ENAD ONLINE

Journal of Qualitative Research in Education
Eğitimde Nitel Araştırmalar Dergisi

Analysis in Phenomenological Design of the Experiences of Psychological Counselors in the Earthquake Region

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To cite this article:

Keskin, A., Çok, R., Atıcı, M. (2025 Analysis in Phenomenological Design of the Experiences of Psychological Counselors in the Earthquake Region. *Journal of Qualitative Research in Education*, 60-94. Doi: 10.14689/enad.41.2007

Abstract

This study examines psychological counselors' motivations to go to the earthquake zone, their work and feelings about it, how to ensure psychological resilience, and their suggestions on this issue. The study included 14 psychological counselors who provide psychological first aid (PFA) and psychosocial support (PSS) services in disaster settings. A semi-structured interview method was used to collect the data, and content analysis was used to analyze the data. When the motivations of the psychological counselors participating in PFA and PSS services for going to the disaster area and working there were examined, it was seen that two different themes emerged: personal motivation and professional motivation sources. Psychological counselors reported conducting artistic, PFA, and PSS activities in the disaster zone. Psychological counselors said they tried to protect their psychological resilience by doing emotional regulation, cognitive, and physical activities in the earthquake zone. Psychological counselors emphasized the importance of factors such as expectations from the psychosocial support team, personal coping resources, cognitive and emotional readiness, and physical health protection to protect the psychological resilience of field experts who will work in the disaster zone. Participants categorized their feelings about their experiences in the earthquake zone as pleasant emotions and unpleasant emotions. This study reveals findings that can inform social welfare interventions and policies designed to address the nature of disasters, including activities carried out in disaster zones, personal characteristics, social/environmental interactions, and demands for protection and recovery. Strategies for maintaining mental strength in disaster situations include self-care, having critical coping skills, seeking professional psychological support or supervision when needed, ensuring high levels of motivation and collaboration, and maintaining professional boundaries and continuity.

Keywords: Earthquake, psychological first aid, psychosocial intervention, psychological resilience, psychological counselors.

About the Article

Submitted Date: Sep.07, 2024

Revised Date: Jan. 03, 2025

Accepted Date: Jan. 07, 2025

Article Type:

Review

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Introduction

Turkiye is a disaster-prone region due to its ecological, meteorological, and topographical structure. (Disaster and Emergency Management Presidency [DEMP], 2024). Natural disasters are ecosystems that shake people's daily living conditions and require external assistance to reduce economic, sociological, and physical damages (Altun, 2018). Disasters also have psychological effects. Individuals may experience cognitive stagnation, emotional confusion, and somatic reactions. Among the most fundamental psychological problems encountered are post-traumatic stress disorders, which include disruption of emotional balance, uncertainty, anxiety, inability to be in the moment, and secondary traumatic effects (Azzollini et al., 2018). All these bring to mind the question of how disasters should be managed (Arıca, Çakır, & Kağnıcı, 2023). Disaster management is all activities to understand natural disasters occurring in settlements and minimize the impact when they recur (AFAD, 2024). Considering the impact of disasters, it is seen that one of the most effective services for disaster victims to return to their daily lives is psychosocial support services (Çoban, 2019). Psychosocial services for disasters include preventing psychological problems that may arise after the catastrophe, establishing relationships at the family and community level, strengthening their lives in returning to normal, and improving their coping and adaptation processes (Disaster and Emergency Management Presidency, [DEMP], 2024). In other words, it is a set of activities involving various internal and external support resources to protect people's psychosocial health and prevent potential mental health problems (Inter-Agency Standing Committee [IASC], 2017). Recognizing the positive impact of psychosocial activities has made it an essential element of psychological aid activities and has led to its acceptance by all organizations (Kurtul, 2014). AFAD (2024) addresses psychosocial support (PSS) under ten headings. These are assessments of needs and resources, psychological first aid (PFA), coordination and cooperation, referral and guidance, information center creation, community mobilization, social projects, training, employee support, monitoring, and evaluation. When the employee support part is examined, it is aimed to increase the work and life motivation of the personnel working in disasters by reducing their emotional, behavioral, mental, and physical impact levels. The basic steps of psychosocial intervention are needs assessment, psychological first aid, guidance and orientation, personnel support, training activities, follow-up, and evaluation (Doğan, 2017). Some of the professionals working in psychosocial support and psychological first aid in disasters are psychological counselors. Psychological counselors were involved in PD and PSS activities during the February 6 Kahramanmaraş earthquake, considered the century's disaster (Ministry of National Education / General Directorate of Special Education and Guidance [MNE/GDSEG], 2024). The PFA experiences of the field experts working in these regions, their emotional states, their work in the earthquake zone, their traumatic stress levels, how they regulate their psychological resilience to tolerate it, and their sources of motivation are among the issues that need to be examined. For this purpose, PFA and psychological resilience will first be emphasized.

Psychological First Aid (PFA)

The term psychological first aid was first used by Drayer and his colleagues in 1954 (Drayer et al., 1954). PFA is a psychosocial intervention approach during or after a disaster, accident, terrorist attack, or event negatively affecting the individual/society order. It has been applied to children and adults after various social crises, and the area of use of PFA has expanded. The PFA practices aim to meet the basic physical-psychological needs of people during or after the event, to reduce the impact of the event on the individual and possible PTSD, and to support coping resources and mental health (Brymer et al., 2006). PFA is not a diagnosis or treatment method but one of the intervention methods in case of psychological crisis (Brymer et al., 2006; Ruzek et al., 2007; EverlyJr and Lating, 2017). Traumatic life events can occur in different ways, and the psychological reactions after these events can affect individuals at various levels (Aker 2012). Especially in moments of crisis such as earthquakes, which have the potential to affect large segments of society, PFA interventions can provide flexibility and adaptability to prevent this situation from turning into trauma. In the literature, studies show that implementing PFA can reduce risk and increase recovery after traumatic events (Aker, 2012; Kılıç and Şimşek 2018). Since it allows for flexible handling of the differences that may arise in practice, PMI can also be adapted to the developmental periods of children and adolescents; in summary, it is widely used. A PFA is developed as the first step in utilizing psychosocial services after a disaster. Meeting the basic needs of people affected by an event, such as safety and health, and providing psychological first aid are recommended in emergencies. This is followed by a more comprehensive mid-term psychosocial review and longer-term support (Housley and Beutler, 2007). According to Gispen and Wu (2018), all mental health professionals must know about PSS. It has been argued that basing the psychosocial support approach on PFA, which allows for rapid learning and implementation, is effective in reducing the risk of secondary trauma for mental health service providers and can prevent the stress of primary trauma. Since PFA is based on essential interventions such as “listening, monitoring, and bonding” and does not include counseling, psychotherapy, or any other treatment element, it is not limited to the practice of mental health professionals. As PFA is an early intervention, it can be used during or immediately after an incident. Sometimes, a few minutes are enough to complete the intervention; sometimes, the intervention can last for days or weeks. In some cases, if the intervention takes a long time, the traumatic situation/stress comes to mind (WHO, 2024; DEMP, 2024).

Psychological Resilience

Psychological resilience (PR) is a broad term that includes factors that prevent mental disorders. It is often defined as "resilience," "ability to overcome disasters," or "ability to adapt positively" (Luthar et al., 2000; Garmezy, 1991; Friborg et al., 2005). Psychological resilience draws attention as a concept that collectively includes protective factors to cope with traumatic experiences (Agaibi, 2005) successfully. PR includes social resources such as family and friends, social skills such as extraversion, communication skills, flexibility in relationships, the ability to establish close relationships such as trust

and hope, and the opportunity to utilize personal resources (Friborg et al., 2005). Today, PR is accepted as a multifaceted phenomenon that enables individuals to cope with traumatic life events healthily and is shaped by the combination of structural variables such as temperament and personality and unique abilities such as problem-solving ability (Campbell-Sills et al., 2006). It can be said that psychological resilience is related to family support (Basım & Çetin), personal characteristics, including individual factors such as social skills, communication, and self-confidence (Olsson et al., 2003), and social support (Mesidor & Sly, 2019). It is stated that maintaining physical health is a determining factor in psychological resilience in traumatic stress situations such as earthquakes (Trip et al., 2018). It has been stated that compassion fatigue and empathy (Lakioti et al., 2020) predict secondary traumatic stress; factors such as individual coping mechanisms, psychological support, and short-term change of employees are psychologically protective (Bayhan et al., 2023).

