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The paradox of the ‘wounded healer’

Portfolio for Professional Doctorate in Counselling Psychology (DPsych)

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Submitted September 2012

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Acknowledgements

I would like to thank my supervisor, Dr Susan Strauss, for her ongoing encouragement and professionalism, and for being such an inspiration.

Thank you to the participants who courageously shared their stories.

I would like to thank my 'mothers'; Sheila, for all the practical support and proofreading and Adri, for all the practical support and a never ending belief in me.

And to Huw, Simon and Thomas, for keeping me grounded and reminding me of what really matters in life.

City University Declaration

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Preface

This doctoral portfolio consists of three different pieces of work related to the paradox of the 'wounded healer'[1]. It aims to reflect my journey as a practitioner-researcher. The different pieces show different aspects of this journey. The portfolio contains an original piece of research, an advanced client study and process report and thirdly a journal article.

Jung (1951) introduced the archetype of the wounded healer to promote using personal experiences of healing to enhance empathy in the healing relationship. For therapists, this paradox describes the discrepancy of an acknowledgement of woundedness, while containing the client's hopes and expectations of being healed, by projecting a sense of wholeness (Gerson, 1996; Groesbeck, 1975; Miller & Baldwin, 2013). Street (2005) refers to this when he describes the therapists' life as the journey of a white knight, using his super powers on his way to the Holy Grail.

Some suggest that the therapist's wounds are a source of creativity (Adler, 1985) or sense of humanity (Martin, 2011), while others note the potential of pathology (e.g. Barnett, 2007) or power abuse (Guggenbuhl-Craig, 1971). Whichever way, the therapeutic work is always influenced by the therapists' wounds and life changes (Gerson, 1996) and adds to the therapists' personal 'mythology' (Guggenbuhl-Craig, 1995, p. 75).

Part A: The Research

This piece describes an original qualitative research project that explored the impact of personal life on therapeutic practice. Nine participants were recruited. They experienced their life events as a transitional time, which catalysed professional learning. Personal life events challenged the mythical beliefs about being a therapist and led to a reformulation of the self, in which acceptance of fallibility, an increased

[1] The wounded healer is an archetype which is commonly used in the caring professions (Miller & Baldwin, 2013). In this portfolio, the concept 'wounded healer' is used to refer to the therapist and his/her woundedness.

sense of humility and awareness of vulnerability are central. The fruits of their wounds are cherished, although the pain does not subside. Implications for practice are discussed.

Part B: Professional Practice

The advanced client study and process report describes clinical work undertaken in the final year of my training. It outlines the work with my client on her agoraphobia and ~~pigeon~~ specific phobia, using cognitive behavioural therapy.

Being a 'wounded healer' myself, features of my own wounds inevitable play a part in the relationship between Anna and me. Power dynamics as well as my experiences of vulnerability are discussed.

The advanced client study is not part of the published portfolio to protect the clients' anonymity.

Part C: The Journal Article

The journal article is the third piece of the portfolio. It describes some of the outcomes of the research project and aims to invite the reader to reframe the paradox of the 'wounded healer' and the myth of the omnipotent therapist (e.g. Gerson, 1996; Jordan, 2008). It is proposed that shame resilience, gathered through personal life, can close the gap between the perceived and the real self, by allowing vulnerability in connection. Acceptance of fallibility and incompleteness may aid this process.

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Part A – THE RESEARCH

Therapists' life experiences and their impact upon practice- an IPA study

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Abstract

The therapist has been recognised as an important variable in the therapeutic encounter. Although research indicates that the personal life of the therapist is a significant facet of professional development, the literature in this area is scarce.

This study aimed to explore the impact of personal life experiences on therapeutic practice. A qualitative methodology was used and data collection took place using semi-structured interviews. Nine mature therapists were interviewed. The data was analysed using Interpretative Phenomenological Analysis (IPA).

Four superordinate themes emerged from the data: 'In transition', 'Transformations in relational self', 'Transformations through integration' and 'Continuity'. Life experiences brought the participants in a time of transition, which was accompanied by the experience of loss. The management of the boundaries between the personal and professional self was challenging. The participants were confronted with their limitations during their transitional time, which led to a new appreciation of vulnerability and a greater acceptance of fallibility. Relational paradigm changes were experienced as well as a changed relationship with psychological theory, leading to a more integrated sense of self. The life experiences were reported to have made a major and enduring impact on personal and professional development and therapeutic practice.

