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Exploring the therapeutic self

Portfolio for Professional Doctorate in Counselling
Psychology (DPsych)

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2013

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City University Declaration

I grant powers of discretion to the University Librarian to allow this Doctorate Portfolio to be copied in whole or in part without further reference to me. This permission covers only single copies made for study purposes, subject to normal conditions of acknowledgement.

Section A: Introduction to portfolio

1. Preface

This preface will introduce the various components of this thesis portfolio. The portfolio focuses on three different areas related to the role of the therapist's¹ self in psychotherapy, and in Counselling Psychology. First, there is an exploratory and novel piece of research exploring Counselling Psychologists' experiences of self in their professional work. Second, a client study describes, from a psychodynamic perspective, the challenges of working within the transference relationship with a client. This piece of work is intended to demonstrate my professional practice, and competence in my chosen theoretical method. Third, there is a critical literature review looking at the empirical evidence underlining the impact of personal therapy for therapists, in terms of their professional practice and personal development. This is a particularly pertinent issue for Counselling Psychology, because it is a training programme that requires mandatory personal therapy for its trainees.

The preface will now detail each of these three areas in turn, and conclude with an exploration of the thematic strands binding the sections together.

2. The research

This portfolio includes an original piece of research that explores Counselling Psychologists' experiences of self in their professional practice. The sample consists of eleven Chartered Counselling Psychologists, all with at least one year post qualification experience. The data is gathered using semi-structured interviews, and then analysed using Interpretative Phenomenological Analysis (IPA). The research focuses on the ways in which participants make sense of their experiences of self in their clinical work. Particular attention is given to the ways in which participants understand the role of their self in the therapeutic relationship, and how they negotiate the boundaries between their self and the client. There is also exploration of the ways in which personal feelings and thoughts belonging to the therapist, including their desires, motivations, and vulnerabilities, can enter into and affect the therapeutic relationship and processes. The analysis is discussed alongside existing empirical literature. The concluding synthesis summarises the findings and explores the implications for Counselling Psychology, particularly in terms of the clinical practice and personal development of its members.

¹ The terms 'Counselling Psychologist', 'therapist' and 'clinician' will be used interchangeably throughout this portfolio.

3. Professional practice: Case study

The case study is a reflexive account of my clinical work with a particular client, from a time-limited psychodynamic perspective. The study incorporates a transcribed excerpt from an audio-taped session with the client, in which I reflect on the content and process of our therapeutic work, drawing on relevant theory and research. This study also delineates the challenges faced in the work, and how these have helped me to grow and develop as a clinician.

The study focuses on the emerging therapeutic relationship between the client and myself, primarily focusing on the transference relationship. There is an exploration of the ways in which the client's early object relationships are transferred into the therapeutic relationship, in which I am seen either as the idealised mother figure, or as the failing and abandoning object. The challenges in the work consist of recognising and managing the transference relationship, and preserving my own 'reflective stance' as the therapist. The aim of the work is to provide a safe therapeutic space in which the client's feelings can be explored and thought about, and to aid the gradual recognition of her core pain: that of unbearable loss and rejection. Since my work with this client is time-limited, the approaching ending of the therapy forms a continual component of the work. This is especially important for this client as she may perceive the ending as an abandonment, and myself as the abandoning and rejecting object. A primary focus of our work, therefore, is to recognise and contain her feelings in anticipation of this ending, and provide her with the experience of a 'good' object relationship, in which her 'core pain' can be gradually recognised and thought about.

4. Critical literature review

The aim of the literature review is to present a thorough and critical examination of the literature on a topic relevant to the practice of Counselling Psychology. The review aims to explore the empirical literature regarding the impact of personal therapy on the professional practice of the therapist. This is a topic especially relevant to Counselling Psychology training, in which it is mandatory that trainees undertake forty hours of personal therapy. Although conceptually understood to promote personal development, there is little conclusive empirical evidence to justify the idea that personal therapy positively contributes to the therapist's professional practice. The majority of the research literature is quantitative, and has tended to reveal equivocal and, at times, contradictory evidence regarding the impact of personal therapy on the clinician. Additionally, the majority of research studies suffer from methodological

limitations that limit the reliability and generalizability of their findings. Recently, there has been a rise in qualitative studies focusing on this issue. These studies explore the individual therapist's subjective experiences of their personal therapy, and how it contributes to their professional work and personal lives. The significance of personal therapy in training is addressed, and further research recommended.

5. Thematic connection for the doctorate portfolio and personal reflections

This portfolio reflects the culmination of my professional and personal experience over the course of my training. Each section is relevant, in content, to the practice of Counselling Psychology, but is also tied, in a personal way, to my own experiences. The theme that binds all three sections together is that of 'the self in relationship'. This theme is illustrated, in different ways, by the three sections of the portfolio. I will now describe these thematic connections in more detail.

5.1 The research

The concept that traverses this research study is of the self being understood and made meaningful within relationships: be these external relationships with an other, or internal relationships within the self. Participants locate their self as a central part of a dynamic relationship with the client. Within these relationships, the participants negotiate boundaries between their self and the client. Through these negotiations, the self can, at times, feel a whole and distinct entity, and at other times, feel fragmented, or invaded by the client's thoughts and feelings. This suggests that the boundary delineating what is 'me' and what is 'you', is not always clear. These findings not only place the therapist self as a central component of the therapeutic relationship, but also illustrate the experience of self as bound within the relationship. This concept fits with existing relational notions of the self, advocated by Ganzer (2007) and Arnd-Caddigan and Pozzuto (2008), who conceptualise the self not as detached and individual, but as fluctuating and relationally embedded.

I am prompted to consider the ways in which I understand and make sense of my self in my professional relationships, and how this has developed and changed over my training. I feel I am continually developing an appreciation of the importance of my self in my professional work, and the different ways in which I can impact and influence the therapeutic process. My experience runs in parallel to my participants: we are both engaged in making sense of how our self is involved in our therapeutic endeavours. I hope that the research interviews have helped

my participants to explore this issue further; just as undertaking the research has helped me to think more deeply about my own processes.

5.2 Case study

The case study focuses on the complexity of the therapeutic relationship between myself and the client, and the ways in which my own self is implicated and involved, particularly within the transference. In the sessions I often felt my role change from being the idealised mother figure, to being the failing or abandoning object. Coping with the fluctuations in my counter-transference experiences was very challenging, in addition to feeling that my self, and my role in the relationship, was at times being distorted by the client. Occasionally it felt as though the therapeutic 'space' between us disappeared, and I would lose my ability to think clearly as a separate person. I used my supervision and personal therapy as a reflective space within which I could explore my counter-transference, and gain clarity into the communications existing in the relationship.

My work with this client has helped me to understand the ways I use my self within my therapeutic relationships. I found the work with this client challenging, but ultimately rewarding, as my continued efforts to understand her helped us to develop a close working relationship. Through the work I have also been able to develop a stronger sense of myself as a psychodynamic therapist, and understand better how I can incorporate and use my self within this particular model.

5.3 Critical literature review

The critical literature review was the first piece of work I wrote towards this doctoral portfolio. My decision to focus on this particular aspect of Counselling Psychology was, at the time, a result of my desire to make sense of my own personal therapy in the context of my training. I have found my personal therapy to be a highly relevant and important contributor to the way I understand myself in my relationships with my clients. The relationship I have developed with my personal therapist has not only enabled me to achieve a deeper understanding of my personal self, but has also contributed to the formation of my self as a practitioner. To me, this indicates that the personal and professional aspects of my self are highly interwoven, even though each needs, at times, to be distinguished from the other. I believe that it is the awareness of self that traverses and connects the different aspects of our personal and professional lives; and that we must endeavour to explore this further.

References:

Arnd-Caddigan, M., & Pozzuto, R. (2008). Use of self in relational clinical social work. *Clinical Social Work Journal*, 36, 235-243.

Ganzer, C. (2007). The use of self from a relational perspective. *Clinical Social Work Journal*, 35, 117-123.

Section B: Doctoral research

Exploring Counselling Psychologists' experiences of self in their
professional work: An interpretative phenomenological study

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Abstract

The majority of research looking at the role of the therapist's self in psychotherapy is quantitative. The emphasis on quantitative methods in health care settings has led to a focus on therapeutic method, and a marginalisation of the importance of the therapist's self in psychotherapeutic processes. There has been very little qualitative research that looks to explore the therapist's subjective experiences of self in their professional work. In response to this dearth of research, particularly within Counselling Psychology, this study aims to investigate Counselling Psychologists' experiences of self in their professional work. The study is conducted using semi-structured interviews, and analysed using the qualitative methodology of IPA. Participants were eleven Chartered Counselling Psychologists all with at least one year of post-qualification experience. Three superordinate themes emerged from the data: constructing self in relationship; negotiating the relationship between self and other, and the self observed. The overall finding from this study, reflected in each of the three superordinate themes, is of the self being understood and made meaningful through the presence of a relationship with an other. The theme 'constructing the self in relationship', highlights how participants understand their self as an integral part of the relationships they form with their clients. 'Negotiating relationships between self and other' reflects how participants continually negotiate the boundaries between their self and the client. The final theme 'the self observed', pertains to the idea of self being the object of observation, both from an internal and external perspective. Overall the findings reveal the existence of complex internal negotiations present in the therapist, that can enter into and interact with the therapeutic process. This study provides a complex and practice-based insight into the role of the therapist's self in psychotherapy, that is not reflected by current literature. These insights can be incorporated into Counselling Psychology training programmes, particularly addressing the areas of practitioner self-awareness and personal development. This study argues that future research is needed to further elaborate our understanding of the role of the therapist's self in psychotherapy.

Chapter one: Introduction and literature review

1.1 Introduction

Of all psychological concepts, according to Sleeth (2007), none has a more lengthy history or engendered more controversy and ambiguity than that of the self. Despite the central position the concept of self holds within psychology, there is no single theory or concept integrating all its various meanings (Sleeth, 2007). Hoffman, Stewart, Warren and Meek (2008) explain that it is the difficulty in locating, defining and describing the self, which has led psychologists still intensely to debate its existence.

The aim of this section is not to present a coherent construct of the self, but instead to acknowledge that the self is inherently a diverse, multifaceted and ultimately unclear phenomenon, which will probably continue to be hotly debated in the decades to come. This complexity is no less apparent when considering the role of the therapist's self in psychotherapy. Our understanding of the therapist's self is interwoven with evolving philosophical ideas, prevailing social notions and dominant research paradigms concerning the general nature of 'self', and the nature of interaction between human beings. Ideas about the therapist's self cannot be considered in isolation from these diverse influences. There is not a singular definition or understanding of the therapist's self in psychotherapy; it is instead a complex and changeable phenomenon.

Paradigmatic shifts in thinking over the past century have greatly influenced the way the 'self' is conceptualised both philosophically and psychologically. In psychology, the self is primarily viewed through the modernist idea of a single, indivisible, coherent and impermeable entity. This conception is, however, being challenged by contemporary and post-modern notions of the self as essentially constructed and embedded within social relationships. This has important consequences for the conceptualisation of the therapist's self in therapy. According to Ganzer (2007), the therapist's self moves from being a detached and separate observer, to being an involved participant in the relational encounter. Carew (2009) illustrates this change within psychoanalysis, where a gradual rejection of the therapist as a 'blank screen' has led to new groups advocating the therapist as part of the therapeutic relationship. There are growing numbers of contemporary therapies calling for the replacement of the modernist singular self with, as Sleeth (2007) describes, a self that extends beyond its ordinary limits to encompass the broader or deeper aspects of life.

The dominant research paradigms within psychology have affected the significance attributed to the treating therapist. Quantitative research, based on positivist ideals, tends to deconstruct the

therapist into separate parts, with each to be individually investigated and evaluated for their 'effective' contribution to psychotherapeutic outcome. More recently, the rise of qualitative methods has heralded a renewed focus on the importance of the therapeutic relationship, and the acceptance of the therapist as a holistic entity comprised of subjectivities, i.e. feelings, values and attitudes, that are relevant to the therapeutic endeavour. These two research approaches have important consequences for the way the self of the therapist is empirically investigated and conceptualised in professional practice.

The aim of this chapter is to reflect on the complex and varied array of notions regarding the role of the therapist's self in psychotherapy, and describe the various empirical efforts intended to capture, record and measure the therapist's self. The intention is to reflect the complexity and controversy surrounding this intuitively important, yet highly debated component of therapeutic work.

1.2 Philosophical conceptions of self and intersubjectivity

Evolution in philosophical ideas over the past three hundred years has had great consequences for the way the self is conceptualised, and for how the relation between self and other is understood. Philosophers of the early modern period, such as Descartes and Hume, understood the self as a rational and detached ego, to whom the world of nature is alien and separate. According to Russon (1994), this philosophical approach rendered the self as impervious to outer influence, and in doing so created a conceptually unbridgeable gap between the self and the world.

Descartes offered a conception of the human self that has defined and structured philosophy and social theory, and shaped the thinking of western societies (Fullbrook, 2004). Seeking to establish 'objective knowledge', Descartes engaged in a method of radical doubt, concluding that only his existence as an incorporeal thinking being could be fully known as 'true'. This created the idea of a thinker who is completely detached from time, place and others. According to Fullbrook (2004), Descartes' effective disembodiment of the thinker created an anonymous and intrasubjective self separated from both body and world. Flores-Gonzalez (2008) argues that Descartes was wrong to disconnect perception from thought, and to create a gap between the outer world and the inner self. It is precisely this separation, between self and world, which has been challenged by the phenomenological movement.

The emergence of existential phenomenology in the 19th and 20th centuries brought with it a radically new way of understanding the self's position in the world. This movement, pioneered by thinkers such as Husserl, Heidegger and Merleau-Ponty, set about understanding the self as

an embodied, intersubjective and relational entity. The phenomenological movement, according to Russon (1994), seeks to put the self back into the world, and by doing so challenges our 'modernist prejudices' (p. 294) regarding the nature of self and other. Instead of separating self, world and others (as Descartes did), phenomenology seeks to bring them together. Zahavi (2003) goes further, stressing that these three spheres can only be understood through their interconnection. Phenomenology, therefore, engages in a close analysis of the relationships existing between our subjectivity and the world around us.

Merleau-Ponty, in his 'Phenomenology of Perception' (1945), argued that we must abandon our ideas about a fully constituted and separated self, and come to understand our existence as a living material presence *within* the world. He argues that our body is the means by which we are connected to the world, and to others, and thus we cannot be isolated egos (Russon, 1994). We are, instead, embodied subjectivities. This challenges notions of an absolute and separated self, as laid out by Descartes. Our subjectivity is not hermetically sealed up within itself, as Zahavi (2003) describes, but rather exists within our relation to the world.

Husserl also disagreed with the modernist ideas of a singular self which is separated from the world. He advocated instead that we must examine the nature of the world as it is experienced by the subject (Thompson 2005). For Husserl, the experience of an object can never be decisively split from the subject who is experiencing it. Fullbrook (2004) explains that Husserl understood the world as an intersubjective field of experience, in which several human subjectivities participate. For Husserl, therefore, subjectivity is not enclosed upon itself, but is instead embedded within our intersubjective encounters in the world. If intersubjectivity forms an integral aspect of the self, then the idea of a separate self or ego becomes entirely nonsensical (Fullbrook, 2004).

Heidegger, a student of Husserl, set about expanding these ideas. Heidegger (1962) argued that our presence in the world is inherently social, and that our understanding of self is based on the way in which we exist as beings within the world (Thompson, 2005). In order to describe this manner of 'being in the world' Heidegger coined a new term, 'Dasein'. For Dasein the world is not a private place, but a fundamentally communal one. Dasein cannot be separated or objectified because it is always characterised by a 'being with' others (Zahavi, 2003). Heidegger's conception of the self is fundamentally opposed to the idea of an isolated 'I' or 'ego'. He even goes further than Husserl, emphasising how our existence emerges from a fundamental and primordial structure of relatedness to the world and others. In this view, there can be no subject without there first being others.

Martin Buber (1937/2008) introduced a way of understanding the relation between self and other that is more widely recognised within mainstream psychology. According to Hudson (2010), Buber argues that human beings are ‘twofold’ in their attitude towards the world. We respond to the world and those who we encounter around us in either an I-Thou or I-It way. I-Thou represents a holistic and authentic relationship between two mutual beings. A person can be open to an I-Thou experience, but according to Hudson (2010), they must never actively pursue it, since to do so would engender qualities of an I-It encounter, in which beings are objectified and possessed. Buber stresses that the I-It relationship is in fact a relationship with oneself; it is a monologue, not a dialogue. I-It is, therefore, an incomplete consciousness, whereas I-Thou uses one’s whole being (Hudson, 2010). Buber (1937/2008) also argues that ‘man can only become an I through a You’ (p. 80), a position similar to Hegel, who asserts that it is only possible to become an independent self-consciousness through mutual recognition with an other (Hudson, 2010). In this way, our self-existence is of a dialogical nature; fundamentally made up of our encounters with others. Interestingly, Buber stresses that in the development of humans, the I-Thou relation precedes the I-It, suggesting a primordial and instinctual relation to the world that characterises the infant. This bears resemblance to Heidegger’s ideas, which see humans as fundamentally enmeshed within the world.

The philosophical ideas presented above represent an alternative to the Enlightenment’s Cartesian subject. This phenomenological movement transformed the self from an isolated and monadic existence, into a fundamentally intersubjective position, embedded within our social and cultural worlds. According to Thompson (2005), these philosophical considerations have direct consequences for how we determine the relationship between self and other, and how we understand the impact of others on the self, and vice versa. This is particularly applicable to psychotherapeutic work, and holds important implications for how the therapist is understood to be involved in the therapeutic relationship. If we take an intersubjective view of the self, then we must ask important questions concerning the nature of the interaction between therapist and client, and the ways in which each can hope to impact and change the other.

1.3 Understanding the therapist’s self in psychotherapy

As Baldwin (2000) asserts, the therapist’s ‘use of self’ is a subject of immense theoretical and practical importance in psychotherapy. When looking at the psychotherapeutic literature, however, Reupert (2008) contends that there are many different ways in which the self of the therapist is valued and explained. This is particularly illustrated by the extent to which the therapist’s self is recognised as a component in therapeutic change processes. The person-centred approach, for instance, proposes that the person of the therapist is a central attribute

within therapeutic change and growth. Whereas classical psychoanalysis, according to Greenson (1981), advocates a self-effacing and neutral analyst who must suppress their personal self in service of the analytic endeavour. The different therapeutic models, therefore, expound contrasting views as to the role of the treating therapist in the therapeutic relationship.

This section will explore the understanding of the therapist's self in two major psychotherapeutic approaches: psychoanalysis and person-centred therapy; and outline the more contemporary approaches of dialogical and transpersonal therapy.

1.3.1 Psychoanalytic perspectives

Freud's theory of psychoanalysis, in which self is separated into a tripartite assembly of agencies, represented the first formal attempt to bring some organisation to the ambiguity of the self (Sleeth, 2006). Freud introduced the significant, yet elusive concept of the unconscious. Baldwin (2000) describes how the introduction of the unconscious was a challenge to the established lines Cartesian dualism, which assigned the mental and conscious to purely physical terms.

Although Freud's theory introduced new ideas regarding the complexity of the internal world of the individual, the exterior relationship between therapist and client was to be based on firm and separated boundaries. According to Carew (2009), Freud insisted that the therapist be impenetrable to the client, and act as the 'blank screen' onto which the transference neurosis of the patient could be projected:

"the doctor should be opaque to his patient and, like a mirror, should show nothing but what is shown to him" (Freud, 1912, p. 118).

In classical psychoanalysis, therefore, the analyst's own inner experiences are considered obstacles to treatment, and must be subsumed for the good of the analytic endeavour. Carew (2009) posits the interesting notion that medical practices at this time were primarily concerned with the transmission of infection; a concern that created the necessity for strict and inflexible boundaries between doctor and patient. Sherby (2005) argues that Freud similarly positioned the analyst as a neutral and detached observer, in order to gain acceptance of psychoanalysis as a respectable science.

Psychoanalysis as a whole, however, has not remained fixated on the classical ideas proposed by Freud. Sherby (2005) describes how the idea of the analyst's neutrality and anonymity has

been met with increasing debate. This disagreement, amongst other bones of contention, has spurred the rise of various different ‘psychoanalytic schools’ that have developed their own ideas regarding the involvement of the therapist in the therapeutic relationship. Guntrip (1969), an object relations analyst, asserts the importance of the analyst cultivating a ‘real relationship’ that coexists alongside the transference relationship, and which involves the analyst as a ‘real person’. Additionally, ‘relational’ schools of psychoanalysis (Aron, 1996; Greenberg, 1995a; Jacobs, 1991), emerging in the USA, place the interaction between analyst and patient at the crux of therapeutic investigation. According to Kahn (2003), the importance of the analyst’s subjectivity is becoming increasingly central within analytic dialogue.

The understanding of the therapist’s self within psychoanalysis, therefore, is undoubtedly changing. Klein’s (1952) paramount concept of ‘projective identification’ introduced the idea that unconscious parts of the patient can be projected into and achieve expression through the analyst’s thoughts and fantasies (Normandin & Bouchard, 1992). Thereby the therapist’s internal feelings and thoughts can provide critical cues about the unconscious world of the patient, and as Jacobs (2004) suggests, form a working tool toward understanding the patient. As Heinmann (1950) succinctly states ‘the analyst’s counter-transference is an instrument of research into the patient’s unconscious’ (p. 82). Dudley and Walker (2003) acknowledge how contemporary psychoanalysis has moved well beyond the concept of the ‘selfless analyst’ (p. 3), and allowed the therapist to move from the ‘banished’ background of anonymity and into the forefront of psychotherapeutic change processes.

1.3.2 Humanistic perspectives

According to Shorrock (2011), humanism challenged the prevailing view within classical psychoanalysis and behaviourism that reduced the individual to its constituent parts, and set about restoring the person to its rightful state of wholeness. As an ethic underlying psychological practice, humanism is most prominently portrayed in the work of person-centred therapy, pioneered by Carl Rogers. This therapeutic approach, outlined by Baldwin (2000), focuses both on the inner phenomenological world of the client, and on the presence of the therapist as a person in the therapeutic relationship.

Central to person-centred practice is the provision of three necessary and sufficient conditions required to effect therapeutic change: unconditional positive regard, congruence and empathic understanding. Rogers (1961) believed that the therapist must first experience these three basic attitudes before they can be used in relation to the client. For instance, the therapist’s ability to offer unconditional acceptance to their clients is predicated first on their ability to accept their

own self. The personal development intrinsic to the counsellor is, therefore, linked to the personal development within the client. With this in mind, the idea of an objective, detached or aloof counsellor is irrelevant in person-centred counselling, and instead the therapist's self is intimately interwoven into therapeutic change processes, alongside their client, in the therapeutic relationship.

An important aspect of person-centred counselling is the development of empathic understanding between therapist and client. Empathy is conceptualised as a 'process' in which the therapist endeavours to walk alongside the client and enter into their unique phenomenological world. The goal is for the therapist to adopt the client's frame of reference 'as if' it were their own, and in doing so leave aside their own personal experiences. Rogers (1951) expands this notion, stating that the counsellor must become 'the client's other self', and effectively remove their personality from the client's purview. From this perspective the person-centred counsellor must become, at least to some extent, 'depersonalised' for the purposes of therapy. This does not mean, however, that the therapist's inner experiences are not important. Mearns and Thorne (2007) say that even if the therapist does not openly disclose their experiences to the client, they must actively use their inner experiences, thoughts and feelings to form a 'bridge' between themselves and their client. These so called 'existential touchstones' allow the therapist to use their personal experiences to understand, and engage with, what their client is experiencing.

1.3.3 Dialogical and transpersonal perspectives

According to Rieveschl and Cowan (2003) there has been a shift in thinking over the past half century, a movement often dubbed the 'postmodern' shift, which has prompted psychology fundamentally to revise its concept of the self. Arising out of this shift are new counselling approaches animated not by a modernist view of self as single, stable and integrated, but rather by postmodern conceptions of identity as pluralistic, shifting and interpenetrated by the social world.

Dialogical psychology is a therapeutic approach, pioneered by Hermans (2008), which challenges mainstream psychological theories that conceptualise the self as a centralised unity with firm boundaries. Dialogical theory, instead, advocates a self that is rooted in interpersonal interactions, and that can expand beyond being a 'skin encapsulated ego' (Strawbridge and Woolfe, 2010, p.13). An important aspect of this approach is the idea that other people or objects are never separate or outside of the self, but form a part of it. According to Hermans (2008), figures external to the self, real or imaginary, are brought inside of the self where they

form different 'I-positions'. These positions form a complex narrative structure within the self, which contributes to the creation of meaning for the individual (Watkins, Lopez, Campbell & Himmell, 1986). Hermans and Lyddon (2006) argue that the therapeutic relationship, in dialogical therapy, should be one of mutual cooperation between two 'experts', aimed toward constructing a personal meaning system that facilitates change.

The literature in dialogical therapy is still evolving. According to Hermans (2008) there is a lack of methodological and empirical progress in dialogical therapy relative to theoretical progress, which can only be righted by a surge in research. Despite this, there is evidence of growing interest in this field within psychology. Hermans and Lyddon (2006) argue that psychologists from a wide array of psychotherapeutic approaches are finding common ground in conceiving the self as multi-voiced and dialogical. A special issue in the 'Counselling Psychology Review' was dedicated to exploring dialogical approaches in 2006.

The transpersonal approach advocates that traditional boundaries of the self be dissolved, and expanded to allow for the inclusion of spiritual and transcendent states of consciousness. According to Caplan (2009), transpersonal psychology is a relatively new discipline, riding on the wave of postmodern ideas and a greater appreciation for philosophies and existential approaches outside mainstream western ideas. This approach aims to identify the full spectrum of human experience, including the transcendent part of the soul. The therapeutic relationship encompasses a profound awareness of one's relatedness to others and a sense of union with the larger environment and world (Cox & Lyddon, 1997). Caplan (2009) argues that it is these spiritual and transcendental aspects of experience that have been mostly denied or ignored in other psychotherapeutic approaches. Clarkson (2003), however, argues that this approach is a particular challenge for the individual therapist who needs to find a way of managing and addressing the spiritual dimension of the human experience in each therapeutic relationship.

1.3.4 Relevance to Counselling Psychology

The way we understand the self, and the nature of the relationship between therapist and client, is changing in psychotherapy. These changes are particularly pertinent for Counselling Psychology, which as an evolving profession, is attempting to lay down its theoretical and practice-based roots. As Blair (2010) explains, Counselling Psychology finds itself situated at a busy junction of diverse and sometimes competing ideologies, frameworks and paradigms. Most particularly, there is a trend away from modernist notions of the single, stable and integrated self, and toward a post-modern conception of self as based in social interaction. According to Holzman and Morss (2000), these new therapeutic approaches challenge

traditional psychotherapeutic perspectives on the self, without offering secure replacements. Zweig (1995) goes further, suggesting that psychological theory is moving towards a conception of a less essential self, or, in the extreme, a 'no-self'.

Neimeyer (2006) suggests that the 'post-modern shift' of thinking in psychology is both a blessing and a bane for Counselling Psychology. The incorporation of multiple worldviews, and new and different approaches, may expand and enrich the theoretical and practice base of Counselling Psychology. Counselling Psychology is well placed to encompass relational views of the self, as its humanistic ethos encourages an appreciation for the relational interchanges between the therapist and the client, and the centrality of the therapist's self in psychotherapeutic work. On the other hand, it is a challenge to this relatively new profession to contain such changing and shifting views of the self, and the growing array of therapeutic approaches.

1.4 Introduction to research into the therapist's self

Beutler et al. (2004) astutely observe that over the last twenty years most psychotherapy research has been based on the medical model, which is concerned with the measurement of objectively observable, or empirically verifiable, phenomena. Psychotherapy research has, therefore, been primarily focused on the practical application and effectiveness of treatment models toward client outcome. This is particularly relevant in today's climate where emphasis on randomised controlled trials (RCTs) pervades psychotherapy research and contributes to evidence-based best practice protocols. In such trials, according to Blair (2010), evidence is gathered without the inclusion of subjectivity, values and meaning, which may result in the self of the therapist being marginalised and overlooked.

The emphasis on therapeutic method, rather than the treating therapist, is intriguing in the light of previous research that has repeatedly demonstrated that the therapist is an important contributor towards successful therapeutic outcome. As Wampold (2001) asserts, a greater proportion of variance in psychotherapy outcome is found to be related to therapists within treatments, than that due to the difference between treatment approaches. Ottens and Klein (2005) argue that dissatisfaction with the single school, 'one truth', approach to therapy research has fuelled a surge of research focused on the 'common factors' that underlie the multiple therapeutic schools.

1.5 The common factors debate

The common factors debate emerged as a result of some of the earliest psychotherapy research, which demonstrated that there were essentially no differences in effectiveness among therapies for most psychiatric problems (Luborsky, Singer & Luborsky, 1975; Smith, Glass & Miller, 1980). This elicited the view that there may be ‘common factors’ across different methods that contribute to psychotherapeutic change. The term ‘Dodo bird effect’, coined by Rosenzweig (1936) described the apparent equal effectiveness of therapeutic methods, by referring to the dodo bird’s pronouncement in Lewis Carroll’s *Alice in Wonderland*: ‘everyone has won and all must have prizes’ (p. 412). In a recognition seemingly ahead of his time, Rosenzweig (1936) commented there are inevitably certain unrecognised factors in any therapeutic situation: ‘factors which may be more important than those being purposely employed’ (p. 412). This was an important idea within the field of psychotherapy research, laying the path for the recognition of the therapist’s self as an important contributor to psychotherapy outcome.

Investigations into the ‘common factors’ underlying psychotherapeutic change have tended to utilise large meta-analytic studies. One influential study, conducted by Wampold (2001) concluded that even the most positive estimate of differential treatment effects, accounting for 2% of variance in outcome, is dwarfed by the effects of common factors. These common factors include the effect of the treating therapist, who contributes at least 6-9% toward outcome variance (Wampold, 2001). This finding is echoed by Joyce, Wolfaardt, Sribney and Aylwin (2006), who state that studies have repeatedly demonstrated that common factors account for a greater proportion of outcome variance than the therapeutic technique, although they do not include variance percentages.

Although there is no conclusive list of the ‘common factors’, certain aspects do tend to reappear. Hubble, Duncan and Miller (1999) constructed the ‘big four’, or set of common factors, based on the research reviews of Lambert (1992; Lambert, Shapiro and Bergin, 1986). This list included client and extra-therapeutic factors; relationship factors; placebo, hope and expectancies factors; and models and techniques. The second most influential factor was deemed to be relationship factors, account for 30% of outcome variance (Lambert, 1992). This included various therapist variables such as caring, warmth and a focus on a therapeutic partnership. The therapeutic model or technique, in contrast, afforded only half as much of the contribution to treatment outcome, at 15% (Lambert, 1992). Hubble et al. (1999) went further to conceptualise the therapeutic approach as acting only to enhance the potency of other common factors, rather than exerting a noteworthy influence on outcome by itself. These investigations of the common factors, particularly by Hubble et al. (1999), seriously challenge the idea of therapeutic technique as the most significant factor toward psychotherapeutic change.

Delineating the ‘common factors’ has provoked heated debate. On the one hand Joyce et al. (2006) assert that the common factors fit with the intuitive sense of the practising clinician. Sexton and Ridley (2004), on the other hand, describe the ‘common factors’ as a static list of concepts that cannot astutely inform therapists about what to do and when in therapy. Methodologically, most findings about the common factors are based on correlational studies, which make it difficult to say anything about the pertinence of such factors toward effecting psychotherapeutic change (Joyce et al., 2006). Although we know that therapeutic intervention is beneficial, we must look deeper in order to make meaningful sense of what specific factors or operations contribute to this beneficial action. According to Wosket (1999) we must fine-tune our understanding of what the most effective therapeutic strategies are.

Many researchers have turned their attention towards the ‘person’ of the therapist as a possibly significant factor contributing to positive therapeutic change. The quantitative research in this area will first be described, followed by an analysis of the qualitative research.

1.6 Quantitative research investigating the therapist’s self

The vast majority of literature exploring the role of the therapist’s self in psychotherapy emerges from quantitative research studies. The treating therapist is separated into various ‘therapist characteristics’ that are individually measured and evaluated in terms of their contribution to client outcome. Research has focused on many varied aspects of the therapist’s self, including fixed characteristics such as age, gender, and experience, and qualities such as empathy, warmth and trustworthiness as contributors to the therapeutic alliance. Although this has formed a large and sprawling corpus of research, few investigations have consistently demonstrated the relation of any specific therapist characteristics to positive therapeutic outcome.

It is beyond the scope of this section to offer an exhaustive review of this extensive area of research. Instead the present section will outline the relevant literature exploring the link between therapist characteristics and the therapeutic process.

1.6.1 Therapist factors contributing to therapeutic outcome

There is a running complaint, made by Blow, Sprenkle and Davis (2007), that therapist variables are perpetually neglected and poorly understood. Blow et al. (2007) assert that it is ‘surprising, indeed shocking’ (p. 300) that relatively little attention has been paid to therapist variables as potential contributors to outcome. Where research has been conducted, results have

tended to be inconsistent and overall failed to demonstrate any specific therapist characteristics as significant contributors to therapeutic outcome.

Meta-analytic studies have consistently demonstrated that the therapist accounts for a significant amount of variance in outcome. For instance, Luborsky et al. (1986) compared four major studies, and found that the variance between therapists was often larger than that accounted for by inter-treatment differences. Focusing on the individual therapist, Luborsky et al. (1986) found that some therapists achieved consistently better outcomes than others, although those who performed badly overall did achieve good outcome with some clients. In addition, some therapists achieved better effects in certain areas as opposed to others, e.g. increasing interpersonal functioning in clients. This led Luborsky et al. (1986) to the conclusion that the effectiveness of a given therapy can vary significantly depending on the group of therapists providing the treatment. This finding, according to Wosket (1999), points to the treating therapist as a significant factor related to client outcome.

A meta-analysis of fifteen studies by Crits-Christoph et al. (1991) echoed this. They found that in some studies, the effect of the individual therapist was negligible, but in others it accounted for a significant amount of variance. This suggests that although the therapist is often a significant factor towards client outcome, it is difficult to clarify why. In their 1989 study intended to investigate differences between types of therapy treatments, Shapiro, Firth-Cozens and Stiles (1989) concluded that attempts to regard therapist effects as nuisance variables had failed, and the results were instead a testament to the presence and importance of the treating therapist. This assertion is backed up by Wosket (1999) who commented that it is impossible to eliminate therapist variables completely from clinically relevant research studies.

In a more recent study Okiishi, Lambert, Nielsen and Ogles (2003) focused on measuring therapist variability in relation to client outcome. Employing an unusually large sample of fifty-six therapists treating one thousand seven hundred and seventy-nine clients, Okiishi et al. (2003) found large individual differences between counsellors in relation to the outcome and speed of client improvement. Crucially this variance was not linked to therapist demographic data, i.e. sex, level of training or theoretical orientation, and therefore points towards the action of characteristics inherent to each individual therapist as responsible for the variation in client outcomes (Lambert & Okiishi, 1997). Although promising, this study does suffer from limitations. There was a lack of random assignment of clients to therapists, meaning that some therapists may have had a disproportionate number of 'difficult' or 'easy' cases. Additionally, a significant methodological limitation rested on the use of a single self-report measure used to capture clients' experiences. This means that the influence of demand characteristics on the collected data may be high. Although Okiishi et al. (2003) achieved a large sample, this could

have been to the detriment of a fuller and deeper picture of each participant's psychological 'outcome'. Such a trade off between 'depth and breadth' may be common in quality assurance research (Okiishi et al., 2003).

The primary theme of these studies reflects the therapist as a changeable, yet significant contributor, to therapeutic outcome. However, according to Blow et al. (2007), we do not yet have clear or solid evidence for *why* this relationship exists. Most studies are meta-analytic, resting on correlational data that point towards a relationship between therapist and client outcome, but do not give meaningful insight into the particular therapist characteristics that may be actively contributing to this.