Going through a traumatic experience such as an earthquake and providing psychological support to trauma victims there can be overwhelming (Cansel & Ucuz, 2022). Polemikou (2021), an in-depth researcher on the subject, pointed out that while focusing on those who are exposed to trauma in the first degree after natural disasters, the people who help and support the victim are overlooked. Still, when their emotions are not addressed and social and psychological assistance is not provided, these people may take on the role of victims. Although it is thought that everyone will protect their psychological resilience in an individual sense and has such a physical code, psychological resilience is a complex structure affected by environmental and psychosocial factors (Southwick & Charney, 2023). Despite its complex structure, there is limited research on the resilience levels of professionals working in challenging situations. In addition to these views, it is thought that examining the experiences of psychological counselors who provide PSS or PR services after natural disasters such as earthquakes in terms of psychological resilience can be the first step in understanding this phenomenon and according to the results of this research, it is thought that it will provide helpful information and results that will be taken into consideration both in terms of delivering more qualified assistance to those who are served and taking into account the mental health of service providers. When all these are evaluated together, an issue needs to be investigated, such as which PD and PSS activities the psychological counselors working in the earthquake zone carry out while working in the disaster zone and how they perceive secondary traumatic experiences. The fact that the feelings and experiences of psychological counselors on this issue have not been determined may create a deficiency in understanding what they may experience. It may cause the relevant official institutions and organizations to act unplanned in these studies. It is evaluated that a qualitative examination of their status of having secondary traumatic stress experiences, their coping styles, and what they do to protect their psychological resilience is essential both in terms of measures and interventions to protect their mental health and the quality of the assistance to be provided to the people served. Although the subject is discussed in the literature in terms of disasters experienced in the past, it is argued that each disaster experience is unique and different psychosocial dynamics are

involved (Arasan Özbay, 2015; Cansel & Uzun, 2022; Mesidor & Sly, 2019; Tominaga et al., 2022). Although this situation has been discussed in previous studies, due to the nomothetic and idiographic nature of scientific knowledge, every experience is experienced within the uniqueness of the subject, and the phenomenal worlds of the subjects who experience these experiences highlight the sensitivity of this point. In this context, when each subject who has studied the earthquake phenomenon is considered in terms of its determinism at the point of being the agent of its own psychological world, the uniqueness of each experience in terms of quality, even if it is the same in quantity, draws attention from the moment it is experienced (Feyerabend, 2020; Husserl, 2012; Heidegger, 2021; Lakatos, 2014; Kuhn, 2021). At this point, although there are studies conducted for field workers who have experienced the earthquake phenomenon before, this study seems to be worth studying the uniqueness of the experiences of the subjects of this experience. Considering these dynamics, it is thought that focusing on the unique experiences of psychological counselors who provide PFA and PSS services to individuals affected by the February 6 earthquakes will make this research necessary. It is thought that identifying the resources that motivate psychological counselors to work in the earthquake zone will give ideas to field experts who want to work in such disasters and may even be a source of inspiration. Determining the factors that increase psychological resilience will provide insights into organizing and coordinating studies that can be carried out by both official and non-governmental organizations or individually. Within the framework of the rationale mentioned above and its importance, the aims of this study were determined as follows.

Psychological counselors who participated in voluntary PFA and PR services after the February 6 earthquake centered in Kahramanmaraş;

1- What are the sources of motivation for providing voluntary services in the earthquake region?
2- What are their PFA and PR activities in the earthquake region?
3- What are their efforts to protect themselves from traumatic stress in challenging situations and to maintain their psychological resilience?
4- What are their recommendations for the PFA and PSS specialists who will work in the region after them?
5- What are their feelings about the experiences they had during the process they served?

Method

This section includes information about the research model, some information about the school counselors who constitute the study group, the data collection tool used in the research, data collection and analysis, and the validity and reliability of the study.

Research Model

In this study, a phenomenological design approach, one of the qualitative research designs, was adopted. Phenomenology can be defined as a research method that aims to explore the meaning structures in the minds of individuals about a subject (Christensen et al., 2014). Phenomenology studies are about discovering the ordinary meaning of individuals' experiences with a concept or phenomenon (Creswell, 2021). It is essential to describe in detail the motivation sources, secondary trauma, psychological resilience, and coping skills of the counselors who voluntarily participated in the PFA and PSS teams. The contribution of their experiences to the literature in terms of secondary trauma is considered essential. Phenomenologists try to identify the multimodal perception of the phenomenon experienced by individuals and what is expected in how they view and react to it (Fraenkel et al., 2012). It is assumed that counselors who voluntarily participate in the PFA and PSS teams have similarities and individual differences in terms of their secondary trauma, psychological resilience, and coping skills. In this study, data were obtained through semi-structured interview questions addressing the experiences and perceptions of the participants.

Study Model

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Study Group

In phenomenological research, all participants must be in contact with or have experienced the phenomenon under study (Rolf, 2016). If participants have very different characteristics, it is difficult to identify the main principles and themes that can be drawn from their experiences (Miles & Huberman, 1994). Because phenomenologists need people who have experienced particular phenomena, they often prefer study groups that serve their purposes (Rubin & Babbie, 2016). This means that researchers choose who and where to study. Because participants will be happy to provide an understanding of

the research question and phenomenon at the research center (Creswell, 2021), in this study, within the scope of the central phenomenon of the research, the study group consisted of 14 psychological counselors who volunteered to participate in the PFA and PSS studies from outside the 11 provinces affected by the earthquake in the first degree. Criterion sampling, one of the purposeful sampling methods, was used in the study. The criterion sampling aims to clearly/explicitly describe people, events, objects, or situations with the qualities determined concerning the problem. The purpose of the research is the most important criterion that defines the requirements (Büyüköztürk et al., 2015). In this study, the requirements are as follows:

- Residing outside the 11 provinces primarily affected by the February 6 earthquake centered in Kahramanmaraş (i.e., not having experienced the earthquake directly).
- Being one of the psychological counselors who provided PFA (Psychological First Aid) and PSS (Psychosocial Support) services in disaster areas after the earthquakes.
- Having worked in PFA and PSS support services for at least one month.
- Not receiving psychiatric treatment (e.g., medication) for traumatic stress after the disaster. This criterion aims to minimize the risk of participants experiencing triggering symptoms related to post-traumatic stress.

Table 1. Information about the study group

Participant nr	Gender	Professional year	Marital status	Province of duty	Province served
P1	Male	7	Single	Çanakkale	Gaziantep
P2	Male	16	Married	Karaman	Gaziantep
P3	Male	15	Married	İstanbul	Gaziantep
P4	Male	7	Married	Bursa	Malatya
P5	Female	9	Single	Nevşehir	Malatya
P6	Female	9	Single	İstanbul	Hatay
P7	Female	10	Single	Sakarya	Hatay/Gaziantep
P8	Male	4	Single	Gaziantep	Gaziantep
P9	Female	29	Divorced	İzmir	Malatya
P10	Male	11	Married	Sivas	Gaziantep
P11	Female	5	Single	Tekirdağ	Gaziantep
P12	Female	23	Married	Isparta	Adana/Gaziantep
P13	Male	9	Single	Trabzon	Gaziantep
P14	Female	4	Single	Kayseri	Malatya

Considering the information about the volunteer psychological counselors included in the study, as shown in Table 1, seven participants were male, and six were female. The participants' working period in the profession shows a distribution between four and 29 years. Seven participants were married, five were single, and one stated they were divorced. The participants work in provinces other than Istanbul (two participants). The province with the highest number of volunteer participants is Gaziantep.