The study suggests that personal life experiences may serve as an opportunity of growth for the therapist and a renegotiation of the therapist being a 'wounded healer'. Mythical expectations that the therapist might hold about himself have been reframed into a more realistic, integrated sense of self, increasing connection with the client. Implications for practice are discussed.

CHAPTER 1: Introduction

Introduction

In this chapter, the reader will be presented with relevant literature and research around the research question: *how do personal experiences impact on therapeutic practice?*

In the first section, 'the therapist in the therapeutic encounter', both theoretical and empirical literature about the importance of the therapist in therapy will be discussed. In addition, the use of self, reflective practice and the personal development of the therapist will be examined. In the second section 'the personal life of the therapist', the early development of the therapist and the concept of the wounded healer will be central, as well as the life cycle of the mature therapist. Literature about the professional development of the therapist and personal and professional integration are reviewed in the third section. The last section's aim is to look at the few studies done in this area and to draw all sections together, presenting the reader with a justification for this research.

1. The therapist in the therapeutic encounter

The importance of the person of the therapist has been widely recognised by many writers (e.g. Cooper, 2009; Elkin, Mahoney & Martinovich, 2006; Fromm-Reichmann, 1960; Gilbert & Leahy, 2007). Some authors even argue that this is the '*primary tool*' of the therapist (Sussman, 1992, p. 5). The significance of the therapist and how the therapist's role in the therapeutic encounter is conceptualized varies widely within different strands of psychological thinking.

The therapeutic relationship

Freud described the therapeutic relationship as the most important focus within psychodynamic therapy, as the '*patterns of our relationships, which are formed through our early relationships, are being transferred to our current relationships'* (Fromm-Reichman, 1960, p. 4*).* These transference experiences from the client and the therapist's countertranference responses are the heart of the therapy and, therefore, the therapeutic relationship between client and therapist is one of the main

tools in gathering a deeper understanding of the client, his history and problems (Clarkson, 1999; Rowan & Jacobs, 2002).

In person centred therapy the therapeutic relationship is said to be primarily responsible for therapeutic change (Rogers, 1957). Rogers rejected the notion of specific techniques but instead argued that if the therapist is able to create a safe and warm relationship with the client, in which the therapist is congruent and integrated, showing unconditional positive regard and empathic understanding, this will *'initiate constructive personality change*' (Rogers, 1957, p. 828). In other words, the therapeutic relationship between client and therapist *is* the therapy (Mearns & Cooper, 2005; Rogers, 1957).

For Cognitive Behavioural therapists, the therapeutic relationship serves as an essential instrument in order to be able to apply the techniques which are thought to create change in the client (Beck, Rush, Shaw & Emery, 1979). Beck et al. (1979) argue that the therapeutic relationship is a collaborative, goal-focused contract in which therapist and client work together. Thus, the therapeutic relationship is a facilitating tool necessary to create change. There is, however, great variance between Cognitive Behavioural Therapy (CBT) practitioners and researchers about the role of the therapeutic relationship. Roth and Fonagy (2005) have noted that the recent growth of computerised, protocol-led treatment, particularly for anxiety and depression, would seem to suggest that the therapist can be ignored, while others argue that the therapeutic relationship within CBT deserves a much larger place (Keijsers, Schaap & Hoogduin, 2006; Gilbert & Leahy, 2007).

Clarkson (2003) developed an integrative framework of five different facets of the therapeutic relationship. She argues that the therapist and client, irrespective of treatment modality, might move between these different relationship modes during the course of therapy (Clarkson, 2003). Firstly, she identified *the working alliance*, which she describes as crucial in order to work together. The working alliance allows therapist and client to agree on goals and tasks within the therapeutic setting. The *transferential/countertransferential relationship* is most written about in the field of psychoanalytic therapy and is described by Clarkson as '*the experience of distortion'*

(Freud's word) of the working alliance by wishes and fears and experiences from the past transferred onto or into the therapeutic partnership' (Clarkson, 2003, p. 11). Thirdly, Clarkson identifies the *reparative/developmentally needed relationship* as a relationship mode which is being activated when the client has experienced an absent or traumatising parenting experience in childhood. The therapist can then help create a corrective emotional experience for the client. In addition, Clarkson suggests that *the person to person relationship* is potentially the '*real*' (Clarkson, 2003, p. 15) relationship in which the shared existential experience of the therapist and client in the moment are central. Mutual emotional involvement and, as Rogers (1957) described, congruence and genuineness are the cornerstones of this relationship. Lastly, the *transpersonal relationship* is a relationship between client and therapist which is '*spiritual, mysterious or currently inexplicable*' (Clarkson, 2003, p. 20). It describes the shared experience of a felt bond which is beyond ego and time and possibly too fragile to be contained in words.