Beutler et al. (2004) looked more closely at specific therapist characteristics linked to client outcome. In their well-cited meta-analysis, Beutler et al. (2004) separated research investigating 'externally observable' qualities, as opposed to 'inferred qualities' of the therapist. The former include the therapist's age, gender and ethnicity, as well as professional training level, and type of experience. Blow et al. (2007) argue that although it is relatively easy to do research on these types of 'external' variables, the vast majority of research has yielded inconclusive findings. Beutler et al. (2004) assert that the majority of studies focusing on therapist gender or age have found no significant relationships to outcome. A particular meta-analysis by Bowman, Scogin, Floyd and McKendree-Smith (2001), for instance, based on fifty-eight studies found only a small significant effect size favouring the action of female therapists ($d = .04$).

Evidence concerning the impact on outcome of the therapist's level of experience and training is also equivocal. Several researchers have reported the somewhat counterintuitive finding that the impact of added experience on outcome is weak at best (Blow et al., 2007; Tallman & Bohart, 1999; Christensen & Jacobson, 1994). Stolk and Perlesz (1990), for instance, found that students in the second-year of a family therapy training programme achieved results that were worse than their first-year counter-parts. In contrast, Hupert et al. (2001) reported that clients seen by more experienced therapists showed greater improvement than did clients seen by less experienced therapists, and that experience, defined in overall years, was strongly related to outcome. The relation between therapist experience and client outcome is, therefore, more complex than one might think. As Blow et al. (2007) argue, merely putting in time as a therapist does not necessarily increase competence. Beutler, Bongar and Shurkin (1998) suggest that therapist experience is likely to become important when treating difficult clients; with easier client cases there is negligible difference between novice and expert therapists when looking at outcome.

Looking at the research evidence in this area overall, it can be concluded that there are few therapist characteristics that have been consistently identified to make a substantial contribution to client outcome (Blow et al., 2007). Perhaps the challenge of interpreting research in this area is that many studies do not pay enough attention to mediating and moderating variables which may influence or confound the relationship between therapist characteristic and outcome (Blow et al., 2007). These variables make it very difficult for quantitative research to tease apart the effects of different aspects of therapist involvement, and could help to explain why studies tend to yield contradictory or inconsistent research results and small effect sizes. Investigating therapist qualities, such as professional training or amount of experience on client outcome, is particularly challenging as such variables are often confounded both with each other and with the nature of the therapeutic intervention (Beutler et al., 2004). Due to various methodological limitations, therefore, the power of therapist characteristics per se to explain outcome may be limited (Beutler et al., 2004).

An area of outcome research that has consistently yielded positive outcome correlations is concerned with Beutler et al.'s (2004) so called 'inferred' therapist states, or more specifically, the role of the therapist in the therapeutic relationship. Studies focusing on the therapeutic relationship have consistently shown that the strength of the relationship is a significant contributor to change, and that the therapeutic alliance is consistently important across a range of therapeutic approaches (Horvath, 2001). In a meta-analysis of fifty-five trials, Martin, Garske and Davis (2000) confirmed a moderate but consistent association between therapeutic alliance and outcome. Hubble et al. (1999) also reported that around 30% of client improvement was accounted for by the therapeutic relationship, emphasising the importance of the alliance in therapeutic change. An earlier study by Stiles et al. (1998) found that alliance levels were essentially equivalent across psychodynamic and CBT therapies, and were significantly correlated with positive post-therapy outcomes across both approaches.

If the therapeutic relationship is a significant contributor to therapy outcome, as Tryon, Blackwell and Hammell (2007) believe, then specific therapist behaviours that contribute towards the therapeutic alliance could be important predictors of positive client outcome. Interestingly client contributions to the development of the therapeutic relationship have been the subject of numerous research studies. Satterfield and Lyddon (1995), for instance, found that client interpersonal styles are positively related to therapy outcome. Similarly, Gibbons et al. (2003) found that client expectations of improvement, amongst other factors, predicted the quality of the therapeutic alliance. In contrast, therapist contributions to the alliance are less well developed and understood (Ackerman & Hilsenroth, 2003).

1.6.2 Therapist factors contributing to the therapeutic alliance.

In their review of the literature into therapist characteristics and the therapeutic alliance, Ackerman and Hilsenroth (2003) assert that therapist contributions have, for the most part, been overlooked. Although Ackerman and Hilsenroth (2003) state that they are offering a ‘comprehensive review’ (p. 1) of the available literature, their paper confesses to only focus on research that has demonstrated a positive link between therapist characteristics and therapeutic alliance. Their review could, therefore, be said to offer only half the picture. Nevertheless Ackerman and Hilsenroth (2003) convincingly reveal how several personal attributes of therapists are related to the development of the therapeutic alliance. Therapist qualities such as being interested, alert, relaxed, confident (Hersoug, Hogland, Monsen & Havik, 2001; Saunders, 1999), affirming (Najivitts & Strupp, 1994), and conveying a sense of being trustworthy (Horvath & Greenberg, 1989), are all related to stronger alliance ratings. This is echoed by Asay and Lambert (1999) who state that ‘effective’ therapists exude warmth and affection in their relational style, and do not become attacking or blaming. Horvath (2001) emphasises how the therapist’s attachment style and temperament is related to the quality of the alliance. In a more recent study investigating the therapeutic alliance between practitioners and children, Campbell and Simmonds (2011) found that the therapist’s capacity for empathy and the cultivation of trust are significantly related to the development of the alliance.

A study by Duff and Bedi (2010) directly focused on the relationship between counsellor behaviours and the therapeutic alliance, from the perspective of the client. A total of seventy-nine adult clients completed online-based questionnaires designed to examine the relationship between fifteen identified counsellor behaviours and the alliance strength. Correlational analyses revealed a positive association between each of the fifteen counsellor behaviours with alliance strength, with three particular behaviours accounting for 62% of the variance in alliance scores. These three behaviours are: first, the therapist making encouraging statements; second, the therapist making positive comments about the client; and third, the therapist greeting the client with a smile. Interestingly, these behaviours all involve the communication of a positive regard or liking for the client. This finding relates to previous research, most notably contained within Ackerman and Hilsenroth’s (2003) meta-analysis, that the action of positive regard or validation from the therapist promotes the enhancement of the therapeutic alliance. Consequently Duff and Bedi (2010) assert that counsellors should be encouraged to validate the experience of their client wherever possible, in conjunction with appropriate clinical and practical judgement.

As with many of the studies cited here, including Duff and Bedi (2010), the causal effect between variables cannot be evaluated. Even though specific therapist behaviours are seen to

reliably co-occur with positive alliances, this does not then indicate a causal relationship. Duff and Bedi (2010) recommend that their results need to be interpreted 'in the light of clinical experience' (p. 107), suggesting that there is a more complex relationship between these different variables than is reflected by their findings. Furthermore this study does not control for confounding variables which may covertly influence or skew the relationship between variables. Importantly, this research is taken from the perspective of the treated client only, and although this perspective is undoubtedly important, it cannot give insight into the internal workings of the therapist in their efforts to build and maintain a positive working relationship; an area of research that is undoubtedly lacking.

Overall, although the therapeutic alliance has been shown to be a robust predictor of outcome, the specific therapist behaviours that contribute to the alliance have not been clearly or consistently defined (Ackerman & Hilsenroth, 2003; Horvath, 2001; Horvath & Bedi, 2002). Methodologically speaking this could relate to differences in research rigour between studies, including the difficulties disentangling the alliance from other process factors. Roth and Fonagy (2005) offer the view that psychotherapeutic variables are simply not independent of one another. Instead of the alliance being considered a 'homogenous' variable, therefore, it should be seen as operating in a complex fashion with other therapeutic processes. This view is reflected by Horvath (2001), who states that the alliance should be considered as a mutual collaboration that develops between therapist and client, and not as the outcome of a particular intervention. Similarly Beutler, Machado and Neufeldt (1994) assert that the therapeutic relationship is a set of processes that are dependent on both the therapist and client. These views point out that there are multiple and complex processes contributing to the therapeutic alliance and the actions of the therapist therein. This moves away from the reductionist and simplified perspective, which looks to isolate and measure specific factors.

1.6.3 The limitations of quantitative research

A criticism of quantitative studies, outlined by Roth and Fonagy (2005), is the limit of statistical techniques to meaningfully capture and explain the minute and intricate shifts in relational processes occurring in the therapeutic relationship. Quantitative research focuses only on observable and measurable therapist characteristics and behaviours, thereby precluding the possibility of gaining meaningful insight into more subtle and complex factors. It must be borne in mind, therefore, that the research described in this section may provide a partial and simplified picture of what is a highly complex and convoluted relational process. What we need, according to McConaughy (1987), are new methodologies to discern these 'clinically palpable but empirically elusive phenomena' (p. 311).

Despite the limitations of quantitative methodology, it is still the dominant research method used in health services. According to Shorrock (2011), the recent politico-economic climate has caused a surge in the popularity of RCTs, and the belief that they can provide evidence of the effectiveness of manualised treatment approaches. Although contributing to evidence-based practice in the NHS, Lebow (2006) argues that such treatment ‘efficacy’ studies have systematically disregarded the fact that the skills, personality and experience of individual therapists are clinically relevant factors.

The use of RCTs to inform clinical research and practice poses particular problems for Counselling Psychology. Counselling Psychology recognises the importance of the ‘person’ of the therapist, and the unique relationship between therapist and client, as critical curative factors in therapy, yet it is exactly these factors that are overlooked in the research that purports to produce ‘evidence-based practice’. Counselling Psychology recognises that there may be other factors present in the process of therapy, that cannot be measured accurately in this way. Research based on RCTs may present too narrow a picture of what is therapeutically helpful for the client. A move forwards, according to Strawbridge and Woolfe (2010), would involve acknowledging the limitations of the medical model to provide meaningful insight into therapists’ everyday clinical practice. As Ahn and Wampold (2001) argue, research and clinical interest needs to be focused on the self of the counsellor as an important consistent variable in the counselling context.

1.7 Qualitative literature investigating the therapist’s self

Qualitative studies are pioneering a change in the emphasis and direction of psychotherapy research. Such studies look to prioritise the subjective experiences of practising therapists, and focus on the relational and interactional processes inherent within the therapeutic relationship. Although qualitative research is considered to carry less weight in psychotherapy research, Roth and Fonagy (2005) state that its strength is to do what quantitative research cannot, i.e. to look meaningfully at the contextual and relational factors underlying therapeutic processes.

The majority of qualitative studies investigating the therapist’s self have been carried out in the areas of social work and systems therapy. According to Reupert (2008), this is not surprising since family therapy conceptualises the self of the therapist as part of the presenting family system. Similarly, Ganzer (2007) asserts that social work is historically focused on the ‘person-in-environment’ (p. 117). Despite the importance attributed to the therapist’s self, the output of research in this area is still relatively sparse. Naden, Rasmussen, Morrisette and Johns (1997),

for instance, conclude that fewer than 10 per cent of training and professional issues articles in family therapy are about the self of the therapist. The preponderance of qualitative research into the therapist's self has emerged from America, perhaps illustrating the popularity of relational perspectives toward the self in that country.

The lack of qualitative research investigating the therapist's self within Counselling Psychology is disappointing and frustrating. Although Counselling Psychology conceptually considers the therapist to be an important factor in therapeutic processes, there is little qualitative research empirically investigating this. This is not just within Counselling Psychology, but in many related professions also. Across the literature there are repeated claims that qualitative research into the counsellor's self is seriously lacking (Horne, 1999; Wosket, 1999; Shadley, 2000; Lambert, 1989).

This section will describe the available empirical and descriptive studies, spanning different theoretical approaches and professional arenas, which focus on qualitatively investigating the therapist's self within the therapeutic process.

1.7.1 Descriptive research focusing on the therapist's self

In 1989 Lambert suggested that in order to counter the reluctance of the research community to take seriously the role of the therapist, responsibility should be given to the individual therapist to command the collection and analysis of data from their own practice. Many practitioners have, indeed, written about their work and use of self, drawing on their accumulated knowledge and experience. Lambert (1989) felt that this type of 'descriptive research', although straying from the cherished goals of the scientific method, would serve the client, practitioner and profession far better.

Synthesising previous literature and practice wisdom, Dewane (2006) proposes a five-category typology for defining and describing use of self in social work practice. Her paper works towards a theoretical definition of 'use of self', which has hitherto been vague and poorly defined. Her categories also attempt to meld together the idea of the professional self and personal self of the practitioner, citing Edwards and Bess's (1998) assertion that 'the application of *what you know* as a psychotherapist can only be helpful if you are aware of *who you are* as a person in the room with a client' (p. 89).

The five categories outlined by Dewane (2006) consist of: the therapist's use of personality; use of belief system; use of relational dynamics; use of anxiety, and use of self-disclosure. The

initial category, 'use of personality', emphasises the person of the therapist as the most important 'tool' in therapy, in addition to the use of techniques and theoretical orientation (Elson, 1986). If a practitioner's effectiveness in therapy is linked to their use of self, then it is critically important that therapists continually develop their depth of self-knowledge and awareness. Dewane (2006) refers to Edwards and Bess (1998), who advocate that all therapists should complete an 'inventory of self', involving an examination of their own personal traits and behaviour patterns, with the aim of increasing their personal self-knowledge. As Dewane states: 'using our 'self' means defining who our self is in the therapeutic encounter' (p. 546).

The second category, 'use of belief system', emphasises how each therapist must identify the ways in which their belief system enters into and affects their therapeutic encounters. Dewane (2006) argues that it is the nexus at which client and therapist belief systems meet which allows growth to occur, but that careful attention must be paid to power dynamics to avoid clinician proselytizing. The idea of client and therapist becoming involved with each other's selves in the therapeutic encounter is expanded in the third category, 'use of relational dynamics'. In this category Dewane (2006) describes the relationship as essentially 'reciprocal', involving a genuine closeness and intimacy between both client and therapist. Dewane (2006) links this to the concept of the 'corrective emotional experience', first cited by Alexander and French (1946), to illustrate how both therapist and client are bound within a relational dynamic. Importantly, the therapist's own vulnerabilities and humanness are implicated in this relationship. Change processes in the therapeutic relationship can, therefore, be as intensive and anxiety provoking for the individual therapist, as they are for the client. Dewane (2006) argues that the therapist's anxiety must be recognised as a normal part of the therapeutic process, and that it can provide an important opportunity for therapists to examine and challenge their internal dialogues.

The final category represents one of the most prolifically discussed aspects of the therapist's use of self; 'use of self-disclosure'. Dewane (2006) highlights how therapist self disclosure is a highly complex and controversial part of a therapist's work, and that there are many different ideas about how and when it is appropriate for a therapist to 'self-disclose'. Therapists might self-disclose, for instance, in order to alleviate their client's anxiety about the 'unknowns' of the therapeutic situation, and particularly the secrecy surrounding the counsellor's identity. Dewane (2006) conversely argues that counsellors who self-disclose may be doing so to alleviate their own anxiety, or to avoid rejection, disappointment or anger from their client.

The thrust of Dewane's (2006) descriptive article is to uphold the importance of the therapist's self, and explore how this self is utilised within the therapeutic encounter. Given the relative paucity of other research articles on this subject, Dewane (2006) has made a significant and important contribution to our understanding of self. Although the paper is intended solely for

the social work community, it is highly relevant to other therapeutic professions as well. However, there is an absence of new or novel ideas concerning the therapist's self contained within the paper, and the delineated categories bear a close resemblance to a previous descriptive account by Edwards and Bess (1998). This could indicate a general limitation found in descriptive research; since there is no engagement with research participants outside of the therapist, it is difficult to gather new or fresh insights into the topic at hand. Additionally, the categories presented by Dewane (2006) are very broad, generalised and encompass a huge mass of ideas and theory, of which only a minute amount is actually explored in the article. There is, also, no explanation of how, or why, these particular categories were decided upon, and no information about the 'researcher' herself or how her views may have impacted her ideas.

A second descriptive yet informative account is provided by Rowan and Jacobs (2002) in their review of the role of the therapist's 'use of self' from a trans-disciplinary perspective. The following review is based on their book published in 2002, entitled "The therapist's use of self". This was shelved in the 'Nursing and Midwifery' section of the university library – whether this is any indication of the distance such ideas will need to travel before they are conceptually welcomed under the general rubric of psychology, or just a librarian's prerogative, is for the reader to ponder.

Rowan and Jacobs (2002) contend that there are different ways in which a therapist can 'use' their self. They delineate three positions or 'levels': instrumental self; authentic self; and transpersonal self, and differentiate each through referencing various research studies and approach-specific literature. These three positions are not necessarily mutually exclusive, but do make different assumptions regarding the therapist's level of self-awareness and depth of relational connection with the client.

The 'instrumental self' conceptualises the therapist's self as an aspect of technique that can be moulded and applied to suit the therapy situation. The therapist's self encompasses a range of 'taught' skills that are applied to 'put right' the problems presented by the client. This implies that the therapist's personal self is removed from the interaction, and replaced by a focus on manualised technique or specified treatment. Referring to Buber's (1937/2008) famous words, the use of the instrumental self encompasses an 'I-It' rather than an 'I-Thou' relationship. This position is best illustrated by traditional cognitive behaviour therapy or neuro-linguistics, although the authors point out that every therapeutic approach can incorporate the therapist's 'use of self' in this way.

The second level, or 'authentic self', involves the personal self of the therapist, and an active exploration and acknowledgement of the therapeutic relationship. Perhaps the paper by Dewane

(2006) described above, represents a ‘use of self’ most closely linked to this category; where the presence of the therapist’s personal self is not an interference, but a welcomed aspect contributing to various therapeutic processes.

The final level of the ‘transpersonal self’ represents a conceptualisation of the therapist’s self that is relatively unfamiliar to the major psychotherapeutic approaches. At this level the therapist attends to what happens ‘between and beyond’ their own self and that of the client, and endeavours to let go of assumptions about the aims of practice, and even the boundaries of their own self. Traditional self-other boundaries, therefore, are disintegrated to make way for a reciprocal and boundary-less interchange. Wilbur (1981) refers to the relationship as incorporating a ‘higher’ or ‘subtle’ level of being in the therapist. Clarkson’s (2003) description of the ‘transpersonal’ relationship between therapist and client contains a similarly post-modern conceptualisation of the nature of the interaction between therapist and client.

Rowan and Jacobs’ (2002) ideas regarding the different levels of involvement of the therapist’s self are useful, particularly because they may spur the professional to explore and question the level at which they preferentially work. These ideas, therefore, may precipitate an increase in awareness and appreciation of the complex roles the self may play, on different levels, within the therapeutic relationship. Rowan and Jacobs (2002) take a trans-disciplinary perspective that emphasises how the self can operate in a complex fashion beneath and throughout therapeutic technique. This highlights the therapist’s self as a functional entity distinct from their espoused technique. Overall the authors present a lively and engrossing debate on this topic, although there is a need for future research to explore such experiences first hand from a practice-based perspective.

1.7.2 Empirical research focusing on the therapist’s self

The overall output of research investigating the therapist’s self is relatively small. Nevertheless, the studies that exist range widely through different therapeutic arenas and approaches.

A recent study, published in the *Counselling Psychology Review* by Omylinska-Thurston and James (2011), investigates the therapist’s use of self from a purely person-centred perspective. The aim of the study is to understand the processes involved in therapist congruence, which is defined as ‘the therapist processing and communicating her inner experiencing of the client in a genuine and authentic way’ (Klein, Kolden, Michels & Chisholm-Stockhard, 2002, p. 195). Omylinska-Thurston and James (2011) interviewed seven person-centred therapists about their experiences of using emotions in their therapeutic work. Using grounded theory the researchers

delineated four processes involved in ‘congruence’: receiving; processing; expressing; and confirming. The researchers argue that the therapist must first create an internally ‘tuned-in’ and present state, and be prepared to receive and process emotional communications from the client. The therapist must then decide how to appropriately use and express the internal feelings they experience in response to the client. Any self-disclosure can be assessed for its effectiveness by paying close attention to the therapeutic connection and changes that occur in the client (Omylinska-Thurston & James, 2011).

This study by Omylinska-Thurston and James (2011) is significant because it contributes to our understanding of the processes involved in congruence, as experienced by the treating therapist. It is also the only research article recently published within Counselling Psychology that qualitatively investigates an aspect of the psychologist’s self related to therapeutic process. The participants in the study, however, are not Counselling Psychologists. Although Omylinska-Thurston and James (2011) directly relate their findings to the work of the Counselling Psychologist, their participants are a variety of person-centred ‘therapists’ who come from non-disclosed training routes and who encompass a variety of years of experience. Further research is needed specifically to focus on the Counselling Psychologist’s subjective experiences of congruence, or experience of self. Additionally, all participants were recruited using personal connections to the researcher, and Omylinska-Thurston and James (2011) comment that this may have caused the participants to share and describe the experiences that fitted with the researcher’s agenda. The researchers themselves provide no details about their personal view or approach to therapy, and this makes it difficult to assess how such views may have impacted the analysis and interpretation of data and themes.

Systems therapy is the leading arena for research into the therapist’s self. A seminal and influential study, published by Shadley (1987), investigates the manner in which family therapists involve their self in their therapeutic work. Shadley revisited her research study in 2000, writing her findings as a chapter in the book: ‘The therapist’s use of self’. In this chapter she attests to the longevity of her work, claiming that the findings of her 1987 study are: ‘as vivid today as it was when it was first described.’

Shadley (1987) interviewed thirty participants and analysed the data using thematic content analysis. She delineated four themes: the therapist’s definition and awareness of self; qualities considered critical to the therapeutic relationship; personal characteristics related to ‘use of self’, and ‘use of self’ dimensions and styles.

In relation to the first theme, Shadley (2000) describes how her participants struggled to precisely define their self as a family therapist. She observed that, in the interviews, the

participants tended to use phrases such as: '*all systems interacting*' (p. 194), or '*everything in dynamic interplay*' (p. 194). Participants sometimes did not complete their sentences, made numerous pauses, or had a 'quiet reverential' sound quality to their voices. Shadley (2000) interpreted this to mean that the participants were experiencing an inherently complex and varying sense of self, and that their experiences were continuously influenced by conscious and unconscious factors.

In the second theme, Shadley (2000) outlines how participants recognised certain qualities that they considered crucial to their use of self with clients. These qualities included being empathic, warm and genuine. Additional aspects involved respect, trust, connection and objectivity. The final aspect, 'objectivity', defined as setting limits and maintaining a distance between therapist and client, is conceptually distinct from the other aspects, which all suggest a connection with the client. Although Shadley (2000) does not explore this further, she does point out that participants rarely mentioned 'objectivity' without making some subsequent reference to 'connection' in their therapeutic relationships. There could, therefore, be an interesting connection here between the seemingly opposed therapist 'qualities' of 'objectivity' and 'connection'.

The third theme outlines personal characteristics that the participants felt to be a strength or weakness in their work. Some characteristics were seen as both; for instance, taking responsibility for others. This theme touches, therefore, on the interface between personal characteristics and professional demeanour and how they can interlink. Shadley (2000) argues that the 'personal' and 'professional' selves are not distinct or separate, but intricately interwoven. Interestingly Shadley (2000) reported that her participants were better able to adjust to and accept their unique and idiosyncratic personality patterns after they had accumulated some professional experience.

In the final theme Shadley (2000) concentrates on the concept of self-disclosure and the myriad of different ways participants negotiate disclosing their self in the therapeutic relationship. She describes a continuum of 'use of self styles', ranging from 'intimate' interaction, in which the therapist makes overt references to their present and past personal issues, to 'reflective feedback', where the therapist seldom shares either personal information or emotional reactions. Participant responses varied along this continuum, with most demonstrating a pre-dominant 'use of self style'. Shadley (2000) expands her analysis to look at the effect of gender, and even birth order, on the participants' 'use of self styles.' She concludes that gender, above anything else, is the factor most strongly related to participant's style of self-disclosure in their therapeutic relationships, with females more likely to use an openly revealing self-disclosure style (Shadley, 2000).

Shadley's (2000) account offers an engrossing, and sometimes surprising, insight into family therapists' experiences of self. However, there is little researcher reflexivity blended in the paper, nor a detailed description of how or why the particular themes were generated. It is difficult, therefore, to assess the validity of the findings and extrapolate these to professionals outside social work. Despite this, Lum (2002) asserts that Shadley's work has helped prompt a range of subsequent investigations, concerning the therapist's self, within social work.

Andrea Reupert is an Australian researcher and family therapist, who has empirically investigated the role of the therapist's self in psychotherapy. Her research has been published both in social work and European psychotherapy journals. Initially focusing on the social work arena, Reupert (2007) describes how there is a lack of research looking at how social workers describe and involve their self in their therapeutic and non-therapeutic work. She interviewed seven social workers about their experience of self, and delineated four main areas in her analysis: descriptions of self; the inevitable presence of self; self enactments; and the different processes involved in use of self. She concludes that participants' self involvement lies along a continuum, a finding also highlighted by Shadley (2000). Participants varied in terms of how much they considered it appropriate to 'involve' their self in their work, i.e. from consciously distancing their personal self, to extensively involving their personal self in their work. Reupert (2007) focuses on one male participant, who emphatically argued that there should be little personal involvement in his work, and that professional knowledge and technical skill should take precedence. Participants are, according to Reupert (2007), constantly monitoring the inter-psychic space between themselves and the client, and positioning their self within it. Participants who advocated an involved style of self-relating were all female, a finding that agrees with Shadley (2000), concerning the apparent proclivity of females toward self-disclosure.

Under the theme of 'descriptions of self', Reupert describes how the participants tended to refer to their selves as individualistic, defined and centralised. To a lesser extent, participants also referred to their self as 'relational', i.e. acknowledging the impact of others and the social and contextual milieu on the way they described their self (Reupert, 2007). This is an interesting contrast between the self as individual and the self as relational, but, disappointingly, Reupert does not explore this finding further in the analysis.

Reupert's findings have prompted criticism from other researchers who advocate the self as an essentially relational entity, rather than as individualistic and autonomous. A written response to Reupert (2007) was made by Ganzer (2007), who stated that the study did not sufficiently capture the self as 'relational'. Instead, the participants in Reupert's study defined their selves as

individualistic and outside of the relational world of the client. This is in contrast to the relational self, espoused by Ganzer (2007), which is acquired through and defined in the context of relationships. Reupert (2007) does raise concern about how her participants were reluctant to express an idea of self as socially constructed and contextualised, especially within the realm of social work which advocates acknowledgment of such factors. Rather than implicating or analysing any factors intrinsic to the research study, however, Reupert (2007) attributes her findings externally to the influence of rugged individualism in Western traditions, and the individual failure of clinicians to take wider issues into consideration in self-definition.

The tension between understanding the self as individualistic versus relational, particularly exemplified in Reupert's (2007) study, is prompting increasing debate. Arnd-Caddigan and Pozzuto (2008), for instance, assert that major studies investigating the therapist's self (for instance, Davies, 1994; Edwards & Bess, 1998; Dewane 2006) have all attempted to define self as an independent, objective and constant unit, which is only sometimes in interaction with others. In contrast to this, Arnd-Caddigan and Pozzuto (2008) suggest an alternative understanding of the self as created and maintained within interaction with others. This 'relational' understanding of self involves a wider acknowledgment of how larger contextual factors can impact the way participants describe their experience of self in their work.

Reupert conducted a further, and much larger study in 2008, this time looking at psychotherapists' use of self from a trans-disciplinary perspective. This study is important for two reasons: first, it is the sole qualitative study focusing on therapists from a range of theoretical backgrounds; and second, it grapples further with the issues of conceptualising the self as individualistic versus relational. Taking the first issue in hand, Reupert (2008) contends that the majority of research into the therapist's self has been interpreted through the lens of a particular theoretical orientation. There is, therefore, a dearth of qualitative research focusing on the therapist's self as a factor that transcends the underlying theoretical stance.

Reupert (2008) recruited sixteen participants from a range of theoretical backgrounds, including psychoanalysis, cognitive behaviour therapy, humanistic therapy and family therapy. Each participant was interviewed once, with the aim of exploring what they bring of themselves to the therapeutic encounter. Her findings are very similar to her previous work in 2007, as described above. Reupert identifies a continuum of involvement in terms of how actively therapists involve their self in the therapy; from little or no involvement to an all pervasive involvement of self (Reupert 2008). Some participants described suppressing all personal aspects of self and using their professional parts only, whilst others identified self as an inevitable presence permeating every aspect of their work. Her theme 'specific self enactments' focused on how participants actively involved and entwined their self in the building of the

relationship with their client. This included the therapist actively using their self to provide direction in the therapy, using the self as a role model, and using the self to influence the mood of the client. Overall Reupert (2008) concluded that the participants portrayed a self that plays a pivotal role in therapeutic processes, irrespective of any espoused therapeutic approach.

In the same 2008 study, again echoing her earlier research, Reupert (2008) found that her participants tended to define their self as individualist and unique. Participants described their self as a 'defining entity' (p. 375), characterised by a personal presence and uniqueness. Within her analysis, however, there is also the acknowledgement of relational aspects of the participant's self, i.e. that the therapist's self is entwined in the building of the therapeutic relationship. Reupert (2008) argues that the mode and focus of the research interview may have encouraged participants to focus on their self only, and ignore any broader relational or interactional factors. Muran (2001) points out that individuals may just be unaware of the influence that wider relational processes can have on their self and identity, and therefore do not incorporate such awareness into their thinking processes. For Reupert's participants, therefore, thinking about their self as part of therapeutic relational processes may not form part of their everyday work.

Overall, Reupert's contribution to research focusing on the therapist's use of self has been invaluable in terms of expanding our understanding of the way the therapist may involve their self in their therapeutic relationships. Her research has also opened up interesting avenues of discussion and debate concerning the different ways therapists themselves describe and conceptualise their own self, i.e. as an essentially individualistic or relational entity, and how these different conceptualisations of self can be captured by qualitative technique. Reupert's analyses and discussions, in both her research papers, are frustratingly short and open the way for further explanation and elaboration of her findings.

1.8 Rationale for current study and research aim

Theoretical and empirical literature on the role of the therapist's self in psychotherapy is wide ranging, yet sparse. Although the majority of researchers and therapists agree that the therapist is a central tenet of therapeutic endeavour, there is little specifically focused research exploring the therapist's experience of this, from a practice-based perspective. For the most part, quantitative research has attempted to deconstruct the therapist's self into bite-size chunks, which are then tested against client outcome. In this way, the therapeutic process is portioned into a list of 'active ingredients' that can be offered by the treating therapist in order to achieve a positive result with the client. Despite the broad range of research aiming to identify 'effective' therapist characteristics, the majority of evidence gleaned is equivocal at best. The

repeated difficulty in pinning down aspects of the therapist that consistently contribute to positive therapeutic outcome may be a signal that the method is just not appropriate to the phenomena under investigation. Although there appears to be something important about the therapist's self within the therapeutic encounter, this cannot be captured adequately by quantitative studies.

Reupert (2006) succinctly defines the current predicament thus: 'while the person of the therapist seems to be an inevitable, common factor across therapies, it does not appear to have been adequately investigated' (p. 101). The exploration of the individual clinician's practice-based experiences, which may reveal more meaningful data, is evidently a vitally important, yet largely absent area. What is needed, according to Ginot (1997), is a renewed interest in the importance of the therapist's inner life, and exploration of new ways in which this can be better understood.

The lack of empirical research into the therapist's self is particularly surprising within Counselling Psychology, as it focuses on the importance of subjective and intersubjective factors present in the therapeutic relationship. Although it is difficult to ascertain the reason for this, perhaps there is a connection to current trends within mainstream psychological research that focus specifically on the efficacy of particular therapeutic techniques, ignoring the role of the treating therapist. The elevation of 'technical expertise' above a focus on the person-in-relation (Strawbridge & Woolfe, 2010) should be of central concern both in the wider psychotherapeutic community and within the realms of Counselling Psychology. This concern is perhaps a reflection of the larger challenge for Counselling Psychology as a discipline that straddles the tensions between humanistic values and the traditional medical model.

The present study aims to expand the current understanding of the therapist's self within psychotherapy, by focusing on the subjective and lived experiences of the Counselling Psychologist from a practice-based perspective. It is hoped that the use of a qualitative method will better capture the experiences of practitioners, and contribute towards the understanding and appreciation of the therapist's self within Counselling Psychology, and the larger psychotherapeutic community. Findings may help to further inform the inclusion of self-development activities in training programmes, and encourage the individual practitioner to cultivate a particular awareness as to how they may personally impact and influence their therapeutic relationships.

Chapter two: Methodology

2.1 Research design

2.1.1 Rationale for qualitative study

According to Smith, Flowers and Larkin (2009), qualitative research in psychology is engaged in exploring, describing and interpreting the personal and social experiences of individuals from a relatively small sample pool. The emphasis in qualitative research is on the understanding of the subjective experiences of the individual, and an exploration of the meanings they attach to those experiences. Qualitative methods, therefore, aim to capture and preserve the complexities and idiosyncrasies of experience, in contrast to quantitative methods, where the aim of investigation is to achieve a single ‘real’ or true account of a phenomena. Nelson and Quintana (2005) succinctly sum up the difference between these two methods by describing the emphasis in quantitative research as being upon ‘confirmation’, whereas qualitative research is on ‘discovery’.

Within the psychological literature, there are few studies that use a qualitative method, in a rigorous way, to explore the meanings that participants ascribe to their experiences of self in their professional work. Perhaps this dearth of research is a reflection of the difficulty of capturing and defining the ‘self’ in a meaningful sense. Quantitative research has attempted to establish certain qualities perceived as central to the therapist’s self, and measure these in a systematic fashion against client outcome. Such research has, however, tended to produce equivocal findings. Roth and Fonagy (2005) criticise such research for simplifying something that is, inherently, a complex phenomenon.

In contrast to quantitative research, qualitative methods take a holistic approach to data analysis. Instead of reducing data into numbers, qualitative research explores data in all its richness and complexity, including an appreciation for the wider contextual milieu surrounding the experience. Since my research explores the therapist’s self, which is itself a complex and multi-faceted phenomena, the use of a qualitative method appears the better choice.

A qualitative approach is, therefore, the most suitable and meaningful method through which to investigate the present topic. The use of semi-structured interviews allows the participants to explore their experiences, and upholds their status as the experiential expert on the topic at hand (Smith et al. 2009). The aim is for ‘participant-generated’ meanings to be uncovered, which according to Willig (2008), allows for the possibility of new and unanticipated categories of

meanings to emerge. It is likely that a qualitative methodology will lead to a deeper, richer and holistic understanding of the ways in which Counselling Psychologists' experience their self in their professional work.

2.1.2 Interpretative phenomenological analysis

Interpretative phenomenological analysis (IPA) is a type of qualitative methodology that aims to explore how individuals make sense of their personal and social worlds. According to Smith and Osborn (2008), IPA puts particular emphasis on understanding and exploring the meanings that underlie specific experiences, events or states, achieved through a detailed examination of the participants' subjective experiences. According to Conrad (1987), the researcher must enter the life-world of the participant, and endeavour to gain an 'insider's perspective' (p. 9).

IPA, which has been primarily developed by Jonathan Smith, is rapidly evolving and spreading throughout psychological research. The method uses small samples and a detailed case-by-case analysis of transcripts, thereby comprising an idiographic focus. This focus is in contrast to the nomothetic approach used in quantitative methods, that aim to make probabilistic claims about individuals based on the measurements of large groups or populations (Smith and Osborn, 2008). According to Smith et al. (2009), IPA sample groups tend to be relatively small and homogenous, in order to ensure that the individual participants can give a detailed perspective on the phenomena under study.

Several options were considered as a research method for the present study. Grounded theory, according to Willig (in press), employs a process of testing emerging theoretical formulations against incoming data, with the focus on gaining insights into, and contextualising, social processes. This movement between developing and testing theory means that grounded theory contains a deductive element toward discovering knowledge. This is opposed to the inductive approach of IPA, which is focused on making sense of, and gaining insight into, the individual's psychological world. Whilst IPA and grounded theory do share common techniques toward data analysis, it is felt that a more idiographic focus on the participants' subjective experiences, rather than deducing larger social phenomena, was more suited to the current study.