Data Collection Tool

A semi-structured interview form and a personal information form the researchers created were data collection tools. With the personal information form, information such as the provinces in which the participants work (being outside the 11 provinces affected by the earthquake), the provinces in which they worked during the disaster, gender, age, and professional working hours was obtained. First, the literature on psychosocial services in disasters, secondary traumatic stress, psychological resilience/well-being of disaster workers, PFA, and PSS studies was reviewed, and an open-ended question pool (suitable for a semi-structured interview format) was created. The content validity of the questions in the prepared forms was ensured within the scope of the evaluation made with an academician who is an expert in the field and two psychological counselors who have participated in PFA and PSS studies for at least one month. Before starting the study, the first and second authors of the study piloted the interview form with one psychological counselor who participated in PFA and PSS activities. The data were subjected to content analysis. In the pilot study, the appropriateness of the questions to the purpose of the research, whether they were understandable, and whether their order was appropriate were evaluated. As a result of the evaluation, it was concluded that it was relevant in terms of form, purpose, and scope, but data saturation could be reached with five questions instead of eight. When qualitative researchers believe that they have reached data saturation with the fewest possible questions, it may be more functional to reduce the questions (Patton, 2014). With the new form, pilot interviews were conducted with two more psychological counselors working in the disaster area, and it was seen that the questions were functional and appropriate in scope due to the pilot application. Since no changes were made to the questions, the data obtained in the pilot study were evaluated together with the other data within the scope of this study. **Data Collection**

To reach the participants during the data collection process, they were first invited to the research by sharing the Google form in the WhatsApp groups of those working in the disaster area. Before starting the interviews, the participants were informed about the research content, and it was stated that they could leave the research if they wished. The questions in the personal information form were collected via "Google form". In the form, consent was obtained for the "processing of my data, including my sensitive personal data" defined in the Personal Data Protection Law No. 6698 (KVKK), "I agree to the use and sharing of my data without going beyond the purpose and scope expressed above (for scientific research purposes and the use of my data in qualitative research in the form of P-1: Participant 1, P-2...)". After the consent was obtained, interviews were conducted with the participants in the study group on different days during the summer

of 2023 according to the research schedule. Since the psychological counselors included in the study and the researchers conducting the research were in other provinces in Turkey, interviews were conducted and recorded through the Zoom program in standard periods when the researchers and participants felt appropriate and comfortable. Before the interview, the participants were informed again about the study's purpose and the interview's confidentiality. They were asked whether they volunteered to participate, and their verbal consent was obtained. Each interview with each counselor in the study group lasted an average of 25 minutes, and interviews with 14 people lasted approximately 350 minutes. The interview questions were directed to the participants in a predetermined order. When the interviews were transcribed, participant numbers were given without specifying the participant's name (e.g., P-1, P-2...). In the interviews, semi-structured questions were asked to understand the feelings and thoughts, experiences, sources of motivation, and coping skills of the counselors who participated in PFA and PSS studies. It is thought that the format of the interviews, the questions, and how the interviews were conducted with the participants enabled the researcher to focus on the participants' experiences and establish interactive communication.

Data Analysis

Qualitative research aims not to express the collected data numerically, as in quantitative research, but to present the research topic and question to the reader factually and descriptively. In addition, direct reference should be made to the data collected in the presentation of the findings (Yıldırım & Şimşek, 2018). Qualitative data analysis is the process by which researchers organize data, divide them into units of analysis, synthesize them, discover important variables, and decide which information should be reflected in the report (Bogdan & Biklen, 1992). Creswell (2021) states that qualitative data analysis is done in six steps. In the first step, data are prepared and organized for analysis. The second step is to read and analyze all the data collected. It is the formation of information/impression about the general ideas of the participants and the general mood accompanying the ideas. The third step is coding the data. Coding is organizing data into categories and writing words that represent the categories (Rossman & Rassil, 2012). The fourth step involves the process of identifying themes that emerged as a result of coding. Themes are significant outputs for qualitative research. The coding of the data set may differ from person to person. Coding is more than just coding; it is making connections. Coding is the backbone of analysis. Combining these skeletons, i.e., codes, creates a working skeleton for analysis. Manual coding gives researchers more autonomy and control over their research (Saldana, 2019). The fifth and sixth step is developing descriptions, themes, and how they will be presented in the qualitative narrative.

In this study, 14 interviews were recorded, and a folder was created for each participant. Then, the audio-recorded interviews were transcribed in the Microsoft Office Word program without changing the conversations. The transcriptions were printed out, and coding was done manually. The data obtained from the interviews were subjected to content analysis, considering the steps described above. The concepts used for coding

were related, and themes were formed by combining them. Tables were used to present the themes.

Research Credibility (Internal Validity) - Transferability (External Validity) and Consistency (Internal Reliability) - Verifiability (External Reliability)

This study used validity strategies commonly used in qualitative research (Creswell, 2015), such as triangulation, detection of researcher bias, and rich and dense descriptions to ensure validity. Triangulation techniques are perhaps the best and most widely used strategy to increase studies' internal validity (credibility) (Merriam, 2013). In this study, triangulation of data analysis was developed by combining the analysis after it was conducted with different analysts (Patton, 2014). Analyst triangulation is the use of multiple analysts to review the results. In other words, it is the independent analysis of the same qualitative data by two or more people and the comparison of their results (Patton, 2014). Within the scope of the study, the researchers coded the interview texts, and expected results were reached by interviewing several times about the codes produced. According to Yıldırım and Şimşek (2018), the following methods were used to ensure the external reliability of the research. These are defining the research methods and stages clearly and understandably and expressing what was done in data collection, analysis, interpretation, obtaining research results, and storing raw research data in a way others can audit. For verifiability-consistency; the research questions were clearly stated, the data were collected in detail and in accordance with the purpose of the research questions, the data coded by a researcher were compared with the data coded by an academician experienced in qualitative research and the second author of the study, and the codes and then the themes that would best reflect the data were decided. In qualitative research, the similarity index of the codings made on the same data is essential in revealing the study's reliability (verifiability-consistency) (Fidan & Öztürk, 2015). According to this model, internal reliability (verifiability) can be calculated using the formula: (Consensus/Total consensus/total number of consensus+disagreement X100). According to the coding audit that gives internal reliability (consistency), the consensus among coders is expected to be at least 80% (Miles & Huberman, 1994; Patton, 2002). This study calculated the consensus as (196/196+20X100=90.7%).

Findings

In this section, the findings related to the participants' sources of motivation for going to the earthquake zone and participating in PFA and PSS services (see Table 2), the PFA and PSS activities they carried out in the earthquake zone (see Table 3), the methods they used to protect their psychological resilience (see Table 4), the needs to increase their psychological resilience (see Table 5), and the emotions they experienced during the PFA and PSS process (see Table 6) are presented. In the presentation of the findings, direct quotations related to the themes are given in the relevant sections.

Findings on the motivation sources that enabled the participants to go to the earthquake zone and to participate in PFA and PSS services during their stay

The findings related to the motivation sources of the psychological counselors who participated in the study and who provided PFA and PSS services in the disaster area regarding going to the disaster area and helping others there revealed that although each participant had their motivation sources, these sources could be grouped as individual motivation sources such as assisting, volunteerism and sense of loyalty and professional motivation sources such as professional responsibility, professional satisfaction and cooperation. The sources were grouped into two main sub-themes; codes and frequencies were given and supported with direct quotations from the participants regarding their sources.

Table2. Themes and codes related to sources of motivation for going to the earthquake region and working there

Themes	Codes
Sources of Individual Motivation	Willingness to help
(f: 23)	Sense of loyalty
	Professional responsibility
Sources of Professional Motivation	Willingness to work together with colleagues
(f: 8)	Conscientious responsibility
	Occupational satisfaction

Among the individual motivation sources, willingness to help came to the forefront. When we examine the participants' motivations for going to the disaster area, we see they want to be a balm for others' wounds, help others materially and spiritually, do their best, and help in some way. The statements of the participants regarding helping are as follows.