Cooper (2009) argues that, within Counselling Psychology, the therapeutic relationship is the essence of therapy, irrespective of treatment modality. Counselling Psychology has '*a humanistic ethic at the core*' of its practice (Cooper, 2009, 119). The Counselling Psychologist holds an egalitarian view of the relationship and conveys an acceptance of the clients' subjective experience and individuality. Therapy focuses on empowerment and growth, rather than the elimination of illness (Cooper, 2009; Safran & Muran, 2000).

Researching the therapeutic relationship

There is an ongoing debate about the importance of the therapeutic relationship to the effectiveness of therapy (Roth & Fonagy, 2005; Cooper, 2008). The focus of the debate is the question whether it is the use of specific techniques or a specific modality which makes therapy effective, or whether it is the quality of the therapeutic relationship between therapist and client (Baldwin, Wampold & Imel, 2007; Norcross & Wampold, 2011). This has proven very difficult to measure, partly due to methodological issues with which research on the relationship is faced. Firstly, Roth and Fonagy (2005) warn us for allegiance effects, as it has been suggested that the researchers' own orientation might influence the research outcome (Munder, Gerger,

Trelle & Barth, 2011). In addition, Elkin et al. (2006) criticise studies with small sample size and subjective data collection; in some studies it is the therapist who rated the outcome of the therapy for the client. Zuroff and Blatt (2006) suggest that the client will appreciate the relationship with his therapist more if the therapy proves to be effective. Therefore, a correlation between a strong therapeutic alliance and outcome is not necessarily *causal*. Although some studies managed to statistically control for this (e.g. Klein, Schwartz, Santiago, Vivian & Vocisano, 2003), as Hoogduin and Keijsers (2006) argue, the absence of a good alliance will possibly predict dropout, rather than a poor therapeutic outcome. Hoogduin and Keijsers (2006) therefore argue that the quality of the alliance might be a better predictor of dropout, than of treatment success. This leads us to the conclusion that, at the very least, a good (early) alliance is necessary to allow for therapy to happen and take its course, something on which most therapists and authors agree (Ackerman & Hilsenroth, 2003; Cooper, 2008; Gilbert & Leahy, 2007; Hardy, Cahill & Barkham, 2007). Therefore, although there might be disagreement about the effectiveness of the therapeutic relationship in itself, most authors agree that the relationship should be a containing and safe relationship.

With these methodological reservations in mind, let's turn to some reported outcomes of meta-analyses performed. Wampold (2001) reviewed the research to date and found that the approach used by the therapist is only responsible for a small proportion of success in therapy and argues that therefore a shared element of therapies, the therapeutic relationship, is most important. This hypothesis is known as the common factors debate (Imez & Wampold, 2008). Wampold (2001) concludes that '*the essence of therapy is embodied in the therapist (…). Clearly, the person of the therapist is a critical factor in the success of therapy.*' (p. 202). He further suggests that the therapeutic relationship is more important than other variables, such as specific techniques or approach taken (Wampold, 2001). These findings are confirmed in more recent publications (e.g. Fluckinger, Del Re, Wampold, Symonds, 2012; Norcross & Wampold, 2011). Wampold (2001) clearly states his dedication to providing evidence for a contextual model of psychotherapy in which the relationship between client and therapist is central, personal and unique. This passion derives

from Wampold's own personal therapy experiences following early adversity (Wampold, 2001). Wampold reflects on the possible effects of his personal preferences on research outcomes and compensates for this by using thorough and robust research methods (Fluckinger et al, 2012; Norcross & Wampold, 2011; Wampold, 2001).