Discourse analysis was also considered as a possible research method because it explores the psychological aspects of discourse, and the role of discourse in the construction of meaning (Phillips and Jorgensen, 2002). According to Willig (2008), discursive psychology sees language as 'productive', in that it actively shapes and builds our social reality. Psychological experiences, therefore, are constructed through the use of available discourses, and grounded

within local social interactions. Discursive psychology challenges the assumption that language provides a set of unambiguous signs that directly label internal states (Bourne, 2009)

IPA, according to Willig (2008), aims to identify the subjective and contextual meanings that participants give to their experiences, rather than just conceptualising experiences as a manifestation of situated discursive resources. In contrast to discursive psychology, IPA argues that the things people say about their experiences form an integral part of the reality of those experiences; it is possible to say something meaningful about an individual's experiences through studying their narratives. IPA also takes into account the influence of wider social, historical and cultural contexts in which the individual is situated. Since the present study is focused on uncovering participants' subjective experiences of self, rather than the action of discourse, IPA is deemed the most appropriate method of investigation

The rationale and philosophy underlying IPA is similar to that of Counselling Psychology, which values the importance of the individual's subjective experiences, and the interpretation of meaning within the therapist-client dyad. IPA, therefore, is an appropriate and intuitively appealing method of investigation, which can provide insight into a topic held central to the work of the Counselling Psychologist.

2.2 Epistemological Considerations

2.2.1 Phenomenology and IPA

IPA is based on a phenomenological viewpoint that looks to understand the world as it is experienced by people within particular contexts. The phenomenological movement, which originated with Husserl, is concerned with understanding how the individual subjectively experiences the objects surrounding it, rather than relying on objective observation and measurement. In this way, the meaning and nature of reality becomes dependent on the view of the experiencing subject. The meaning of an object, therefore, can change depending on the subject's view of it. This means that, within phenomenology, there is the possibility of the existence of multiple realities. This idea represented a major break with the positivist view that the world can be objectively measured and a single 'real' reality discovered. The phenomenological perspective is reflected in the ethos of IPA, which privileges the participant's subjective experiences and perceptions as the focus of enquiry. It is with these subjective experiences that the researcher must engage, in order to gain an understanding of the phenomena at hand.

Phenomenology also represents a significant step away from the Cartesian subject/object divide and towards an understanding of subject and object as inextricably linked and inseparable. As Moustakas (1994) states: 'self and world are inseparable components of meaning' (p. 28). Larkin, Watts and Clifton (2006) agree, arguing that individuals are 'persons in context', who are embedded in the world and always linked with the phenomena at hand. This view is reflected within the process of IPA research where there is no attempt to separate the participant from their experience, or take an objective view of the world. Instead the focus is on the individual, and their relatedness and engagement with the phenomena (Larkin et al., 2006). As Willig (2008) explains, it is the participants' accounts of the phenomena under investigation that become the data with which the researcher actively engages.

It is interesting to consider the position the researcher has, in relation to their data, in phenomenological research. Traditional Husserlian phenomenology advocates the notion of 'phenomenological epoché', which instructs the researcher to bracket or suspend their presuppositions and thus become free to gain direct insight into the phenomenon 'as it is' (Hermberg, 2006). In order to access the phenomena there must be an elimination of the influence of the researcher, their views and experiences, as far as is possible. There is disagreement, however, about the extent to which a researcher can actually 'bracket' their presuppositions whilst engaging with phenomenological data. Langdridge (2007) argues that many researchers have felt dissatisfied with the descriptive nature of traditional phenomenology, and argue instead for a more interpretative element to the researcher's role. Following these dissatisfactions there have been developments to the traditional phenomenological method, and a greater acknowledgement of the researcher as an active and influential agent within the research process.

2.2.2 Interpretative phenomenology and IPA

Interpretative phenomenology, according to Willig (in press), argues that any understanding of experience necessarily involves a certain amount of interpretation. IPA assumes this viewpoint, arguing that the exploration of participants' subjective experiences always implicates the researcher's own assumptions, biases and views of the world (Willig, 2008). It can be said that IPA is phenomenological to the extent that it strives to understand the subjective experiences of the individual, but also interpretative to the extent that the researcher's own experiences and world-view can impact and shape that understanding. According to McLeod (2001), the researcher must actively acknowledge his or her assumptions and presuppositions about the world, and use these creatively to feed into the process of understanding the participant.

Through this process, the analysis is always an interpretation of the participant's experience, rather than a statement of truth or objective fact.

IPA can be linked to the hermeneutic tradition and theories of interpretation associated with Gadamer (1990) and Heidegger (1962), who held that there is always an interpretative feature to understanding experience. The interpretative process of understanding can be understood as a two-stage process, involving the researcher who is trying to make sense of the participant trying to make sense of their own world. This is otherwise known as the 'hermeneutic circle' (Schleiermacher, 1998).

IPA also incorporates the ideas of symbolic interactionism, which holds that people act towards things based on the meanings those things have for them. We are, according to Bourne (2009), continually constructing the knowledge and meanings we hold about the world around us, and this process is always based within our social and cultural histories. Interpretative phenomenology, therefore, does not focus on the participant's experience as an isolated event, but instead 'steps outside' the data and reflects upon it in terms of its wider social, cultural and psychological meanings (Willig, in press).

2.2.3 Epistemological standpoint

IPA does not claim a distinctive epistemological position, and this flexibility makes it an attractive research option, as well as ensuring that it can be used widely within psychological research. Incorporating IPA into this research study has enabled me to contribute something of my own personal epistemological world-view into the research (see section on Epistemological reflexivity); however, pinning down an exact epistemological position has proved challenging, particularly when formulating a viewpoint on the conceptualisation of the 'self', which is itself an elusive phenomenon.

As described above, IPA's central concern is with the individual's subjective experiences. IPA acknowledges that it is impossible to gain direct access into the life-world of the participant; instead, understanding experience always requires an interpretative activity. IPA holds connections with symbolic interactionism in that it considers that the meanings that people ascribe to things are important, and that these meanings are always based in the wider social, psychological and historical context. This is in contrast to discourse analysis, which emphasises the ways in which language constructs peoples' worlds, and the ways in which language is deployed in particular circumstances (Willig, in press). In this way discourse analysis could be said to take a radical social constructionist approach to gathering knowledge. IPA, on the other

hand, accepts the importance of language in influencing how people make sense of their worlds, but it sees our experience as more than just the product of our localised discursive interactions. IPA, therefore, takes a more moderate social constructionist approach. As Eatough and Smith (2006) state, IPA sees the individual as an experiencing, meaning-making, embodied and discursive agent.

According to Willig (2008), moderate social constructionism has a close affinity with critical realism. Critical realism stands in contrast to naïve or direct realism, in that it is not based on the assumption that data directly reflects reality. Critical realism works from the premise that reality cannot be known directly, and therefore our relationship to it is always complex and requires interpretation. In this way, the data that participants provide can be seen as only providing a 'window' into their subjective reality, rather than a direct, objective or 'true' view of their reality. As Eatough and Smith (2006) explain, there can be no clear and unmediated window into the life experiences of the participant; understanding their experience is always an interpretative activity.

The aim of this study is to explore participants' subjective experiences of self in their professional work, and the ways in which they give meaning to these experiences. Participants' experiences of self are situated within the context of wider social, psychological and historical factors in their lives. Therefore, the experience of self has a significance that transcends outside of the localised interview interaction, and extends into their life as a whole. Analysing the way participants talk about and describe their selves in the research interviews, may therefore be seen to offer insight into their enduring internal sense of self, or ideas about self.

This study does not aim to perceive objectively a 'true' picture of self. Any understanding of self is framed as an interpretation; indeed, the participants themselves may be more or less aware of particular aspects of their self. What is important, as IPA believes, is the meaning that participants give to their experiences of self, and that is what forms the central focus of this study. As Crastopol (2006) states: 'we cannot speak of what the self is, we can only speak to how the self is experienced' (p. 531).

To summarise, this research is allied with moderate social constructionism, and anchored by critical realism. This could be described as taking a position somewhere between realist claims that results emerge directly from the data, and relativist claims that experience always involves an interpretative activity (Madill, Jordan & Shirley, 2000). As a researcher, I accept that it is not possible fully and directly to access my participants' experiences. Instead I am focusing on the 'person-in-context', who is embedded within a social, cultural and historical reality. Since understanding experience involves a process of interpretation, it is important that I consider my

own relatedness to the topic and data at hand. In doing so I hope to illuminate how participants understand and make sense of their experiences of self.

2.3 Reflexivity

The notion of reflexivity is vital within qualitative research. The idea that the researcher can remain an independent and detached observer, as in more quantitative methods, is rejected in the qualitative approach. As Willig (2001) states, the qualitative researcher must examine how their own standpoint, in relation to the phenomena under question, may have shaped and influenced the research process and its findings. My epistemological standpoint, as addressed above, necessarily implicates that I view myself as a major contributor to the research process. This means that I am intimately bound up in the process and creation of the data, perhaps in ways that I might not be aware of or understand. The only way to explore this issue is through a thorough examination of my own beliefs, interests and assumptions. As McLeod (2003) comments, to produce good work qualitative researchers need to reflect on the ways in which they see and understand things.

Throughout the research process I have endeavoured to reflect critically on my beliefs, ideas and assumptions concerning the self and the therapist's role within the therapy process. To do this I have kept a detailed and reflexive research diary, in which I have documented the various thoughts, beliefs, and struggles I have experienced throughout the research process. It has also been a helpful tool to consider how my beliefs and ideas have evolved as I have progressed through the research process.

Willig (2008) delineates two major areas of reflexivity. The first is 'epistemological reflexivity', which involves a detailed reflection on the researcher's assumptions about the world and the nature of 'knowledge'. The second is personal reflexivity, which involves an awareness of the values, beliefs and interests of the researcher, and their connection to the research study. I shall spend some time reflecting on both kinds of reflexivity here, and critically examine how these have shaped and influenced my decision to study the present topic.

2.3.1 Epistemological reflexivity

In examining my epistemological reflexivity I have reflected upon my assumptions about the world and how I believe knowledge can be drawn from it. One of the most important areas in my life is my professional work as a trainee Counselling Psychologist. The way I draw

understandings about my clients in my clinical work, and through my primary therapeutic approach, can be linked to the way that I am conceptualising ‘knowledge’ in this research.

My primary therapeutic approach stems from the psychodynamic perspective, which holds at its core the importance of the therapeutic relationship between therapist and client. Knowledge or understanding about the client can be gained through an awareness of the dynamics within the relationship, and the concomitant experiences of both individuals involved. The experiences of the therapist are seen to be intimately bound up within these relational dynamics, and must be examined carefully in order to unravel and understand what the client is experiencing and communicating. The therapist’s experience of self in their work, therefore, includes their beliefs, feelings and thoughts. These experiences are not seen as nuisance to be eradicated, but more of a tool for uncovering hidden meanings and deepening therapeutic insights.

This idea of uncovering and understanding knowledge through a relational interaction between two individuals is closely linked with the processes of qualitative research. The researcher and participant are involved in a process of mutual exploration in the research interview, just as a therapist and client are within the therapeutic hour. Therefore, the experiences, beliefs and thoughts of the researcher take on a similar significance to that of the psychodynamic therapist, in that they are seen to contribute to the process of uncovering meaning in the participant’s experiences. I would argue that there is a meaningful connection between the role of the qualitative researcher and the therapeutic work of the Counselling Psychologist. McLeod (2001) makes this connection explicit by describing the activity of doing qualitative research as highly concordant with the activity of doing therapy. For myself, undertaking this research has felt congruent with the underlying assumptions and understandings I have about therapeutic processes, which I utilise daily in my professional work. I have also been able to harness the skills I possess as a Counselling Psychologist, and activate these within my role as a qualitative researcher.

I have also been drawn to reflect upon what I understand about the nature of the ‘self’; both in my professional work with clients, but also on a more personal level. When thinking about my self I am aware of something that gives me a stable self-concept, and which has endured through my lifetime. I can historically link my self-concept to my experiences as a child, and also project my self into the future, and how I envisage my self to be. I am aware of being a stable structure, but also possessing the ability to change and mould my self in response to the demands of my social world. For example, I can identify my self in different roles, i.e. student, sister, therapist, daughter. Each role places different expectations on my self, including my thoughts, actions and behaviour, yet there is a consistency and fluency that runs between and links each together. I can track how I have developed and changed in these different roles within

my life, and also think about what I may be like or become in the future. These reflections have led me towards a notion of self that I feel is congruent with the epistemological position of this research. The self is not a static, objective and directly knowable agent of human life, but is something that is always bound, in a complex fashion, to our interactions with others and grounded within our cultural, social and historical pasts.

Many of my personal insights have evolved and developed through my experience of personal therapy. Through this experience I have achieved a greater clarity into my own internal world and relational patterns, both in the past and in the present. I have also had the experience of a therapeutic relationship in which I have been allowed to change and grow. This experience, to me, reflects the inherent interactional nature of the self and how we can change, and grow, through our interactions with others. This leads me to wonder about the interaction between my participants and myself within this research study, and how the research interview might influence the way they think about or understand their self. Perhaps the research interview will prompt change, however small, to the participants' selves, and my own self too. These ideas fit with the understandings of IPA regarding the interpretative nature of the qualitative interview, and the co-construction of knowledge between participant and researcher.

2.3.2 Personal reflexivity

My interest in pursuing this area of enquiry was born out of many different sources; most notably my experiences of personal therapy, but also my developing practice as a trainee Counselling Psychologist.

The in-depth analysis of my own self in personal therapy has led me to an enduring interest in the role of self within therapeutic work, both from a client and therapist perspective. Personal therapy has helped me to increase my understanding of my self on a personal level, but also helped me to recognise and understand how I conduct and manage my self professionally with clients. I have often found it difficult to disentangle my own emotional responses from that of my clients, and struggled to understand the strong reactions triggered in me in response to client issues. Focusing on these issues in both personal therapy and supervision has enabled me to become more aware of the presence I have in my professional work, and helped me to identify areas for change and development.

My literature review is, therefore, focused on the importance of personal therapy for the Counselling Psychologist in training, and discusses the evidence related to whether personal therapy is necessary for the development of effective therapeutic practice. In my own

experiences, the relation between personal therapy and therapeutic practice is particularly close, but I wondered whether this relationship has been reflected, if at all, in the psychotherapeutic literature and research. My work in this area developed into an interest in how the Counselling Psychologist, as an individual practitioner, negotiates and understands the role of their own self within their professional work.

My awareness of self and identity as a practitioner is, evidently, continuing to develop. I wonder how far my position of relative naivety as a trainee has propelled me into investigating those with more experiential authority. In other words, I recognise that there is a natural curiosity within myself to learn from the professionals I recruit, particularly in relation to how they negotiate and make sense of their experiences of self. My participants' experiences are parallel to my own experiences, with which I grapple on a daily basis in my professional work. Since my own personal thoughts, feelings and ideas will be triggered as I undertake this research, I have endeavoured as far as possible, through my reflexivity, to observe, question and explore my own self, so that I can view, as clearly as possible, the unique experiences of my participants.

2.4 Procedures

2.4.1 Sampling and participants

The participants in this research are eleven Chartered Counselling Psychologists; four men and seven women, between thirty-three and fifty-two years of age. There are no prescribed numbers of participants for IPA studies. However, as Smith et al. (2009) state, there must be a sufficient number of participants to allow for the development of similarity and difference across the sample, and also to enable an in-depth analysis of each individual case to be reached. Recruitment was halted at eleven participants because a substantial plethora of data had been gathered for this to be achieved.

It is suggested by Shadley (2000) that practitioners who have a certain amount of professional experience are able to adjust to, and become familiar with, their own personal idiosyncrasies of therapeutic practice. Drawing from this, only participants with at least one year of post-qualification experience were recruited. It was felt that participants with this length of professional experience are likely to be more aware of, and comfortable with, with their mode of working.

Participants were not selected on the basis of the therapeutic approach used in their professional practice. According to Prochaska and Norcross (1999) many studies focusing on the impact of

therapeutic technique on client outcome have tended to show no significant differences in effectiveness between therapeutic approaches for most client problems. It is suggested instead that the self of the therapist is a more important factor than any treatment specific effects (Ahn & Wampold, 2001). This research focuses on the personal elements belonging to the therapist that may underlie and traverse any specific techniques or assumptions that belong to a specific therapeutic model.

Participants were asked to record their therapeutic approach in the demographics form (see Appendix E). Although participants came from a range of theoretical approaches, over half described their therapeutic approach as ‘integrative’ or ‘eclectic’ (see Appendix F for participant demographic information). This is interesting since it could be reflective of a theoretical eclecticism alive within Counselling Psychology today. It also suggests that a selection method that required just one specific approach, might have excluded many participants who identify themselves to more than one method. This would also have reduced the representative nature of the sample to Counselling Psychologists in general.

There were no exclusion criteria dependent on the participant’s arena of professional work, nor exclusion on any general demographic details. Overall, this is a purposive homogenous sample, but also retains a degree of heterogeneity, which allows for a diversity of experiences and opinions across the participant group. This was felt appropriate to gain access to the perspective of Counselling Psychologists’ on their experiences of self.

2.4.2 Recruitment

Participants were targeted through the British Psychological Society (BPS) online listings of Chartered Counselling Psychologists, and through online search-engines. It was relatively easy to locate Counselling Psychologists online as many advertise their private practices through personalised websites or directories that are freely available to general internet users. Once located, potential participants were then cross-checked on the BPS website’s ‘List of Chartered Members’, in order to ensure that they held a recognised BPS chartered status. Participants living within London and the south east of England were preferentially chosen to aid ease of travel to interview locations.

Participants were contacted via a personalised letter and email (see Appendix D), outlining the aims and purposes of the investigation. If no reply had been received after approximately ten days, a follow up phone call was made enquiring about their interest in participating. The first round of recruitment involved contacting fifteen participants, of which eight replied stating their

interest. Following these first eight interviews a second round of recruitment was conducted, this time contacting eight potential participants, of which three replied stating their interest. Although there is relatively little research into the issue of response rates within qualitative enquiries, and some question whether this is even a necessary concern, I am aware that I gained what I subjectively perceive as a high response rate. This brings me to the important issue of inducements.

2.4.3 Inducements

The decision to offer a monetary inducement to participants taking part in this research was not taken lightly and involved a thorough examination of the possible ethical issues, and the effects on the recruitment process and research procedure.

The rationale of payment utilised in this research is based on the reimbursement model (Dickert & Grady, 1999), which holds that payment to participants is acceptable if offered as a 'reasonable reimbursement' for the time and expenses incurred from each individual's participation. A competing perspective is the 'wage payment model' (Dickert & Grady, 1999), which suggests that payment should be an equal reimbursement to each participant. I decided against using the wage payment model since the participants may hold different perceptions of a set amount of money, and this estimation of value may impact their decision to take part and their involvement in the interview process. For example, a set payment of £60 for a one hour research interview may, for a more senior practitioner, offer a relatively 'poor' recompense for their time and effort. For a more newly qualified practitioner, however, this set amount may be perceived as highly desirable and even 'unduly influence' their decision to take part (Emanuel, 2004, p. 102). A set payment amount can potentially restrict the type of participant who chooses to take part in the study, and introduce the possibility of some participants being 'over paid'. This raises concerns over potential negative effects, for instance the participant's ability to withdraw from the investigation and freely give informed consent.

For the present study, in accordance with the reimbursement model (Dicker & Grady, 1999), it was decided that the amount of recompense be negotiable with each participant. In this way, the monetary payment becomes an explicit agreement between each participant and the researcher of what is considered an appropriate recompense for their time and effort in attending the interview. For this study, the participants were initially offered payment of their standard professional fee, and this was signalled in the participant recruitment letter (see Appendix D). The specific details of this payment were discussed on an individual basis with each participant prior to conducting the interview.

The decision to offer payment of the standard professional fee was very deliberate. According to the reimbursement model this tactic decreases the chance of participant exploitation because each participant has the option of earning a similar amount of money in a different activity. Therefore they cannot be said to be unduly influenced into participating in the research. This approach was considered an appropriate and reasonable method of offering recompense, and was not felt to hold any adverse ethical implications for participants.

There has been much debate over the idea of offering participants payment in research, although this has been mostly within the medical sciences. Payment could be seen to degrade the idea of a common good in research and transform it into a 'marketised exchange'. On the other hand, however, the social value of research and the imperative to ensure scientific validity, may justify strategies to enhance recruitment of eligible participants (Dickert and Grady, 1999). I have engaged in a thorough reflection of these issues throughout the process of this research study, and carefully observed the effects of offering payment on the research process (see Synthesis section for further discussion).

Overall I have come to the conclusion that the expectation of voluntary participation in psychological research is an idealistic view, especially within our current day and age. This is not to say that all psychological research should offer monetary reimbursement, as this might be an impossible or inappropriate option for many researchers. Instead, there could be an increased acceptance of monetary recompense, not always as a corrupting influence on the research process and recruitment procedure, but as a potentially realistic and appropriate method of recruitment alongside the traditional expectation of voluntary participation.

I feel that the decision to offer monetary recompense in this study demonstrated a realistic awareness of the financial and time constraints of my participants, but also an appropriate and effective means with which to ease the recruitment method.

2.4.4 Pilot work

Three pilot interviews were conducted over a period of two weeks prior to beginning this study, with the purpose of pre-testing the interview schedule, including a particular focus on the wording, order and intelligibility of questions. This also provided the opportunity to gauge participant responses to the interview questions, including how they speak about and construct their experiences of self, and also a way to gain feedback about my personal style as an

interviewer. The pilot interviews thus enabled me to respond constructively to areas requiring improvement both with the content of the interview and with myself as interviewer.

I recruited three BACP accredited psychodynamic therapists via an email sent to all counsellors working at a psychodynamic counselling charity. Each interview was approximately forty-five minutes in length, was transcribed, and a preliminary analysis conducted in order to ascertain whether the interview schedule was giving rise to sufficiently rich and varied data.

As a result of these pilot interviews a decision was made to change interview questions that appeared too structural, concrete and focused, into more open questions that allowed a broader response. For example, the question ‘what do you understand by the term therapeutic use of self’, denotes an objective stance on the phenomena in question. In the pilot interviews, this question tended to prompt intellectualised, rehearsed and model-specific answers. In response to this I changed the question to: ‘Can you describe any internal experiences you are aware of when you see clients?’ This revised question prompts a more subjective and reflective stance towards the self, rather than an objectivised and detached view, and therefore might enable greater access to participants’ personal experiences in order to provide richer and more detailed data.

In the pilot interviews it rapidly became apparent that participants made sense of their experiences of self through describing and reflecting upon their therapeutic relationships with their clients. Participants described and understood their self from a relational perspective, i.e. describing self through exploring relationships with others. This is opposed to describing the self as a detached and objectively knowable object. I responded to this by re-formulating some of the interview questions to reflect this relational aspect. For example, I changed the question ‘How would you describe yourself as a therapist?’ to ‘How might one of your clients describe you?’ or ‘Imagine sitting opposite yourself, as if you were the client looking at yourself – how would you describe yourself during sessions?’ These relationally directed questions are deliberately constructed to encourage the participants to take a different viewpoint toward their activity as a therapist, i.e. from the perspective of the client. In this way the relationship between therapist and client becomes a central focus of enquiry, and a means through which the participant can reflect upon their self. This relational perspective could help participants to move away from automatic and rehearsed answers about the self, and toward more novel and ‘constructed’ responses.

Overall I felt that the pilot interviews were an invaluable opportunity for me to test out the interview schedule and make various changes to the interview questions, with the aim of increasing the richness of the interview data. I was also able to practice my own style and

technique as an interviewer, and work towards building my confidence. Although the pilot group were of a different professional and theoretical training to my primary research group, I felt this did not devalue the data I gathered. On the contrary I felt that the pilot interviews gave valuable insights into the ways therapists make sense of their experiences of self, and contributed usefully to the foundations of the interview schedule.

2.4.5 Interview procedure

The data were collected through semi-structured interviews conducted by the researcher at a place and time convenient to the participant. All the interviews were either held at the participant's private practice or home address. The use of semi-structured interviews allowed the participants freely to explore the personal meanings and significance attached to their experiences of self. The semi-structured format also provided the freedom to change and alter questions, and explore novel and unexpected issues as they arose (Smith & Osborn, 2008).

Informed consent was obtained from all the participants prior to beginning the interview. A copy of the consent form can be found in Appendix B. The participants were also asked to fill out a demographics form (see Appendix E). This was intended to provide contextual information about participants' gender, age, place of work, year of qualification in Counselling Psychology, and primary therapeutic approach. Issues of context are important in qualitative research as the meanings participants generate are linked to the context in which they are constructed (Willig, in press). Hence it was decided that information relating to the participants' therapeutic approach and arena of work would help to contextualise responses and add greater depth of meaning. On reflection these issues tended to arise spontaneously out of the interview data and so it may not have been absolutely necessary to include them on the demographics form.

The interview schedule (see Appendix A) consisted of a number of general and open-ended questions designed to tap into the central topic of experiences of self, and also more specific and focused questions designed to act as prompts. The interview guide was designed to provide a framework for the interviews with the intention of facilitating discussion of relevant areas, but it also allowed for questions to be formulated spontaneously by the researcher, according to the dynamics and focus of the interview. This enabled participants to talk freely about their experiences, and also allowed the interviewer the flexibility to follow the participants' specific concerns to a greater depth.

Throughout the interviewing stage of the research the interview schedule was a continually evolving and changing entity. This change involved both a gradual development of the number and spread of the interview questions, but also a change in the degree to which I relied on the schedule as a support during the interviews. As I became more confident and assured as an interviewer I noticed that I became less dependent on the interview schedule; instead of relying on the schedule as a fixed prompt, I found myself devising and adapting interview questions in a fluid manner in response to each individual participant. My increasing knowledge and confidence enabled me continually to develop and enlarge the interview schedule, contributing to the gathering of increasingly rich and detailed data.

At the beginning of each interview the participant was reminded that the purpose of the interview was to engage in a mutual exploration of the experiences of self they hold to be most significant to their own professional practice. This was always followed with an introductory question such as 'Can you describe any internal experiences that you are aware of when you see a client?' It is hoped that this particularly open-ended question allowed each participant the opportunity to steer the interview toward the direction of their own interest, thereby signalling to me what they hold as important and significant in their own experience.

Subsequent interview questions were designed to follow the participants' line of interest and gain situated details about their life-world, rather than focusing on generalities. For instance, it was important that I facilitated participants' efforts in unpicking and describing their own experiences of self, rather than following familiar or generic claims about therapy. I would do this by gently turning the focus of the conversation back onto their own personal experiences by asking more specific self-focused questions, for example 'could you give me a specific example from your own experiences?' Encouraging participants to focus on their own personal experiences was often tricky and demanded a certain degree of confidence and tact, as well as a sensitive awareness of when the topic was becoming 'too close for comfort'. I found that this was a skill I developed as the interviews progressed.

Participants demonstrated a wide range of styles in response to interview questions. The majority of participants spontaneously generated and discussed their personal thoughts and feelings around their experiences of self, often requiring little input from me. Other participants, in contrast, seemed less willing to explore their experiences in depth and tended to offer shorter answers to the questions, focusing more on generalities. It was in these interviews that I found myself playing a more active and directive role as interviewer and relying heavily on the interview schedule to encourage and generate discussion. However this was not the case for the majority, and the depth of discussion waxed and waned naturally within each interview itself. Overall, the interviews varied between forty to sixty minutes in length, and ten minutes was

reserved at the end of every interview to ensure the participants received a verbal and written debrief (see Ethical Considerations).

One interesting observation is how the circumstance, place and dynamic of each interview affected the meaning-making process between researcher and participant. Each participant decided to frame the interview in a different way, particularly in terms of location, and this had an effect on our interaction. I allowed participants to choose the location of the interview, for their convenience, and this meant that I found myself travelling to a variety of locations. The majority of participants invited me to their private practice, whilst others invited me into their private homes, where we would sit in amongst their private possessions and on occasions, family pets. I found that the choice of location shaped the formality of the interview and the roles we assumed within it. Meeting in a family home, for instance, often gave the feel of two professionals in an informal or casual meeting. Meeting in a clinical place of work, however, felt more formal, and of a client-professional interaction. One participant equated me with one of their clients, since I was paying a similar fee for their time. Although this participant said that my paying meant that I was afforded a special importance and status, I cannot help but wonder how far it also affected the nature of our interaction. On another occasion a participant appeared to offer me the role of the 'professional' or 'expert' by offering me their 'therapist's chair' to sit in, while they occupied their 'client's chair'. At the time this overt switch of role took me off guard, but I wondered afterwards whether the gesture symbolised the participant's intention to loosen the professional demeanour they usually assume within the room. The participant was literally taking a different view of the world (or room), as well as symbolically. Negotiating these different situations with each participant made the interview process challenging, yet also interesting. I recorded all of these experiences in my research diary, and will look to use such insights to deepen the analysis process.

2.4.6 Ethical considerations

The proposal for this study was granted full ethical approval from the City University Ethics Committee and Department of Psychology. The ethics release form can be found in Appendix H. A thorough consideration was given to the ethical implications of the proposed research in accordance with the British Psychological Society Code of Ethics and Conduct (2009).

Throughout the research process I have been transparent about the nature and purpose of the research. Informed consent was obtained from each participant at the beginning of each interview to establish that each fully understood the aims and purposes of the research, and oral consent was sought within the interview itself in the event of unanticipated sensitive issues

emerging. The written consent form (see Appendix B) contained and reiterated all the information relating to the purpose of the investigation, the supervisor and researcher's contact details, the right to terminate the interview at any time and the right to withdraw any data provided. The participants were also reminded that they did not have to disclose personal or private answers if they did not wish to, and that verbatim extracts from the interview may be included in the final write up. Both the researcher and the participant kept a copy of the signed consent form. All signed materials provided by participants are kept securely in a locked cabinet at the researcher's home and will be destroyed when the research and assessment have been fully completed.

Participants were also asked to give consent to allow the interview to be audio-recorded. Each interview was recorded using two Olympus Digital recorders; the second used as a back up in the case of one recorder failing. Only a single audio-file of each interview was retained and stored anonymously on a password-protected computer in the researcher's home. Participants were made aware that the audio file would be transcribed and analysed using IPA, and that audio recordings would be destroyed once the research and assessment were fully completed.

To ensure anonymity throughout data collection and data analysis all participant names were replaced by ID numbers, for example RN01. Each participant was made aware of their unique ID code which was displayed at the top of the consent form, demographics form and debrief form. They were also informed that all material they provided for the research would be stored under this ID code. If the participant should wish to withdraw any data from the research procedure then they could do so by informing the researcher of their ID code, and the relevant materials would then be destroyed. A key noting which participant corresponds to which ID code has been kept securely and will be destroyed when the research and assessment are fully completed.

Participants were requested to sign a written debrief form (see Appendix C) containing information regarding the nature and purpose of the investigation, the researcher and supervisor contact details and information about sources of support if required following the interview. The form also reiterated the right to withdraw from the interview at any time and requested that each participant confirm that they felt happy for the research to proceed using the data they had provided. Ten minutes were reserved at the end of every interview in order to complete the verbal and written debrief in a thorough and sensitive manner, and allow time for the participant to voice and discuss any issues that may have arisen during the interview. It was not anticipated that any adverse risks would be present for the participants during the course of their participation in the research. It is hoped that since the participant group are themselves

psychological professionals they will already be well informed about routes to psychological support, in addition to those outlined on the research forms, which they can access if needed.

2.4.7 Transcription

Each interview was transcribed verbatim by the researcher with the intention of being as close to the original dialogue as possible. The transcriptions included all extraneous words such as ‘um’ or ‘er’, and also indicated any long pauses. If any words or phrases on the audio-recordings were unrecognisable a note was made in the transcription to indicate this, i.e. “*inaudible*”. Any additional behaviour such as laughter and coughs were noted, as well as unexpected noises or interruptions, for example a mobile phone going off.

All potentially identifying details contained in the interviews were censored or changed at the time of transcription. For example, if the participant said their name or place of work this was replaced by ‘XXX’ or ‘*refers to place of work here*’. In addition, if the participant made reference to any identifying client details these were censored to protect privacy.

2.4.8 Analytic strategy

IPA, according to Smith et al. (2009), aims to explore the personal meaning making process of individuals in particular contexts. As researcher, I have engaged in a close interpretative relationship with each transcript, with the intention of capturing and understanding the meanings of my participants’ experiences.

In IPA analysis the initial approach to the data is idiographic, involving a sustained focus on each individual transcript. As Larkin et al., (2006) state, IPA involves a close line-by-line analysis of the experiential claims of each participant. To assist my immersion in the interview data the transcript was first read whilst listening to the corresponding audio recording. This allowed the participant’s voice to accompany and infuse into the text, highlighting nuances, stresses and emphases of their speech, which enriched my understanding. These idiosyncrasies of speech, tone and quality could not have been realised or understood on reading the text alone.

Each transcript was formatted into a landscape table, with wide margins down either side. This table format, and the general process of analysis undertaken in this study, is inspired by Smith et al. (2009), who outline a comprehensive and practical guide to approaching IPA analysis. The left hand margin on the table was used first to note down any initial descriptive comments

arising in response to the data. These descriptive comments were intended to stay as close to the participant's phenomenological meanings contained within the data as possible, i.e. to stay with the participant's overt and expressed meanings and experiences. Smith et al. (2009) describe descriptive comments as staying with the 'subject of talk' (p. 84) within the transcript. In addition, close attention was paid to the linguistic usages of the participant. This includes noting the use of specific words and metaphor, and also qualities of speech, i.e. the tone of voice and degree of fluency, including hesitations and pauses. The intention at this point was to note with detail any overt expressions or meanings contained within the text.

Once these initial notes had been made a second reading of the transcript was begun, this time with the aim of engaging with the data on an interpretative level. Smith et al. (2009) describe this as a conceptual engagement, which involves a shift in focus away from the explicit claims of the participant and towards an interpretative interrogation of overarching meanings contained in the account. This means looking at how and why the participant is making sense of and describing their experiences in the way that they do. The analysis is aimed toward opening up a range of possible meanings contained in the data, some of which may not be directly known by the participants themselves. At this level of analysis the personal views, assumptions or beliefs of the researcher can come to the fore, and therefore care was given to stay primarily grounded within the experiences of the participant. As Smith et al. (2009) state, an interpretation is legitimate if it is stimulated by, and tied to, the text.

Although the process presented here represents a linear movement between each type of comment, i.e. descriptive through to interpretative, I found that as the analysis of each transcript progressed, I began to move between these comments in a dynamic fashion, writing observations as they emerged. This helped to promote a spontaneous discovery of different meanings contained within the data, and these understandings were progressively deepened with each re-reading of the transcript.

The 'emerging' themes from the data were developed from the initial comments and detailed in the right hand column of the table. 'Emerging' themes are intended to encapsulate the essence of the initial comments into precise and pithy statements; they must contain enough particularity to be grounded in the data, but enough abstraction to be conceptual (Smith et al., 2009). This is a challenging process, and the balance between reducing and simplifying the data, yet still retaining complexity is particularly difficult. Throughout this process the transcript was read and re-read to ensure that themes were embedded within and representative of the participant's narrative. In addition, particular passages or quotes identified in the text, which were felt to be particularly reflective of an emergent theme, were duly noted and underlined. This helped to ensure that themes were grounded within the data. A demonstration of this

process can be found in an extract from a transcript located in Appendix G. The themes, at this stage of the analysis, were not seen to be fixed, but instead likely to change as the analysis progressed and cross-case analysis undertaken.

Once all themes had been noted on the transcript the process of clustering these themes began. In order to achieve this all themes were pasted into a new document to form a long list. The themes were then read through and moved around until clusters developed, based on the similarity or relatedness between themes. Each cluster was given a group title, or superordinate theme, felt to capture the essence of that cluster. This was a creative process, giving the researcher free reign to manipulate and play with the data until clusters of themes emerged. The clusters were then put into a table containing superordinate theme, subtheme, and references to the page and line number of the quotation. An example of a table of themes for one participant can be found in Appendix I. When this table was completed and it was felt that all important and representative data had been drawn from the participant's transcript, the entire process was repeated for the next transcript.