P12: "*One of the things that motivated me personally was that I felt responsible for the suffering of the people there.*"

P1: "*We were fully everything; we were fully willing to give of ourselves to heal the wounds of the people there.*"

Among the sources of occupational motivation, it was found that occupational responsibility came to the forefront, while cooperation and occupational satisfaction sometimes accompanied it. As professional responsibility, it was stated that a sense of responsibility and a sense of responsibility brought by the profession constitute motivation. One participant (P-9) said she felt a sense of responsibility to help the disaster victims and not feel alone because she had professional and similar experiences.

P3: *"I think it is a characteristic of the profession. I like to help people; I like helping out."*

P9: *"My motivation in the professional sense, I should say, is professional responsibility...Also, during the Izmir earthquake, we felt very alone."*

Findings related to the studies conducted by the participants in the earthquake zone

The findings regarding the activities of the participant psychological counselors who provided PFA and PSS services in the disaster zone were grouped under three different sub-themes: PFA activities, PSS activities, and artistic activities. While PFA activities are mostly first-intervention, PSS activities are more comprehensive and have a certain systematization.

Table3. Themes and codes related to the studies conducted in the earthquake region

Themes	Codes
PFA Activities (f: 21)	Tent touring
	PFA coordinatorship
	Playing games
	Needs assessment
	Listening
	Emotional support
PSS Activities (f: 17)	Group work and psychoeducation
	Individual interview
	Making an activity
	Educational and vocational guidance
	Therapeutic games
Artistic Activities (f: 4)	Coloring activity
	Music activity
	Cinema activitiy

The data on what the psychological counselors who participated in PFA and PSS services did in the disaster area and which PFA and PSS activities they did in a day were subjected to content analysis. When Table 3 is examined, there are three themes: PFA, PSS, and artistic activities, as well as the frequencies of the codes related to these themes. Within the theme of PFA activities, tent visiting and PFA coordinators came to the forefront. The participants conducted PFA activities by visiting the tents, listening to the earthquake

victims, and accompanying their pain. They also stated that they visited the tents and determined the needs of the earthquake victims.

The following excerpts provide explanations about the PFA activities carried out by counselors.

P1: *"We listened to people's feelings, we felt that they shared and relaxed..."*

P8: *"Our work in the afternoon was to visit the tents or containers, and we were in touch with their problems and pains...* "

P9: *"We tried to provide psychological first aid to those people. We talked, chatted, and tried to accompany the earthquake victims' pain ..."*

P12: *"...I was in the field there, we provided psychological first aid to the children, which we call PFA. We met with parents, we gathered more listeners."*

P8: *"...We were conveying the essential needs of the people we talked to to our coordinators and delivering them to the earthquake victims."*

P1: *"Generally, when we went on the first day, we visited the tents to have a good command of the field. On the first day, we identified the needs in the tents."*

As seen in the excerpts below, five of the study participants were engaged as PFA coordinators during the PI activities.

P4: *"As I said, we took part in tent cities and coordinated with volunteers there."*

P10: *"...we went there on duty under the national education... There is a lot of chaos in the earthquake zone... As a coordinator there, I was responsible for establishing the system.*"

Within the theme of PSS activities, they mostly conducted activities and stories with children, individual interviews, educational and vocational guidance activities, and psychoeducation activities. Sample quotations about these activities are given below.

P9: *"...There are already routine activities with children such as painting, coloring, play dough, games that can be played outside if it is not cold outside, jumping rope, skipping stones..."*

P12: *"...Later on, support and training courses were opened in container schools, and there were both eighth and eleventh graders when I was there. We went to those children, explained the exam system, and introduced professions within the scope of vocational guidance ...*"

P8: "When we saw children, we needed to have individual interviews with them, and we took notes about them. We were having individual interviews with them to increase their well-being..."

The excerpts below show that the fieldworkers participating in the study engaged in artistic activities such as painting, music, and cinema.

P9: *"...There are already routine activities with children such as painting activities, coloring activities, play dough, games that can be played outside if it is not cold outside, jumping rope, skipping stones, music, especially music that was good for the children..."*

P6: *"There, we were mostly doing drama activities, large group activities, and music activities that we had planned with the children one day in the evening. We were doing these until noon, and then we reserved the afternoon for the adolescent group...maybe we can think of it as a psychoeducation."*

Findings on the protective factors for participants' psychological resilience in the earthquake zone

The findings regarding the methods used by the participants to maintain their psychological resilience during the challenging experiences they experienced in the disaster area during the process of providing PFA and PSS services are as follows. Some participants stated that they mainly engaged in emotional activities to maintain their psychological resilience, while others stated that they engaged in cognitive activities, and some participants stated that they engaged in physical activities. Table 4 presents the themes and codes and is supported by direct quotations from the participants' views.

Table 4. The methods used by the participants to maintain their psychological resilience in the earthquake zone

Themes	Codes
Emotional Activities (f: 26)	Sharing feelings and experiences with colleagues
	Empathizing
	Religious beliefs and values
	Suppressing compulsive emotions
Cognitive Activities (f: 5)	Focusing on the positive - shifting focus cognitively
	Mental preparation
Physical Activities (f: 5)	Group excursion activities
	Playing games with colleagues
	Self-care

In the theme of emotional activities, sharing emotions and experiences with colleagues, empathizing, and focusing on the importance of religious beliefs and values were mostly emphasized. In the following excerpts, counselors expressed the relaxing effects of coming together with groups of colleagues, sharing and spending time together.

P6: *"We used to get together every evening. Our work would end around five or six o'clock and last until seven at most. We always had our dinners together, we tried not to hang out separately, and in the evenings, we were actually deciphering what we did that day. What did we do today? What affected us, what was good for me, what was bad for me? We constantly shared these things among ourselves who those who wanted to share..."*

P9: *"Our roommates were very good. Six of us slept together in the same room. We were gathering together in a small group and talking about ourselves, telling our feelings... This was incredibly good..."*

P1: *"If you talk to the coordinators in the region, they will say the same. Because we acted together, when one of us fell down or had an emotional moment, a unity was established as friends, as buddies, not as parents, but really as brothers and sisters. Everyone there supported each other financially and emotionally; they may or may not have money, or I don't know, our friends helped each other a lot."*

P10: *"But when we shared this with our colleagues in the evening, of course, we felt a little bit relieved, and we definitely played games in the evenings. We got out of the tiredness of that day and played together in the evening... We played taboo and other different games."*

In the theme of emotional activities, it is seen that religious beliefs and values are important as a source of personal coping. Quotes related to this are given below.

P2: *"Well, our biggest resistance here was, of course, our faith. Our faith gave us the keys that guided us in many issues in this regard, that was the priority".*

P13: *"...Apart from that, I was praying, for example...".*

The theme of cognitive activities was also stated to be important in terms of protecting psychological health. Those working in the disaster zone emphasized that they focused on the positive in negative situations, and it was important to change the focus. Quotations that can be examples of the opinions of the participants on this subject are given below.

P1: *"Maybe I will meet the children in the place where I went again in three or five years. Thinking that I would be in contact with the people there again and that they would be fine caused me to focus on the positive. Even this made me feel very good."*

P7: *"You should be very good at emotion control in the face of negative situations. Yes, we can feel sad, too. Some things are horrifying, but in the end, we should not let ourselves go and get so upset in front of these people. We need to be patient. We need to cognitively regulate our reactions."*

It was observed that the participants went on group trips and played physical games with colleagues to maintain their psychological resilience. These activities to maintain

psychological resilience were combined under the theme of physical activities since they involved physical movement.

P6: *"Every time we go out, the children come in front of our container because they now know the container where we stay. Playing games on that street, playing ball, and being together with them makes us feel good; there is a normal life here now. Even as colleagues, we were playing ball with them after the PFA and PSS work was over...sometimes we were just playing volleyball amongst ourselves and relaxing..."*

P11: *"Group excursion activities, even these were really motivating. Anyway, the professors working in Antep took us to some parts of Antep during this process."*

Needs and requirements of counselors working in the earthquake zone to increase their psychological resilience

The findings regarding the needs and requirements of the participants to increase the psychological resilience of psychological counselors in charge of providing PFA and PSS services are as follows. It is seen that the participants have expectations from the psychosocial support team to meet their needs. Participants also emphasized the importance of creating personal coping resources. It was emphasized that cognitive and emotional preparation is important in the disaster process, and protecting physical health is also important. The table below shows the findings regarding the needs and requirements of the participants regarding psychological protective factors, and direct quotations are used to describe the findings.