Klein et al. (2003) also suggest there is a strong correlation between therapeutic alliance and therapy outcome. Their study consists of a randomized control trial amongst 455 patients receiving CBT and/or medication for depression. Klein et al. (2003) statistically control the effect of early improvements, as this might confuse the impact of the relationship with early success and the impact of the relationship on treatment outcome. The authors report the impact of a positive alliance as a clear predictor of treatment outcome. A limitation of the study is the protocolled nature of the psychotherapy that was given which possibly excluded participants, particularly those with poorer alliances as these clients might have dropped out of treatment (Klein et al., 2003). Therefore, the generalisability of these findings is limited (Klein et al., 2003).

Keijsers, Schaap and Hoogduin (2006) conducted a meta-analysis concerning relationship variables in CBT. They conclude that clients find the relationship the most important factor and value this more than techniques being taught in CBT. In addition, they conclude that a good alliance predicts better outcome (Keijsers et al., 2006).

Zuroff and Blatt (2006) studied the impact of the therapeutic relationship on outcome amongst different treatment modalities. The study finds strong evidence for the hypothesis that it is not so much the techniques or approach used which are instrumental in client change but the quality of the therapeutic relationship. Moreover, the results indicate that the quality of the therapeutic relationship is '*a real and substantial factor that plays a significant role in determining therapeutic outcome*' (Zuroff & Blatt, 2006, p. 137). The authors draw their data from a larger, but dated research project. The data was gathered in the '80's as part of a larger research project. The authors fail to address the limitations of this, nor do they

speculate how treatment might have changed now. In addition, the data was gathered through a randomized control trial, which reduces generalisability of the data.

Although Cooper (2008) acknowledges the obvious importance of the alliance in treatment outcome and confirms the finding that the quality of the alliance is a better predictor of outcome than the theoretical approach of the therapist, he warns the reader regarding methodological issues and concludes that the evidence is still circumstantial. Cooper (2008) echoes the argument of Elkin et al. (2006) that due to methodological issues the research to date can only be called '*exploratory*' (Cooper, 2008, p. 151). In addition, Cooper (2008) suggests that there is great difference between therapists both across and within modalities which clouds clear interpretations of research.

Wosket (1999) suggests that 'good' therapists across modalities share the ability of building a good relationship. She therefore argues that we should not focus on comparing modalities and treatment outcome, but on therapists' qualities in building an alliance with the client. Baldwin, Wampold and Imel (2007) confirm this hypothesis in their study and suggest there is a link between outcome and therapists' ability to build an alliance. In their quantitative study the authors aimed to explore the relative importance of therapist and client variability in relation to outcome. Despite these differences, most researchers agree that clients mostly value the ability of their therapist to be genuine and to show empathy and positive regard (Ackerman & Hilsenroth, 2003; Cooper, 2008; Keijsers et al., 2006).

Use of self

Wampold (2001) argues that, with the relationship being a key element of therapy, the therapist is inevitably emotionally and personally involved in the relationship with his client. He even provocatively suggests: '*How can there be anything professional about listening?*' (Wampold, 2001, p. 221). Many therapists echo that the personal and emotional facets of the self of the therapist are inevitably involved in the therapeutic encounter (Ackerman & Hilsenroth, 2003; Wosket, 1999; Yalom, 2002). The therapeutic use of these personal aspects in the work with clients is sometimes referred to as the therapist's use of self (Reupert, 2006; Wosket, 1999).

Yalom (2002) aims to encourage fellow therapists to invest in emotionally caring for the client and show and teach them about empathy. In this way, Yalom (2002) argues, the therapeutic relationship can become the most important ingredient of therapy, as it is this relationship which offers an opportunity for the patient to learn, care and relate to himself in a new way.

Wosket (1999) touches on similar ideas. She describes her confusion when she noticed abandoning working within a specific theoretical orientation while at the same time experiencing a qualitative improvement of her work with clients. This change came, as she describes, with the letting go of specific techniques and interventions. Instead, as she describes, she started listening to her own internalised source of wisdom and knowledge. She describes the use of self as '*the operationalisation of personal characteristics so that they impact on the client in such a way as to become potentially significant determinants of the therapeutic process'* (Wosket, 1999, p 12). She emphasises the importance of immediacy in the therapeutic encounter in reflecting back the therapist's feelings in session with the client, to benefit the client's insight and awareness.