Once all the transcripts had been analysed, the process of performing analysis across cases began. This process firstly involved revisiting all the individual theme tables for each transcript and checking that all quotes were representative of the specific theme. This revisiting involved a further reordering and shuffling of theme clusters and representative quotes, now influenced by the knowledge of the other analyses. Hence a larger and more coherent conceptual picture of the data as a whole group began to emerge. This reflects the continual movement in IPA between the particular to the shared, and between the individual to the group. The analysis therefore forms an iterative and inductive cycle (Smith, 2007).

It is at this point that the relations between themes were explored across cases, and points of convergence and divergence, commonality and nuance identified (Eatough and Smith, 2008). All themes from all transcripts were copied and pasted into one document that was printed and each theme cut out and separated. The themes were then spread onto a large surface and physically moved around, creating particular groups or clusters. Sifting through the themes enabled the researcher to identify themes that tended to re-emerge across cases, and also discard themes that were not representative, or that emerged for one participant only. From this creative process, formed clusters of superordinate themes and subthemes themes began to emerge. These themes appeared to represent the majority of data from all the transcripts, and were therefore the best overall representation of the participants' experiences of self in their professional work.

The superordinate themes and corresponding grouping of themes were put into a table, and the most relevant and representative quotes from each participant linked to each theme. There was a

gradual reducing down of the data until only the most pertinent quotes and themes from each participant were identified. This process also enabled the researcher to look more closely at points of convergence or divergence between participants in relation to each theme, and encapsulate something of the similarity and also differences in experience between participants. The entire process involved moving from a close examination of individual accounts to a wider and synthesised account of the group as a whole (Smith and Dunworth, 2003).

The process of organising the data was continuous, with themes being shifted, re-formed and revised in a dynamic manner. The final superordinate themes were only fixed at the point of write-up. The final table consisted of superordinate theme, subthemes, themes, participant quotations and associated page and line numbers (see Appendix J for a table of all themes).

Chapter three: Analysis and discussion

3.1 Introduction

The transcripts revealed a wide range of data pertaining to Counselling Psychologists' experiences of self in their professional work. The themes that have emerged offer new insight into this previously neglected but important area of research.

The analysis is clustered around three superordinate themes: constructing self in relationship, negotiating the relationship between self and other, and the self observed. The construction of three distinct groupings is for the purposes of offering an intelligible account to the reader. However these three themes are not seen to be distinct and separate, but share significant overlap, existing in a complex and multi-layered relationship with each other. Where necessary the analysis includes relevant references to existing psychological theory and research. This is for the purpose of theoretically underpinning and clarifying the interpretative discussions.

The first superordinate theme, entitled 'constructing self in relationship', focuses on the ways participants construct an idea of their self as part of their relationships with clients. The second superordinate theme, 'negotiating the relationship between self and other' relates to the active and continuous negotiations in the relationship between the therapist's self and the client's self, particularly oriented towards levels of connection or separation. The final superordinate theme, 'the self observed', refers to the idea of the self being an object of observation, both internally by the therapist, and externally by the client.

The reader's attention is drawn to an important concept that underlies all three superordinate themes, and which forms a running thread throughout this analysis section. Although the exact meaning of this concept emerges in different ways, there is a sense, throughout the analysis, of the self being understood and made meaningful through the presence of a relationship with a perceived other. This can be an internal relationship, or an external relationship with a real or imagined other person. Since this concept is felt to span all participant accounts it will be described as and when it arises from the data, rather than being segregated into a distinct theme.

In this section some participant quotes have been edited to improve fluency for the reader. Aspects of dialogue have been omitted only if they were felt non-essential to the overall meaning conveyed by the participant, for instance, extraneous words, false starts or hesitations. Where these aspects of the dialogue were felt to convey additional meaning to the analysis, they have been retained in the quote. Omitted words or sections are represented by '...'. The utmost

care has been taken to remain as close to the original dialogue of the participant as possible. Each participant quote is followed by its transcript reference in brackets, the first number being the page number and the second the line number, i.e. (page, line number).

3.2 Linking themes

The following diagram depicts the various connections, links and pathways between each theme. This diagram is not intended as a comprehensive representation; it is just one illustration of the complex relationships existing between themes.

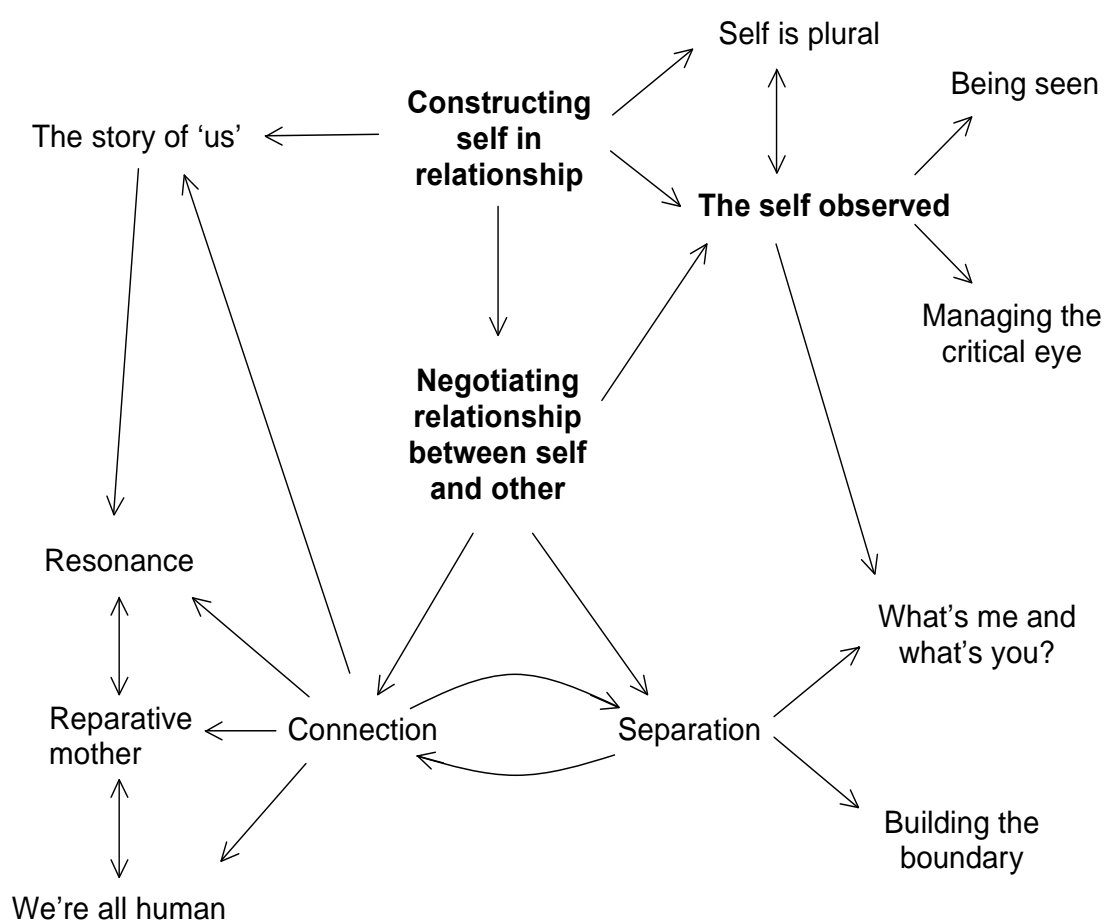


Figure 1: Diagram of links between themes

3.3 Superordinate theme one: Constructing self in relationship

The first superordinate theme highlights how participants describe and make sense of their self not as an isolated and independent being, but as an active and involved participant in a dyadic

relationship with the client. Some participants go further and allude to a self that is pluralistic and multiple in nature, and which can be reconstructed and changed according to the immediate relational encounter. In other words, there is a sense of the self being constructed, understood and defined within a relationship.

3.3.1 Subtheme one: The story of ‘us’

The first subtheme within ‘understanding self in relationship’ is ‘the story of us’. This subtheme is intended to capture how participants identify their selves as existing within a mutually shared therapeutic relationship.

As Leonie comments:

When you think about a therapeutic relationship as well, it's not just the client and you is it, it's the relationship, it's the space that you create between you (15,317)

Leonie draws attention to the shared ‘space’ existing between her self and the client. This ‘space’ encompasses both her self and her client together, as if the division between them is dissolved. She emphasises the word ‘relationship’ twice in this passage, drawing attention to a type of ‘relation’ or ‘joining’ between them. This could be related to Fiscalini’s (2006) notion of a ‘joint interpersonal field’ (p.439) created between therapist and client. The idea of a therapeutic ‘space’ is also reflected in psychodynamic literature. Winnicott (1971) describes a ‘third area’ of human living that is neither inside the individual nor outside, but occupies an intermediate area of ‘potential’ space. It is in this between space, according to Casement (1985), that creative ‘play’ can occur between therapist and client.

A dissolving of the separation between ‘me’ and ‘you’ is also reflected by Betty:

I believe it's not him and me, it's us you know, or her and me, it's us (8,168)

In this pithy statement the individual self is transformed into an inter-subjectivity, or an ‘us’. Similarly to Leonie, Betty sees the therapeutic relationship as not just about two separate individuals, but about the creation of a new subjectivity that is shared by both. This understanding challenges traditional notions of the self as a separated and autonomous entity, often portrayed in traditional psychology. These participants portray the self as intimately involved and mutually invested in a dyadic relationship with their clients. This is particularly

reflected though Betty's use of language, where she moves from the first person singular to the collective plural. Narratively and psychologically, therefore, Betty moves from 'me', to an 'us'.

Betty expands on her understanding:

but I think what's, you know really powerful, is to acknowledge you know, all the time really that it's our story, it's mine and the client's story....so we have a shared relationship (9,174)

Betty's description of 'our story' suggests a co-authored relationship, which is jointly written by both therapist and client. She uses strong and all-encompassing words such as 'powerful', and 'all the time', perhaps emphasising the importance with which she imbues this type of relational encounter with her clients.

Betty's use of the word 'story' here is interesting. The etymological root of the word 'story' is linked to the idea of a person narrating or chronicling an account of their experience. Here, it is therapist and client who are co-creating a joint production of their experiences. There is a sense that this story is in a state of continuous construction, and is privy only to the authors. The idea of a co-authored relational process is connected to Rieveschl and Cowan's (2003) contention of a 'third process' (p. 125) that is created through the intersubjective explorations between therapist and client. Importantly, this third process is a product of both persons, and not independent of either.

The idea of a 'third' process emerging out of the therapeutic relationship is also reflected by Christine:

if we can hold these contradictions then then they become part of the same truth, which is us (15,320)

For Christine, the contradictions and differences existing between her and her client, instead of remaining irreconcilable, create a new meaning or a new truth. The opposite of the word 'contradiction' could be an agreement or confirmation between two people; where two selves find a compatibility. This idea of joining or connection between therapist and client is certainly reflected in Christine's language when she uses the word 'us'. Furthermore Christine's language, particularly her use of the word 'truth', evokes the idea of a deeper and essential resolution between them. Christine's description relates to a comment by Stern (1985) who emphasised how the meanings between therapist and client can be mutually negotiated, struggled over, and ultimately owned by both.

Eleanor evokes a sense of fluidity between her self and her client, which transcends the separateness between them:

those are moments of telepathy where the boundary um, usually you know erected around the 'I' that separates, um is dissolved for moments momentarily, and so we we turn into a more fluid to a more fluid kind of process of relation um, without that kind of dichotomy (34,729)

Eleanor describes an experience of self that changes in consistency; from one that has a solid separating boundary to one that can flow into and merge with the other. This portrays a semi-permeable boundary between herself and the client, allowing each self to disperse and commingle with the other. This idea of dissolving boundaries is also illustrated through her use of the word 'telepathy', which implies movement or communication between two minds. Goldberg (1998) calls for a consideration of the therapeutic situation as a system with a fluid boundary between therapist and client.

The idea of the psychological boundary between therapist and client lessening or becoming more porous, suggests increased interpersonal intimacy. Nina reflects:

It sort of stops the session from continuing on that superficial level and comes down a notch to, hang on, I wonder what's going on between us? (2,38)

Nina's description: 'comes down a notch', illustrates a deepening within the therapeutic relationship. She ends with a question, perhaps rhetorical, signalling a curiosity and interest in the interaction and relational 'us'. A similar question is voiced by Betty who asks:

'what's happening between us (therapist and client) right now?' (2,35)

The word 'us' is used centrally by both Nina and Betty. This is significant because it places the therapist as the observer of the interaction, who is asking the question, but also as the participant, who is inextricably entwined within the subsequent answer. These participants, therefore, illustrate a focus on the importance of the immediate therapeutic interaction, and also an acknowledgement that their self is involved and enmeshed within this process.

These ideas run counter to the modernist conception of self, posed by many contemporary research studies, as a free-standing and separated agent in the therapeutic process (Arnd-Caddigan & Pozzuto, 2008). These participants, in contrast, illustrate a transformation from the independent self, or 'me', into a self that is shared or co-created: an 'us'. This transformation allows the emergence of a new 'third process', or story, that is shared by the two individuals.

3.3.2 Subtheme two: Self is plural

The second subtheme within ‘constructing self in relationship’ is the ‘self is plural’. In their therapeutic relationships, participants alluded to their self not as singular and fixed, but as pluralistic and multiple, and shaped by the immediate influence of another person. The possibility arises, therefore, of multiple selves existing in each therapeutic relationship.

Claire comments:

in terms of my sense of self, it changes from client to client, so it really depends who I'm with (11,219)

Claire describes how her sense of self changes depending on the client she sees. Similarly Joanna describes how she must stay aware of how: ‘*I change between clients*’ (42, 912).

Betty goes further, portraying a self that takes on a new definition, even a new identity, within each relationship:

with every single client I am a different person by definition, or you know a different version of myself by definition because I am with A or B or C or D, and so therefore that dynamic becomes, you know, the definition of what's in the room (8,173)

Betty's description suggests that the immediate relationship shapes and constructs her self, giving rise to new or different ‘definitions’ of her self. In this way, the self can be seen as emerging out of, and being dependent upon, each different relational encounter. This description fits with Ganzer's (2007) notion of the ‘relational self’ (p. 117) as decentred and multiple. This perspective, however, if taken to its logical conclusion, descends into a type of radical relativism, in which any concept of a permanent self becomes merely an illusion (Lax, 1996). With this in mind, it is difficult to know how far to interpret participants' assertions about possessing multiple selves: how far does Betty literally feel and behave like a different person? There are also questions regarding how therapists manage the potentially confusing situation of possessing multiple selves

Nina offers a different notion of a core and grounding sense of self:

so the way I work I suppose is very much based on my awareness of self erm as a sort of anchor

point from which I then erm, return to and check out with how I am and who I am in relation to the clients different selves (2,26)

Nina uses the metaphor of an ‘anchor’, giving the sense of something grounding or steadying; perhaps a firm basis or core self to which she can hold tight to avoid floating away on the waves of multiplicity. In her dialogue there is an essential first person: ‘how *I* am and who *I* am’. Underneath any subjective changes in her experience of self, Nina finds an enduring, stable and familiar self structure.

Although Nina is the only participant to reflect the idea of a ‘core’ or grounding self, there is a sense transcending all participant accounts, of ownership and familiarity toward changes in the self. Participants are not confused or lost by how their self may change. Instead, their awareness of how their self many ‘change’ with clients forms an integral part of their everyday practice. As Eleanor describes, she is constantly referring to her inner selves ‘*as a way of working*’ with her client. For Eleanor the recognition and monitoring of her ‘selves’ forms a central part of her work.

The potential for the self to be experienced as ‘multiple’ or changeable is a present and relevant issue for these participants in their therapeutic work. It is the nature of the immediate relational encounter that seems to effect such changes. Similarly Arnd-Caddigan and Pozzuto (2008) describes the self as ‘process in interaction’ (p. 235); inextricably entwined with, and influenced by, the relationships existing around it.

The idea of the self being dynamically embedded within the relationships around it is continued into the next superordinate theme, which focuses on the process of finding connection in the relationship between therapist and client.

3.4 Superordinate theme two: Negotiating the relationship between self and other

This superordinate theme is intended to highlight the different ways in which participants negotiate the relationship with their clients, in terms of their sense of self.

Within this superordinate theme are two subthemes entitled ‘connection’ and ‘separation’. These subthemes, although defined separately, are understood to be linked with each other. In other words, participants are simultaneously negotiating the level and type of ‘connection’ and ‘separation’ between their self and their client, at any one time. Connection and separation could, therefore, be conceptualised as lying at either end of a continuum, with participants

continuously adjusting their standing between these two poles. As succinctly described by Todres (1990), the therapist develops a rhythm of interactive being where closeness and distance between self and other are simultaneously maintained.

3.4.1 Subtheme one: Connection

The subtheme of ‘connection’ illustrates the different ways in which participants strive to reach a type of connection with their clients. This evolved through three types of process, which have been distinguished into three distinct themes.

First, the theme ‘resonance’ refers to a process based on the subjective ‘matching-up’ of thoughts, feelings or experiences between therapist and client. Participants described how they would ‘tune into’ the experiences of their clients, in order to promote a deepened sense of empathy and connection.

The theme ‘reparative mother’ is intended as a metaphor, to reflect the therapist’s role in the relationship as sometimes encompassing a ‘mother’ type figure. This new relational encounter often has a distinctly ‘reparative’ aim to it, intended to change or repair the clients’ past experiences.

The third theme, entitled ‘we’re all human’, depicts how important it is to participants to see their self as essentially ‘human’ in their therapeutic work. This involves the recognition that the self is fallible and imperfect. Tied to this is the desire to develop a relational encounter with the client based upon a shared humanity and equality.

3.4.1.1 Theme one: Resonance

Participants described a process that entails a synchronous matching of feelings, thoughts or experiences between themselves and the client.

This process is labelled ‘resonance’ to reflect the notion of the therapist ‘reverberating’ at the same pitch or level with the client, in terms of their emotional experiences, thoughts or memories. This is related to the musical sense of the word, which encompasses the idea of two musical instruments simultaneously vibrating at the same frequency or pitch. Resonance is also referenced across the psychotherapeutic literature, particularly within person-centred and gestalt approaches. References to these approaches will be interweaved into the analysis.

Participants described a level of connection, not so much based on a superficial similarity between themselves and the client, but a more deeply felt emotional connection, activating the therapist's own personal feelings and experiences. Although participants varied in their understanding and description of this process, nearly all alluded to a desire or motivation to achieve a type of resonance with their clients. As unveiled by the analysis, this process is intimately bound up with ideas about empathy, and the different ways in which therapists can strive to understand the experiences of another.

Leonie describes her experience of tuning in with her client:

they talk about two metronomes coming into sync and stuff like that. So kind of tuning in and reverberating with the client (4,69)

Through her description, which is thick with musical connotations, Leonie gives the sense of two selves coming together at the same frequency or rhythm, and creating a harmonic connection. The word 'reverberating' can be linked to the idea of an 'echo', perhaps symbolising a resounding or bouncing between her self and the client of thoughts or feelings.

Leonie goes on to describe this process in more detail:

sometimes you might create that, a feeling within yourself that kind of tunes into what they're talking about...so if they're talking about um, you know feeling rather, feeling sad let's say for example, and you ask them to describe what sad is for them, how it is for them, how they feel, what they feel like in their body somewhere, it can sometimes help to recreate that feeling in yourself to tune into their individual experience (6,112)

For Leonie, the act of recreating a similar feeling within herself may allow her to move closer to the experiences of her client, thereby achieving a 'tuned in' or 'reverberating' state. In this passage she repeats the desire to understand and enquire into the client's experiences: 'how it is for them, how they feel...' The desire to actively recreate or reverberate jointly with what the client experiences is echoed by Watkins (1978), who describes resonance as 'that inner experience within the therapist during which he co-experiences...co-feels, co-suffers, co-enjoys, and co-understands with his patient' (p. 46).

Joanna describes a similar process of connection with her clients:

it's quite important you know to find similarities, not necessarily on the superficial...but it has to do with the same underlying feeling, that you might be able to connect... So I think that's

something that it has yeah it has it has ingrained in me in the way that both I work and I relate with my clients (11,238)

In this passage Joanna refers to a process of finding ‘similarities’ between her self and the client that are related not so much to a superficial connection, but to a deeper ‘underlying feeling’. The etymological root of the word ‘similarity’ relates to a sense of ‘togetherness’, which conveys an added meaning of ‘joining’ or ‘coming together’ between two things, rather than an understanding based on a superficial ‘likeness’. This links in with Joanna’s feeling of a deeper connection underlying the recognition of ‘similarities’ between her self and the client. For Joanna this process of connection appears to form a foundation of her relational stance toward her clients.

The word ‘similar’ is also repeated by Nina, as she describes her endeavours to understand her client’s experiences:

If I'm not able to resonate with some of my clients saying or an experience they've had, then I...search more for an experience that might be somehow similar or a feeling that's somehow similar....so it might be the client's had some experience that I've have never had, but the feelings and their meaning that they placed on that experience might be similar to feelings that I've had in a completely different scenario (17,355)

Nina actively draws upon her own ‘similar’ personal experiences and memories to ‘tune in’ or ‘resonate’ with her client’s emotional world. This process is similar to the notion of ‘vicarious introspection’ outlined by Kohut (1984), in which the therapist can think and feel him or herself into the inner life of the client, by drawing on his or her own personal storehouse of images and memories. Although, for Nina, the actual experiences of herself and her client are different, what is important is the connection to a mutually experienced underlying feeling.

Patrick also actively uses his own personal memories and experiences:

it could be whether I've experienced, had my heart broken, and I still won't go into any great details but, um, empathise with the feeling of what that's like, and the despair that someone might be feeling (27,591)

In this passage Patrick’s personal experience of having his ‘heart broken’ provides him the means to gain emotional access to the feelings of his client. He alludes to the underlying feeling being the important connection with the client, rather than the actual experience.

These participants demonstrate the importance of the therapist's ability to mobilise their own memories or feelings, in order to gain an empathic connection with their client. The active use of the therapist's own self is thus a critical component in achieving 'resonance' with a client. The person-centred notion of 'personal resonance' relates closely to this idea. As stated by Mearns and Schmid (2006), the therapist can access different aspects of their own experience and use these as stepping-off points into the client's experiencing. Joanna alludes to this process:

there were some some experiences that they they touched my heart in terms of you know the difficulties that she's faced as a teenager back then and I faced as a teenager, which was helpful because you know it grew my empathy towards the client (39,845)

Her use of the metaphor 'touched my heart' evokes the sense of a very intimate connection between herself and the client. There is a closeness between their respective experiences faced as teenagers, as if both are reverberating at the same experiential pitch. This helps Joanna to achieve a greater sense of empathy towards her client. This may be a good example of the therapist finding an 'existential touchstone', as described by Mearns and Cooper (2005), through which she can grasp the client's experience more fully.

Nina also underlines the critical importance of the therapist's own self in the process of achieving resonance:

if you haven't been there yourself, how can you possibly identify with your clients (50,1094)

For Nina, an understanding of her client appears to be predicated on her ability actively to identify with the experience in question. The process of identification is linked to the idea of having something in common with other people, or possessing a quality that can be regarded as 'the same' as other people. It appears to be important to Nina that she has an aspect within her own self that is the same, on an experiential level, as the claims of the client. To be similar or the same as the client is an essential part of her therapeutic work, and perhaps facilitates her understanding of and empathy with the client. This prompts the question as to what happens when a client's experience is in contrast to anything the therapist has experienced before; how is a resonance or connection achieved then?

Interestingly, Kevin offers ideas that go further than those of the other participants. Instead of merely drawing on his own real experiences, Kevin creates and embellishes his experiences, in order to achieve a connection with his client:

Sometimes I might exaggerate what I went through, um, because you know its equivalent of, someone comes with a broken leg, and I say oh 'well I cut my finger once', you know they (the client) think 'well it's not the same', so I'll say 'well I broke my finger', you know, instead of cutting my finger (9,175)

Kevin focuses more on the superficial equivalence of the experience, rather than a sense of feeling underlying it. The experience of having 'broken' a body part (as opposed to cutting) is more important, for Kevin, than any underlying feelings that may traverse different experiences of damaging one's body. Kevin's approach is more concerned with a 'presentational' level of self, as outlined by Mearns (1996), rather than with responding to the client from personally-located emotional depths.

Kevin contends, however, that he finds this a useful way of working, and that his clients respond well. Although at odds to other participant accounts, his way of working may be no less effective or important, and may ultimately be most suited to his own self as a practitioner. Highlighting his experience may be useful in terms of appreciating the range of methods that practitioners employ to gain a connection, or resonance, with their clients.

3.4.1.2 Theme two: Reparative mother

The theme title is a metaphor to illustrate how participants identified their self as often encapsulating a 'mother' type role. This role involves being attuned to the perceived emotional needs of the client, and adapting behaviour in order to fulfil these needs. There is an explicitly 'reparative' aim to this role, since the clients are offered a different type of relational encounter, intended to help them grow. This is in line with the psychodynamic concept of the 'corrective emotional experience', originally outlined by Alexander and French (1946). It is significant to note that the participants, who all come from a range of theoretical backgrounds, did not link this role with any specific therapeutic technique.

Eleanor describes how one client needed:

a lot of time and space, and we needed to connect at quite a deep level as well, and is kind of like early attachment stuff, sort of the mother-infant type level (19,409)

Eleanor alludes to the mother-infant relation existing at a deeper level of connection. Perhaps this deepening in the relationships runs concomitantly with a change of roles; from adult to adult, to mother and child. This is in line with the emergence of a transference relationship, in

which the client's previously internalised relationships are externalised into the relationship between therapist and client (Stolorow, Brandschaft & Atwood, 1987).

Betty describes a maternal connection with one of her clients:

and there's another client who's a woman in her mid to late thirties with whom I still feel I'm being very maternal, that I'm still nurturing her through this infancy if you like (10,197)

In the same sentence Betty alludes to the client first as an adult, in her thirties, and then as an infant, whom she is 'nurturing through infancy'. This suggests the existence of two overlapping relationships with her client; both an adult-to-adult alliance and a mother to infant connection. Just as Betty's narrative swings between the recognition of these two types of relationship, so too her intrinsic experience of self may temporarily switch between that of 'therapist' and 'mother'.

Leonie also alludes to the existence of both an adult and parental relationship with her clients:

So for, you know a child who wasn't affirmed at all you might be more open with your praise, with your affirmations...than you might be for another patient, another client because you know maybe that's not a gap for them, that's not something they want from you (28,595)

Leonie initially refers to the client as 'a child', and then goes on to identify them as a 'patient'. Similarly to Betty, the transitory changes in Leonie's dialogue could be significant, perhaps indicating the shifting of roles within the relationship.

Leonie in particular emphasises the importance of identifying the 'child' parts within her client, so that she can actively adapt her relational stance and provision appropriately for their needs. The notion of a 'gap' gives a sense of something missing that needs replacing, or an emptiness that needs filling; as though the client is a deprived child who needs a better parent. Leonie desires to value, reassure and affirm her client, as does a caring mother figure. This relates to Clarkson's (2003) idea of the 'corrective therapeutic experience' (p. 114), through which the therapist can intentionally provision a replenishing relationship or action, in place of original deficient parenting.

The desire to provide a type of 'reparative' relational encounter emerged as a strong theme for participants. There are various references to the concept in the psychotherapeutic literature. Clarkson (2003), for instance, comments that practitioners emphasise different aspects of the reparative relationship depending on their theoretical orientation. The concept of a transference

based ‘reparative relationship’ is most explicitly recognised within the psychodynamic model. It is noteworthy that the participants in this study report this type of relational work as integral to their professional therapeutic relationships, but do not link it to any specific therapeutic approach. It is instead, an experience intrinsic to these participants.

Betty identifies herself as the ‘good mother’:

certainly most of our work to to date has been me trying to be the good mother to repair the experiences she had with her own mother you know (30,642)

For Betty, the ‘good mother’ is committed to repairing the client’s previous experiences with their own mother. Her actions suggest ‘mending’ the client, or putting the client ‘back together’. Betty evidently strives to become this ‘good mother’ figure, and encompass these reparative qualities.

Roy describes providing a different experience for his clients:

They see me act with horror at the story with pain and sadness at their suffering but I don’t run away, you see I stayed with them, I do not find them objectionable, and that helps them experience actually something that shatters their belief (17,366)

Roy’s intention is to provide a different relational experience for his clients. In this case, it is of a person who does not run away from suffering, but stays. His phrase ‘shatters their belief’ is powerful, suggesting that the client’s previous beliefs are somehow demolished. In the space that is left, a new type of relational encounter is found and fostered. According to Fonagy, Target and Gergely (2002), acting in a fashion analogous to a ‘good’ attachment figure can spur both clinician and client to affectively move to a different experience.

Claire similarly describes offering a different relational experience to her client:

she’s (the client) learning she can trust me not to dismiss her, not to abandon her ... not to belittle her, not to make her feel you know useless and hopeless and unlovable, all those things, she’s over the years learning that that she can trust me to do the opposite, you know, to try my best (39,850)

Claire tried to be a containing and benign figure, offering an explicitly reparative relational experience. Claire identifies her self as a figure who will strive to ‘do the opposite’ of figures

from the client's past. She ends with the statement 'to try my best', indicating a willingness to endure and withstand for her client, but a recognition that she may not be perfect in her task.

Modell (1975) comments how the active fostering of a safe and containing therapeutic environment, characterised by reliability, predictability and the availability of therapist is, in itself, a reparative action. Winnicott (1971) also stresses the importance of the 'facilitating environment', characterised by a continuous provision for the client's needs. As Nina expresses, she wishes the client to feel: '*held, you know, and contained and safe.*' (19,405)

As the Jungian analyst Schwartz-Salent (1982) writes, therapists must be 'willing to get close in a kinship sense' to their clients, and incarnate the 'identity of the positive nurturing mother or father that the client had so little of' (p. 87). The participants appear to do just this, expressing the desire and wish to encapsulate a beneficent attachment figure, who offers the client a different relational experience. Ganzer (2007) describes how the therapist's self is placed centre stage in the client's relational world; a position that inevitably involves the therapist assuming the roles or attributes of figures in the client's interpersonal matrix.

3.4.1.3 Theme three: We're all human

A theme that recurs across participant narratives is the recognition of the self as essentially 'human'. Recognising their own 'human' elements is a vitally important issue for participants, and permeates both their internal perception of self and their presentation of self within the therapeutic relationship. They desire to achieve a more 'human' based connection with the client. This theme comprises the different ways in which participants negotiate and express the self as an inherently 'human' entity within their professional work.

For the participants there is an internal tension between being a strong and authoritative professional, and being this human therapist. Roy, for instance, describes these two positions:

it is my job to give them what they need, whether they want to believe that someone is so strong that they can cure them...I am human and fallible, so yes... I am able to cope, I can help you, but I'm not going to be made of stone (8,161)

Roy presents his self as human and fallible, as opposed to an unbreakable, strong professional who is 'made of stone'. This metaphor is of a hard and cold non-living thing, starkly different from an alive, responsive human.

A similar metaphor is expressed by Joanna:

Even your therapist is not this rock that doesn't respond to anything and is just able to hold and absorb, give interventions and all that, you know it's it's more about the human element of the therapist (33,723)

Similarly to Roy, Joanna highlights the contrast between being a rock, and being a human. The essential nature of a rock is that of hardness; it cannot be affected or changed physically without considerable force. Joanna also names a 'human element', which is able to be touched, moulded, and even damaged. Interestingly the etymological root of the word 'human', or 'humanity', is linked to the state of possessing certain attributes such as kindness, gentleness and graciousness, yet these are not the words used by participants. Instead, participants incorporate a different meaning, that of being fallible and imperfect.

Patrick, too, emphasises his fallible nature:

it makes me seem that I don't always know it all, that I'm fallible in some way, that I'm not this super being, this super therapist that knows everything about everything...I'm not always perfect (8,168)

Patrick's 'super therapist' conjures ideas of superhuman ability. This is juxtaposed in his dialogue with the self as fallible, and the admission 'I'm not always perfect'. Perhaps his narrative reflects an internal psychological negotiation between these two positions; between being both a perfect and fallible professional.

Other participants actively incorporate their 'humanness' into their therapeutic relationships. Nina, for instance, strives to promote a more 'human' connection with her clients:

Actually we are completely equal as humans, and I hope I emulate that, and I hope they (clients) then pick that up...as you know people tend to think of the psychologist as somebody who is in theory wise and all of that, and so, but it allows people I think to feel you know, we're more equal (36,789)

Nina believes in equality between herself and the client, based upon the recognition of their shared 'humanness', and expresses the desire to move her self away from the wider social concept of being a 'psychologist' who is 'wise'. Positioning her self in this way challenges and deconstructs the traditional concept of a distanced professional-patient relationship. A similar stance is expressed by Eleanor who believes: 'we're all human, we're all in this together

(22,476)'. Both Eleanor and Nina stress the importance of an existential camaraderie or commonality, based around a shared humanity that binds therapist and client together.

This is similar to Clarkson's (2003) definition of the 'person to person' relationship in therapy, which focuses on the authentic humanness shared by practitioner and client. Greenson (1972) also emphasised the existence of a 'real relationship', in which the therapist interacts with the client as a real human being, as opposed to a detached professional. This type of 'real' relational connection appears to be an important facet of the therapeutic relationship for these participants. Joanna emphasises how her therapeutic presence is not just as a professional, but also as a human:

I'm here with you really you know, I'm touched by what I'm hearing, it's not just that I have a technique you're here with a person (26,565)

Joanna presents her self as 'a person' and not just 'a technique'. Her humanness is evoked through the use of the word 'touched', which suggests an emotional responsiveness to another person. In this quote she directly addresses the client, as if they were present in the room at this time. This portrays an immediate and fully present person, available to her client.

Neville, too, highlights the importance of connecting with his clients on a human level:

er to me connecting at at an emotional level or at human level is is very is very important, it's paramount...I'm always keeping in in in mind that that my sort of personal qualities not as a practitioner but as a human being have to sort of be there (16,349)

Neville declares the importance of his personal or human qualities, in addition to his qualities as a 'practitioner'. This gives the sense of the therapist bringing in something extra of himself to his therapeutic work, that is over and above being a standard 'professional'. According to Clarkson (2003), research has demonstrated that it is important that there be a 'real' relationship, from within which the therapist can use the theory or technique he or she espouses.

It is interesting to consider why participants need to protest their human and imperfect nature so strongly. It could be in response to demands from themselves, their clients, or from me within the research interview. There may be a pressure, or expectation, to be an idealised and perfect professional. This highlights the wider sociocultural expectations of the behaviour or role of a therapist, and how therapists manage these pressures within their professional work. An interesting quote from Polster and Polster (1976) highlights how: 'what is more crucial than a listing of desirable characteristics is the unavoidable fact that, social designations aside, the

therapist is, after all, a human being' (p 145). How does a therapist integrate his being 'the professional expert' with being simply another human?

Overall, participants feel it vitally important to incorporate their fallible and human aspects into their work in some way. Through this, they dismantle, alter and change ideas about traditionally distanced or objective boundaries between therapist and client. The therapist as emotionless, detached, or a 'rock' is thoroughly rejected. Interestingly, participants do not believe that this causes weakness or rupture in the therapeutic relationship, but instead encourages an equality and an existential closeness between therapist and client. How this 'real' relationship is defined and negotiated is probably unique to each therapeutic dyad, according to Clarkson (2003), affected by the practitioner's theoretical position and their personal preferences, style, and self-awareness.

3.4.2 Subtheme two: Separation

In contrast to 'connection', the subtheme of 'separation' describes the way participants strive for an understanding of self as separate or different to the client. This focuses particularly on ideas about how participants negotiate and understand the concept of boundaries between their own self and the client in the therapeutic relationship. The subtheme is closely linked with the previous subtheme of 'connection', in the sense that participants are continually negotiating the degree of their perceived separation or connection with clients at any one time. This analysis represents just one way of making sense of this highly complex process.