Table 5. Themes and codes related to the needs of psychological counselors in the earthquake region to increase their psychological resilience

Themes	Codes
Expectations from the psychosocial support team (f: 24)	Sustainable/systematic pss
	Supervision support
	Material support
	Short-term work
	Orientation needs
	In-service training request
	Basic needs support
	Sightseeing and cultural activities
	Emotion regulation
	Psychological resilience

Personal Ways of Coping (f: 13)	Create individual sharing spaces Religious coping Giving personal meaning to circumstances
Cognitive Preparation (f: 12)	Competence in PFA Preparing for regional conditions: gaining knowledge Interview with those with field experience
Emotional Readiness (f: 7)	Considering social and cultural conditions Helping in a neutral/empathic way Emotional readiness for the circumstances Allowing time for adaptation
Maintaining Physical Health (f: 6)	Physical preparation for the conditions Doing sports and activities

Since the participants have provided PFA and PSS services for a certain period of time and have had certain experiences in the field, they are in a position to give suggestions on the needs of field workers to increase their psychological resilience. Participants stated that they had the highest expectations from the psychosocial support team. These expectations are categorized into two groups: the content of the work/ service provided and working conditions. Sustainable/systematic PSS, supervision support, material support, and in-service training are expectations regarding the content of the work, short-term work, orientation needs, and basic needs support, among other working conditions. Quotes related to this are given below.

P3: "New groups need to come, but how sustainable it is, it needs to be in a cycle".

P2: "Or, if necessary, they should be supported mentally by the coordinators, not by giving a seminar and withdrawing, but by being in regular communication".

P1: "Maybe our teachers, psychological counselors, and friends can be supported in terms of materials."

P6: "In this sense, I think the need for shelter, the need for food and drink, the need for materials, all of these are much more important".

In the theme of creating personal coping resources, emotion regulation, psychological resilience, and regular sharing codes stand out. In addition, it is seen that experiences are shared, religious coping resources are used, and the importance of adapting to the conditions is emphasized.

P2: *"You will hand over to those locomotives...Because if the people in that region, the counselors, our friends whom we call psychological counselors, cannot keep themselves alive, this time emotional mistakes can bring us other social problems. There are all kinds of pain in life. There are all kinds of difficulties".*

P13: *"I mean, we talked a little bit while we were there, but you definitely need to pay attention to a few points before you go. Before going, they should ask the question, how strong I am personally and professionally in terms of providing this service".*

Participants stated that before going to the disaster area, field workers should prepare themselves cognitively for the field conditions. They stated that cognitive pre-preparation should be done by means of competence in PFA and Psd, preparation for the conditions, and interviewing with those who have field experience. Two participants expressed their views on this issue, which are as follows:

P4: *"...you will sacrifice your comfort... maybe there is food and stuff, but I mean, there is no restaurant like this and you will not be able to eat the food you want... I mean, it is not the job of a whiny man...You will sacrifice your comfort".*

P14: *"For example, first of all, if he researches this before going, what is good for me? I mean, his/her knowledge, you know, the knowledge he/she got in undergraduate and graduate school... Also, as I said, I think it would be better if he contacts people who have worked there before and learns what is needed, if he has information about it before he goes".*

When the emotional readiness theme was analyzed, it was stated that they would be more emotionally ready with measures such as taking into account the social-cultural conditions of the volunteers who will conduct fieldwork, helping in an impartial/empathic way, and allowing time for emotional preparation and adaptation to the conditions. Excerpts that may be examples of the views of the participants on this issue are given below.

P8: *"...due to the nature of trauma, I don't think there is anything that can be prepared emotionally before going to the earthquake and disaster area, but I still think that a personal emotional preparation should be made...in addition to this, cognitive trauma training can be given to volunteers".*

P11: *"...When we go, there is an adaptation process because it is a new environment, but the adaptation process is very short. They need to at least give themselves a day off, go through a screening adaptation process, and then they need to plan that day from wherever they will start".*

Participants stated that due to the nature of the earthquake zone, physical preparation for the conditions would increase the psychological resilience of volunteers.

P-7: *"I mean, what should the counselor himself/herself do, that is, what should he/she do when he/she is emotionally stuck there? First of all, he has to think very carefully and*

go. I mean, he/she has to give up this once there. Personal hygiene, self-care. She needs to suspend these for a while. Let the water run, let me wash my face... He has to go with these things in mind."

Emotions of psychological counselors working in the earthquake zone regarding their experiences

Participants may have been exposed to challenging experiences during the process of providing PFA and PSS services in the disaster area. After these experiences, it was revealed that they are currently experiencing emotions that can be grouped as pleasant and unpleasant emotions. Table 6 presents Themes and Codes, and the findings regarding the emotions of the participants are supported by direct quotations.

Themes and codes related to emotions experienced by psychological counselors

As a result of the analysis of the data on how the counselors who participated in the PFA and PSS services currently feel themselves, two different themes emerged: pleasant feelings and unpleasant feelings.

It was observed that the volunteers who returned to their places of residence after providing PFA and PSS services in the disaster area experienced different emotions after their field experiences. The emotions experienced by the participants in the form of feeling good, happiness, emotional relief, and peace were categorized under the theme of pleasant emotions. Quotes that may be examples of these emotions are given below.

P1: *"Maybe I will go there in 3-5 years; maybe I will go there soon. It would be better for me to get in touch with the people there again and see if they are doing well. But right now, even talking about these things again made me feel very good".*

P3: *"Actually, the people I helped came to my mind. The smile on their faces, their happiness, knowing that I helped them... Remembering made me feel good under those difficult conditions".*

The emotions experienced by the participants in the form of sadness, secondary traumatic experience, remembering the pain, regret, anger, and anxiety were categorized under the theme of unpleasant emotions. Quotes that may be examples of the unpleasant emotions experienced are given below.

P3: *"But on the other hand, I remembered the destruction. I mean, it came to my mind again, but this is real, so even if I don't feel sad, there was still a lot of pain there".*

P3: *"...I mean, to be honest, I didn't feel anger towards them after that, the authorities and those who didn't do their job properly there..."*

P13: *"...When I talk about these things, I mean, my mood fluctuates... I wonder if there will be another earthquake? I feel more alert".*

Discussion

In this study, the sources of motivation of the psychological counselors who volunteered in the earthquake region to provide assistance services in the region, the work they did while they were there, and how they maintained their psychological resilience in challenging situations were qualitatively examined. In addition, the suggestions of other volunteers who will go there to provide voluntary services on how they can protect their psychological resilience and their feelings about their experiences there were examined. In a damaging and risky ecological event such as an earthquake, there are resources that motivate people to help the victim. It is seen that individual motivation sources such as the desire to help, volunteerism, and sense of loyalty are the driving forces for psychological counselors to go to the disaster area and provide assistance there. As a matter of fact, psychological counseling is a profession requiring professional expertise (requiring a certain formal education) that aims to provide help to people. Although there are individual motivation sources, it is seen that there are also professional motivation sources such as professional responsibility and satisfaction, cooperation among colleagues (acting together), conscientious obligation required by the profession, and the suitability of the individual conditions of individuals as experts.

When individuals have personal coping resources, they make free choices and equip their motivation levels with intrinsic resources (Erdener, 2019). Figley (2002) argues that factors such as empathy, alleviating the pain of the victim, and willingness to help provide internalization in challenging events for those who offer help. In a sense, he says that doing something in the face of the negative Table takes people out of despair and acts as a catalyst for healing. The well-being created by helping others is frequently mentioned among the motivational factors among disaster workers (Vollhardt, 2009). For example, in a study, it is seen that helping others is an important source of motivation for disaster workers (Gülyol, 2024). Similarly, in this study, it can be thought that psychological counselors in the earthquake zone were intensely emotionally satisfied, and this may be a source of motivation.