Much has been written about the use of self in therapy, but there does not seem to be consensus of what actually defines the use of self (Dewane, 2006). Dewane (2006) incorporates the use of self in terms of personality, belief systems, relational dynamics and self-disclosure. Rogers described the use of self as follows: *'In using myself, I include my intuition and the essence of myself, whatever that is'* (Rogers as cited in Baldwin, 2000, p.30). Mearns and Thorne (2007) describe the therapist's ability to use empathy, genuineness and self acceptance as the therapist's main characteristics to provide a healthy therapeutic relationship. Satir (2000) compares the therapist to an instrument; '*how it is made, how it is cared for, its fine tuning, and the ability, experience, sensitivity and creativity of the player will determine how the music will sound*' (p. 25).

Little research has been done to develop a more integral understanding of the use of self or to further explore what facets of the use of self might make therapy more effective (Lum, 2002; Reupert, 2006). Reupert (2007) interviewed ten social workers

about their understanding and use of self in their work. She notes that all her co-researchers use an individualistic, rather than relational and contextual theory of the self, something she notes as being undesirable, given the relational nature of the use of self in the helping professions. In addition, the author suggests that both personal and professional facets of the self are at play in the therapeutic relationships with clients. Personal aspects of the self as relationship building, humour and verbal self disclosure were being used to aid relationship building. Reupert (2007) notes that '*rather than specific techniques, the self was involved as a presence that permeated every aspect of their social practice*' (Reupert, 2007, p. 115). This indeed seems to further suggest the individualistic understanding of use of self. Reupert (2007) acknowledges limitations with regards to the generalisability of her findings due to the small sample size. However, she refrains from informing the reader about her analytical strategy, nor does she provide any details with regards to her own views about the topic and to what extent this may have influenced her analytical process and findings.

Even within the field of Counselling Psychology, in which the subjective and intersubjective experiences are central (Cooper, 2009), research into the use of self has been scarce. However, there has been a recent publication focussing on the experience of congruence amongst therapists. Omylinska-Thurston and James (2011) interviewed seven person-centred therapists with regards to their experiences of their use of self and identified four stages involved in congruence; receiving, processing, expressing and confirming. The authors argue that using and disclosing the therapists' own personal experiences of discomfort in session increases intimacy and possibly a sense of safety for the client (Omylinska-Thurston & James, 2011). Thus, there seems to be the suggestion that use of self may aid specifically crucial aspects of the therapeutic relationship which have been identified as impacting on outcome (Ackerman & Hilsenroth, 2003; Cooper, 2008). Clearly, the research presents therapists' own perception of the therapeutic relationship and therefore it remains unclear to what extent this is experienced in the same way by the client. In addition, it must be noted that the participants were recruited through the researchers' personal

and professional network, which might increase responses that fit within the researcher's agenda, which, surprisingly, is not disclosed.

Reflexivity

In considering the therapist in the therapeutic encounter, most therapists emphasise the importance of reflexivity in the therapeutic work (Fromm-Reichmann, 1960; Satir, 2000; Wosket, 1999).

Fromm-Reichmann (1960) suggests that it was Freud who was the first to make us aware of the importance of the ability of the therapist to perceive personal relationship patterns, in order to be able to work with the transference and counter transference experiences within therapy. It has been suggested that the term 'reflective practice' was first coined by Schön (1983), in his work '*The reflective practitioner'* (Dallos & Stedmon, 2009). Schön's work was significant as it explicitly described the reflective processes that practitioners engage in. Schön (1983) argued that, in their decision making, practitioners inform themselves by their own practice experience, rather than by external professional guidelines. He suggests this leads to a more valuable way of therapy because every client is recognised as being unique, and requires a unique conceptualisation (Schön, 1983). He identified two crucial processes in reflective practice: *reflection in action*, also described as *personal reflection* (Dallos & Stedmon, 2009), which is awareness of the practitioner's physical and emotional responses in the moment. The second process, *reflection on action* (Schön, 1983), or *personal reflexivity* (Dallos & Stedmon, 2009), is a retrospective process, in which the practitioner reviews his emotions and behaviour. These processes require practitioners to use both their intuition and professional knowledge. Reflective practice is therefore the awareness of the therapist's own experience and knowledge, and the dynamic of the interaction between the two (Schön, 1983). Casement (1985) perhaps describes reflective practice with the concept of '*the supervisor within'*, a combination of personal and professional insight which should be considered when the therapist is encountering an unexpected feeling, to increase awareness of the transferential relationship. He proposes a specific type of reflexivity, '*mirroring*' (Casement, 2002b, p. 41), to reflect on client's mistakes as mirroring a mistake made by the therapist, to counteract the therapist's tendency to

move problems away from the self. Reflexivity and the use of self in therapy seem therefore closely linked. Clarkson (2003) talks about the use of proactive transference, by which the therapist's emotional response to the client is used therapeutically and fed back to the client.