This subtheme of 'separation' encompasses two themes: 'what's me and what's you' and 'building the boundary'. The first theme illustrates the way participants negotiate the boundaries between their self and the client. This is in terms of delineating what belongs to them and what belongs to the client, and the difficulties that can arise if these boundaries are permeated or transgressed. The second theme, 'building the boundary', describes the various ways in which participants negotiate the boundaries between the professional and personal aspects of their life, and the varied mechanisms employed to do this.

3.4.2.1 Theme one: What's me and what's you?

The theme title reflects an essential question raised by participants, both explicitly and implicitly, throughout their narratives. The theme is deliberately framed as a question, to reflect how the boundaries between self and other can shift and change. This means that the self can, at

times, feel a more or less independent and discrete whole, and at other times feel dangerously fragmented or transgressed.

Participants express a desire to reach an understanding of affectual experiences within the therapeutic encounter, as either belonging to ‘me’ or belonging to ‘you’. Betty describes:

I’m most of the time experiencing a combination of my own emotional state and tuning in to the other. Um and part of that duality is is maintaining the difference between the two, rather than feeling that I’m I’m in a place of confusion because I’m experiencing to some extent two states, that of my client and that of myself (2,41)

Betty describes how she negotiates the experience of a combination of her own and the clients emotional states. Underlying this negotiation is the desire to maintain a sense of her self as a separate entity. She names this distinction a ‘duality’, suggesting two things existing simultaneously; a dichotomous state within her self between her own feelings and her awareness of those belonging to the client. Betty prefers to maintain an awareness of this separation, to avoid the ‘confusion’ of experiencing both states simultaneously. The etymological root of the word ‘confusion’ relates to ‘to pour together’, giving the idea of two things being inextricably mixed together.

Leonie also wishes to separate her feelings from those that belong to her client. At times when she feels angry or frustrated in sessions Leonie will:

notice that feeling...and think, well try to separate that out between what’s yours and what’s the client’s (27,573)

Leonie also describes what happens when this separation is not maintained:

it’s as if someone has put a feeling in you from outside. It feels very foreign so there’s also a subjective felt sense that this really does not feel like mine... so I guess in that you know, you go through a process of sorting out and of course it’s subjective (29,614)

In this quote Leonie describes the feeling as ‘foreign’, suggesting something alien, unknown, or ego-dystonic invading her self. There is the sense of the self being infiltrated or transgressed by something from the outside, as if an external boundary is broken. Leonie’s reaction to this is to ‘sort out’ what is hers and what is not, thereby re-establishing her self-coherence.

Joanna recognises the importance of distinguishing the experiences that emanate from her own self, and those that emanate from her client:

I'm aware of my own biases or how am I colouring the the experience or the reactions, the reactions that I have, in order to be able to differentiate between the client's experience and my own (36,787)

Joanna recognises how her own experiences and reactions may interweave with those of the client, and that her awareness of this is important. Her description of 'colouring' shows that she does not want her own reactions to influence or camouflage the distinction between what belongs to her and what belongs to her client. Miller (1990) comments on the importance of the therapist's ability to use their self-awareness, in order to differentiate between the responses from their client, and the responses from their own self.

Neville also highlights the importance of his self-awareness:

I just try really to erm sort of hear myself with with my feelings if if my feelings are are either in tune with what the the client is expressing in that moment...or if it's something that is dissonant to what the the client is is bringing in that moment (11,222)

The process of attending to or 'hearing' one's self, as reflected by Neville, suggests how it is important for the therapist to pay attention to their own subjective experiences, in addition to the client's. Hart (1999) describes how there can be a distortion between what belongs to the client and what belongs to the therapist, and that in this instance it is necessary to 'check out' material with the client and to 'check in' with one's self. Neville portrays this process here; evaluating his internal feelings in terms of how far they resonate with what the client is bringing. The implication here is that the therapist should be able to use this awareness to disentangle what belongs where.

A 'checking in' with one's self is also illustrated by Christine who, when confronted with ambiguous feelings within her self, engages in intensive self-questioning:

could this relate to something of mine that I've unresolved? ... how many times have you felt this? are you absolutely sure its not yours? you know, that it's not relating to something in your own past? (15,306)

Christine is addressing her self, as if a part of her is standing back and looking at the other. It is interesting how aware she is that her own personal memories and 'unresolved issues' may be

implicated in her response to the client, necessitating a deep examination of her self before she is able to understand what is emanating from her client.

The ability consciously to disentangle what is ‘mine’ from what is ‘yours’ enables these therapists to maintain a psychological distinction between their self and that of the client, thereby avoiding internal confusion. As Leonie asserts, she must feel ‘*absolutely clear*’ that a differentiation lies between her own unresolved grief and the unresolved grief that belongs to the client. This kind of distinction may be operationally helpful for the therapist, who must be able to maintain an objective sense of the client whilst immersed in a complex emotional relationship.

The clarity achieved through separating ‘me’ and ‘you’ can be contrasted with the confusion that arises when such a differentiation is lost. Participants describe the fear and anxiety that is evoked when the self is felt to be invaded or overwhelmed with the feelings of another person.

Roy describes how dangerous it feels to lose the boundary between his self and his client:

it's when you catch yourself going into the clients, when you identify with them... that you suffer so badly that you then get traumatised yourself (33,719)

His description of ‘catching’ himself evokes the idea of pulling himself back from the brink, or managing to rescue himself before being lost in the other. If this separation is lost then his self will suffer and be traumatised. The etymological root of the word ‘suffer’ relates to being burdened, or put under something. This highlights Roy’s fear of carrying or bearing his client’s distress, particularly if he believes that his own self will be damaged or hurt by the weight. It could be hypothesised here that maintaining a separation between his self and the client is integral to the way Roy manages his emotional experience as the therapist.

Leonie describes what happens when the separation between her self and her client is lost:

I was on the verge of having a panic attack, I was struggling to breathe... I didn't understand at that point really that it was probably his fear, his terror, his, the horror of everything that he had seen that he was repressing because he couldn't deal with it, so he was giving it to me... it was a very very frightening, very frightening experience (4,65)

Leonie’s description powerfully relays the terror and fear she feels when invaded by her client’s experiences. Similarly to Roy, Leonie feels the client’s experiences to be an intolerable burden on her psychological capacity. Her description of ‘struggling to breathe’ may not just be a

physical reaction, but also a psychological form of suffocating. Having a ‘panic attack’ also indicates a frightening and overwhelming internal confusion, in addition to physical symptoms.

For Leonie, and other participants, a natural reaction to the disorganising effects of the therapeutic encounter is to take steps to protect one’s self, and ensure that the boundaries are upheld. This view is shared by Fiscalini (2006) who described the basic human need for interpersonal security and freedom from the disorganising effects prompted by interpersonal anxiety.

When describing being with an emotionally demanding client, Eleanor comments that:

‘the despair was so great and it was so hard to just stay with him, that I was drifting off’ (39,854).

Eleanor describes how she would often feel very sleepy when seeing this particular client, but is also aware that ‘drifting off’ involves a psychological wish to separate or gain distance between her self and the intolerable feelings of this client.

Neville explicitly asserts a need to protect his self as he talks about the difficulty of staying with a particular client’s pain:

it’s difficult to stay with it, allow it and without sort of err pushing it back at them and defending yourself... I suppose it’s an evolutionary way of responding to that anger, you want to protect yourself (48,1053)

Neville associates his actions with an evolutionary need, as though this is a very basic or instinctive action. It implies an automatic or inbuilt stance to protect the self from a perceived danger or external threat. The danger, in this case, does not take a physical form but an emotional one, and hence Neville may be protecting his psychological coherence or psychological integrity. The words he uses convey gaining distance or space between his self and the client; ‘pushing back’ against them, and extending or enlarging the boundary around his self in order to protect against infiltration.

Betty says:

Its really honest and normal to experience as a therapist fear, because you don’t know where you’re going, you know, and uncertainty, not knowing is a frightening thing you know, you actually don’t know what’s coming or where you’re going (50,1094)

Betty's assertion: 'you don't know what's coming or where you're going', shows how anxious she, along with other participants, is about being thrust into a state of overwhelming confusion and not knowing, perhaps akin to completely losing a sense of self. She attempts to normalise this experience, as 'honest and normal', perhaps as a way of reassuring her self. It could also reflect an increased ability, on Betty's part, to be aware of and contain these disorganising experiences in her professional work.

3.4.2.2 Theme two: Building the boundary

This theme describes the participants' efforts to maintain a boundary or distinction between the personal and professional aspects of their life; be this a literal physical distancing between work and home, or an internal psychological distinction between different aspects of self. Although the psychological mechanisms participants use to achieve such separations differs, the underlying motivation appears the same, i.e. to maintain a clear distinction between the aspects of self related to work, and the more personal aspects of self.

An interesting aspect that emerges from the data is how participants externally behave in ways to emphasise the distinction between themselves and their clients, and that this is often parallel to the attempt to manage an internal boundary. In other words, building of an external boundary between themselves and their client also represents a concomitant effort to manage an internal boundary. In this way, the participants' perceptions of external and internal realities begin to overlap. Claire, for instance, speaks about maintaining the distinction between work and home:

I find, I find that I do tend to be able to switch off when I walk out of that door, I try to switch off (19,412)

In addition to the physical movement of walking 'out that door', Claire uses the term 'switch off', suggesting an internal psychological movement toward turning off part of the self; perhaps akin to extinguishing the light when leaving the therapy room. For Claire the physical movement of leaving the work place enables her to achieve an internal movement away from her clients.

Christine makes a similar association between a psychological mechanism and a behaviour:

when I lock that door or decide to go off for a walk down the high street or something, I've taken, I've not taken it all with me...so on the reverse of that, when I'm walking here I tend not to do things which would interfere with my work with clients (11,231)

As with Claire, Christine's physical action symbolises a psychological shift. Christine goes out 'for a walk', which enables her to leave 'it all' behind in her work place, and keep the personal and professional aspects of her life distinct. Her initial words 'lock that door' reflect a need to ensure that a strong and secure boundary is present. The symbolic significance of 'locking' the door, as opposed to just shutting it, highlights how Christine needs to keep firm boundaries in place between her work and personal life.

Christine goes on to underline the importance of maintaining this distinction:

I don't see clients in my home for that absolute reason, is because I couldn't separate one from the other (13,280)

By never seeing clients in her home, Christine is also reflecting how important it is for her to maintain a separate work and home. There is, however, a fragility underlying her resolve. Her concluding statement: 'I couldn't separate one from the other', suggests that any confusion may cause a collapse of her boundaries, and a situation where one could not be distinguished from the other. For Christine, therefore, there is a need to preserve a particularly rigorous boundary between her work and her personal life, and perhaps the success of this separation is integral to her healthy functioning as a therapist.

Neville also preserves a separation between home and work:

I've always managed to separate between my personal life and my sort of working dimensions...I've been able to cut and divide between the time clearly (8,153)

The rather brutal 'cut and divide' reflects the action of a quick and clean slice achieving split between his work and personal time. Although making an overt reference to his external circumstances, Neville may also be referring to his internal psychological separation between his 'professional' and 'personal' dimensions. Splitting the self into different dimensions may help Neville to negotiate the various roles and responsibilities in his life, without one blurring the other.

When looking closely at his work with clients, Roy admits that he needs: *‘to keep certain detachments to be effective’*. He goes on to outline a conceptual distinction he holds between his self and that of the client:

it’s the patient that’s sick not you... don’t forget, although you are witnessing their suffering they experience it, not you (47,1031)

His statement is pithy, and perhaps a personal or self-instructional motto. The stark compartmentalising of the client as ‘sick’, may allow Roy psychologically to separate himself from their difficulties, and preserve his own self as the ‘not sick’ professional. His repetition of the words ‘not you’, suggests a disclaimer and disavowal of sharing the client’s ‘sickness’. This is further illustrated by his use of the term ‘patient’ instead of ‘client’, evoking the presence of a detached medical practitioner. Perhaps this psychological construction both of his self, and indeed of his clients, is essential for Roy, as an individual, to maintain his professional functioning.

Christine does not only describe a removal or distancing of her self from the therapeutic interaction, but goes as far as to absent her self from the therapeutic effect:

I try not to be the thing that makes them feel that they’re getting better, whereas the model of CBT is far more what we’re going to use... I’m the facilitator of the CBT...that’s not me suddenly being the thing that makes them better, so I think in that sense I try to remove myself a bit from the therapy (33,711)

In this passage Christine replaces her self with the ‘model of CBT’ as the main arbiter of therapeutic change, with her own self designated the role of ‘facilitator’ only. There must be something helpful to Christine to construct her role as therapist in this way. Perhaps she does not wish to feel overly responsible for her client’s therapeutic response, and places this responsibility onto the model of CBT instead. In this way the therapeutic model appears a kind of ‘instrument’ that is removed from her own personal self. A distinction between ‘personal’ and ‘professional’ can be made here also, with the CBT forming a representation of her ‘professional’ self, enabling her more ‘personal’ feelings to be kept separate.

In contrast to the other participants, Betty offers a very different picture of the delineated boundary between the professional and personal aspects of her life:

the whole you know, nature of the frame and so on, but for me it spills out a little bit I think...you know it’s not a wildly you know unrealistically you know unpredictable threatening

over-spilling, but there are times when it just comes out a little bit, and oh I'll be thinking about him or I'll be thinking about her, so in that way I suppose I take my work home with me (44,944)

Betty describes how thoughts about clients may 'spill out' of the therapeutic frame into her personal life, but that this is felt to be manageable and not overly threatening. Her words 'over-spilling' indicate something overflowing, as out of a container; as if the boundaries between her professional and personal spheres are not rigid and solid, but can be breached. The way that she will be, in her words, 'thinking' about a client portrays an internal psychological carrying, or holding, of the client that carries them into her home. Psychologically this could represent a flexible boundary, through which aspects of her professional and personal life can intermingle. Interestingly Betty is the only participant to openly acknowledge that she takes 'work home' with her, illustrating how potentially threatening the movement between work and home can be for a practitioner, yet also how varied practitioner responses to this may be.

The differing views expressed by these participants suggest that there is no essentially 'right' way of negotiating the complex connections between work and home, but that it is a process individual to the practitioner. Importantly, these participants prompt questions about how therapists in general go about 'building the boundary', if at all, between the professional and personal dimensions in their lives. These constructed boundaries have implications for the therapeutic work within sessions, and how the practitioner manages these processes outside the session times. As we have seen, the quality or consistency of these boundaries vary for each individual; they may be solid, impermeable and unquestionable for some, or more malleable and penetrable for others.

Developing a personal awareness of the negotiation of such boundaries may be imperative to the Counselling Psychologist's self-reflective processes. In a profession where burnout and stress are common, how can we develop healthy strategies to protect ourselves, yet still remain psychologically open and available for our clients? This could be related to finding the 'optimal therapeutic distance', a concept espoused by Leitner (1995), who emphasised the importance of the therapist finding a balance between separateness and connection with the client.

3.5 Superordinate theme three: The self observed

The reader's attention is once again drawn to the concept that is felt to span across all superordinate themes. This is of the self existing within a relationship. This superordinate theme, the self observed, is about relationships in which there is an observer. When describing their

experiences of working with clients, participants often alluded to a subjective sense of their self as an object of observation by another; be this by the client sitting opposite them, or through an internal observation of their own self.

Within this superordinate theme are the two subthemes of 'being seen' and 'managing the critical eye'. The first subtheme, 'being seen', outlines how participants feel they are often being perceived, or evaluated in the therapeutic situation. This sense of being evaluated leads to a negotiation of which parts of the self to reveal or conceal. This is often motivated by a desire to outwardly show desirable parts of self, and hide parts felt to be vulnerable or less desirable. The second subtheme, 'managing the critical eye', centres on a particularly critical observation of self, located internally within the therapist. The processes encompassed in this theme are very complex and multi-layered. The superordinate theme of 'being seen' is, therefore, just one way of making sense of the data.

3.5.1 Subtheme one: Being seen

The participants' accounts revealed the idea of the self being an object of observation. In psychotherapy, we usually think of the therapist as the 'observer' of the client. For these participants, however, the opposite was often true, with their own self as the point of observation, and the client as the observer. In response to this perceived observation, participants would internally negotiate which parts of self to reveal and which parts to conceal. This negotiation is motivated by the desire to present desirable aspects of self to the client, and protect or hide aspects felt to be less desirable, more vulnerable and private. This subtheme is closely connected to ideas about therapist self-disclosure, and references to relevant literature will be made through the analysis.

The research interviews contain no reports or observations from any clients. Thus it can be questioned how far the participants' ideas about their clients' perceptions are accurately based on the reality of the therapeutic relationship, or how far they are representative of the participant's own internal world.

Roy recognises himself as an object of observation:

my clients come in here and look at me, and remember in therapy people look at you as much as you look at them. You evaluate them, but hey, they evaluate you as well (15,326)

There is the sense, in his words, of the therapist and client both ‘looking’ at one another, as if trying to figure each other out. Roy then goes further and uses the word ‘evaluate’, suggesting assessment or valuation in the relationship. In this passage he slips into the third person, perhaps signalling how he needs to distance or separate his self from the perceived evaluations of his clients. His more colloquial language, ‘but hey’, may represent a disavowal of the importance that such perceptions could hold within the therapy.

When asked to think about how her clients may perceive her, Christine becomes suddenly preoccupied with self-directed questions:

it's quite a strange question because, would men find me attractive? I don't know, would men find me ugly?... I don't really know what clients think. And to be honest I've never actually very rarely worried about...but I'm sure they (the client) must think actually, that's made me think what do they think about me because I've never, I don't I don't sit there and think about that that often (23,500)

In this passage Christine becomes critically self-conscious, as she wonders how she may appear to her clients. Her questions are focused on her superficial appearance; as if someone has just put a mirror up to her face and she is anxious to see her reflection. Similarly to Roy, she feels her clients’ perceptions to be evaluative, especially of her appearance. This is obviously something that Christine does not often think about, and causes a level of anxiety to emerge in her.

Looking further, there is a shift in Christine’s thought processes in this passage. She initially stresses that she does not feel concerned about what her clients think, and has ‘rarely worried about it’. By the end of the passage, however, her thoughts change, and she admits: ‘I’m sure they (the client) must think actually, that’s made me think’. It is as if a new perspective or angle of observation has been revealed to her. This change in her thinking persists, as she goes on to re-visit this issue repeatedly throughout the interview.

The awareness of being seen or evaluated by a client is continued by Patrick:

since getting married I've felt more confident in the way that clients perceive me because, um, they can see that I wear a ring, so therefore they're gonna assume that I'm in a secure relationship (21,438)

It is evident, in this passage, that Patrick wishes his clients to see him as capable of a successful and committed relationship. Being married, and wearing a ring, helps him to achieve this

desired outward expression of his self. Patrick's self-confidence is achieved, not just internally within his own self, but externally through the image he presents, and he is evidently invested in maintaining his desired 'image'.

Patrick expands: *'I'd like to think that my clients see me as confident in all aspects' (21,458)*, revealing a desire to be the 'confident therapist', and perhaps also a fear of being seen as anything less. Although Patrick wishes to be 'seen' in this way, it does not necessarily mean that this image becomes a reality in his therapeutic relationships. In other words, one could question how far Patrick's desired self-image actually constitutes an objective reality within his client relationships, as Patrick would like to believe. Or, how far it is reflective of an internal 'observing' or evaluative relationship within his own self. Kahn (2003) astutely observes that therapist self-disclosures contain particular versions of the truth that therapists *need* their clients to believe. The therapist has their own personal desires and motivations to be seen or not seen in particular ways, and these wishes can be achieved through their therapeutic relationships. Therapist self-disclosure, therefore, may contain more complex psychological layers than are immediately visible.

Nina reflects a similar desire to be perceived a certain way by her client, but this time by actively concealing a fact about her self, that she is single:

I didn't (disclose I'm single) because she (client) comes from a generation where one married you know, and especially if you had children you would of course be married. Whereas I'm from a completely different generation where women make independent choices all the time, so it wouldn't have felt appropriate to enlighten her (11,235)

Nina's decision to conceal her unmarried status could be motivated by the desire to avoid the critical or judgemental eye of her client in this encounter. Nina may have felt that in order to protect her self, she needed to hide a part of her identity. Although she couches her decision in the perceived generational differences between her self and the client, there may be a more personal aspect about disclosing her marital status. She goes on to say: *I don't think I've ever pointedly told a client I'm not married (12,246)*. For Nina, this is an aspect of her identity that must be concealed from the eyes of the client.

Later in the interview Nina reflects on the balance she maintains between revealing and concealing her self:

So I suppose what I'm saying is, on the one hand I think I come across as terribly open, and people see me in my home, and I'm not very blank screen at all...but at the same time, I'm

actually terribly private as a person, and very selective about what people know about me and my life (27,574)

In this passage appear two different beliefs, or ideas, about her self; first that she is open and visible, and second that she is private and hidden. There is the sense that Nina must negotiate between these two opposing ideas of her self, with careful consideration of what is shown or revealed, and what is kept concealed. Nina's experience could be related to Sherby's (2005) idea that therapists must balance between maintaining a sense of connection and protection within their therapeutic relationships. Nina evidently wishes to connect with, and be open for, her clients, yet there are simultaneous aspects of her self that need to be protected.

In contrast to Nina, Betty asserts the desire to be seen:

what I've been wrestling the last twelve months is me trying to sort out the part of me that wants to be seen, I mean there's nothing like a therapist feeling like you're part of the wallpaper, you know I don't talk about myself you know under any circumstances really, um so, but there is nonetheless a part of me that wants to be seen (40,877)

Equating her self as 'part of the wallpaper' portrays the idea of blending into the background, or being indistinguishable and undetectable. Betty may yearn to be 'seen' as a significant person, as a discernable individual with important parts, and not just as a blank or empty therapist. What is interesting is that Betty needs the client to see or perceive her, in order for her to feel significant: it is through her client's eyes that her self can emerge.

Joanna reflects how the strength of the therapeutic relationship determines how much of her self is 'shown':

how long has the relationship been developing in order for me to be able to bring myself to the fore a bit more...(with) very difficult clients or clients that I haven't yet established a relationship with... I'm more of a you know, I'm wearing more of a 'performer's hat' (27,573)

Joanna uses the metaphor of 'performer's hat', bringing to mind the idea of an actor on stage playing a character to the crowd. The 'performer's hat' could also be a 'protective' layer for Joanna, which she wears with particularly challenging clients in order to hide or conceal parts of her self.

Similarly, Betty describes how allowing her self to be seen depends on:

the state of our relationship, how long we've been working together, how much trust there is in the room. Um how much I can rock the boat, I dare rock the boat at this point, I can risk rocking the boat, you know that obviously in the early stages of a relationship I'm not gonna jump in there (49,1054)

Betty's metaphor of a boat represents the vessel of the therapeutic relationship, floating on a variable sea. It is an interesting metaphor as it brings to mind the element of risk, as if both passengers could fall overboard into dangerous waters if things were 'rocked' about too much. It also reflects the risk involved in committing one's self to the uncharted therapeutic relationship; as if showing too much would be akin to endangering the therapeutic boat on choppy and dangerous waters. A concern over the safety or sturdiness of the therapeutic relationship is utmost in Betty's mind, and is an important factor when negotiating how much of her self to bring into the relationship.

Debates regarding therapist openness or transparency, as opposed to anonymity, are historically heated within the psychotherapeutic literature. Since the 'death of the blank screen concept', (p. 389), which Hoffman (1983) recognises, a range of views on this topic have emerged. Frank (1997), for instance, advocates 'an attitude of willingness to be known by the patient' (p. 283) on the part of the therapist. Whereas Jacobs (1999) acknowledges that therapists may wish to maintain relative anonymity, and be 'selective' about their self-disclosures. The participants in this study suggest that therapist self-disclosure is a complicated process, and bound up with the personal and internal desires to be seen or not seen. What is important, therefore, is the practitioner's ability to understand and identify their own desires and needs, how these may emerge in their relationships, and what is best from the point of view of the client.

If 'being seen' is primarily couched in the perception of an external observer, then the next theme, 'managing the critical eye', focuses on the entirely internal observer perspective.

3.5.2 Subtheme two: Managing the critical eye

Participants describe the presence of an internal voice or observing eye, that critically evaluates their professional behaviours. This subtheme describes the action of this 'critical' part of the self, and the ways in which participants negotiate it.

Christine describes a critical part of her self that punishes:

So I'm aware of my own fallibility I suppose in doing this work, I'm aware sometimes I really ramp myself on the knuckles and think that wasn't a good session with that client or um yea (28,602)

Christine is aware of an internal part of her self that punishes her when she does not perform well enough as a therapist. Jacobs (2006) describes the action of the superego; an aspect of personality, comprised of internalised ideals, that is often irrationally hostile to the self. There is the idea of Christine's self being divided into different parts, with one part of the self relating, in a particularly critical manner, towards another part. For Christine, this manifests as a distinctly critical and punishing internal relationship.

Christine goes on to describe a sense of self-doubt that underpins her work:

something which runs the whole way through err is is sometimes doubt and and um, I think I just naturally will sometimes feel I didn't do it as well as I'd like to have done in certain sessions (29,614)

Christine's feeling of self-doubt could be related to the action of the critical and evaluative part of her self. The etymological root of the word 'doubt' relates to a state of being in 'two minds', perhaps reflecting her internal relationship with a critical part of her self. She describes her doubt as 'natural', indicating that this is an inherent or stable trait of her character, perhaps running through her professional work and other aspects of her life.

Neville also describes his self-doubt:

sometimes when the clients do not come back you are left with the doubt whether it was really something that you as either as a person, as a self may have you know done...so that it can be your responsibility about that (33,716)

For Neville, to have a client not return, is interpreted as a failure of his self: he must somehow be responsible for their leaving. This is indicative of a huge expectation placed on his self, and a predication to critically evaluate the self in response to such perceived failings. Similarly to Christine, Neville uses the word 'doubt', reflecting how he is caught between a critical evaluation of self, and a more accepting, and perhaps self-forgiving, take on the situation.

Betty powerfully relays the doubt she feels towards her ability as a therapist:

It's me feeling scared that I'm not you know I'm not convincing enough or I'm not, you know, strong enough or powerful enough and I'm gonna lose somebody (42,901)

Her doubt may be prompted by the action of a critical part of her self, which looks to judge and evaluate her negatively. Betty is obviously frightened and anxious that she will be found 'wanting' or not good enough. One of her concerns runs similarly to Neville, regarding the unplanned 'loss' of a client, and the evaluation that this must be the result of a failing of the self.

Later in the interview, Betty talks about growing up with a sense of her self as 'not good enough':

that's what you might call my complex you know, and that has all these kind of entrails or whatever tentacles that sort of you know get hooked up picked up, and so if somebody is coming to me and they are very very critical that easily taps into my sense of, oh well maybe they're right, maybe I'm not good at my job you know (47,1020)

Betty's stirring description of entrails and tentacles portrays the picture of ugly or unpleasant parts of her self squirming around and latching onto others. As she describes, a critical client can easily tap into her 'complex', or perhaps 'feed' her internal self-critical voice. This idea may relate to Jacobs' (2006) assertion that the 'internal saboteur' can easily find support and strength from an external 'ally'. Perhaps for Betty, any external event with the potentiality to reflect negatively on the self will be interpreted thus, and prompt this internal critical part of her self to come to the fore.

Nina's self-doubt appears when she evaluates her self against her clients:

it sometimes brings up in me my own sense of oh dear they're (clients) so much more cleverer than I am (laughs) or they're hugely more qualified than I am...if they are in an allied, or similar profession, because you know...they have knowledge about being with people and working with people that's similar to my own, and might they be better at it than I am (18,393)

When she recognises her clients as potentially similar to her self, in terms of profession or qualification level, Nina feels doubtful and anxious about her own abilities. This could reflect an underlying lack of self-confidence in Nina, and a tendency to evaluate the self negatively when compared to others. However, later in the interview, Nina suggests something very different:

yet...to be honest...I work quite well with people where I am slightly more anxious, because it's a little bit like, you know if you are playing tennis with someone who is slightly better or is as good as you are, it brings out the best in you...it seems to make me bring more of myself to play (19,404)

On the one hand, comparisons with her client can make Nina feel intimidated or lacking in ability, yet on the other, she can feel spurred on to bring out the 'best' in her self. Psychologically, the self appears to either retreat into anxiety and self-criticism, or is brought forth to play, learn and grow from the encounter. There is a split between these different ways of behaving; perhaps reflecting the different sorts of internal relationships Nina has within her self.

Participants describe the emergence of a more empathic, listening and understanding inner voice, which runs counter to their more critical side. Leonie reflects on how she has learnt to trust her self, as she progressed through her training:

I felt it wasn't you know, me being a weak person or a bad therapist or anything like that, but it was part of the therapy process and that you know, you could use that. So that's something that definitely changed a lot was my trust in myself and what I felt (29,629)

Leonie harnesses her feelings of self-doubt or criticism and uses these to inform the therapeutic process. She describes an evolving trust in her self, perhaps the emergence of a 'good' or benevolently minded part of self, antithetical to the critical part.

Betty goes on to reflect on a sense of trusting her self. A description that lies in stark contrast to her earlier self-doubt:

its an ordinary sense really of of trusting myself because I've done this and done it and done it and done it and done it over and over and over...I trust myself to show up, I trust myself to sit still, I trust myself to listen ... there are better sessions and less good sessions of course, but essentially I have that I have that knowledge that I can do this now, which I didn't have at the beginning (49,1063)

As illustrated over the years, Betty has been able to prove to herself that she is able to fulfil the capabilities of a therapist to a good enough standard. In this passage she refers to sessions as 'better' and 'less good', with the notable absence of any negatively framed words, such as 'bad' or 'weak'. This could signal that the critical voice is absent, or at least tempered, in this passage.

Betty's descriptions of self here contrast greatly to her earlier descriptions, perhaps suggesting the existence of multiple and shifting relationships that are encompassed within each therapist.

Nina reflects on becoming her own internal therapist who reflects, understands and forgives parts of herself.

yea, it's sort of by telling them (clients) implicitly and explicitly, it's ok to be the way you are, I kind of have this voice in me, going yeah, so and you too, so...then I suppose I become my own therapist... my clients elicit within me a sense of forgiveness...me to forgive myself (49,1075)

Maintaining a forgiving and understanding 'eye' towards her clients helps Nina to turn this attitude inwards, and towards her own self. Her final statement 'me to forgive myself' suggests an appealing aspect of her self, which can absolve the self of blame or wrongdoing, and in doing so create a more understanding and sympathetic internal attitude. There is a contrast between this forgiving internal attitude, and the more critical and judgemental tone that is found in participants' accounts. It may be important, for these participants, to be able to find a comfortable balance between the different internal relationships and attitudes encompassed in their selves.

3.6 Summary

This analysis has presented the three superordinate themes of 'constructing self in relationship', 'negotiating relationship between self and other', and 'the self observed'. Within these three superordinate themes a range of areas have been presented and discussed. The first superordinate theme of 'constructing self in relationship' focuses on how participants describe and understand their self as part of the relationship with their clients. Couched within this is the concept of self not as an independent and isolated entity, but as an actively involved and fluctuating presence within each relational encounter.

The second superordinate theme, negotiating the relationship between self and other, portrays the complex and continuous negotiations in the relationship between the therapist's self and the client's self. The two subthemes are intended to convey how participants may be in a simultaneous process of negotiating the level of connection or separation from their clients at any one time. These processes are highly complex and convoluted, and emerged in numerous different ways across the analysis. Interweaved across this superordinate theme, is the idea that interpersonal boundaries are not necessarily fixed and unchangeable. Participants' accounts evoked the idea of boundaries that have the capability to shift and change consistency.

Ultimately this appears to be a process that is couched within the dynamics of the therapeutic relationship, and also related to the personal psychology of the treating therapist.

The final superordinate theme is the self observed. This theme reflects how participants' allude to their self as an object of observation by another; either externally by the client sitting opposite them, or through an internal observation of their own self. Participants describe an internal negotiation concerning which parts of self to reveal and which parts to conceal. This was exemplified through the wish to present desired aspects of the self, and the opposing wish to hide parts of self felt to be vulnerable or open to criticism. Participants also describe an internally based observation, encompassing a particularly critical part of self, that can punish and throw the self in to doubt. It is the ways in which participants identify and negotiate these different relationships that is important to their functioning as a therapist.

Finally, the overarching concept that spans all three superordinate themes concerns the self being understood and made meaningful through the presence of a relationship with a perceived other. Across themes, participants conceptualise and understand their self as existing within some form of relationship, external or internal. This concept is seen throughout the analysis, across all themes and involving all participants in a dynamic fashion. It is, therefore, the concept that holds all the themes together.

Chapter four: Synthesis

4.1 Introduction

This synthesis brings together the different strands of this research, and presents three overall key findings extracted from the data. The aims of this research were twofold: first, to investigate Counselling Psychologists' subjective experiences of self in their professional work, and second, to use any resulting insights to help increase our understanding of the role of the individual therapist in psychotherapy, and help to inform self-development activities for the professional and trainee alike.

There were three key research findings. First, that the therapist's self is embedded within the relational encounters occurring in the therapeutic situation. This is significant because it places the therapist's self firmly within the therapeutic relationship; a central positioning that is not reflected by current research focus in psychotherapy. This finding aligns with and bolsters relational notions of self, advocated by Ganzer (2007) and Arnd Caddigan and Pozzuto (2008), who conceptualise the self not as detached and individual, but as fluctuating and relationally embedded.

The second key finding concerns how the therapist is continually negotiating changeable boundaries between the self and the other in the therapeutic relationship. This emerged, through the analysis, as a continual negotiation between perceived levels of connection and separation from the client. This idea has consequences for the perceived boundaries of the self: often coherent and distinct from the other, and at other times more porous or blurred. It is how the clinician perceives and manages these self boundaries that is of most importance.

The third key finding is that the therapist participates in the therapeutic process as a whole and complex subjectivity, alongside that of the client. This finding highlights the humanity of the therapist, including their thoughts, feelings and memories, fears, narcissistic desires and vulnerabilities, and how these may be involved in the therapeutic process. This finding also promotes the importance of increasing the personal self-awareness of the practising clinician, in order to understand how their inner life may enter into and influence therapeutic work.

The aim of this synthesis is to explore these three key findings in more depth, while referring to the three superordinate themes of the analysis. This chapter will also aim to address implications for the professional practice of the Counselling Psychologist, and the development of self-awareness in training programmes. The discussion will also contribute to the debate

concerning Counselling Psychology's positioning within both the humanistic approach and the medical model, and the implications this holds for the conceptualisation of the therapist's self.

In addition, the present study will be critiqued and suggestions made for future research to further increase our understanding of Counselling Psychologists' experiences of self in their professional work.

4.2 Self in relationship

The overarching sense that has emanated from this study is the idea of the self being understood and made meaningful through the presence of a relationship with a perceived other. Overall, participants reflected an experience of self that is inextricably bound within the complex relational encounters, existing both externally with their clients and internally within their self. This idea necessarily challenges modernist conceptions of the self as separate, distinct and individually boundaried, and ideas of the therapist as an objective and detached observer. Instead, participants presented a self that forms a vital part of the therapeutic process. In all, participants revealed an importance and complexity to their relational interaction with the client that far outstrips the relational focus on the therapist's self in current psychotherapeutic research.

This finding is most explicitly illustrated within the subtheme of 'the story of us', in which participants place their self alongside the client within a mutually shared therapeutic relationship. In this relationship the dichotomy between two separate subjectivities, i.e. 'me' and 'you', is apparently rejected and instead transformed into a mutual 'us'. The linguistic use of the word 'us', which permeates participant dialogues, gives a conceptual idea of therapist and client as two coexisting and joined subjectivities. This connection is inherently complex, however, and it is how each therapist perceives this relational connection that is most significant. According to participants, the joining of two subjectivities appears to create something new. Betty describes it as: 'our story', giving a sense of something being co-created, or co-written between both parties. As Rieveshl and Cowan (2003) state, there is the creation of a third process or meaning that is co-authored by both and not independent of either.

