. Also the variables of belief in a just world, moral identity, and social dominance orientation need to be examined through qualitative studies.

The present study has some limitations. One of the limitations is related to its data collection procedure. The data was collected through an online survey. The online survey method for collecting data is criticized because of its limitations in assuring the representativeness of the sample (Heppner, Kivlighan, & Wampold, 2008). Moreover, precautions that could be taken during face-to-face data collection were not able to be taken.

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Türkiye’deki Ruh Sağlığı Uzmanlarının Sosyal Adalet Tutumlarının İncelenmesi

Atf:

Kagnici, D. Y., & Denizli, S. (2018). Examining mental health professionals’ social justice attitudes in Turkey. *Eurasian Journal of Educational Research*, 75, 19-36, DOI: 10.14689/ejer.2018.75.2

Özet

Problem Durumu: Ruh sağlığı uzmanları her geçen gün daha fazla oranda farklı kültürel özelliklere sahip olan bireylerle çalışmaktadır. Bu durum ruh sağlığı uzmanlarının çok kültürlülük, sosyal adalet ve hak savunuculuğu gibi güncel bir takım yeterliklere sahip olmalarını zorunlu kılmaktadır. Dezavantajlı gruplar sunulan hizmetlerden ve var olan olanaklardan toplumdaki diğer bireyler kadar yararlanamamaktadır. Hak savunuculuğu eşit oranda hizmetlere erişimi için dezavantajlı gruplar adına mücadele etmektir. Bu rol ve sorumluluk ruh sağlığı uzmanlarının güncel sorumluluklarının başında yer almaktadır. Türkiye’de ruh sağlığı alanında hak savunuculuğu ve sosyal adalet ile ilgili araştırma oldukça sınırlıdır. Temel bir sorumluluk ve rol olarak tanımlanan hak savunuculuğu sosyal adalet tutumu ile doğrudan ilişkilidir. Bu bağlamda Türkiye’deki ruh sağlığı uzmanlarının sosyal adalet tutumlarının irdelenmesi önemli görülmektedir.

Araştırmanın Amacı: Bu araştırmanın amacı Türkiye’deki ruh sağlığı uzmanlarının sosyal adalet tutumlarının incelenmesidir. Çok kültürlü psikolojik danışma yaklaşımının tarihsel sürecinde bazı uzmanlar çok kültürlülük konusunda duyarlılığa sahipken, bazı uzmanların çeşitlilik konularına mesafeli oldukları ve hatta çalışmalarında bu konulara yer vermedikleri görülmüştür. Ruh sağlığı uzmanının farkındalığı çok kültürlü psikolojik danışma yeterliliklerinin temelini oluşturmaktadır. Farklı kültürel özelliklere sahip bireylere ruh sağlığı hizmeti sunacak ruh sağlığı uzmanlarının kendi tutum, davranış ve değerlerinin farkında olması ön koşuldur. Bu bağlamda bu çalışmada ruh sağlığı uzmanlarının sosyal adalet tutumları kişisel değişkenler olarak ele alınan adil dünya inancı, açık görüşlülük, sosyal baskınlık yönelimi ve ahlâkî kimlik bağlamında incelenmiştir.

Araştırmanın Yöntemi: Araştırmaya Türkiye genelinden 232 ruh sağlığı (149 psikolojik danışman ve 83 psikolog) uzmanı katılmıştır. Katılımcı psikiyatrist sayısının az olması nedeniyle ($n = 24$), psikiyatristlerin verileri analizlere dahil edilmemiştir. Araştırmaya katılan ruh sağlığı uzmanlarının % 72.4’ü kadın, % 27.6’sı erkektir. Araştırma çevrimiçi olarak sosyal medya ve derneklerin iletişim grupları aracılığıyla yürütülmüştür. Araştırmanın verisi Sosyal Adalet Ölçeği, Açık Görüşlülük Ölçeği, Sosyal Baskınlık Yönelimi Ölçeği, Adil Dünya İnancı Ölçeği ve Ahlâkî Kimlik Ölçeği ile toplanmıştır. Araştırmada küme analizi kullanılmıştır.