Reflective practice serves many purposes. Satir (2000) argues that reflective practice is essential to prevent the unconscious harming of the client, by replaying the therapist's unhealthy relationship patterns of the past. Therefore, the therapist's awareness of unfulfilled needs and relationship patterns is paramount (Satir, 2000). Wosket (1999) adds that reflexivity is particularly important for therapists, as practitioners within this profession might be more tempted to hide behind their own vulnerabilities because of false ideas that might exist about being a helper. Therefore, she suggests, staying in touch with personal and professional failings, and ongoing reflection upon the therapist's own limitations allows a more realistic and helpful relationship. For Cushway (2009) reflective practice is the '*bedrock*' (Cushway, 2009, p. 89) of ongoing learning and it is a way of '*surveillance (...) and (a) required confessional*' in therapeutic practice (Dallos & Stedmon, 2009, p.4).

The importance of reflective practice has now been widely recognised amongst practitioners as a means to develop self awareness as well as to improve practice and different models of reflexive practice have been developed (e.g. Bennett-Levy & Thwaites, 2007; Sheikh, Milne & McGregor, 2007). Little research has been done but some exploratory work seems to suggest that self reflection of the therapist aids empathy and competence as perceived by the therapist (Bennett-Levy, Lee, Travers, Polman & Hamernik, 2003; Bennett-Levy, Thwaites, Chaddock & Davis, 2009).

Within Counselling Psychology, reflective practice has become an integral part of therapeutic practice. Its emphasis is, as Cooper (2009) describes, on the practitioners' ability to '*attune to clients needs and wants'* (Cooper, 2009, p. 121) and the use of the self-with-others.

The use of self, personal reflexivity and the personal development of the therapist are intrinsically linked and are key ingredients of the therapist (McLeod, 2004).

Personal development

Mearns and Cooper (2005) advocate the importance of the therapist's awareness and development of '*personal depths*' (Mearns & Cooper, 2005, p. 137). An awareness of personal experiences that provide strengths and weaknesses allows the ability to access emotional states and self acceptance, necessary to resonate with the client (Mearns & Cooper, 2005). Mearns and Cooper (2005) warn that this self acceptance is not the '*hiding behind an act of being the great counsellor*' (p. 146) but indeed the '*fundamental challenge of being prepared to see who we are beneath our protective portrayals while we actually harbour the fear that we are 'incompetent', 'unacceptable' or even 'evil*' (Mearns & Cooper, 2005, p. 146) through accepting the anxiety of looking at ourselves as we really are. Fromm-Reichmann (1960) argues that, in order for the therapist not to interfere with the clients' process, '*he must have enough sources of satisfaction and security in his nonprofessional life to forego the temptation of using his patients for the pursuit of his personal satisfaction or security*' (Fromm-Reichmann, 1960, p. 7).

In order to achieve this, Fromm-Reichmann (1960) suggests that it is paramount that the therapist develops self-respect and an awareness of weaknesses and limitations. Without, the therapist might become an '*irrational authority*' (Fromm-Reichmann, 1960, p. 17) and imagine to be more powerful than the client as the client turns to the therapist for help.

Personal therapy has now become a requirement in some training programmes and some argue that it should be a universal requirement for therapist training (Wheeler, 1991), although it remains unclear to what extent it indeed increases efficacy of the therapist (Grimmer & Tribe, 2001; Orlinsky & Ronnestad, 2009).