It is seen that the counselors who participated in PFA and PSS services conducted PD activities such as visiting tents, coordinating PFA, conducting activities, and identifying needs during the day. In contrast to PFA, they also carried out activities for children, such as emotional treatment using healing stories, individual interviews, educational and vocational guidance, group work, and psychoeducation, which involve more psychosocial intervention and require professional expertise. When we look at artistic activities, it is seen that counselors engaged in painting, music, and cinema activities. Psychosocial support and psychological first aid in disasters covers "the whole set of multidisciplinary services carried out at every stage in the disaster cycle, including ensuring that the affected people realize their own capacities and become empowered in the process of returning to their 'normal' lives after the disaster, preventing psychological disorders/incompatibilities that may arise, re-establishing/developing relationships at the family and community level, increasing their ability to cope with future disasters and emergencies, recovery, recovery skills and supporting aid workers"

(Ministry of Family Labor and Social Services, [ASP, 2024: s. 20-21]). In a qualitative study conducted with mental health workers working in the field in disasters, it was stated that the experts in charge performed activities such as visiting tents, needs assessment, group psychoeducation, individual interviews, employee support practices, artistic activities, group activities with children, painting, coloring, and playing games (Ertuğrul, 2022). It was reported that psychological counselors working with disaster victims mostly conducted group psychoeducation activities, group activities, and individual interviews (MEB, 2024). In the current study, it was revealed that psychological counselors included artistic activities, group activities, and individual interviews. Although symptoms of trauma-related disorders are seen in the early period after disasters, the first contact with the person exposed to the disaster should be within the framework of PFA (listen-watch-connect), not psychotherapy or drug intervention (DEMP, 2024; IASC, 2017; Yıldırım & İskender, 2021). Psychological first aid is applied to everyone. First, safety is ensured, then information, focusing on understanding the needs of the person, organizing the social environment, guiding the person in a way to activate support mechanisms, and all the while, the person should be allowed to experience and express their emotions (Ruzek et al., 2007).

It is important for aid workers and volunteers who come into contact with children to know the behaviors appropriate to the developmental characteristics of children, appropriate communication, and intervention methods to be established with children (Demircioğlu et al., 2019). Activities that accelerate children's return to normal reactions after trauma are games and art activities. According to the Ministry of National Education (MoNE, 2001) and the United Nations International Children's Emergency Fund (UNICEF, 2017), psychosocial support activities often incorporate painting, art, and music as tools in initiatives like “safe place drawing,” which helps children feel secure after the trauma they have experienced, thought about, or felt. Other activities include “social atom drawing,” which enables children to identify social support resources, and alternative story writing, which encourages them to look toward the future with hope and share their emotions. These activities have demonstrated therapeutic effects on childrenIn some cases, individual counseling may be needed for psychological recovery after PFA, PSS, and group-based interventions. This is because the lack of any support can make recovery more difficult and lead to greater psychological problems in the future (IASC, 2007). In a study conducted with young people, it was reported that children who experienced epidemics and disasters felt psychologically better and relaxed after artistic activities such as painting, photography, and video shooting (Cox et al., 2017).

Counselors who participated in PFA and PSS services reported that they coped with their challenging experiences by sharing experiences and emotions with colleagues, religious beliefs and values, sharing/explaining, empathizing, and emotional activities such as suppressing or regulating emotions. Some participants stated that they maintained their psychological resilience by doing cognitive activities such as focusing on the positive, changing the focus, or mentally preparing for the circumstances. In addition, counselors pointed out that protecting themselves physically by playing games involving physical movements with colleagues and taking care of their self-care in difficult conditions is

important in maintaining psychological resilience. Even if aid workers have not experienced the disaster, they are in close contact with those who have. They are repeatedly exposed to the disturbing details of the traumatic situation, sometimes physically by seeing and sometimes by listening. Studies in the literature indicate that psychological symptoms, especially traumatic stress, are frequently seen in aid workers (Arasan Özbay, 2015). In addition, the lack of adequate social sharing is seen as an important risk factor in this regard (Adams et al.., 2008; Betts Adams et al.., 2001; Haksal, 2007). In PSS studies, it is considered as one of the crucial points that service providers should empathize with both the victims and each other and provide psychological support through understanding, identify and direct those who need specialized services, and take into account social and cultural characteristics while doing so (Türk Kızılayı, 2008).

People who provide psychological support in disasters or crises should take into account the control sub-dimension (Kobasa, 1967), one of the sub-dimensions of psychological resilience, even if they resort to social support resources. Kobasa explained this situation by believing that people have the power to control or influence the events that occur in their lives. Accordingly, the person finds the necessary power in himself/herself to change the events in his/her life cognitively and emotionally and believes that he/she can affect the results (Cited in Terzi, 2008). The subcomponents of psychological resilience include tolerating unpleasant emotions, actively noticing, calmness in the face of triggering events, recognizing reality, cognitive reframing in accordance with reality, and creating new goals (Karaırmak & Bugay, 2020). In this study, focusing on the positive—engaging in cognitive activities such as shifting attention, mentally preparing for challenging conditions, or suppressing emotions—can be categorized within this framework. Religious beliefs and values, which are integral concepts in positive and religious psychology, are recognized as coping mechanisms that facilitate acceptance of experiences in situations such as earthquakes and epidemics (Finchman & May, 2021; Zhang et al., 2022). The individual continues his/her life with high motivation and makes his/her life choices freely (Kayacı & Özbay, 2016). The fact that the experts participating in the study organize their own lives and produce alternative goals in the face of possible problems and obstacles suggests that their psychological resilience may be high.

Participants stated that the psychological resilience of psychological counselors working voluntarily in the earthquake zone can be increased by providing sustainable/systematic PSS services, supervision and material support, short-term work, orientation studies, in-service training, meeting their basic needs, sightseeing, and cultural activities. Professionals who will work in the earthquake zone were advised to regulate emotions, increase psychological resilience, share experiences, use religious coping mechanisms, accept and adapt to challenging conditions, and create personal coping resources by doing sports and artistic activities. It was also emphasized that they should develop themselves and gain competence in PDM, make cognitive self-preparation by interviewing those with field experience, and make emotional preparation by considering the social and cultural conditions in the regions where they will work and trying to help in an impartial and empathetic way. Finally, the importance of allowing time for

adaptation and being physically ready for the conditions was also emphasized. The basic stages of psychosocial intervention are assessment of needs and resources, psychological first aid, mobilizing, referring and directing the community, planning sustainable-long-term studies, creating an information center, supporting to the employee, training, monitoring and evaluation activities (Erdur-Baker & Doğan, 2017).In the research, findings such as anxiety, feelings of inadequacy, avoidance, detachment, and personality dissolution occur more in those who work with people who have experienced trauma even though they are not equipped with education (Chrestman, 1999; Devilly et al., 2009). Multidisciplinary intervention is very important in disasters. Since each disaster is unique, it is thought that receiving support from other team members will have a positive effect on psychological resilience when the experts in the team encounter a situation that they have not experienced before. During the August 17 and November 12 earthquakes, it was observed that the experts who worked and were affected by the disasters also benefited from group work. Such professional practices have a preventive function against conditions such as anxiety disorder, depression, and post-traumatic stress disorder (Aktaş, 2003). In a study, Kahil (2016) states that factors such as acceptance of challenging working conditions, cognitive and emotional preparation, orientation studies, acceptance, and adaptation to challenging conditions make significant contributions to reducing secondary traumatic stress in the earthquake zone and attribute this to individual characteristics. Although Çoban (2020) stated in his research with disaster workers that professional tenure (cognitive, emotional, knowledge, and hardware experience) does not mean anything at the level of psychological resilience, Erdener (2019) argues that such factors have a healing effect. Experts (İnce, et al., 2013), working on a literature on the psychology and sociology of religion, explained in detail that religious and spiritual coping resources are protective factors in the field research they conducted immediately after the February 6 Kahramanmaraş earthquake.