These ideas run closely with contemporary conceptions of self from a relational perspective. According to Arnd-Caddigan and Pozzuto (2008), from a relational perspective the concept of self changes from a notion of separate and constant, to a notion of self as 'process in interaction' (p. 235). Here the therapist's self ceases as an independent entity and instead becomes intricately involved and affected by the relational processes with the client. As Mitchell (1988) describes, the clinician enters into and becomes embedded within the clients' relational world.

In addition to being relationally bound into the therapeutic interaction, the participants reflect a self that is subject to change depending on which client they are seeing. In other words, participants allude to a self which has the potential to shift or alter within each therapeutic encounter, suggesting a self which is not necessarily static and bound, but flexible and shifting. For instance, Joanna comments on her self as ‘changing’ from client to client. Betty goes further, describing how with every single client she is: ‘a different person by definition’. If self is perceived to change in response to each therapeutic relationship this raises the interesting idea that therapists may be faced with juggling multiple internal conceptions of self in their professional work. Indeed for Betty there is the sense that her self does not just alter, but is re-created with each client, resulting in a different ‘definition’ of self.

The idea of the therapist possessing multiple selves has been reflected in the psychotherapeutic literature. For instance, Ganzer (2007) describes how the interaction between client and therapist can give rise to new meanings and new ways of beings, including the emergence of multiple selves. Going further, Levine (2007) argues that different therapist ‘personas’ can emerge with every therapeutic interaction, resulting in a therapist’s self which is multifaceted and contextualised. Importantly, these personas are not brought to or made available in the interaction, but rather are created and maintained through the interaction (Arnd-Caddigan and Pozzuto, 2008). If, as the relational perspective appears to suggest, the therapist’s self is created through clinical interaction, this conceptually gives rise to the possibility of as many selves existing as one has clients.

Interestingly however, although the participants did refer to a potential multiplicity of self in their work, this experience did not cause a state of identity confusion, nor an internally ruptured or divided sense of self. On the contrary participants reflected an enduring interest in these changes of self within each therapeutic interaction, and a desire to remain aware of how their self may change or fluctuate depending on the presenting client. For instance, Nina describes repeatedly checking out ‘how I am and who I am’ when with her clients. In addition the emergence of multiple selves does not negate the possibility of a more enduring sense of self within the individual. Nina speaks about an ‘anchor point’ of self, to which she returns to check out ‘who she is’ with each of her clients. This points to a grounding sense of self, and a persisting and constant self-identity amongst potential fluctuations or changes in self. What is clear is that the self as ‘process in interaction’ forms a familiar and integral component of these participants’ professional practice.

Although the idea of the therapist’s self as part of the therapeutic interaction abounds throughout humanistic and psychoanalytic literature, there is little empirical research engaged in

understanding this concept as it is lived and experienced by the practicing clinician. Arnd-Caddigan and Pozzuto (2008) argue that the majority of research has tended to define and conceptualise self as an individualist, independent and separate object, with therapists describing their self ‘outside’ of the client’s relational world. In contrast, Reupert (2008) suggests that therapists do conceptualise their selves as ‘relational’, in addition to ‘individualistic’, and that this is through acknowledging the impact of surrounding relationships and social contexts on the self. I suggest that the participants in this study go further than this by so vividly bringing their relational engagement with the client into the foreground. This is a crucial insight into the experience of the practising professional, and makes a significant practice-based contribution to the empirical literature concerning the therapist’s self. The idea of the therapist’s relational self is explored further within the next two findings.

4.3 Negotiating self-other boundaries

The second important aspect contained within participants’ experiences concerns the continual negotiation of interpersonal boundaries occurring between self and other, or more specifically between therapist and client. The clinician’s self is again firmly planted within the relational dynamics occurring in the therapeutic situation. The primary finding here is how the boundaries between therapist and client are not necessarily fixed or static, but are instead in a state of constant movement; fluctuating between relatively solid and porous states of consistency. Hence the idea of a completely separated ‘me’ and ‘you’ is rejected, and replaced by a self with boundaries that can feel more or less separate or transgressed by the other. Importantly, the negotiation and management of the boundaries between self and other varies between each individual clinician. It is interesting, therefore, to see how each participant perceives, manages and negotiates these boundaries in different ways.

One way in which participants ensure a type of boundary between self and other is through separating out the feelings, thoughts and experiences felt to either belong to ‘me’ or belong to ‘you’. Participants demonstrated a process of delineating between internal experiences felt to be emanating from their own self, and experiences felt to belong to their client. The need to achieve and maintain a distinction or boundary between these experiences is a crucial aspect in their therapeutic work. For instance, Joanna comments on the importance of being able to differentiate between her client’s experience and ‘that of my own’. She attempts this distinction by paying close attention to her own personal reactions within sessions, in order to distinguish them from those of the client. A level of self-awareness is also important for Neville, who describes the ability to ‘hear’ his self, and use this awareness to work out whether his feelings are either ‘in tune’ or dissonant to what the client is bringing.

These ideas bear similarity to psychoanalytic concepts, particularly counter-transference and projective identification, which depict the idea of thoughts and feelings between therapist and client potentially overlapping or switching between selves. Bion (1962) suggests that the therapist can become a 'container'; taking into their own self the client's unwanted thoughts or feelings. According to Mander (2000), the therapist must be able to identify and distinguish between communications either emanating from the client or from their own self, and use these insights to further the understanding of the client's unconscious world.

What became apparent through the analysis was that although participants expressed the desire to maintain some type of distinction between their self and the client's, they differed in the extent to which any overlap could be tolerated. Boundary management, therefore, seemed more related to the individual clinician than to any specific technique. For instance, Betty does not need to maintain an absolute distinction between her self and the client. Instead, her self experience often encompasses: 'a combination of my own emotional state and that of the client'. Further more, Betty depicts how she can sometimes psychologically 'carry' clients out of her work environment and into her home. This alludes to a boundary, between her self and the client, that is not rigidly impervious, but porous and flexible.

Roy, conversely, demonstrates a strong desire to keep his own self and that of the client expressly separate. For Roy, becoming too bound up or lost in the client's experiencing is potentially a traumatising experience. He states how he must 'catch' himself from 'going into the client'. Perhaps in this feared situation the boundary between his self and that of the client is felt to be in danger of dissolving, thereby posing a danger or trauma to his self. Interestingly Roy professes that he 'needs to keep certain detachments to be effective', suggesting that a firm or solid boundary between his self and that of the client is necessary for his successful functioning as a therapist.

It is clear that participants demonstrate preferential constructions of boundaries between self and other. For some the boundary is porous and easily permeated, and for others there is a need to maintain more robust separation. This could say something about the individual needs of the clinician, their internal relational patterns, or previous experiences. This idea fits in with Hartmann (1997) who proposes that boundary 'thickness' is a measurable and major dimension of personality, and something that must be taken into account when matching therapist and client appropriately. In each therapeutic relationship, therefore, each personality may interact to form shape and influence the quality of boundaries. Mearns and Cooper (2005) reflect this negotiation when they describe how the therapist and client can move around a 'contact spectrum'; at times deeply relationally engaged and at other times more superficially. Thus,

analysing the negotiation of boundaries within the therapeutic dyad may lead to a deeper and more complex understanding of the therapeutic relationship, and the way therapist and client are positioning their selves within it.

Although theoretical ideas pertaining to boundaries between therapist and client have been extensively written about in the psychotherapeutic literature, there is little empirical evidence drawn directly from the experiences of everyday psychotherapeutic practice. Research studies have reported the idea of ‘continuums’ of self-relating styles, in which therapists range from extensively involving the self in the therapeutic interaction to maintaining a preferred distance (Reupert, 2008). Shadley (2000) outlines how her participants demonstrated particular ‘qualities of being’ with clients. For instance, the quality of ‘objectivity’ refers to setting limits or maintaining distance between the self and client, whereas the quality of ‘connection’ refers to attachment, resonance or the investment of self in the relationship. Importantly these qualities were seen as intrinsic to each therapist’s personality, and crucial to their way of relating with clients.

This study expands present understanding by conceptualising boundary management not solely as a consequence of the therapist’s ‘relational style’, but as a complex process arising from the relational interaction between therapist and client. Boundaries, therefore, are conceptualised as a function of the changeable dynamics within the relationship, rather than an operation solely under the therapist’s control and management. This is exemplified by the fear, confusion and sense of danger participants experience when the boundary between self and the client is felt to break down or be transgressed. This is an experience that has not yet been reported in empirical research investigating the therapist’s self. For instance, Leonie gives a powerful description of the sense of fear and panic she experienced when she felt invaded by the horror and terror belonging to her client. Neville also describes how it is ‘difficult to stay with’ the angry feelings expressed by his client without ‘pushing them back’. In these experiences the boundary between self and other may feel dangerously thin, fragmented or blurry, and encroach on the therapist’s sense of an intact or coherent self. Zinker (1978) describes how the state of being ‘identified’ with the client, or embedded in their psychological skin, is the greatest ‘enemy’ to the therapist’s functioning. Similarly Grostein (1994) comments that therapists may become frightened, angry or sad by the very fact that their psychical system has been penetrated by the client. This is an uncomfortable or even frightening situation for the therapist and there is a consequent need to re-affirm the boundaries between self and other.

These findings suggest not only that boundaries between therapist and client are dynamically embedded within the relational interaction, but that the individual clinician’s awareness, perception and management of this process is significant. Within the charged atmosphere of the

therapeutic situation, where boundaries are liable to move and even become blurred, an awareness of these processes becomes increasingly pertinent. Participants may be caught within a continual process of negotiating such boundaries, in a way that is conducive to both their own, and their client's, psychological safety. As Watkins (1989) states, the therapist must strive to find the 'optimal therapeutic distance' (p. 75) between their self and that of the client. Overall it is the individual therapist's prerogative to perceive, maintain and promote safe psychological boundaries between their self and the client.

The relevance and importance of this to the practising Counselling Psychologist is evident. This study suggests that practitioners may want to increase their awareness of their preferential styles of boundary keeping, and how such boundaries may emerge in their therapeutic relationships. For instance, how consistent are these boundaries, how far can they change or alter? Is there a need to maintain rigid clarity regarding what belongs to the client or not, or can there be overlap where this distinction becomes less clear?

4.4 The therapist as a complex subjectivity

The findings so far described have focused on the complex relational encounters occurring between therapist and client. In contrast, this third finding focuses more on the self of the therapist as an inherently complex participating subjectivity in the therapeutic encounter. Our understanding of the therapist's self within the therapeutic encounter encompasses the individual as a complex entity, inclusive of narcissistic desires, conflicts, vulnerabilities, and anxieties. Interestingly it is these aspects of the therapist that appear to be more so denied or ignored in the psychological research literature. An insightful quote by Hoffman (1983) summarises the situation: 'What we are prone to deny is that ambiguity and complexity applies to the way in which the therapist participates in the therapeutic process, in addition to the client' (p. 408).

This finding challenges notions of the therapist as a discrete entity detached and separate from the therapeutic encounter. Conversely, if the therapist is an integral part of the therapeutic interaction, then it stands that aspects of their inner world may become involved with or impact upon the relationship. In line with this, the participants in this study repeatedly demonstrate how their personal thoughts, desires and motivations permeate into their therapeutic work, and impact their relationship with their clients. The ways in which this emerged in the analysis is now explored.

4.4.1 Being human

Participants took great time and effort to emphasise, in different ways, the presence of their own ‘humanness’ in their therapeutic work. The recognition of the therapist as an essentially ‘human agent’ is becoming increasingly common in the psychotherapeutic literature. Clarkson (2003) refers to the ‘person to person’ relationship, whilst Gelso and Carter (1994) call this the ‘real’ relationship between therapist and client, that coexists alongside the ‘unreal’ or transference relationship. Lambert (1976) goes further and designates this type of ‘human’ relationship as the most potent factor for cure. Despite the increasing recognition in the literature of the therapist, and therapeutic interaction, as essentially ‘human’, there has been very little empirical research undertaken to explore these ideas in the immediacy of the therapeutic encounter.

For the participants in this study, conceptualising the self as essentially ‘human’ is an important aspect of their lived experience with their clients. Participants were motivated to portray this idea of self in the interviews to me, the interviewer, and also to their clients. Their ‘humanness’, however, emerged in different ways. Primarily, participants voiced their ‘humanness’ as a way of communicating their essentially imperfect nature. For instance, Patrick asserts how he is a fallible human and ‘not always perfect’. Joanna explains that she is not a ‘rock’ who can ‘hold and absorb’ anything, but that there is a more fallible ‘human element’ of her self. It is possible that participants felt the need to permit or legitimise their fallibility as humans. Asserting the self as essentially ‘human’ allows for mistakes and errors; it allows them to not be perfect.

This could relate to wider sociocultural expectations or pressures on psychologists to be or behave in certain ways. Nina appears to reflect these wider perceptions when she comments how ‘people’ tend to think of a psychologist as ‘wise’, but that she actually desires to be seen as ‘completely equal’ to her clients. Here Nina is overtly stepping away from a construction of the psychologist as superior to the client, and towards an idea of self which is equal to the client. It could be that through recognising the self as human, participants wish to break down traditional concepts of power and status embodied in the therapist, and to realign the relationship on an equal plane. Being human, therefore, is not just about being fallible or imperfect, it is also about being equal or the same as the client. Eleanor asserts: ‘we’re all human, we’re all in this together’, thus fostering a relationship that is based on existential camaraderie and equality. Friedman (1967) reflects this by describing how the therapist must step forth out of their protected professional superiority, and move towards a self that is ‘fundamentally equal’ to the client.

The increased acceptance of the shared humanity between therapist and client not only encourages the abrogation of therapeutic power differentials, but also necessitates an acknowledgement of the therapist's self as similar, or at least no less complex, than that of the client. The way the participants in this study advocate such strong awareness of their 'humanness' calls for an increased acknowledgement of this in general within psychology, and within the psychotherapeutic community.

4.4.2 Revealing vs. concealing self

Participants also reflected an awareness of self as consisting of more or less desirable parts, which fed into decisions regarding whether to reveal or conceal self in the therapeutic relationship. This is tied up with ideas about the self being perceived or 'seen' by an other, in this case the client, and the corresponding desire for the therapist to portray or disclose a certain image of self. For instance, Patrick explains that he feels more confident as a professional now that his clients know he is a married man. Patrick wishes to be seen as capable of a successful and committed relationship, in order to boost his desired self-image. On the other hand, Nina desires to conceal from her clients the fact that she is an unmarried mother, possibly due to her fear of being negatively judged or evaluated. Nina also describes being 'very selective' about what her clients know about her, which could link with Joanna's experience of wearing a 'performer hat', perhaps to mask the self in some way.

These ideas connect closely with the literature regarding therapist self-disclosure; an area that Carew (2009) describes as controversial and relatively unexplored. With the death of the 'blank screen' concept and the emerging consensus, according to Greenberg (1995b), that it is impossible for the therapist to be totally anonymous to the client, there is a move towards greater openness and availability on the part of the therapist in the therapeutic relationship. For instance, the person-centred approach emphasises the importance of therapist transparency and congruence in the relationship. However Raines (1996) contests that therapist self-disclosures should always be to further the therapeutic alliance, and must never be subject only to the whim of the therapist.

I contend that the process of 'self disclosure' reflected by these participants, illustrates a far more complex and multifaceted process, based on conflicting internal pulls between revealing and concealing the self. The narcissistic streak contained within the desire to 'portray' the self in a certain way is unavoidable here. There is, however, also the desire to protect aspects of the self felt to be vulnerable or susceptible to criticism or judgement. Carew (2009) states that it is impossible for the therapist to avoid internal pulls towards self-protection, and therefore any

self-disclosure is tantamount to therapist defensiveness. Sherby (2005) describes therapist self-disclosure as a constant struggle between too much isolation and too much exposure. This struggle is reflected by Nina, who describes being both ‘terribly open’ and ‘terribly private’ in her therapeutic relationships. Nina must need to negotiate between these two positions of her self, maintaining a balance between what is shown and what is hidden.

Therapist self-disclosure, therefore, is not a straightforward decision wholly based on the needs of the client. Instead the decision to reveal or conceal parts of the self involves the operation of complex negotiations between internal desires, conflicts and vulnerabilities. The existence of these internal pulls necessitates that the therapist be, at least to some extent, oriented toward their own needs in the therapeutic process. This is not to say, however, that a complex internal existence is not permissible for the therapist, or must somehow be obliterated from the therapeutic process. On the contrary, what is vitally important is an *awareness* of this process, and how such internal complexities can impact upon the therapeutic work. Sherby (2005) contends that both therapist and client are best served if the therapist can be consciously aware, as much as is possible, why some things are revealed and others concealed. In this way, self-disclosures are more likely to be used for the good of the therapeutic process, rather than purely satisfying an internal need of the therapist (Edwards and Bess, 1998).

4.4.3 Critical self

Participants depicted a critical part of self, directed at evaluating their actions and behaviours as a professional. This ‘critical eye’ cast doubts regarding their professional ability, and often causes a feeling of being not good enough. Christine describes how she ‘raps’ herself on the knuckles if she feels she didn’t have a good session with a client. Betty is aware of her ‘complex’ since childhood, which can easily emerge via self-directed criticism and a feeling of being ‘not good enough’. How far this internal criticism influences the therapist’s behaviour is an important question. Participants did give the impression that their criticism of self was linked to the behaviour of their clients. Neville, for instance, describes how he is filled with self-doubt when a new client fails to return for a second session. Nina depicts how she feels intellectually inferior to clients who are more highly qualified than she is. There is, therefore, a link between the internal voices, particularly critical voices, within the therapist and the happenings of the therapeutic encounter. A future study might explore this further by incorporating the client’s perspective, in addition to that of the therapist, of critical events in the therapeutic relationship.

The idea that the therapist’s internal voices may be inextricably folded and linked into the therapeutic interaction is a challenging concept, particularly if therapists would like to think that

their internal doubts and conflicts are kept separate from their professional work. It is possible that these parts of the self play a bigger role than we might like to think. The key, as iterated above, is an increased self-awareness on the part of the practising clinician. In this way, the critical self is not abolished or denied, but monitored and understood. An awareness of the critical self may also promote the increased awareness of the helpful or useful parts of the self. Participants depict the emergence of a more sympathetic and understanding internal attitude, particularly as they gain in experience. Both Leonie and Betty describe how they have come to increasingly 'trust' their selves, and Nina describes how she is gradually learning to 'forgive' her self, and absolve her self of blame or wrongdoing.

The findings illustrated above are linked, in existential psychology, to the conceptualisation of the therapist as the 'wounded healer', or to the Jungian understanding of the therapist's 'shadow side'. In the psychotherapeutic literature, the 'wounded' aspects of the therapist, instead of being banished, ignored or denied, are accepted as integral to the self and to the therapeutic process. For instance Wosket (1999) stresses that the most important aspects of the therapist's self are vulnerability, humility and fallibility. Baldwin (2000) comments how each therapist needs to recognise his or her imperfections and flaws, and that it is only through this recognition that he or she can hope to help other people. Similarly Hycner (1993) stresses how we are all 'wounded and incomplete', and that we must incessantly struggle to bring this knowledge into play in our work. What is vitally important is the personal self-awareness of the therapist, and their understanding of how such internal struggles or difficulties may enter into and influence their therapeutic work.

4.5 Implications for Counselling Psychology practice

This study has implications for the both the professional practice of the individual Counselling Psychologist, and for the wider domain of Counselling Psychology. It is argued that the Counselling Psychologist's awareness of self in their professional practice is of utmost importance, and also that an increased appreciation of the therapist's self should be incorporated and reflected both within training programmes, and also within the wider ethos of Counselling Psychology.

First, according to Chwalisz (2003), there is a tension between the humanistic ethos that underlines Counselling Psychology, and the medical model, which forms the dominant paradigm in the health care system. Blair (2010) further delineates this tension, noting that the medical model espouses a rationalistic approach to scientific enquiry, whereas the humanistic view sees the importance of relationships and shared creation of meaning. There is broad debate

within Counselling Psychology regarding the respective influences of these two approaches, and the need to either ‘bridge the gap’ (Frost, 2012, p. 53) or break away from the medical model completely. For instance, Chwalisz (2003) stresses that Counselling Psychology should attempt to both ‘co-habit’ with the medical model, and eschew its epistemological basis; a situation that Blair (2010) contends would be difficult to maintain in practice. Hage (2003) states that too deep an alignment with the medical model will result in a dilution of what makes Counselling Psychology distinctive and valuable. However on the other hand Frost (2012) advocates a pluralistic approach, through which we weave together and synthesise both fields.

These two approaches have differing views as to the role, significance and measurability of the therapist’s self in therapeutic practice. For instance, the medical model emphasises the deconstruction of experience into measurable parts, and the conceptualisation of problems that can be labelled and treated with an ‘effective’ treatment. Quantitative studies focusing on the therapist have replicated this intention, breaking the self up into constituent parts and measuring each in order to deduce which contributes most to client outcome. According to Sprenkle and Blow (2004), this has given rise to a fragmented view of the therapist, and an overall view of therapy treatment as removed from the whole person delivering it. In contrast the humanistic movement espouses a focus on the person as a unique and holistic entity, intricately embedded within the relational matrices of the therapeutic interaction. This focus on the importance of subjectivity and relational factors upholds the therapist’s whole self as a central part of the therapy process. Do these differences mean that there is a tension in Counselling Psychology’s understanding of the therapist’s self? Does a choice need to be made between one approach and the other, or is it possible to achieve integration?

This study supports Blair’s (2010) contention that the medical model provides too narrow a view of the complex and meaningful components of psychotherapy. Much of what Counselling Psychology holds as important, such as relational factors and individual subjectivity, may not be amenable to testing with quantitative methods. A quantitative approach may present a limited or narrowed view of the therapeutic relationship, and particularly a marginalisation of the role and significance of the therapist’s self. This is very relevant within today’s NHS setting, where there is such weight placed upon therapy treatments being empirically supported, and based on RCTs. What is needed, according to Blair (2010) is a greater appreciation of the value of a humanistic-based understanding of the individual, and a corresponding push for qualitative research to be considered as valid ‘evidence’ in the health care community. Chwalisz (2003) also advocates a wider appreciation of what constitutes meaningful evidence in psychotherapy.

As a profession born from humanistic roots, Counselling Psychology is in prime position to be able to champion a different perspective on the human psyche in health care, and to radicalise

the ways in which it is understood and investigated. This falls in line with Cooper's (2009) idea of 'actualising' the humanistic value base of Counselling Psychology. Frost (2012) agrees, stressing that with the growing evidence for the 'common factors', now is not the time to 'shake off' our humanist roots. Instead we need a growth of practice-based evidence underpinning the humanistic core of Counselling Psychology.

I argue that this study makes an important practice-based contribution to this argument, through demonstrating that practising Counselling Psychologists are active participants in the therapeutic process, and do not consider themselves detached and separate observers. This 'reality on the ground' calls for an increased appreciation of the centrality of the therapist's role, in addition to therapeutic method. Bringing this understanding to health care services will promote an increased awareness of the value of qualitatively based research measures in investigating psychotherapeutic phenomenon. Therefore it behoves Counselling Psychology to qualitatively research the role of the therapist's self, as advocated by this study, and act to promulgate this viewpoint in training and hence to the wider world of healthcare.

4.6 Implications for the practitioner

Implementing a more relational based understanding of the therapist's self within psychology (and the wider health care system) can also be actualised on a local level utilising each individual Counselling Psychologist. The BPS Counselling Psychology divisional guidelines (2005) claim that it is 'the responsibility of all Counselling Psychologists to encourage and develop the philosophy of Counselling Psychology'. I suggest that one way in which Counselling Psychologists can achieve this aim is by developing and implementing a relational based understanding of the use of their self in their professional work, regardless of their therapeutic approach. This stance may bring not only an extra dimension to the individual clinician's practice, but also an embellished perspective to workplaces that primarily hold rationalistic modes of enquiry. This places responsibility on the individual clinician and has a number of consequences for professional practice and personal development, which will now be discussed.

4.6.1 Self as the 'common factor'

First, it is important for the individual Counselling Psychologist to be able to develop and foster an understanding of the role of their self within the therapeutic process, in addition to and alongside their espoused therapeutic approach. In the literature, the therapist's self is increasingly recognised as an important factor for therapeutic change on par with, or even more

influential than, therapeutic technique. As Beutler et al. (1998) describe, the person of the therapist is a greater force than any contribution that stems from their theoretical approach. This fits with the 'common factors' debate, which asserts that there are factors underlying technique that are important, if not more important, contributors to therapeutic process and outcome.

This study, using a trans-theoretical sample, promotes the therapist's self as an important 'common factor' in psychotherapeutic processes that transcends therapeutic technique. Participants demonstrated an understanding of self that is not significantly based in or drawn from their espoused therapeutic technique, and at times reported working primarily with 'intuition'. Fiscalini (2006) conceptualises the therapist's expertise as residing, not in any 'expert' knowledge or technique, but in the capacity for facilitating and participating in an alive and creative relationship. Horvath (2001) suggests that the alliance is not necessarily the outcome of a particular type of intervention, but instead is an emergent quality of mutual collaboration between therapist and client. It is important to point out that these findings, echoed in this study, stand in stark contrast to the current emphasis on method in the health care system.

This is not to say that theoretical approach is not important. Simon (2011) describes how the congruence between the therapist's worldview and their espoused approach is critical, and allows for authentic practice. Similarly Blow et al. (2007) asserts that the synergy between the therapist and his or her model creates the best treatment for the client. Sprenkle and Blow (2004) offer the notion that models are the vehicles through which the common factors can be activated. Therefore instead of a division between therapeutic technique and therapist's self, it is the synergy between them that may be most potent. What is important is a balance, where technique does not overshadow the therapist's self, nor vice versa, but both work in conjunction. This is echoed by Edwards and Bess (1998) who state that no technique should ever be applied to the therapist's own work if it feels incompatible with the therapist sense of self.

This prompts consideration of how such issues are tackled in Counselling Psychology training programmes, where there is a dual emphasis on the therapist's personal development and the acquiring of a preferred theoretical model. There is a further complication in that Counselling Psychology emphasises plurality and diversity, and thus encourages the teaching of multiple therapeutic models. Although the command of multiple techniques can professionally advantage the practitioner, it may also pose the potentially tricky and confusing task of locating the role of self amongst the theoretical array. Ultimately, the prerogative falls to the individual practitioner to negotiate between both their personal sense of self, and their chosen theoretical model, and to find a balance between both. This may constitute a particular challenge for the trainee

Counselling Psychologist, faced with numerous approaches and little clinical experience. What may be important here is a recognition of the difficulty that trainees face, and the need for strategies, perhaps personal development workshops, to address the connection between the personal self and chosen theoretical model.

4.6.2 Developing self-awareness

The importance of cultivating practitioner self-awareness is central in Counselling Psychology. The division of Counselling Psychology professional practice guidelines (2005) outline how practitioners must develop their self-reflective skills, and gain an understanding of their ‘use of self’ in their professional work. The recent Health Professions Council’s ‘practitioner psychologists’ guidelines (2009) emphasise how the Counselling Psychologist, in particular, must be able to ‘critically reflect on the use of self in the therapeutic process’. The guidelines make clear that the individual practitioner has a responsibility to cultivate and maintain an awareness of their self. As Blair (2010) states, the Counselling Psychologist must seek to understand their role in the therapeutic work, and how they affect it. Dewane (2006) echoes this by asserting that the therapist must increase their awareness of ‘who their self is’ in the relational encounter. This stance is also reflected in Counselling Psychology training programmes, particularly by the inclusion of mandatory personal therapy and reflexive diaries. Donati (2002) has shown that counselling skills workshops and written reflective work are considered critically important to personal development by trainee Counselling Psychologists.

Despite the importance given to cultivating practitioner ‘self-awareness’ in Counselling Psychology, there is no clear definition as to what ‘use of self’ actually is. The BPS practice guidelines make various references to practitioner ‘use of self’, but they do not explain what this term means. The practitioner may, therefore, take on board this recommendation, but have little idea about how to implement it in practice. This lack clarity is carried into psychological research in general, where there is yet no clear explanation as to how the therapist’s self is involved in the therapeutic encounter.

This study can make a useful contribution toward understanding what ‘use of self’ means. Practitioner ‘use of self’ involves the awareness of the self as a whole entity, inclusive of inner demands, desires and conflicts, and that such parts may enter into and affect therapeutic processes. Practitioners, therefore, must develop their awareness of how their inner world participates in the therapeutic process. This viewpoint is echoed by Clarkson (1995) who asserts that the therapist’s own pathology, even when undisclosed, can feed into the counselling situation and influence the conduct of therapy. Similarly Kahn (2003) recognises that the

therapist, in addition to the client, views events through the lens of their own internal templates and unconscious fantasies. Personal development activities, particularly in training, could aim to guide the practitioner's self insight, and develop their understanding of how such personal aspects may emerge in their professional work. Personal therapy, in particular, provides a private and personal reflective space for the trainee to do this.

Personal development activities already form a substantial part of Counselling Psychology training, however what is needed is a clearer understanding of what such activities are aimed to achieve. As Donati (2002) states, personal development in Counselling Psychology suffers from a lack of definition and accompanying literature, and this leads to significant differences between training courses in their approach to personal development. Clarifying the term 'use of self' is crucial both for the professional and the developing trainee, and it is only through increased efforts to qualitatively research the therapist's self that an understanding can be achieved.

4.7 Reflections on methodology

IPA was chosen as the method of investigation because explores the participant's subjective and lived experiences. Using this approach, I was able to build an in depth picture of the perceptions and meanings that participants offered about their experiences of self. This led to a plethora of rich data. These findings may not have been possible if a quantitative method had been used.

Despite its utility in psychological research, IPA suffers from a number of limitations. According to Willig (2008), a primary criticism is that IPA relies on the representational validity of language, i.e. that what we say accurately captures our experiences. Willig (2008), however, argues that the way we talk can actively shape and construct our experience, rather than just describing it; that the language we use never simply gives expression to our experience. The focus of this study, however, is not to address the 'role of conversation', but to look at what meaning participants give to their experiences. As Willig (2008) further states, IPA accepts the impossibility of gaining direct access into a participant's life world, and states that it is the ways in which participants make sense of and describe their experience, which is of most importance. Discourse analysis, although considered (see the Methodology chapter for full discussion), was rejected as a research method since its emphasis is on the role of accountability and stake in conversation, rather than offering the opportunity to address questions directly about participant's subjective experiences of self.

4.7.1 Sample

The sample size was considered sufficient for an IPA based study. Recruitment was halted at eleven participants as a substantial plethora of data had been gathered. The homogeneity of the group comprised a qualification as a Counselling Psychologist, and a minimum of one year post-qualification experience. These were the only restrictions to recruitment, allowing for participants with a diversity of experience. Participant recruitment was not limited by therapeutic approach, and this allowed practitioners with a range of therapeutic approaches to participate in the investigation. Such spread in the sample may increase the generalizability of this research to the larger population of Counselling Psychology, which is itself a theoretically eclectic population.

The sample was purposive and self-selecting, and monetary payment was offered to participants in return for their participation. The decision to offer a monetary recompense was not taken lightly, and all the possible options and implications were thoroughly discussed prior to recruitment (see the Methodology chapter for full discussion). The monetary payment was intended to be an appropriate and individually based recompense for the time and effort the participants expended through their participation. It could be said, however, that the payment acted to unduly incentivise participants to take part in the study. Participants may have been solely motivated to participate by the monetary offer, and this incentive may have been stronger than any interest they had in the subject under investigation. I contend that this was not the case for this study. Although the monetary offer did ease the recruitment process, it did not expunge any genuine interest the participants held for the subject at hand. Despite being paid for their time, all participants expressed an interest in the subject matter and a desire to explore their experiences of self. The interest and enthusiasm that participants had for the subject is further reflected by the rich and varied data that was drawn from the analysis.

The inclusion of a monetary payment had positive impacts on the study. Participants expressed gratitude that their time and effort was acknowledged and appreciated. This, in turn, positively influenced their attitude toward participating, and perhaps also the extent to which they invested themselves in the interview. There was an overall sense that both parties, myself and participant, were mutually benefitting from the interview process. The offer of recompense may have also impacted the dynamic of the interaction between the participant and myself. One participant told me that I deserved the status and importance of one of their paying clients since I was offering a similar payment for their time. This may have affected the way the participant framed, and involved their self in the interview, and how they perceived me as the interviewer. Despite these possible effects, however, I do not believe that the monetary payment upset any 'balance' or negatively impacted any interviews. On the contrary it appeared to encourage an equal and

mutually agreeable exchange between the participants and myself, and this could have had concomitant effects on the quality and depth of data that was gathered.

The decision to offer monetary recompense steps out of the 'norm' for recruiting in social science research; an arena that is primarily based on voluntary participation. This study, therefore, offers an illustration and exploration of a 'different' way of approaching recruitment. What is important is a thorough exploration of how different forms of recruiting can have both overt and covert effects on the participants who decide to take part and those who do not. I believe that using an incentive, in this study, attracted participants who might not normally agree to partake in student research. My study appeared to attract the more experienced and senior professional, rather than the newly qualified, and the majority of participants were set up in private practice. All participants had at least three years post-qualification experience as a Counselling Psychologist, and the most experienced participant had been in practice for over fifteen years. Capturing this section of practitioners may further expand our understanding of the Counselling Psychologist's experiences of self beyond what is offered in current research.

4.7.2 Credibility of the research process

Analysis of the transcripts led to the emergence of rich data and a plethora of themes. A balance was sought between focusing on individual accounts and capturing themes from the whole data corpus. According to Smith et al. (2009), within IPA there is a continual movement between detailed examination of each case, and an examination of similarities and differences across cases. This movement exemplifies both idiographic and nomothetic modes of enquiry. Willig (2008) describes how interpretation can move understanding beyond the participant's immediate words. Similarly Smith et al. (2009) suggest that the analysis takes an interrogative form that often moves away from the explicit claims of the participant, and towards a conceptual overall understanding of their experiences. A balance, therefore, was sought between retaining the essence of the individual participant's voice, and interpretatively engaging with the data.

Throughout the analytic process a commitment to rigour and quality was maintained. Yardley (2000) outlines a number of principles which are suggested as a guide to evaluating the quality of qualitative research. These principles are: sensitivity to context; commitment and rigour; transparency and coherence; and impact and importance.

A sensitivity to context has been demonstrated throughout the portfolio through a continued attention to the relevant literature in which this research is grounded. This is exemplified

through the thorough and critical evaluation of research in the introduction, and through the interweaving of theoretical concepts throughout the analysis. Commitment and rigour has been maintained throughout the analysis process through a continual attentiveness and sensitivity towards the research data. My role as a trainee Counselling Psychologist has helped me to utilise my skills of empathy, attentive listening and positive regard throughout the interviews, and within the analysis procedure whilst engaging with the transcripts. This attitude helped me to retain an empathic awareness toward the individual participant, and also to look more deeply into their experience with an interpretative focus. A sensitivity for the individuality of each participant has been preserved throughout this study, alongside an appreciation for the wider themes emerging over the whole sample.

Transparency of the research process is ensured through openness and reflexivity toward the research procedures. A detailed extract of the analysis for a section of transcript is included in Appendix G. This extract is to illustrate the analytic focus on the data and the emergence of themes. I have also kept a research diary to document my experiences of the interview process, as well as my thoughts and feelings that emerged during the analysis and write-up. Whilst analysing each transcript I found it useful to go back and re-read my written reflections. This helped to remind me of the experience of the interview itself, and any additional details that might help to enrich the analysis. The impact and importance of the research is demonstrated in the synthesis section, which includes findings felt to be highly important and relevant to the field of Counselling Psychology and the wider world of healthcare.

Triangulation of the data was undertaken to ensure the validity of themes. ‘Independent analysis’ was provided by a fellow trainee Counselling Psychologist, who agreed to look at a master table of all the themes emerging from the analysis, and compare these with quotations drawn from the transcripts. This process was intended to ensure that participant quotations were accurately representational of each theme. It also helped to ensure that the process of analysis was representational of, and tied to, the participants’ experiences in the transcripts, and that this reads true for others. Overall my colleague judged the quotations from participants to represent and exemplify the themes accurately. Additionally, the paper trail in this research was independently corroborated to ensure that the analysis procedure had been carried out in accordance with the design laid out in the methodology. Regular supervision provided a collaborative means of reviewing the data, with someone who had an external perspective, and this helped me to achieve a deepened analytic and interpretative processing of the themes.