In a massive study undertaken by Orlinsky & Ronnestad (2009), in which nearly 5000 therapists worldwide participated, personal therapy was rated as the third most positive influence on professional development, after experience with patients and supervision. The fourth most influential source was experiences in personal life (Orlinsky & Ronnestad, 2009). The authors suggest that therefore personal experiences are more informative to professional development than purely intellectual

professional knowledge acquired in the form of books or seminars. The most cited reason for seeking personal therapy was personal and professional growth. Unfortunately, this large quantitative study does not provide any more details on the experienced value of personal therapy to therapists, nor does it indicate that it makes the therapist more effective for the client (Orlinsky & Ronnestad, 2009). It does help, however, in the therapist's own perception of growth and maturation as a therapist (Orlinsky & Ronnestad, 2009).

The idea that personal therapy may aid professional development is being shared amongst more authors (Grimmer & Tribe, 2001; Norcross, Bike, Evans & Schatz, 2008). Grimmer and Tribe (2001) suggest in a qualitative research study amongst (trainee) Counselling Psychologists that personal therapy indeed leads to perceived professional growth in terms of: reflection on being in the role of the client, socialisation to therapy in terms of role modelling and gaining the experience that therapy indeed can be helpful, emotional support and an increased awareness of personal issues impacting on professional practice, increasing reflexivity. The authors emphasise that there is a clear difference between perceived professional growth and actual increase in efficacy, a question which is posed by many methodological problems (Orlinsky & Ronnestad, 2009).

Interestingly, the authors argue that a more reflexive therapist could potentially be a less effective therapist in that excessive reflexivity might take away a more objective stand on the client's need (Grimmer & Tribe, 2001). However, as discussed, reflexivity does include reflection on external sources of information, such as theory and guidelines, and different models of reflexivity have been developed to ensure this (Dallos & Stadmon, 2009). Although results of this research cannot be generalised, it does give an indication of the potential of personal therapy for personal and professional development.

Norcross and Guy (2007) found that more than half of qualified professionals continue personal therapy throughout their careers, for reasons of self-development, management of personal problems and self-care (Norcross & Guy, 2007).

Conclusion

Recent research has shown that, across different therapeutic modalities, the therapeutic relationship is a central aspect of therapy. More specifically, the therapist's ability to build a safe environment is essential and the therapist's congruence and empathy are cornerstones of this relationship. In order to establish this, reflective practice and personal development of the therapist are essential.

2. The personal life of the therapist

This section explores literature around the personal life of the therapist. Firstly, the concept of the wounded healer will be discussed, followed by reflections on the therapist's life cycle.

The wounded healer

A large body of research focuses on the early years of the therapist's personal life (e.g. Bager-Charleson, 2010; Barnett, 2007; Cohen, 2009). It has been suggested that early family life might serve as a catalyst for choosing a career as a therapist, also known as the hypothesis of the wounded healer (Farber, Manevich, Metzger & Saypol, 2005; Martin, 2011).

The concept of the wounded healer was introduced by Jung (1963), who was probably inspired by the Greek myth of Chiron who was wounded, but became a healer himself (Cohen, 2009; Napoli, 2011). Jung's words '*only the wounded healer can truly heal*' (Jung, 1963, p. 125) describes both the ability to empathise and relate to his patients' pain, as well as the necessity of healing the self, as, in his opinion, the healer can only heal others to the extent that he can heal himself (Dunne, 2000).

Sedgwick (1994) suggests that it was Jung who first noted the importance of the therapist undergoing his own analysis, with the idea that the therapist could only take the client as far as the therapist had been. Moreover, he suggested that the absence of work on the self of the therapist could pollute the therapy, by which the therapists' blind spots could be transferred to the client (Sedgwick, 1994). Jung (1963) suggested that the process of self reflection for the therapist may be started by undergoing analysis, he saw this process as ongoing and incomplete by nature, suggesting the importance of lifelong learning for the therapist.

The notion of the wounded healer has remained a debated issue; Some authors suggest that the therapist's wounds only have negative repercussions (e.g. Ronnestad & Skovholt, 2001) whereas other suggest therapists' wounds are a potential source of empathy in the therapeutic encounter (e.g. Adler, 1985; Martin, 2011). Others suggest that the therapists' woundedness should be seen as being on a continuum, as it could be argued that a sense of woundedness is apparent in all therapists (Zerubavel & O'Dougherty Wright, 2012). Zerubavel & O'Dougherty Wright (2012) suggest that it is particularly the secrecy around the therapists wounds that may be impacting negatively, as it may enhance secrecy which may keep therapists' from looking for appropriate support.