It is very important for people who come into contact with people exposed to earthquakes to be prepared for their psychological health and working conditions in the disaster area. Especially in sudden disasters such as earthquakes, since people will find themselves working in a difficult and complex environment, not only mental health workers but also aid workers who will come into contact with anyone exposed to disaster should have knowledge about psychological first aid, which is the first necessary intervention in disasters. Mental health services in mass trauma and disasters contribute to the productivity of employees by providing the necessary social training and physical improvement for establishing security, mourning, and re-functionalizing the social structure (Yıldız et al., 2023). Unlike normal conditions, experts who provide psychosocial support are asked to provide crisis management, psychological first aid, information about the conditions, supervision, short-term working intervals, correct sharing of tasks (having clear information about what kind of service will be provided) in times of disasters, a role confusion that may occur will naturally reduce stress and burnout (Bakım et al., 2012).

There are also studies that point out that employee support activities should be continuously accessible to employees to reduce the symptoms of traumatic stress and psychological wear and tear (Özen & Cerit, 2018; Hasdemir, 2018; Robinson, 2013; Tominaga et al., 2020). In this study, psychological counselors similarly mentioned the emotional, social, physical, and behavioral effects they faced and expressed the need for support. It is thought that it will be important for those working in this field to have continuous access to support mechanisms at certain intervals in terms of secondary traumatization. In this study, factors such as in-service training, orientation, cognitive preparation, and knowing the conditions were found to be important. Pak et al. (2017) also found that there was a significant difference between the levels of psychological resilience according to the status of receiving in-service training in their study with professionals working in the emergency department. The psychological resilience level of the participants who stated that they received in-service training was higher. It is thought that receiving supervision support while working in the disaster field reduces the likelihood of making mistakes, stress can be managed, and it contributes significantly to increasing psychological resilience. According to Erdener's (2019) study, the psychological resilience levels of individuals who receive supervision and those who do not receive supervision show a statistically significant difference. Turgut (2014) also found that lack of supervision is one of the predictive variables of secondary traumatic stress, depression, and indirect trauma.

Although working in disasters may seem emotionally traumatizing, it is stated in various sources that working in disasters can also have positive aspects. Protective factors play a decisive role here (Gizir, 2007; Karaırmak, 2006). After challenging experiences, individuals are able to witness people's efforts and change them in a positive way, despite life's challenging factors (Tedeschi and Calhoun, 2004). It is seen that the participants experience more pleasant emotions than unpleasant ones. Studies examining the frequency of positive and negative emotions during challenging life events suggest that older adults tend to experience more positive emotions compared to younger and middle-aged adults (Scheibe & Carstensen, 2010), whereas adolescents report more negative emotions than adults (Aldao & Nolen-Hoeksema, 2012). This indicates that the ability to regulate emotions may underlie these age-related differences. In a qualitative study conducted with disaster workers involved in the February earthquake, participants commonly reported emotions such as anxiety, fear, guilt, helplessness, and sadness. These feelings were attributed to a lack of experience and insufficient training rather than the services provided (Arslankoç et al., 2024). In this study, the participating psychological counselors had many experiences during their stay in the earthquake zone. It is thought that sharing feelings about these experiences will both show the essence of what is experienced and provide a sense of empathy. As a matter of fact, the participants stated that they experienced pleasant emotions such as happiness, feeling good, emotional relaxation and peace. Participants also experienced unpleasant emotions such as sadness, pain, regret, anger, anxiety, and secondary traumatic experiences. It is thought that pleasant emotions such as happiness, well-being, emotional relief, and peace may reflect the well-being that arises from helping others.

On the other hand, it can be thought that sadness, pain, regret, anger, anxiety and secondary traumatic experiences emerge as anger by thinking about the emotional states of those who stayed there after leaving the earthquake zone. This is because people can feel compassion for people who have had difficult experiences when they leave them behind. Considering that human beings are essentially an unfinished being (Gençtan, 2017), it can be said that this is also natural. It comes to mind that every new experience can be thought of as pregnant with new selves in human existence (Lacan, 2022). At this point, it is seen that each phenomenon that the volunteers working in the earthquake zone see, speak and experience will result in new selves in the phenomenal areas of the volunteers (Heidegger, 2021).

Recommendations

This research was conducted using a qualitative design. Opinions and suggestions were identified. According to the results obtained in line with these opinions and suggestions, contents in the form of "psychoeducation/self-help groups/sharing groups" can be prepared for field experts who provide volunteer services in the earthquake zone, and these can be tested in a quasi-experimental design. It has been seen that physical health, self-care, and establishing social relationships are important to regulate the psychological resilience, compassion fatigue, and emotional states of experts working in disasters. As researchers, we had the chance to observe from the primary source that sharing between colleagues is important in volunteering in PFA and PSS studies. Psychological counseling in the disaster area shows that first contact is significant rather than clinical guidance or psychotherapy, and this is directly related to listen-watch-connect in psychological first aid. We can say that the importance of having a person who listens, understands, and is willing to share their pain in the first moment in the face of a challenging life is not only limited to the literature but is also an essential supportive element in practice. In summary, theory and practice have supported each other in this regard.

We think we should emphasize the importance of coordination in the process, as there are many volunteer experts from organizations such as the Ministry of National Education, the Ministry of Family and Social Policies, the Ministry of Youth and Sports, DEMP, and UNICEF. When there is cooperation between institutions in line with the expert opinion in providing both physical, psychological, or educational support, it is thought that it will contribute to a more equitable distribution of the aid to be provided. The following can be suggested for local and ministry-level studies on this issue.

1. It is important to plan for the participants' physical needs, material support, transportation, and cooperation in a systematic way.

2. Considering the secondary traumatic stress levels of the participants, it is thought that it would be more functional to work in the disaster area at short intervals.

3. It is thought that volunteers may need to be "adequately informed" about the secondary traumatic stress reactions they may experience. In this regard, it may be suggested that the "support to the employee" materials prepared by MoNE be examined.

4. Although PFA activities do not require direct expertise, it may be recommended that volunteers receive in-service training or orientation training on trauma, disaster psychology, and understanding posttraumatic reactions.

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Genişletilmiş Türkçe Özet

Türkiye coğrafi ve jeolojik yapısı gereği ekolojinin getirmiş olduğu doğal afetlere açık bir yapıya sahiptir. Doğal afetler sonrasında insanların günlük yaşam koşullarını sarsılabilmekte, ekonomik, sosyolojik ve fiziksel zararları azaltmak adına dışardan psikolojik, ekonomik ya da sosyal desteğe ihtiyaç duymaktadırlar. Afetler sonrasında bireylerin duygusal dünyaları zarar görmekte, karşılaşılan en temel psikolojik sorunlar arasında duygusal dengenin bozulması, belirsizlik, kaygı, anda olamama şeklindedir. Tüm bunlar afet sonrasında psikolojik anlamda yardımın nasıl sağlanacağı ve hangi uzmanların görevlendirilmesi gerektiği sorusunu akla getirmektedir. Psikolojik destek anlamında ise ilk olarak psikolojik ilk yardım (PİY) yapılmaktadır. Bunun sebebi ise psikolojik ilk yardımın afet mağdurunun yaşadığı duygusal olaylara karşı duygusal temas ihtiyacından kaynaklanmaktadır. Nitekim psikolojik ilk yardımda ana hedefler: dinlemek, izleme ve bağ kurmaktır. Psikolojik ilk yardımda sunulan duygusal destekle birlikte kişi travmatik olay karşısında yalnız olmadığını hissetmektedir. Daha sonra ise psikososyal destek (PSD) hizmetleri sunulmaktadır. Psikososyal destekler, psikolojik ilk yardımın daha sistematik ve programlı hali şeklinde değerlendirilebilir. Gerek psikolojik ilk yardım olsun gerekse psikososyal destek sunulurken bu alanda çalışan psikolojik danışman, psikolog, sosyal destek uzmanlarına ihtiyaç duyulmaktadır.