I have also attended a monthly peer-organised group supervision dedicated to supporting those undertaking IPA research. This group has provided me with a valuable opportunity to discuss and explore the themes emerging from my research, and gain feedback on the construction and

naming of themes. It has also provided an arena in which to voice and discuss the challenges and difficulties I have faced whilst undertaking this research, and has provided a valuable personal support system.

4.7.3 Reflexivity

I recognise that I may have impacted on the research process and the consequent findings. As Willig (2008) states, the exploration of participant data necessarily implicates the researcher's point of view of the world. The findings in this study, therefore, may be reflective of my own involvement in the data, and the constructions of meaning I have contributed. I could have been led to interpret data in a way that is conducive to my own experience and views, and rejected or ignored data that contradicted or contrasted with the way I work. If the transcripts were given to a different researcher, a different set of themes may have emerged.

My primary therapeutic approach is psychodynamic, and this could influence the way I view and interpret my participants' accounts. In my professional work I am acutely aware of the relational encounter occurring between myself and my client, including how the transference relationship and my own counter-transference, is emerging through the relationship. I may be pre-orientated to search for relational themes within the research data and make interpretations based on a relational point of view. It must be considered, therefore, that my findings in this research could be reflective of my own professional working viewpoint.

I also hold a personal perspective towards this research topic and the data, which finds its background in my personal history and relationships. I have tried to understand, in more depth, my experience of my self, and the ways in which I manage and influence the relationships around me. I wonder if, in my relationships, I have always tended to preserve a level of distance from the other person. I find it particularly difficult when others overpower my thinking space, or invade me with their feelings. Within my therapeutic relationships, I am often challenged by clients who wish to control or 'mould' the way I think or feel. I find it frightening to allow another person to impact me in ways that I cannot control, and to cope with the resulting feelings of vulnerability and exposure. I wonder if sometimes this means that I avoid a deeper connection with my clients; I back away, and become fearful of the intensity of feeling within myself. This could have influenced the ways in which I interacted with my participants in the research interview, for instance, the depth to which I am able 'accompany' participants in their exploration of their self. It could also have affected my interpretation of participants' data, and the ways in which I understood the participants' complex emotional negotiations with their clients.

Despite the unavoidable influence of my own experiences and expectations on the interviews and analysis process, I was continually surprised and fascinated by what the data revealed. The analysis process, instead of converging on my views, has helped me to appreciate the differences that exist in other people, and the varied ways in which practitioners work. It has also helped me to challenge and evaluate the perceptions I have of my own self and think more deeply about my way of working.

4.7.4 Limitations and suggestion for future research

Participants in this study could have presented a certain version or image of self that does not accurately reflect their actual experience of self in their professional work. Participants may have presented a self, in the interviews, that is more positive, coherent or acceptable. This could be in response to feeling exposed or vulnerable in the interview, or be a concern about being judged or evaluated negatively. In the interviews I asked participants to talk about a very personal topic, and one that they may not normally talk about outside of supervision or personal therapy. It is, therefore, understandable if participants felt unsure about how much to disclose or how honest to be about their experiences. With this in mind, I aimed to be accepting and empathic toward each participant's experiences, and work towards creating a good rapport. I believe that participants spoke frankly and honestly about their experiences of self in the interviews. The fact that the data revealed a variety of different experiences and meanings suggests that participants were open to exploring different aspects of their self experiences. Additionally, the majority of the participants were experienced practitioners, who may feel secure and confident in their methods of working, and therefore able to share and explore their varied self experiences.

In the interviews I was asking participants to remember and reflect upon their experiences of self in their professional work. If there are any discrepancies between what participants present in the interviews and how they experienced their self in their professional practice, this was not a major concern in this IPA study. The primary focus was on how participants described and made sense of their experiences of their self, no matter what they were. Having said this, it would be interesting to incorporate different methods of data collection into the methodology, for instance video taping or audio recording client sessions, in order to help participants further explore and elaborate on their understandings of self. These additional mediums could be incorporated into the research interview, allowing participants to reflect on their experiences of self on a moment to moment basis in 'real time'. This would allow a more specific and detailed examination of the practitioner's experiences of self in their professional work with a particular client or clients, rather than a general perspective on their work as a whole.

The participant sample in this study encompasses a broad sweep of Counselling Psychologists, who espouse different therapeutic approaches, and who work with different client groups. This study pioneers the exploration of Counselling Psychologists' experiences of self, and given the general dearth of research in this area, it is arguable that an initial broad perspective is required. Nevertheless there are many specific avenues that need further investigation. In addition to providing a novel perspective on the Counselling Psychologists' experiences of self, this study intends to stimulate future research in this area.

Future research could focus more specifically on Counselling Psychologists who work with particular client groups, or in specific professional arenas: for instance, there is a great difference between working in the adult prison service and with autistic children, but how is this experienced or reflected within the treating therapist? How do therapists make sense of their experiences of self, and negotiate boundaries, within these different therapeutic environments and relationships?

It would be interesting to investigate further the therapist's experiences of self in relation to specific theoretical models. In the theoretical literature, the role of the therapist's self differs immensely depending on which therapeutic modality you attend to. Is this, however, the clinicians' experience in practice? This question is particularly important for Counselling Psychology, which encourages its practitioners to use multiple models in their work. How does the eclectic practitioner negotiate and manage a flexible theoretical perspective, and does this influence the way they involve and utilise their own self?

This study focused on chartered clinicians who all had at least one year of professional experience prior to the interview. Participants, therefore, may have come to integrate and understand their own modes or idiosyncrasies of practice well. It would be interesting to look at the other end of the experience spectrum: at the trainee's experiences of self through their training. Such a research focus might reveal how the trainee negotiates their growing awareness of their self and integrates this into their professional work. From my own experience, the beginning of training is a very challenging time, especially the experience of the first client sessions, which can be both daunting and exciting. How does the trainee make sense of their experiences of self during this time? How far are they aware of how their own self impacts or influences their way of working? Not only would this perspective increase our insight into a particularly critical and formational time, but it may also help to inform training courses as to how best to facilitate and support the trainee's developing self-awareness.

4.8 Conclusion

The aim of this research study is to explore Counselling Psychologists' subjective experience of self in their therapeutic work. There is currently a dearth of psychological research investigating the therapist's self from a qualitative perspective. This lack of research is particularly surprising in Counselling Psychology, which espouses the importance of subjective and relational factors in the therapeutic relationship. Quantitative research has tended to marginalise, overlook or deconstruct the role of the treating therapist, and focus instead on the action of therapeutic technique.

This study takes a pioneering look at Counselling Psychologists' experiences of self in their therapeutic work, and makes a fundamental and novel contribution to an area where research is seriously lacking. Participants describe and understand their self as part of the therapeutic relationship with their clients. These findings suggest that therapist's self is an involved and dynamic component of the therapeutic relationship; an insight that has not reflected in other research studies. This finding also supports relational notions of the self, advocated by Ganzer (2007) and Arnd Caddigan and Pozzuto (2008), who conceptualise the self not as detached and individual, but as fluctuating and relationally embedded.

Within their therapeutic relationships, participants experience a complex negotiation of boundaries between their self and the client. This emerged, through the analysis, as a continual negotiation between perceived levels of connection and separation from the client. These ideas have consequences for the perceived boundaries of the self: often coherent and distinct from the other, and at other times more porous or blurred. What is fascinating is how each clinician negotiates and manages these boundaries, and the way in which any overlap of feelings between their self and the client is dealt with. Participants also identify their self as an object of observation, usually by the client, and a concomitant desire to either reveal or conceal aspects of the self. This finding is interwoven with ideas about therapist self-disclosure, and highlights how the therapist's own internal motivations and wishes can influence the decision of what is 'seen' or 'not seen' in the relationship.

Overall, participants reflected a self that is made up of a complex inner world that can become embroiled in the therapeutic relationship. What is important is the practitioner's ability to understand and identify their own desires and needs, how these may emerge in their relationships, and what is best from the point of view of the client. In this way, the complexity of the therapist's self does not need to be suppressed or denied, but can be monitored, understood and accepted as an integral part of psychotherapeutic processes.

The conceptualisation of the therapist's self in this research is not reflected in current health care systems and research. The use of RCTs and the focus on the action of therapeutic model and technique towards client outcome, has meant that the therapist's self can be ignored and marginalised. This study calls for an increased appreciation of the centrality of the therapist's role in psychotherapeutic processes, in addition to therapeutic method. Counselling Psychology is in a primary position to promulgate this perspective on the therapist's self within the wider health care system. What is first needed, however, is more research investigating the therapist's self from a practice-based perspective.

The individual Counselling Psychologist can also look to develop and implement a relational based understanding of their self in their professional work. This involves developing and fostering a greater awareness and appreciation for their self in their work, in addition to their therapeutic technique. This can be achieved through trainee developmental activities, for instance personal therapy and reflexive work, to encourage the cultivation and development of their self-awareness.

It is hoped that this research will help to cultivate a wider appreciation of the importance of the therapist's self in the therapeutic relationship, and encourage practitioners to continually develop and use their self in their therapeutic work.

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Appendix A

Interview schedule

Can you describe and put into words any internal experiences which you are aware of when you see your clients?

Is there a particular client you'd like to focus on?

In what ways, if at all, does your own awareness of self contribute towards your therapeutic work?

Could you describe how you feel you impact on your clients?

In what ways do you involve yourself in your work? Has this ever felt too much? or too little?

How do your clients impact upon you? Do you take clients home with you?

Could you describe how you feel you impact upon a client?

If you were to imagine sitting opposite yourself during therapy, as if you were the client looking at yourself – how would you describe yourself during sessions?

If you were supervising a trainee and trying to help them tune into their own internal processes, what would you tell them to be aware of?

How much do you think your clients know about you? How might one of your clients describe you?

Has your awareness/use of self changed or developed? In what ways? What do you feel contributed to this change?

What are your aspirations for the future of your professional work? Is there anything that could limit you, stand in your way?

Is there a question which you would like me to ask which I haven't already asked?

Appendix B

Participant Consent Form

Participant ID Code.....

Brief Description of Research Project

This research is looking at how Chartered Counselling Psychologists describe their experiences of self in their professional work with clients, and in what ways this can impact upon the therapeutic process.

Approximately twelve professionals will be asked to take part in a one hour interview (including briefing and debriefing). The interview will be audio recorded. The researcher will then transcribe and analyse the data using Interpretative Phenomenological Analysis. Anonymous extracts of the interview may be included in the final thesis.

Participants' rights.

You have the right to:

- Terminate the interview at any time
- Have the audio-recording stopped at any time during the interview
- Decline to answer the questions I ask you
- Read a copy of the transcript on request
- Withdraw from the research study using your ID code.

The meaning of your consent.

By signing this consent form you are agreeing to:

- Participate in an audio-recorded interview
- Have your interview transcribed
- Have your transcript analysed and included in the research, including anonymous extracts from the interview.
- Give consent for your data to be included in the results, and in future publications.

Consent statement:

I have read and understood the above information and agree to take part in this research study. I am aware that I am free to withdraw at any point without giving reason. I understand that the information I provide will be treated in confidence by the investigator and that my identity will be protected in the publication of any findings.

Name.....

Signature.....

Date.....

If you have any concerns about any aspect of your participation or any other queries, please raise this with the researcher or the research supervisor at City University (contact details below).

Researcher contact details:

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Appendix C

Participant De-briefing Form

Participant ID Code.....

Thank you for taking part in this research. Should you wish to spend some time talking about anything that came up from the interview, we now have an additional 15 minutes to do so. Should you wish to talk about anything at a later date I can be contacted using the number or email address below.

I would like to reiterate that every effort will be made to maintain your confidentiality, by anonymising all data. Participation is voluntary and you have the right to withdraw from the research at any time. Should you decide to withdraw you can do this by using your ID code.

It may be that our interview brought up some difficult feelings or memories for you. I am unable to offer you counselling support, but should any issue have arisen for which you feel you need support, I would recommend that you take this to your personal therapist or supervisor where appropriate, or use the following contacts.

British Psychological Society (BPS)

<http://www.bps.org.uk/bps/e-services/find-a-psychologist/directory.cfm>

0116 254 9568

British Association for Counselling and Psychotherapy (BACP)

<http://wam.bacp.co.uk/wam/SeekTherapist.exe?NEWSEARCH>

0870 443 5252 or 01455 883300

United Kingdom Council of Psychotherapists (UKCP)

http://www.psychotherapy.org.uk/find_a_therapist.html

020 7014 9955

Declaration:

I confirm that the interview was conducted in an ethical and professional manner, that the interviewer took every care to make sure I was in no distress when leaving and that I am aware of sources of support which I can access if I feel I need to. I am happy for the research to proceed using my material.

Name.....

Signature.....

Date.....

If you have any concerns about any aspect of your participation or any other queries, please raise this with the researcher or the research supervisor at City University (contact details below).

Researcher contact details:

Rosanna Nowers

City University, School of Social Sciences, Psychology Department, City University,
Northampton Square, London, EC1V 0HB

rosanna.nowers.1@city.ac.uk

Research supervisor contact details:

Don Rawson

City University, School of Social Sciences, Psychology Department, City University,
Northampton Square, London, EC1V 0HB

don.rawson.1@city.ac.uk

020 7040 8523

Appendix D

Participant recruitment letter

Email: **rosanna.nowers.1@city.ac.uk**

Tel: **07906 682732**

Research supervised by Dr Don Rawson
Chartered Counselling Psychologist Department
of Psychology
City University, Northampton Square London,
EC1V 0HB
Email: don.rawson.1@city.ac.uk

Dear,

My name is Rosanna Nowers and I am a trainee Counselling Psychologist at City University, London. I am currently undertaking a research study asking:

How do Chartered Counselling Psychologists describe and make sense of their experiences of self when in session with clients?

I am looking for Chartered Counselling Psychologists, who are at least one year post qualification, to talk about their experiences of self within their professional work and how this can impact upon the therapeutic process.

Taking part in this research study presents a valuable opportunity to reflect upon and explore your own sense of personal involvement in your professional work, as well as helping to enrich current understandings about the contribution of the individual practitioner to the process and outcome of therapy.

Participation in this research will involve an audio-taped interview, lasting one hour, at a location convenient to you. *In exchange for your participation your standard professional fee will be paid.*

If you are interested in participating or would like further information, then please contact myself or my supervisor (all contact details printed above). I will also make telephone contact with you within the next two weeks to discuss further.

Thank you for taking the time to read this letter, your participation would be greatly valued.

Yours sincerely,

Rosanna Nowers
Trainee Counselling Psychologist

Appendix E

Demographics form

Participant ID code.....

Filling out this form is optional

The information you provide on this form will be used (in conjunction with other participant information) to build up a demographic picture of the participants who have been involved in this research project, and may be used in the final write-up of the research project. All information you provide will be kept strictly anonymous. You may withdraw any information at any time by using your ID code.

Gender: (please circle) Male / Female

Age: _____

Year of qualification in Counselling Psychology: _____

Therapeutic approach(es): _____

Where do you currently work? (please circle) NHS / Private / Charity / Prison service

Other

Appendix F

Demographics table

Participant ID code	Age	Gender	Year of qualification in Counselling Psychology	Therapeutic approach	Place of work
‘Patrick’	38	Male	2009	Eclectic; solution-focused	NHS. Private
‘Kevin’	37	Male	2003	Systemic; CBT	Private
‘Eleanor’	50	Female	2007	Psychodynamic; eclectic	Charity
‘Joanna’	36	Female	2008	Existential; integrative	Private; charity
‘Leonie’	37	Female	2006	CBT	Private
‘Christine’	52	Female	2005	CBT	Private
‘Nina’	47	Female	1995	Integrative	Private
‘Roy’	50	Male	1999	Integrative	NHS; Private
‘Neville’	45	Male	2006	Integrative; CBT; Psychodynamic	NHS; Private
‘Betty’	50	Female	2007	Existential	Private
‘Claire’	33	Female	2008	CBT	NHS; Private

Appendix G

Extract from Patrick's transcript

23 about any internal experiences that you have while you're in session with
 24 clients, or a client.
 25 Oriented towards internal experiences
 26 Connecting to different parts of client - does this correspond to parts of him?
 27
 28 Seeing 'good' in client - acts
 29
 30 conceal self - why?
 31
 32 - conceal over self here.
 33
 34 "Acceptable" therapeutic response here - reveal self
 35
 36 Empathy facilitates relationship.
 37
 38
 39 R: So when you say acknowledge do you mean acknowledge it in yourself
 40 or bring it in to the therapy?
 41
 42 P: Errr both. I think, I think um this has happened quite recently that the
 43 more work that I do with people that are traumatised is to acknowledge
 44 (next pg)
 45 Switch from 'I', 'me' → 'you'

P: Um, internal experiences, um (pause), I think it's very tough to generalise because you link in with different parts of different clients I think I always try to find something I like about a client, I think it's very hard to work with people that you don't like or can't see anything good in them that they wanna try and change. Umm (pause) I think sometimes trying to hide how you might be feeling is that, when people have told you some horrific stuff about their past and to not necessarily be shocked by that or just show that you're shocked, um, can be quite tricky. But also at the same time, sometimes I think the more that I've I've practiced the more that sometimes to acknowledge that, to show that actually that person has gone through a horrible time in their lives and that that's how you you feel for that, erm, can really help the therapeutic relationship.

Linking with parts of client
 Finding 'good' in client
 Controlling personal reactions
 Validate client's experience

44 depersonalising, distancing
 45 from self? moving away
 46 from personal involvement?
 47 split here between inner feelings
 48 + appearance? How he shows
 49 himself outwardly
 50 His 'reaction' to the client
 51 is important.
 52 "complete strange" - 'other'
 53 person.
 54 Being a professional - more
 55 important, more superior?
 56 detached +
 57 simplistic
 58

that um that something has not necessarily upset me from a personal point
 of view, but appearing that something has, hearing a chain of events that
 someone has gone through has surprised you or has surprised that they've
 survived that they're here trying to get some help from it and I think that
 strengthens the therapeutic relationship and just to have a complete
 stranger acknowledge to that person that, actually you went through a shit
 time, you had a shit childhood um, is, obviously you don't use those words
 but, to (both laugh) have them hear that I think it's really quite powerful.
 And I think that the more I've practised since I became chartered that adds
 that extra weight in that for a professional to say by the way you had a
 really bad childhood and the reason why you experience X, Y and Z is
 because of that, um, allows them to have a different perspective on it they
 no longer see themselves as bad but as someone who's been through a
 horrible experience.

R: Mmm so I guess you're empathising or validating really their
 experiences um you can do that because you feel it within yourself I
 suppose...
 P: Yea

Asking clients experience,
 Therapist prompts change

bad → good?

Acknowledge clients
 experience
 connecting with
 clients
 experience

Transform client perceptions
 Perspective shift in relationship.

His being general - try to encourage specific focus

Estimated, depersonal
Rejection of 'supported' his
personal reaction / what he
shows to client?

Interest in client

Curiosity / interest in relationship

Instilling a strength + hope in client - therapist giving something to client

Understanding figure

Impact on t. process + t. relationship

65 R: Could you, can you go into more detail or go into a specific example
66 maybe with a client?

67 He thinks then stays general

68 P: Um (pause). I think people who have had multiple traumas um that
69 they've gone from one trauma to another and if you're surprised that
70 they've survived the first one and they come back and say oh by the way
71 there are some more. um. But also when taking a trauma history and

72 you ask them about trauma experiences and they say there aren't any and a
73 few sessions later they tell you about something which was quite
74 significant but they didn't feel it was traumatic um, to express that, that, to

75 be curious about why they didn't bring that up in the first place I think
76 really again validates them and umm. To emphasise how resilient that you
77 find somebody I think gives them the strength and the hope that they can
78 get better.
79

80 R: Hmm mmm. So you're sort of helping them to find that strength almost
81 to find someone else who can really understand, or at least, you know,
82 really trying to understand them. So that I guess that's um sorta talking
83 about sorta an emotional experience and you said that that can really,
84 empathising with them can help them to change their perspectives, so I
85 suppose in way that is impacting upon the therapeutic process and
86 relationship.

4

Curiosity
Validate clients experience
Finding a therapeutic connection

87 Giving 'instilling' hope,
88 what about the negative
89 feelings? are these
90 adjectives?

91 'Instill' → implant, introduce

92 client must
93 perceive therapist
94 as helping.

95 Revealing/portraying self in
96 a way
97 certainly

98 Moves from 'I' → 'we'
99 unit, dyad,
100 together

101 Moving towards his
102 personal reactions here

103 Hope, optimistic, forward-
104 looking

105 Begins to approach - distancing
106 from personal self?

107 'Smallest exception' - focus 108
on the hope, positives.
Is this his therapeutic approach, or
is this him?

P: Yea to give them hope that actually things can get better. I think I'm a strong believer that if you can instill hope in a client you can probably do quite a lot of good work with them. Um but if they don't pick that up from you if they don't see that you can help them, if you don't have the confidence that actually what you told me is shocking and it's terrible but, um, that doesn't effect how I can work with you, to portray that that confidence.

R: That you can contain...

P: That I can contain this that I can handle this that this is bad stuff but actually together we can handle this, this isn't shocking...

R: I suppose you need to be able to hold onto that hope yourself and how you find doing that, for you, how do you find that?

P: Um, I think it really helps the work to have hope that the client will get better and to um, I mean I work a lot from solution-focused where I'm always looking for the smallest exception that things could be a little bit better that even if, um, most of the week they've had a terrible time but for that little bit there was some hope that, well I feel quite bad but I woke up

Working with hope in the relationship

Portrayal of self

Therapist as container
Working as a dyad

Working with hope

Appendix H

Ethics Release Form

Ethics Release Form for Psychology Research Projects

All students planning to undertake any research activity in the Department of Psychology are required to complete this Ethics Release Form and to submit it to their Research Supervisor, **together with their research proposal**, prior to commencing their research work. If you are proposing multiple studies within your research project, you are required to submit a separate ethical release form for each study.

This form should be completed in the context of the following information:

- An understanding of ethical considerations is central to planning and conducting research.
- Approval to carry out research by the Department of Psychology does not exempt you from Ethics Committee approval from institutions within which you may be planning to conduct the research, e.g.: Hospitals, NHS Trusts, HM Prisons Service, etc.
- The published ethical guidelines of the British Psychological Society (2004) Guidelines for minimum standards of ethical approval in psychological research (BPS: Leicester) should be referred to when planning your research.
- **Students are not permitted to begin their research work until approval has been received and this form has been signed by 2 members of Department of Psychology staff.**

Section A: To be completed by the student

Please indicate the degree that the proposed research project pertains to:

BSc ☐ MPhil ☐ MSc ☐ PhD ☐ DPsych ☒ n/a ☐

Please answer all of the following questions, circling yes or no where appropriate:

1. Title of project

Qualified Counselling Psychologists' experiences of self in professional practice

2. Name of student researcher (please include contact address and telephone number)

Rosanna Nowers.

Flat 1, Kelvin Court, 24-26 Marlborough Road, Richmond, TW10 6JS

3. Name of research supervisor

Don Rawson

4. Is a research proposal appended to this ethics release form? **Yes** No

5. Does the research involve the use of human subjects/participants? Yes No

If yes, a. Approximately how many are planned to be involved? **11**

b. How will you recruit them?

Participants will be recruited through professional contacts known to the researcher, through contact details located on the British Psychological Society website, and by a recruitment advertisement in the DCoP electronic newsletter.

Each participant will be paid their professional fee for one hour of their time in exchange for their participation (the exact amount will be negotiated with the participant). It will be stated on the recruitment advert that 'the professional fee of each participant will be paid'.

c. What are your recruitment criteria?

Participants will be Chartered Counselling Psychologists, who have at least one year post-qualification experience.

(Please append your recruitment material/advertisement/flyer)

d. Will the research involve the participation of minors (under 16 years of age) or those unable to give informed consent? Yes No

e. If yes, will signed parental/carer consent be obtained? Yes No

6. What will be required of each subject/participant (e.g. time commitment, task/activity)? *(If psychometric instruments are to be employed, please state who will be supervising their use and their relevant qualification).*

Each participant will be required to participate in a one hour interview, which will be focused on their experiences of 'self' when they are in session with clients, and whether this awareness impacts upon the therapeutic process.

7. Is there any risk of physical or psychological harm to the subjects/participants?

Yes No

If yes, a. Please detail the possible harm? -----

b. How can this be justified? -----

8. Will all subjects/participants and/or their parents/carers receive an information sheet describing the aims, procedure and possible risks of the research, as well as providing researcher and supervisor contact details?

Yes No

(Please append the information sheet which should be written in terms which are accessible to your subjects/participants and/or their parents/carers)

9. Will any person's treatment/care be in any way compromised if they choose not to participate in the research?

Yes No

10. Will all subjects/participants be required to sign a consent form, stating that they fully understand the purpose, procedure and possible risks of the research?

Yes No

(Please append the informed consent form which should be written in terms which are accessible to your subjects/participants and/or their parents/carers)

11. What records will you be keeping of your subjects/participants? (e.g. research notes, computer records, tape/video recordings)?

The audio-recordings from each interview will be kept securely in a password protected file.

Each participant will be given an ID code to replace their name, under which their audio-recording will be stored.

12. What provision will there be for the safe-keeping of these records?

Audio-recordings and ID codes will be kept electronically on a computer which is password protected.

2

13. What will happen to the records at the end of the project?

At the end of the project all audio-recordings will be destroyed, along with the participant ID codes.

14. How will you protect the anonymity of the subjects/participants?

Each participant will be assigned an ID code when they give their informed consent to participate. This ID code will replace their name, thus protecting the identity of the participant and maintaining their anonymity.

Any names or identifying details which the participant verbally gives during the recorded interview will be erased from the recording after the interview has finished.

15. What provision for post research de-brief or psychological support will be available should subjects/participants require?

At the end of the interview participants will be fully debriefed as to the aims and purposes of the interview and overall research project. There will also be an opportunity for participants to ask any questions or raise concerns which may have arisen during the interview.

All participants will be given the details of psychotherapeutic associations that offer psychological support and counselling. Participants will also be encouraged to take any issues that may have arisen to their personal therapy or supervision, should this be appropriate.

(Please append any de-brief information sheets or resource lists detailing possible support options)

If you have circled an item in bold print, please provide further explanation here:

Question 5 circled. This research intends to investigate how Counselling Psychologists describe the meaning and significance of their experience of self in their professional work. To investigate this it is deemed necessary to interview participants who are currently working as Counselling Psychologists, in order to understand and explore their experiences of self. Hence this research intends to involve the use of human participants.

Signature of student researcher **Rosanna Nowers**

Date 10/8/10

Section B: To be completed by the research supervisor

Please mark the appropriate box below:

Ethical approval granted



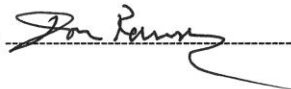
Refer to the Department of Psychology Research Committee



Refer to the University Senate Research Committee



Signature



Date

10/8/10

Section C: To be completed by the 2nd Department of Psychology staff member (Please read this ethics release form fully and pay particular attention to any answers on the form where bold items have been circled and any relevant appendices.)

I agree with the decision of the research supervisor as indicated above



Signature Swan Stein

Date 10-8-10

Appendix I

Example of table of themes for Patrick

Theme	Sub-theme	Page and line number
Revealing the self	Portrayal of self	(4, 93), (19, 401), (41, 899), (42, 901), (42, 921)
	Self-disclosure as empowering client	(43, 943)
	Normalising experience	(25, 527), (26, 552)
	Connection through commonality	(41, 899)
	Using therapist experience to transform client perception	(3, 55), (8, 163)
Self as reaching out to client	Finding a therapeutic connection	(4, 76), (8, 154), (21, 443), (24, 515), (26, 527), (34, 745), (27, 576), (34, 725)
	Striving to understand	(36, 785), (32, 696), (33, 703)
	Investment in the relationship	(21, 440), (21, 457)
	Linking to parts of client	(2, 26), (8, 161), (29, 624)
	Finding good in client	(2, 28)
	Curiosity	(4, 75), (7, 152)
	Conceptualising client in terms of therapeutic approach	(6, 130), (9, 190), (22, 465)
	Using self to guide client	(26, 560), (41, 887)
Focus on emotional reactions	Therapist as emotional container	(4, 98), (7, 142)
	Humour	(25, 529)
	Validation of client's experience	(2, 35)
	Controlling personal reactions	(2, 31)
	Connecting with the client's experience	(3, 49), (5, 95), (8, 167), (23, 496)
	Working with hope in the relationship	(4, 88), (4, 105), (4, 108), (7, 152), (8, 154)
	Shift in perspective in relationship	(3, 55), (4, 69)

Self in the relationship	Therapist as human	(29, 625), (29, 636), (30, 641), (27, 583)
	Dedication to the therapeutic endeavour	(9, 194)
	Confidence in self	(3, 59), (25, 527), (25, 548), (28, 612), (41, 899), (42, 914)
	Stance of not knowing	(9, 191), (32, 690)
	Relying on instinct	(24, 524)
	Therapist as role model	(41 879), (41,896), (43, 935)
	Boundaries – responsibility for change	(10, 217), (11, 225), (12, 257)
Investment of self in relationship	Responsibility for change	(10, 217), (11, 220), (15, 326)
	Payments	(18, 391)
	Trust	(34, 733), (35, 757)
	Providing the desired service	(19 404), (21, 441), (21, 448), (23,489)
Developing the self	Development through experience	(31, 676), (40, 857)
	Use of supervision	(10, 218), (15, 327), (46, 1002)
	Learning from colleagues	(44, 958), (45, 976), (46, 1010)
	Impact of working context	(19, 413), (20, 421), (21, 442)
	Flexibility of technique	(31, 673), (31, 680) (35, 755), (40, 868)
Managing the self	Self-doubt	(14, 296)
	Approach as moulding self	(9, 180), (22, 471), (30, 645), (34, 746), (35, 752)

Appendix J

Example of full themes table with example quotes

Superordinate theme	Sub-theme	Participant/ page	Quote
Constructing self in relationship	The story of 'us'	3, 25	so seeing everything basically as something that happens between us, that is happening between us
		7, 2	It's sort of stops the session from continuing on that superficial level and comes down a notch to, hang on, I wonder what's going on between us?
		10, 9	but I think what's, you know, really powerful is to acknowledge you know all the time really that it's our story, it's mine and the client's story...so we have a shared relationship
		5, 15	when you think about a therapeutic relationship as well it's not just the client and you is it, it's the relationship, it's the space that you create between you.
		6, 15	if we can hold these contradictions then then they become part of the same truth, which is us
	Self is plural	7, 4	it's sort of like I'm myself as the anchor and yet very much tuned into the client but constantly referring to me and to myself and my selves, my inner selves as a way of working with the person
		10, 8	with every single client I am a different person by definition, or you know a different version of myself by definition because I am with A or B or C or D, and so therefore that dynamic becomes, you know, the definition of what's in the room
		4, 45	I need to keep aware of my own reactions to things and how I change from clients
		11, 11	in terms of my sense of self, it changes from client to client, so it really depends who I'm with
Negotiating relationship between self and other	Connection	4, 11	it's quite important you know to find similarities, not necessarily on the superficial...but it has to do with the same underlying feeling, that you might be able to connect... So I think that's something that it has yeah it has it has ingrained in me in the way that both I work and I relate with my clients
		5, 4	they talk about two metronomes coming into sync and stuff like that. So kind of tuning and reverberating with the client.
		1, 27	it could be whether I've experienced, had my heart broken, and I still won't go into any great details but, um, empathise with the feeling of what that's like, and the despair that
	Resonance		

			<p>3, 12</p> <p>someone might be feeling</p> <p>it really reminds me of some of the stuff that I used to like when I was younger and, yeah, just kinda remembering, using like those memories of what you were like</p>
		2, 9	<p>Sometimes I might exaggerate what I went through, um, because you know its equivalent of, someone comes with a broken leg, and I say oh 'well I cut my finger once', you know they (the client) think 'well it's not the same', so I'll say 'well I broke my finger', you know, instead of cutting my finger</p>
	Reparative mother	5, 13	<p>it's a concept of limited re-parenting within the therapeutic relationship, that you try and meet those needs that that weren't met, but to a limited extent obviously because you are not mother you're not a parent.</p>
		3, 19	<p>a lot of time and space, and we needed to connect at quite a deep level as well, and is kind of like early attachment stuff, sort of the mother-infant type level</p>
		10, 30	<p>certainly most of our work to to date has been me trying to be the good mother to repair the experiences she had with her own mother you know</p>
		1, 5	<p>That I can contain this that I can handle this that this is bad stuff but actually together we can handle this, this isn't shocking</p>
		7, 19	<p>I'm there, I'm solid, I'm I'm I'm present, I'm reliable, I'm you know all those things I said about myself I'm there every single time, so that he can feel and when he's there I'm I'm trying to locate his feelings and helping him with that, so that he can feel held you know and contained and safe, but so that he will keep coming</p>
	We're all human	4, 33	<p>even your therapist is not this rock that doesn't respond to anything and is just able to hold and absorb, give interventions and all that, you know its its more about the human element of the therapist</p>
		8, 8	<p>it is my job to give them what they need, whether they want to believe that someone is so strong that they can cure them...I am human and fallible, so yes...I am able to cope, I can help you, but I'm not going to be made of stone</p>
		1, 8	<p>it makes me seem that I don't always know it all, that I'm fallible in some way, that I'm not this super being, this super therapist that knows everything about everything...I'm not always perfect</p>

		9, 16	er to me connecting at an emotional level or at human level is is very is very important, it's paramount...I'm always keeping in in mind that that my sort of personal qualities not as a practitioner but as a human being have to sort of be there
Separation	What's me and what's you?	4, 36 10, 20 9, 11 6, 15 8, 33	I'm aware of my own biases or how am I colouring the the experience or the reactions the reaction that I have, in order to be able to differentiate between the client's experience and my own there is a sort of coming and going in that way you know, really sort of merging together but then making sure that the separateness is very much still in tact, so it's subtle and complicated and you know actually quite I suppose, potentially quite dangerous you know if you if you get that wrong I just try really to erm sort of hear myself with with my feelings if if my feelings are are either in tune with what the the client is expressing in that moment...or if it's something that is dissonant to what the the client is is bringing in that moment could this relate to something of mine that I've unresolved?... how many times have you felt this? are you absolutely sure its not yours? you know, that it's not relating to something in your own past it's when you catch yourself going into the clients, when you identify with them... that you suffer so badly that you then get traumatised yourself
	Building the boundary	6, 13 9, 8 11, 19 8, 32 5, 27	I don't see clients in my home for that absolute reason, is because I couldn't separate one from the other I've always managed to separate between my personal life and my sort of working dimensions...I've been able to cut and divide between the time clearly I find, I find that I do tend to be able to switch off when I walk out of that door, I try to switch off two lines from people who taught me that is when I was a student, one said to be a good therapist you have to be able to put yourself in your client's shoes. But never ever forget to leave the shoelaces undone you see? You have to be able to extricate yourself notice that feeling...and think, well try to separate that out between what's yours and what's the client's

The self observed	Being seen	8, 15	my clients come in here and look at me, and remember in therapy people look at you as much as you look at them. You evaluate them, but hey they evaluate you as well.
		6, 23	it's quite a strange question because, would men find me attractive? I don't know, would men find me ugly?... I don't really know what client's think. And to be honest I've never actually very rarely worried about... but I'm sure they (the client) must think actually, that's made me think what do they think about me because I've never, I don't I don't sit there and think about that that often.
		1, 21	since getting married I've felt more confident in the way that clients perceive me because, um, they can see that I wear a ring, so therefore they're gonna assume that I'm in a secure relationship
		10, 40	what I've been wrestling the last twelve months is me trying to sort out the part of me that wants to be seen, I mean there's nothing like a therapist feeling like you're part of the wallpaper, you know I don't talk about myself you know under any circumstances really, um so, but there is nonetheless a part of me that wants to be seen
		11, 16	there are some that know absolutely nothing about me and there's others that know just a little just a little, not too much, just a little
	Managing the critical eye	6, 29	something which runs the whole way through err is is sometimes doubt and and um, I think I just naturally will sometimes feel I didn't do it as well as I'd like to have done in certain sessions
		9, 33	sometimes when the clients do not come back you are left with the doubt whether it was really something that you as either as a person as a self may have you know done...so that it can be your responsibility about that
		10, 42	It's me feeling scared that I'm not you know I'm not convincing enough or I'm not, you know, strong enough or powerful enough and I'm gonna lose somebody
		7, 19	yet...to be honest... I work quite well with people where I am slightly more anxious, because it's a little bit like, you know if you are playing tennis with someone who is slightly better or is as good as you are, it brings out the best in you...it seems to make me bring more of myself to play
		5, 29	I felt wasn't you know me being a weak person or a bad therapist or anything like that, but it was part of the therapy process and that you know, you could use that. So that's something that definitely changed a lot was my trust in myself and what I felt.