Araştırmanın Bulguları: Küme analizi sonucunda üç temel kategori ortaya çıkmıştır. Sosyal baskınlık yönelimi, adil dünya inancı puanı düşük, ahlâkî kimlik ve açık

görüşlülük puanı yüksek olan ruh sağlığı uzmanları “duyarlı”; sosyal baskınlık yönelimi ve adil dünya inancı puanı yüksek, ahlâki kimlik ve açık görüşlülük puanı düşük olan ruh sağlığı uzmanları “katı”; sosyal baskınlık yönelimi, adil dünya inancı, ahlâki kimlik ve açık görüşlülük puanı düşük olan ruh sağlığı uzmanları ise “ilgisiz” olarak tanımlanmıştır. ANOVA sonuçlarına göre sosyal adalet alt ölçeğinde bu üç kategori arasında istatistik açıdan anlamlı farklılıklar bulunmuştur ($F(2,229) = 18.19, p < .01$). “Duyarlı” ruh sağlığı uzmanlarının sosyal adalet tutum puanlarının diğer ruh sağlığı uzmanlarından yüksek olduğu görülmüştür. Benzer şekilde algılanan davranışsal kontrol alt ölçeğinde de bu üç kategori arasında istatistik açıdan anlamlı farklılıklar bulunmuştur ($F(2, 229) = 27.17, p < .01$). “Duyarlı” ruh sağlığı uzmanlarının algılanan davranışsal kontrol alt ölçeği puanlarının diğer ruh sağlığı uzmanlarından yüksek olduğu sonucuna ulaşılmıştır. Davranışsal niyet alt ölçeğinde de bu üç kategori arasında istatistik açıdan anlamlı farklılıklar bulunmuştur ($F(2, 229) = 16.47, p < .01$). “Duyarlı” ruh sağlığı uzmanlarının niyet alt ölçeği puanlarının diğer ruh sağlığı uzmanlarından yüksek olduğu sonucuna ulaşılmıştır. Öznel normlar alt ölçeğinde ise anlamlı bir farklılık bulunmamıştır.

Araştırmanın Sonuçları ve Önerileri: Araştırmanın bulgularına göre “duyarlı” olan ruh sağlığı uzmanlarının sosyal adalet tutum puanları “katı” ve “ilgisiz” ruh sağlığı uzmanlarından daha yüksek bulunmuştur. Sonuçlar incelendiğinde Türkiye’deki ruh sağlığı uzmanlarının bir kısmının kültürel konularda “katı” bir kısmının ise “ilgisiz” olduğu görülmüştür. Katı olarak nitelendiren grubun sosyal baskınlık yöneliminin ve adil dünya inancının yüksek olması, yani toplumda yaşayan bazı grupların diğerlerinden daha üstün olduğunu ve herkesin hak ettiği şekilde yaşadığını düşünmeleri oldukça düşündürücüdür. Bu grubun aynı zamanda açık görüşlülük ve ahlâki kimlik puanları da düşük çıkmıştır. Tüm bu bulgular birlikte değerlendirildiğinde toplumdaki tüm gruplara ruh sağlığı hizmeti sunma görevi üstlenmiş olan bir grup ruh sağlığı uzmanının bazı kültürel grupları daha üstün görebileceği; dezavantajlı grupların karşılaştıkları ayrımcı tutumları bir şekilde hak ettiklerini düşünebileceği; farklılıklar karşısında açık görüşlü olamayabileceği ve ahlâki açıdan olması beklenen düzeyde gelişemediği gibi bir olasılık ortaya çıkmaktadır. Yine bulgular incelendiğinde bir grup ruh sağlığı uzmanının ise “ilgisiz” olduğu görülmüştür. Her iki grubun da dezavantajlı gruplarla çalışma konusunda yetersiz kalma olasılıklarının oldukça yüksek olduğu açıktır.

Toplumdaki tüm bireylerin etkili bir şekilde ruh sağlığı hizmetlerinden faydalanmaları gerekmektedir. Bunun içinde ruh sağlığı hizmeti sunan uzmanların farklılık konusunda duyarlı, bilgili ve farklılıklara sahip bireylerle çalışabilecek yeterliğe sahip olması gerekmektedir. Bu konuda ruh sağlığı eğitimcilerine ciddi sorumluluklar düşmektedir. Özellikle gerek psikoloji gerekse psikolojik danışma eğitiminde çok kültürlülük ve sosyal adalet konularına yer verilmeli ve ruh sağlığı uzmanları farklı kültürel özelliklere sahip danışanlara ve gruplara ruh sağlığı hizmeti sunabilecek yeterliklerle donatılmalıdır.

Anahtar Kelimeler: Sosyal adalet, ruh sağlığı uzmanları, adil dünya inancı, sosyal baskınlık yönelimi, açık görüşlülük, ahlâki kimlik.