Psikososyal destek sunulurken ihtiyaç ve kaynakların değerlendirilir. Koordinasyon ve iş birliği, sevk etme ve yönlendirme, bilgi merkezi oluşturma, toplumu harekete geçirme, sosyal projeler, eğitimler, çalışana destek, izleme ve değerlendirmedir. Çalışana destek kısmı incelendiğinde afetlerde görev yapan personelin duygusal, davranışsal, zihinsel ve fiziksel olarak etkilenme düzeylerini azaltarak iş ve yaşam motivasyonlarını artırma hedeflenmektedir. Bunun temel amacı psikososyal destek hizmeti sunulurken uzmanın yaşadığı bazıikincil travma ya da mağdurdan psikolojik ve duygusal olarak etkilenme ihtimalinin olmasıdır. Psikososyal destek sunulurken ruh sağlığı çalışanları çeşitli bakanlıklarda [Milli Eğitim Bakanlığı (MEB), Aile ve Sosyal Politikalar Bakanlığı (ASP), Afet ve Acil Durum (AFAD)] Afetlerde psikososyal destek ve psikolojik ilk yardım kısmında çalışan görevli meslek elemanlarından bazıları da psikolojik danışmanlardır. Psikolojik danışmanlar asrın felaketi sayılan 6 Şubat Kahramanmaraş Merkezli depremde PİY ve PSD çalışmalarında bulunmuşlardır (Millî Eğitim Bakanlığı/Özel Eğitim ve Rehberlik Genel Müdürlüğü [MEB/ORGM], 2024). Bu bölgelerde çalışan alan uzmanlarının PİY deneyimleri, duygu durumları, deprem bölgesinde yaptıkları çalışmalar, travmatik stres düzeyleri ve bunu tolere etmek adına psikolojik dayanıklılıklarını nasıl düzenledikleri, motivasyon kaynakları incelenmesi gereken konular arasında yer almaktadır.

Bu araştırmanın amacı psikolojik danışmanların deprem bölgesine gitme motivasyonları, orada yaptıkları çalışmalar ve bunlara ilişkin duyguları, psikolojik dayanıklılığı sağlama yolları ile bu konudaki önerilerini incelemektir. Araştırmada PİY ve PSD hizmeti sunan 14 psikolojik danışman yer almıştır. Verilerin toplanmasında yarı yapılandırılmış görüşme yöntemi, verilerin analizinde ise içerik analizi kullanılmıştır. PİY ve PSD hizmetlerine katılan psikolojik danışmanların afet bölgesine gitme ve orada çalışmaya ilişkin motivasyonları incelendiğinde bireysel motivasyon, mesleki motivasyon kaynakları

olmak üzere iki farklı temanın ortaya çıktığı görülmüştür. Psikolojik danışmanların afet bölgesinde sanatsal etkinlikler, PİY ve PSD çalışmaları yaptıklarını rapor etmişlerdir. Psikolojik danışmanlar, deprem bölgesinde duygusal, bilişsel ve fiziksel aktiviteler yaparak psikolojik dayanıklılıklarını korumaya çalıştıklarını ifade etmişlerdir. Psikolojik danışmanlar, afet bölgesinde görev yapacak olan alan uzmanlarının psikolojik dayanıklılıklarını korumak adına psikososyal destek ekibinden beklentiler, kişisel başa çıkma kaynakları, bilişsel ve duygusal hazır bulunuşluk ve fiziksel sağlığı koruma gibi faktörlerin önemine vurgu yapmışlardır. Katılımcılar, deprem bölgesinde yaşadıkları deneyimlere ilişkin duygularını hoş duygular ve nahoş duygular şeklinde sınıflamışlardır. Bu çalışma, afet bölgelerinde gerçekleştirilen faaliyetler, kişisel özellikler, sosyal/çevresel etkileşimler, koruma ve iyileştirme talepleri dahil olmak üzere, afetlerin doğasını ele almak için tasarlanabilecek sosyal refah müdahaleleri ve politikalarına bilgi verebilecek bulgular ortaya koymaktadır. Afet durumlarında zihinsel gücün korunmasına yönelik stratejiler; öz bakımın sürdürülmesi, kritik baş etme becerilerine sahip olunması, gerektiğinde profesyonel psikolojik destek veya süpervizyon alınması ve yüksek düzeyde motivasyon ve iş birliğinin sağlanması, mesleki sınırların korunması ve sürekliliğin sağlanmasıdır.

Ortaya çıkan sonuçlara göre deprem bölgesinde gönüllü hizmet ruh sağlığı çalışanlarına "psikoeğitim/kendine yardım grupları/paylaşım grupları" şeklinde içerikler hazırlanıp bunlar yarı deneysel araştırmalarla sınanabilir. İçeriklerin hazırlanması ve gruplara uygulanması bir anlamda sahadaki deneyimlerle, teorideki uygulamalar arasındaki farkın birincil derecede görünmesine de katkı sağlayacağı düşünülmektedir. Afetlerde görev yapan uzmanların psikolojik dayanıklılığını, şefkat yorgunluğunu, duygu durumlarını düzenlemek adına fiziksel sağlık, öz bakım, sosyal ilişkiler kurmanın önemli olduğu görülmüştür. Birçok ruh sağlığı uzmanı afet bölgesine gitmeden önce oryantasyon programlarına katılmanın öneminden bahsetmiştir. Bilgilendirme olması durumunda mağdurla temas ederken ya da uzmanın kendisi zorlandığında neler yapabileceği konusunda farkındalık kazancaktır. Araştırmacılar olarak PİY ve PSD çalışmalarında gönüllü olarak görev yaptığımız süreçte, meslektaşlar arası paylaşımın önemli olduğunu birincil kaynaktan gözlemleme şansına sahip olduk. Afet bölgesinde psikolojik danışmanlık, klinik bir yönlendirme ya da psikoterapiden ziyade ilk temasın çok önemli olduğu bununda psikolojik ilk yardımda yer alan dinle-izle-bağ kur ile birebir ilişkili olduğunu göstermektedir. İnsan doğası gereği zorlayıcı bir yaşam karşısında ilk anda kendisini dinleyen, anlayan ve onun acısını paylaşmaya gönüllü bir kişinin olmasının önemini sadece literatürle sınırlı olmadığını bunun pratikte de önemli bir destekleyici unsur olduğunu söyleyebiliriz. Özetle teori ve pratik bu konuda birbirini desteklemiştir.

MEB, Aile Sosyal Politikalar Bakanlığı, Gençlik Spor Bakanlığı, AFAD, UNICEF gibi kuruluşlardan birçok gönüllü uzmanın olduğu süreçte koordinasyonun önemli olduğunu vurgulamamız gerektiğini düşünmekteyiz. Gerek fiziksel gerekse psikolojik ya da eğitsel destek sunmada uzman görüşü doğrultusunda kurumlar arası iş birliği olduğunda sunulacak yardımların daha adil dağıtılmasına katkı sunacağı düşünülmektedir. Bu konuyla ilgili yerel ve bakanlık düzeyinde yapılacak çalışmalar için şunlar önerilebilir.

1. Katılımcıların fiziksel ihtiyaçları, materyal desteği, ulaşım ve iş birliği için sistematik bir planlamanın önemli olduğu görülmüştür.
2. Katılımcıların ikincil travmatik stres düzeyleri göz önüne alındığında afet bölgesinde çalışma sürelerinin kısa aralıklarla yapılmasının daha işlevsel olacağı düşünülmektedir.
3. Gönüllülerin yaşayabilecekleri ikincil travmatik stres tepkileri ile ilgili "yeterince bilgilendirilmeye" ihtiyaç duyabilecekleri düşünülmektedir. Bununla ilgili MEB'in hazırlamış olduğu "çalışana destek" materyallerinin incelenmesi önerilebilir.
4. Her ne kadar PİY çalışmaları direkt bir uzmanlık gerektirmese de gönüllülerin travma, afet psikolojisi, travma sonrası tepkileri anlama ile ilgili hizmet içi eğitim ya da oryantasyon eğitimi almaları önerilebilir.

Ethics Committee Approval: …

Informed Consent: Informed consent was obtained from the 14 (number) of participants.

Peer Review:

Authors' Contribution: All authors have contributed relatively to the research.

Conflict of Interests: The authors declare no conflict of interest.

Financial Disclosure: The authors declared that this research was conducted without financial support.

Acknowledgement: We would like to thank the Provincial Psychosocial Support Coordination Unit for helping us reach the sample group for this study.

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