Section D:

Critical Literature Review

Should we practice what we preach? The impact of personal therapy on therapists' professional practice, personal development, and the implications for training requirements.

1.1 Introduction

The need for therapists to undergo their own personal therapy is an area of debate within psychology. The requirement for personal therapy, particularly in psychoanalytic approaches, is well established. Freud (1937/43), for instance, wrote: 'But where and how is the poor wretch (the trainee therapist) to require the ideal qualifications which he will need in his profession? The answer is in an analysis of himself' (p. 246). As Grimmer (2005) describes, there is a firmly held and cherished belief, within many psychotherapeutic approaches, that personal therapy is a necessary and essential ingredient for effective clinical practice. Despite this belief, however, empirical research has failed reliably to demonstrate that personal therapy has any useful or beneficial impact on the therapist or their professional work. The lack of evidence supporting the practical benefits of personal therapy challenges traditional assumptions that it is central to the psychotherapist's training and practice.

The majority of research looking at the impact of personal therapy on professional practice is quantitative. The main areas of research, according to Macran and Shapiro (1998), include surveys of therapists' evaluations of their personal therapy, experimental studies that evaluate therapist responses in situations supposedly analogous to therapy, and studies comparing client outcomes between groups of practitioners who have either had personal therapy or not. According to Grimmer (2005), most research has been conducted in America, and most of the studies suffer from serious methodological limitations. Personal therapy, for instance, is only one of a multitude of different factors that might affect therapist competence or in-session behaviour. Quantitative research struggles accurately to differentiate between the various confounding and extraneous variables that can impinge upon findings. Accordingly, the research corpus has tended to produce inconsistent and, at times, contradictory evidence regarding the impact of personal therapy on the professional clinician.

More recently, qualitative studies have provided detailed insight into practitioners' personal experiences of therapy. Although these studies cannot objectively ascertain the usefulness of personal therapy toward clinical practice, they can, according to Grimmer (2005), tell us what practitioners *subjectively* believe to have been helpful to their work. Qualitative studies have revealed a complex relationship between personal therapy and the experiences of the practitioner, suggesting that personal therapy can be both a support and positive contributor to

clinical work, but also a concomitant stressor and distraction, especially if undertaken whilst training (Kumari, 2011; Rake & Paley, 2009).

The dearth of evidence supporting the usefulness of personal therapy challenges the belief that it should be included as part of psychotherapy training requirements. This topic is particularly pertinent to Counselling Psychology as it is the only British Psychological Society (BPS) division to require trainees to have a minimum of forty hours of personal therapy. According to Rizq and Target (2008), Counselling Psychology is committed to upholding the importance of subjective and intersubjective factors in therapeutic process, and also to developing a clear research base for counselling theory and practice. Although personal therapy is an intuitively accepted part of the training, there is no clear evidence-base supporting its utility for the trainee. As Rizq and Target (2008) argue, it is currently unclear whether personal therapy fulfils the personal and professional development requirements laid out in Counselling Psychology training programmes. This has led many to question its inclusion as a mandatory training requirement in Counselling Psychology (Rizq & Target, 2008). This concern may be reflected by other training courses, particularly under the BACP, which removed mandatory personal therapy from its requirements for accreditation in 2005.

My interest in this area emerged when I first entered the Counselling Psychology training, and was faced with the requirement of personal therapy. I was already settled into regular psychotherapy prior to starting the course, and finding the experience useful. On entering the course I was asked to make my personal therapy relevant to my professional growth and development as a Counselling Psychologist, and I had considerable difficulty working out what this meant. My dilemma was augmented by the absence of any clear guidelines or rationale from the course, explaining the importance or contribution of personal therapy towards my professional development. It is essential, therefore, that further research be conducted in order to develop a clearer picture of the ways in which personal therapy impacts practitioners' professional development. This will ensure that the inclusion of personal therapy in training can be legitimately supported, and will justify to the trainee that such a costly and demanding activity is necessary to their professional growth.

The aim of this paper is critically to review the literature exploring the impact of personal therapy on the therapist, and their clinical practice. The focus will first be on quantitative research, which forms the bulk of the literature, and then on the more recent contribution of qualitative research. The implications for the inclusion of mandatory personal therapy in training programmes will also be discussed.

1.2 The impact of personal therapy on professional practice in quantitative research

The majority of quantitative research has aimed to investigate whether personal therapy impacts the therapist's professional practice. This research can be separated into three areas. First, the impact of personal therapy on the therapist's ability to display positive therapeutic qualities; second, the impact of personal therapy on the therapeutic alliance, and third, the impact on client outcome. Looking at the research literature, Gold and Hilsenroth (2009) conclude that the majority of research purporting to investigate the relationship between personal therapy and psychotherapeutic processes is scarce and reveals equivocal findings.

1.2.1 The impact of personal therapy on therapist qualities

In one of the earliest experimental studies, conducted in a laboratory setting, Strupp (1958) investigated the effects of personal therapy on therapists' techniques and empathic qualities. Strupp (1958) asked one hundred and ten psychotherapists to record their professional responses to a thirty-minute film depicting a neurotic client undergoing analysis. The film was paused at certain pre-selected points, and the participants asked write down their chosen personal responses and interventions. Following the film, participants detailed their diagnostic impressions of the client, and any treatment plans or goals they felt clinically relevant. Strupp's intention was to evaluate each therapist's responses to the film, and then compare these against their background, including whether or not they had previously received personal therapy. Using two trained independent raters to judge participant responses, Strupp (1958) found that inexperienced therapists who had been in personal therapy tended to achieve worse empathy ratings than those who had not. With higher levels of experience, however, participants with experience of personal therapy were significantly better able to empathise with the client, and this was regardless of their conscious attitude, positive or negative, towards the client. In further studies, Strupp (1955; 1973) found analysed therapists to be more active in therapy sessions, giving fewer silent responses than their non-analysed counter-parts.

Macaskill (1988) comments that therapy 'analogue' studies, such as those conducted by Strupp (1958), have tended not to be widely used or replicated by other researchers. This is because such studies attempt to evaluate therapist responses to situations that are supposedly analogous to real-life therapy, but are actually under controlled experimental conditions. It can, therefore, be questioned how representative any findings are of the real life behaviour of therapists outside of the laboratory.

A subsequent study by MacDevitt (1987) incorporated the use 'analogous' psychotherapeutic situations in order to examine the relationship between therapists' personal therapy and their preference for using self-analytic skills in their work. MacDevitt (1987) contacted six hundred members of the American Psychological Association (APA) with a questionnaire containing twenty-five vignettes of hypothetical therapeutic situations. The participants were required to provide their professional reaction to the vignette, choosing from one of five fixed-choice answers. One answer for each vignette was designed to measure the participants' preference for engaging in self-examination in order to resolve the therapeutic 'situation'. This was otherwise referred to as the participant's 'countertransference awareness'. Findings indicated that the participants' number of received hours of personal therapy was significantly related to the participants' use of countertransference awareness. This indicates that personal therapy influences a therapist's tendency or readiness to access self-awareness as a resource in sessions with their clients. There are, however, limitations to this study. Most notably, MacDevitt (1987) received a disappointing response rate: of six hundred participants, he received only one hundred and eighty-five replies. This raises questions regarding why this particular corpus of participants decided to take part; was it, for instance, because they had had a particularly positive experience of their personal therapy? The results are divided into those who have either had or not had personal therapy, but there is no measure of why participants decided to enter therapy, or whether their experience was helpful or not. Participants may have been motivated to give 'lip service' to the researcher, providing the most desirable answer, rather than the most representative of their responses. Additionally, it is questionable whether such a crude 'pencil and paper' version of reality could really give meaningful insight into the complex internal reactions of the therapist.

Peebles (1980) used in-session recordings to examine the relationship between personal therapy and the trainee therapist's ability to display accurate empathy, non-possessive warmth and genuineness. Peebles asked seventeen clinical psychology trainees to submit tapes of their therapy sessions with at least two separate clients. Segments of each tape were independently rated by two mental health professionals trained in the use of the Truax and Carkhuff scales (1967), for accurate empathy, non-possessive warmth and genuineness. Findings indicated that the number of hours of personal therapy was associated with an increase in the ability to display empathy and genuineness, but not warmth. Although the authors suggest their findings have important implications for training programmes, they must be interpreted with a degree of caution. First, there is a relatively small sample size in this study, making it difficult to extrapolate findings beyond the sample group. Additionally, there may have been other factors, within the trainees' relationships with their clients or within the trainees' personal lives, that could have influenced whether such qualities were shown in their sessions. The influence of these factors cannot be measured, nor controlled for, in a study of this type. External raters can

only judge explicit, and indeed vocal, illustrations of such qualities, and therefore cannot give insight into more intricate and deeper connections taking place in the therapeutic relationship. Macran and Shapiro (1998) additionally question whether the possession of empathy, warmth or genuineness is necessarily drawn solely from the receipt, or not, of personal therapy, or whether it can be drawn from other experiences and teachings.

What weaves these three studies together is the attempt to isolate and measure aspects of the psychotherapeutic situation using a quantitative methodology. Although all three studies reveal significant relationships between therapists' personal therapy and various in-session therapeutic behaviours and qualities, they all suffer from serious methodological failings. These include small sample sizes and the failure to control for possible extraneous and confounding factors. It is important to note also that these studies are all prior to 1990, and that it is difficult to find more recent attempts to investigate the link between personal therapy and therapist qualities. This may reflect a wider feeling amongst the research community that attempts to capture and measure complex in-session behaviours cannot be achieved using a quantitative methodology.

1.2.2 The impact of personal therapy on the therapeutic alliance

Research studies have looked to investigate the connection between therapists' personal therapy and the strength of the therapeutic alliance, using survey and quasi-experimental designs. Wheeler (1991) investigated the relationship between student therapists' theoretical orientation and their perception of their therapeutic alliance with an eating disorder client. Although this study did not purport to investigate the impact of personal therapy, a negative correlation was found between the therapeutic alliance and the amount of personal therapy the therapist had received. Wheeler (1991) obtained her findings using a postal questionnaire, sent to three hundred and sixty-five therapists, containing a battery of self-report measures, including measures of the therapeutic alliance completed by both therapist and client. Therapists' perceptions of the alliance negatively correlated with the amount of personal therapy they had received, suggesting that the more therapy the participant had, the more negatively they viewed the alliance with their clients. Interestingly, the client ratings of the alliance showed no such relationship. Wheeler (1991) described her findings as 'unexpected', and asserts that her research significantly challenges the assumption that personal therapy is an essential part of a therapist's training.

Wheeler's (1991) findings are interesting, but can suggest different conclusions. Therapists with personal therapy, for instance, may rate their alliances more negatively because they are less confident, or because they are more accepting of a negative transference (Wheeler, 1991). Since

the measures were of the therapist's 'perception' of the therapeutic alliance, they may be less reflective of the actual reality of the relationship, and more indicative of the subjective processes happening inside the therapist. Additionally, the presence of confounding factors and extraneous variables casts doubt as to whether the findings relate to the presence of personal therapy per se, or to other influencing factors. It is unknown, for instance, why the therapists decided to enter personal therapy, whether they found it helpful or whether they had ceased their treatment before taking part in the research study. Additionally, all therapists were treating eating disorder clients only, and this means that findings may not be applicable outside of this specific client group.

Gold and Hilsenroth (2009) looked to further Wheeler's (1991) findings by investigating the relationship between personal therapy and the therapeutic alliance, using a quasi-experimental design. They recruited sixty clients, all deemed representative of individuals seeking outpatient treatment, and split them into two matched groups. One group, of thirty clients, received treatment from thirty therapists who had had personal therapy, and the other group, of thirty clients, received treatment from therapists with no personal therapy. The client group was matched on key demographic and psychiatric severity data, but the therapist group was not matched on any variables, other than the receipt or not of personal therapy. Incorporating various therapeutic alliance measures, completed by both therapist and client, Gold and Hilsenroth (2009) concluded that therapists with personal therapy demonstrated several differences from their non-therapy counterparts. Therapists with personal therapy, for instance, reported less disagreement about the goals of therapy, felt more confident in their work, and felt that their clients were more committed to the therapy. Additionally, these therapists tended to deliver treatments that were twice as long as their non-therapy counterparts. The client ratings of the alliances remained stable regardless of whether or not their therapist had received personal therapy.

Gold and Hilsenroth (2009) believe that their findings support Norcross's (2005) assertion that personal therapy has positive effects on the therapeutic relationship. They believe that the therapists with personal therapy demonstrated more confidence when delivering treatment goals, and showed a better ability to address issues during treatment. It is these factors, according to Gold and Hilsenroth (2009), that may have led these therapists to preserve longer contracts with their clients. The finding that therapists with personal therapy rated their therapeutic alliances more positively stands in contrast the Wheeler's (1991) findings discussed above. Similarly to Wheeler (1991), however, there was no difference in the way the clients rated the therapeutic alliance. This raises questions about whether personal therapy for the therapist actually translates into improvements in therapeutic relational processes, or whether it is just the therapist's *perceptions* of the therapeutic alliance that are changed. Further research is

evidently needed before any concrete conclusions can be drawn regarding the impact of personal therapy on the therapist's ability to develop the therapeutic alliance.

1.2.3 The impact of personal therapy on client outcome

According to Macran, Stiles and Smith (1999), the most direct way to investigate whether personal therapy can make the therapist more clinically effective is to compare the outcome of client cases between therapists who have and have not had personal therapy. In their review of the literature, Macran et al. (1999) conclude that there is no evidence purporting to show either a positive or negative relationship between the receipt of personal therapy and client outcome. This is echoed by Orlinsky, Norcross, Rønnestad and Wiseman (2005), who argue that research studies in this area tend to yield inconsistent findings.

One particularly provocative and oft cited study by Garfield and Bergin (1971), found that therapists with personal therapy achieved less improvement in client outcome, compared to therapists who had received no personal therapy. They found that therapists with no experience of personal therapy achieved the greatest amount of positive change in their clients. Garfield and Bergin (1971) also measured the participants' level of psychiatric disturbance, using the Minnesota Multiphasic Personality Inventory (Hathaway & McKinley, 1940). They found that the psychiatrically 'healthier', or less disturbed participants, secured the greatest positive change in client outcome. Importantly however, the therapists with experience of personal therapy were not more 'disturbed' than therapists without personal therapy. Garfield and Bergin (1971) concluded therefore, that client outcome differences were not due to differences in 'disturbance' levels between therapists, but rather due to therapists having had personal therapy or not.

Garfield and Bergin (1971) describe their findings as 'startling and unexpected' (p. 251). Indeed this is one of the only studies to date to find a negative relationship between a therapist's personal therapy and client outcome. This study does, however, suffer from numerous methodological limitations. First, since the sample size is very small, at only eighteen therapists, no significance tests were carried out on the data. The data, therefore, is a descriptive reflection of the mean differences in rating scores between groups. Additionally, there were no controls for the client group, and the therapist groups were only controlled for in relation to years of experience and total hours of received personal therapy. It is difficult to know whether the therapists' receipt of personal therapy per se is directly responsible for the variance in client outcome, or whether it is due to the action of other unknown confounding variables. As Orlinsky et al. (2005) state, studies such as these focus only on the crude distinction between

receipt or not of personal therapy, and do not capture whether therapists felt they had benefitted or not from their experience, or why they chose to enter personal therapy in the first place.

Overall, there has been no conclusive empirical evidence to show that receipt of personal therapy is positively related to client outcome. Katz, Lorr and Rubenstein (1958) reviewed one hundred and sixteen clients in weekly psychoanalytic therapy and found no relationship between client improvement and the therapist's receipt of personal therapy. McNair, Lorr and Callahan (1963) found the length of a therapist's personal therapy to be unrelated to client outcome, although they did find that therapists with personal therapy tended to keep longer contracts with clients. In the most recent study to date, Sandell et al. (2006) discovered a curvilinear relationship between the length of the therapist's training therapy and client improvement. In other words, they found that therapists who had had the longest period of training therapy, of over thirteen years, showed the least improvement in client outcome, and even some client deterioration.

Macran et al. (1999) describe how 'naturalistic comparisons' of those who have, or have not, had personal therapy suffer from numerous confounding factors. Orlinsky et al. (2005) agree, arguing that the amount of variance due to client effects, in addition to the uncontrollable vicissitudes of the therapeutic relationship, make it difficult to imagine how a study could detect the impact of only the therapist's personal therapy on client outcome. Personal therapy is, after all, just one of numerous professional resources available to the therapist, which can impact their professional behaviour (Orlinsky, Botermans & Rønnestad, 2001). Personal therapy on its own may, therefore, form a relatively small part of a therapist's potential contribution to his or her clients' outcomes. Quantitative studies may not have the methodological sensitivity to tease apart and distinguish between these multiple factors. Grimmer (2005) suggests that a more experimentally controlled approach would require large clinical trials and random assignment of therapists to personal therapy conditions and groups of clients. Such a controlled method would, Grimmer (2005) argues, be impractical, expensive and ethically dubious.

1.3 The impact of personal therapy on the practitioner in survey-based research

A substantial corpus of research literature has investigated the personal views and opinions of therapists on their experiences of personal therapy, using survey based research methods. There has been a surge of survey-based studies, since the 1990s, offering a plethora of data drawn from broad and diverse samples of practitioners, in relation to their personal therapy.

The dominant finding from survey-based research is that practitioners view their experiences of personal therapy to be positive and valuable to them on a personal and professional level (Macran and Shapiro, 1998). In their review of the literature, Orlinsky et al. (2005) conclude that over 90% of therapists who have undergone personal therapy view it as a helpful experience. Orlinsky and Rønnestad (2005) conducted one of the largest ever psychotherapy studies, investigating the personal therapy experiences of over four thousand therapists from diverse theoretical orientations, and across several different countries. They found that 88% of participants reported positive benefits from their personal therapy, and only 5% reported to have received little benefit. Commonly reported benefits include, according to Daw and Joseph (2007), improved self-esteem, improved work life, increased emotional expression, and reduction in symptom severity. In a survey reaching four hundred Clinical and Counselling Psychologists, Linley and Joseph (2007) found that therapists who had received personal therapy reported more personal growth and positive change in their life, than those who had not received personal therapy. Looking from a professional point of view, Norcross, Dryden and DeMichele (1992) conclude that personal therapy helps therapists to learn about the relational dynamics of therapy, increases their awareness of transference and counter-transference issues, and helps them to understand what it is like to be a client. The overwhelmingly positive attitude towards personal therapy, as espoused by this contemporary research is, according to Macaskill and Macaskill (1992), a significant endorsement of its incorporation in professional practice.

A smaller number of studies have revealed therapists to have negative perceptions of their personal therapy. Henry, Sims and Spray (1971) found that 33% of their participants reported their personal therapy to be unsatisfactory, and 21% of Buckley, Karasu and Edward's (1981) sample rated their personal therapy as harmful. Orlinsky et al. (2005) found that therapists' positive views of personal therapy were often accompanied by reports of distress or negative feelings. Macaskill and Macaskill (1992) similarly found that positive outcomes from therapy were often accompanied by reports of psychological distress, although only a small proportion of participants described this distress as a 'negative effect' of their personal therapy. Darongkamas, Burton and Cushway (1994) found an association between personal therapy and job stress amongst Clinical Psychologists; with those who had experienced personal therapy reporting higher levels of stress in their daily work. This does not mean, however, that personal therapy has a causal role in increasing stress at work. Indeed, those practitioners experiencing more stress in their work may have sought personal therapy because of it. More recently, Wiseman and Egozi (2006) suggested that personal therapy be used as a treatment in the prevention of work-related stress and burnout.

There is a lack of research investigating Counselling Psychologists' experiences of personal therapy, using survey-based methods. In one study, Williams, Coyle and Lyon (1999) asked one

hundred and ninety-two Counselling Psychologists, via a postal questionnaire, about their reasons and motivations for seeking personal therapy, and their experiences of therapy outcome and processes. Respondents were asked to rate their experiences on five-point scales from 'not at all good' to 'extremely good'. Eighty-four respondents completed the questionnaire, and the majority (89%) reported a 'positive' outcome from their personal therapy. A factor analysis of various components revealed that participants distinguished between three factors: 'learning about therapy itself', 'dealing with issues arising out of training', and 'dealing with personal issues'. 'Dealing with personal issues' was found to be the principle motivation for participants seeking therapy in the first place, whereas 'learning about therapy itself' was more prevalent amongst participants who had received more than the forty hours training requirement. In other words, participants who continued their personal therapy beyond the obligatory training requirement, rated the contributions of their personal therapy to understanding therapeutic processes more highly than those with less or no personal therapy. Williams et al. (1999) consequently suggest that initial therapy sessions may primarily be used to explore personal issues, and it is only once these are resolved that subsequent sessions can contribute to learning about therapy per se.

Several considerations must be borne in mind when evaluating the findings of Williams et al.'s (1999) study, described above. First, a large correlational study of this kind cannot control for confounding variables that may influence the variables investigated. Variations in participants' psychological health and quality of their training, may impact the way they perceived and reported the outcomes of their personal therapy. Additionally, this study collected retrospective accounts that may have been subject to self-report bias. Since the majority of participants were experienced professionals, many years post training, their subjective views and attitudes towards their previous personal therapy may have changed. Macaskill (1999) suggests that the sheer amount of time, effort and financial expense practitioners expend in their personal therapy predisposes them to evaluate it positively. Furthermore, participants with positive experiences of their personal therapy may have been more motivated to respond to this study than those with negative experiences. Since Williams et al. (1999) sampled qualified psychologists only, further research looking at the experiences of the trainee may reveal different findings.

Survey research can offer broad and descriptive information regarding practitioners' experiences of personal therapy. It cannot, however, provide insight into the idiosyncrasies or complexities of each individual's experience. Wiersma (1988) describes survey research as providing standard 'press release' reports, rather than looking deeply at the complexities of the phenomena at hand. Macran and Shapiro (1998) argue that a methodological approach, focused on the personal and unique experience of the individual, may be necessary in order to further understand the impact of personal therapy on the professional.

1.4 The impact of personal therapy on the practitioner from a qualitative perspective

Qualitative research studies, investigating therapists' experiences of personal therapy, have emerged in recent years. These studies obtain the views of practising therapists, through in-depth interviews, in order to gain an enhanced understanding of the impact of personal therapy on the individual clinician and their professional practice.

Kumari's (2011) recent study is significant for two reasons: first, it is one of only a handful of qualitative studies investigating the experiences of Counselling Psychologists, and second, it employs trainees, who are a particularly under-researched sample group. Kumari (2011) recruited eight trainees enrolled on the same Counselling Psychology doctoral training course. All eight trainees had undergone the forty hours of mandatory personal therapy, and two had completed additional hours. Using Interpretative Phenomenological Analysis, Kumari (2011) delineated four themes central to participants' experiences: experiential learning; personal development; the stress of therapy, and personal therapy is essential.

In relation to the first theme, participants described their personal therapy as a valuable opportunity for learning about therapy and the therapeutic relationship. This included gaining first hand experience of particular techniques and models of therapy, and an enhanced understanding of what it is like to be the client. In relation to the second theme, participants believed their personal therapy to be the initial step in their lifelong professional development. For many participants, personal therapy impacted their lives in a positive way, helping them to gain the strength and courage to face difficult personal issues, and to realise the importance of cultivating self-awareness. In relation to the third theme, participants recognised their personal therapy as a support during difficult times, but ironically they also identified it as a significant stressor, particularly when concomitantly coping with pressures from their training course. The sources of stress identified included the financial and time costs of therapy. Participants also felt there was the potential for therapy to disrupt their clinical work, i.e. a pre-occupation with their own issues meant that they were unable to give their own clients their complete attention. In relation to the fourth and final theme, participants described their journey through initial feelings of anger and frustration at being 'forced' into mandatory therapy, to the eventual realisation that personal therapy is an essential and valuable requirement in their training. Most believed, however, that changes should be made to the current course requirements to ease the pressure on trainees. Suggestions included increasing the time allowed to complete the personal therapy hours, and incorporating a clear rationale underlining the requirement for personal therapy.

Overall, the participants in this study find their personal therapy to be a helpful and useful influence during training, a finding that has been reflected in previous qualitative studies. Oteiza (2010), for instance, found that personal therapy had a positive impact on therapists' professional and personal development. Additionally, Murphy (2005) found that personal therapy provides the trainee with the opportunity to learn about techniques that can be helpful or unhelpful, which they can then apply to their own practice. Grimmer and Tribe (2001) however, point out that trainees may erroneously believe that the therapeutic actions they personally experience to be helpful will be perceived similarly by their clients. Trainees in personal therapy could, therefore, become less objective when deciding on the best course of action for their clients (Kumari, 2011). The potentially negative impact of personal therapy on the trainees' clinical skills, as reported by Kumari (2011), is a concerning finding, particularly for Counselling Psychology. The negative effect of combining personal therapy with a training course has been suggested by other researchers, particularly Clarke (1986) and Macaskill (1988).

In their qualitative study investigating professional therapists' experiences of personal therapy, Rake and Paley (2009) found that participants reported their personal therapy to have both beneficial and negative impacts on their clinical work. First, participants felt they were able to learn first-hand about theoretical models, and link up theoretical knowledge with actual in-session experiences. Additionally, participants were able to increase their self-awareness and better tolerate the strong emotional reactions emerging both in their self and in their client. Participants did, however, describe aspects of their therapy as detrimental to their professional work, and this was particularly the case when reflecting on their experiences as a trainee. One participant described their training therapy as '*hugely difficult and perturbing*' (p. 287), adding that although it can be a source of support, it can also be a distraction. Rake and Paley (2009) conclude that although participants identified potentially detrimental effects of their personal therapy, they did, overall, applaud it as a crucial and integral ingredient in their formative years as a therapist. It could be that any difficult and potentially negative effects of personal therapy are part and parcel of the experience of personal therapy, and although challenging, do not persist long-term. Since the majority of participants report the overwhelming positive impact of their personal therapy and favour its inclusion in training, any negative effects of personal therapy in training may be short-term.

As with all empirical research, qualitative studies must be considered in relation to their value and validity. Both Kumari (2011) and Rake and Paley (2009) offer insights into the practitioners' experiences of personal therapy, both positive and negative. They do, however, suffer from methodological limitations. First, Kumari (2011) recruited trainees from one

specific training programme only. Although this ensures a relative homogeneity of the sample group, it does make it difficult to extrapolate her findings to other trainees from different courses. There may be aspects intrinsic to this specific training course, particularly the way the course represents the requirement of personal therapy, that influenced participants' experiences. Furthermore Kumari was herself a trainee on this particular training course, thereby potentially impacting the individuals who decided to volunteer, and influencing what was discussed during the interviews. Considering the close experiential similarities between her self and the experiences of her participants, it is disappointing that Kumari incorporates little reflexivity into her study. This leaves the reader unclear as to how far her own views or experiences could have impacted the analysis and interpretation of the data. A similar limitation is true of Rake and Paley (2009), who recruited participants from their own place of work. There was, however, little homogeneity in the sample: participants were 'therapists' from a range of training backgrounds, and their experiences of personal therapy ranged from six months to ten years. Although Rake and Paley (2009) reach conclusions regarding the impact of personal therapy on the trainee, their sample consists of experienced therapists only. The participants, therefore, retrospectively recount their training experiences, and may be biased towards remembering certain aspects and discounting others. It is crucial that further research with trainees is conducted in this area to understand better the impact of personal therapy on training experiences.

1.5 Implications for mandatory personal therapy in training

According to Kumari (2011), the question of whether therapists should have personal therapy as part of their training is at the centre of a wide debate. Looking at the research literature, there is a tendency for practitioners to view their personal therapy as positive and valuable on a personal and professional level (Macran & Shapiro, 1998). This includes positive attitudes towards the inclusion of personal therapy on training programmes. Williams et al. (1999), for instance, found 88% of their sample in favour of obligatory therapy for trainees. Henry et al. (1971) found that therapists ranked personal therapy within the top three significant aspects of training, and above other forms of experiential learning. Kumari (2011) showed that trainee Counselling Psychologists view their personal therapy as an essential and valuable part of their training.

The research literature has also highlighted potentially detrimental and negative effects of personal therapy. These findings challenge the assumption that personal therapy and clinical training can proceed safely simultaneously. Trainees with experience of personal therapy have been found to display less empathy with their clients (Strupp, 1958), develop weaker therapeutic alliances (Wheeler, 1991), and achieve poorer overall client outcome when

compared with their non-therapy counterparts (Garfield & Bergin, 1971). A qualitative study by Kumari (2011) revealed that trainees felt their clinical work could be negatively affected by their personal therapy. Williams et al. (1999) suggest that, for trainees, therapy sessions may induce a preoccupation with the self that precludes other learning from taking place. Therapists also perceive their personal therapy as a significant stressor, particularly during training. Macaskill and Macaskill (1992) found that the financial pressures and time constraints involved when undertaking personal therapy, constituted a significant stressor for the trainee, who has to cope with the concurrent pressures of an academic programme. McEwan and Duncan (1993) describe personal therapy as a 'substantial burden' during training.

The mix of evidence makes it difficult confidently to support the mandatory enforcement of personal therapy on training programmes. Indeed, some practitioners and researchers strongly protest against it. Atkinson (2006), for instance, argues that personal therapy is capable of doing harm to the recipient. He argues that any intervention that is potent enough in its effects to bring about positive change, can also cause the opposite. Murphy (2005) argues that mandatory personal therapy violates the maxim of matching needs to treatment, and removes the trainee's choice as to when and how they will receive therapy. Atkinson (2006) agrees, questioning the wisdom of therapy for those who are 'well'. Rizq and Target (2008) suggest that trainees who do not feel they need personal therapy may avoid investing their self emotionally in the relationship, and instead remain a detached 'observer'. Personal therapy may be seen as just 'another hoop to jump through' for the sake of completing the training. Williams et al. (1999) offer a similar perspective, arguing that trainees may feel compelled to remain within their personal therapy in order to complete the course requirement, even if their experience with their therapist is negative. Atkinson (2006) argues that alternative activities that contribute to the trainee's personal development, such as peer counselling, role plays, and supervision, should be included in addition to personal therapy in training.

The literature, therefore, shows there are mixed opinions as to the utility, and indeed ethical applicability, of personal therapy for the trainee. The critical dearth of research focusing on the experiences of the trainee therapist, makes it difficult to draw conclusions. This is particularly pertinent for Counselling Psychology, which currently lacks a clear evidence-based rationale underpinning the inclusion of personal therapy on its training programmes. It is crucial that continued research efforts be focussed on delineating the professional and personal effects of personal therapy, on the trainee, so that it can be legitimately supported (or not) as a requirement in training programmes.

1.6 The future of personal therapy in Counselling Psychology

In order to consider the future of personal therapy in Counselling Psychology, we must look at the changing contexts within our healthcare system, and the challenges that we face. In the NHS today there is a focus on the delivery of manualised and empirically supported psychotherapeutic models, specifically tailored to treat various mental health problems. The treatment model is often seen as the most important and effective contributor to psychotherapeutic outcome, and the role and significance of the treating therapist can be overlooked and marginalised. Sprenkle and Blow (2004) state that the current focus in mental health care services leads to a view of therapy treatment as somehow removed from the person delivering it. Effective practice is evaluated through the therapist's command of specific therapeutic models, rather than their capacity for facilitating relational encounters.

It is interesting to consider whether the nature and focus of the healthcare system could have potentially important consequences for the place of personal therapy in training programmes, and as part of a therapist's continuing professional development. With such weight given to the importance of model-based competency, factors that contribute to personal development within the therapist may be evaluated as less important. If our current healthcare system does not recognise or value the personal contribution of the treating therapist, then the argument for the inclusion of personal therapy in training may eventually be downplayed or even rejected. Additionally, the current emphasis on delineating measurable components of psychotherapeutic phenomena favours the use of quantitative research methods, and may limit further qualitative-based research investigating the role of personal therapy.

The current healthcare climate poses particular challenges to Counselling Psychology, which recognises the traditional medical model approach, but also keeps its roots strongly planted within the humanistic value base. The humanistic approach focuses on the importance of subjectivity and relational factors, and upholds the therapist's self as a central component of psychotherapeutic change processes. This view very much contrasts with current healthcare focus which tends to deconstruct and marginalise the treating therapist, and uphold the importance of manualised treatment models. Incorporating both approaches could give Counselling Psychology a particular advantage; supplying a platform from which to promulgate the humanistic viewpoint within the wider world of healthcare. As Cooper (2009) comments Counselling Psychology must work to 'actualise' its humanistic value base. This could be achieved through the continued support of personal therapy as an important training requirement that contributes to Counselling Psychologists' personal and professional development. Such a stance may also help to 'keep alive' the view of the therapist as a significant contributor to psychotherapeutic processes within the wider healthcare service.

Counselling Psychology is also in a prime position to sustain a focus on qualitative research concerning personal therapy, and work towards delineating a clear evidence-based rationale to support its inclusion in training programmes.

1.7 Conclusion

There is a large and varied body of research investigating the impact of personal therapy on the therapist, but it has failed to reliably demonstrate that personal therapy positively contributes to the therapist's professional or personal development and clinical practice. Research has, on the whole, revealed mixed and contradictory findings. Studies also suffer from numerous methodological failings, for instance, small sample sizes, crude assessments of client outcomes and a lack of controls over extraneous variables. Quantitative studies may not have the methodological sensitivity to delineate the complex interplay between different factors that may influence and contribute to the clinical efficacy of the treating therapist. Additionally, Norcross (2005) suggests that attempts to experimentally render the practitioner as a controlled variable are useless, as it is simply not possible to mask the personal and relational contribution of the therapist. Hence, the present corpus of quantitative research investigating the impact of personal therapy on the therapist, may be revealing only a simplified picture of what is, in reality, a highly complex and convoluted process.

Qualitative research studies, although fewer in number, have revealed more complex insights into the subjective experiences of therapists in relation to their personal therapy. An interesting finding relates to how personal therapy can be experienced as having both positive and negative influences, particularly by those who are undertaking a training course. As Kumari (2011) describes, personal therapy can be experienced as a detrimental influence on the trainee's ability to focus on their clients. Despite the potential difficulties associated with undertaking personal therapy alongside training, it cannot be ignored that the majority of therapists tend to report a positive experience of their personal therapy.

What is missing from the literature, at the present time, is the focus on the experience of trainees who undertake personal therapy. The current dearth of research specifically focusing on trainees means there can be no conclusive findings in this area, and researchers and practitioners remain divided. Before further research is completed it will not be possible to confidently ascertain that the professional and personal benefits of personal therapy legitimately support its mandatory use in training programmes.

A final consideration is the contextual factors surrounding the inclusion of personal therapy in our training programmes. The current healthcare focus on the efficacy of treatment models, as opposed to the therapeutic relationship, could challenge the perceived importance of personal therapy as a necessary training requirement. It is argued that Counselling Psychology must remain aware of the changing focus in our health care system and work to both preserve and promulgate the humanistic values so central to the profession's identity. This involves continued support of personal therapy as an important component of practitioner training, and a renewed focus on qualitative research investigating personal therapy for trainee and professional alike.

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