The contradiction within the notion of the wounded healer describes the myth of the therapist as the '*white knight'* (Street, 2005, p. 131), as his own woundedness may impact on his ability to heal himself or another (Hirsch, 2009). More recently, Martin (2011) has argued that indeed therapists should '*embrace*' (Martin, 2011, p. 11) their woundedness as it offers an opportunity for growth. However, according to Gerson (1996) and Page (1999) the false idea of the therapist being superhuman, excluded from misery and adversity that may be upheld keeps therapists from acknowledging the therapist's humanness, in experiencing similar life tasks and challenges as their clients (Cushway, 1996). Page (1999) challenges the therapist to critically examine his '*overinflated self image*' (Page, 1999, p. 25) as the idea of being an expert may be harmful for the client. Clearly, it is not the wounds which generates the potential to healing, but the therapists' process of recovery that can inform the therapeutic process (Zerubavel & O'Dougherty Wright, 2012). If the process of recovery doesn't take place, negative repercussions on the clinical work may occur (Ronnestad & Skovholt, 2003).

Sussman (1995) describes this paradox when he talks about his own wish to become a therapist:

> *'I did not simply wish to practice psychotherapy, I wanted to be a therapist. I remember (...) sitting in the waiting room of a suite of offices, watching as a succession of therapists greeted their patients. Like myself, the other patients*

> *appeared to me to be anxious, depleted, needy, and in pain. In contrast, the clinicians struck me as calm, composed, full and self-contained. (...) I knew then that I wanted to be the therapist, by God! In my mind, that meant being whole, integrated, at peace, free of dependency needs, and always radiating goodness and well-being.'* (Sussman, 1995, p. 15).

Ellis (2005) answers the question why he became a therapist as follows;

> *'In a word, because I primarily wanted to help myself become a much less anxious and much happier individual. Oh, yes, I wanted to help other people too, and I wanted to help the world be a better place, with healthier and happier people who fought like hell to create better conditions. But I really and primarily wanted to help me, me, me!'* (Ellis, 2005, p. 945)

More therapists have taken up the courage to explore their motives (e.g. Brown, 2005; Casement, 2002a; Mahrer, 2005).

Studying the 'real' motives for therapists to choose this career is a complicated undertaking, not in the least due to the therapist's own fears of exposing potential darker sides of the past (Bager-Charleson, 2010). Research on this topic shows a variety of hypotheses and suggestions.

For example, Elliot and Guy (1993) suggest that particularly female therapists seemed to have suffered psychological distress in childhood. Miller (1987) speculates that the therapist's family of origin usually consists of a narcissistic mother, which forces the child to develop a strong ability to sense emotional signals, to stay emotionally connected with the family. Norcross and Guy (1989) find, perhaps surprisingly, an absence of early family distress. Fussel and Bonney (1990) hypothesise that parental absence might have ingrained a sense of responsibility in the young therapist, who learns to look after others and subdue internal feelings from a young age.

Bager-Charleson (2010) conducted a user-friendly survey amongst 230 therapists in which participants could choose out of six reasons for pursuing a career as a therapist.

Participants were not required to expand on their answers as the author thought this might be experienced as intrusive. About half of the respondents indicated that their own childhood had been a major factor in their career choice. Both positive factors of childhood were mentioned, particularly that of positive role models who worked in the mental health arena, and negative factors which included emotionally unavailable parents, abuse and addiction or being adopted. In addition, 22 percent of respondents chose the profession following a crisis in later life. Although crisis has a negative connotation, the participants of this study experienced a new perspective of themselves and/or life that gave new meaning to themselves and directed them into pursuing a career as a therapist. This finding is interesting as it suggests that possibly positive (childhood) experiences may also impact on the choice of becoming a therapist, which seems to show a new perspective on this issue. Clearly, we have no information about those participants who chose not to further expand on their answers. Therefore the survey is unable to provide us with a more in depth explanation of these findings (Bager-Charleson, 2010).

An in-depth qualitative inquiry amongst 11 senior therapists was carried out by Barnett (2007).

Barnett (2007) describes a pattern of early loss or abandonment, as experienced by the participants, leading to an emotionally challenged or deprived childhood. This loss could be death or the absence of a parent, usually the father. Barnett (2007) speculates that the management of these early separations 'equip' the child to value the importance of close relationships through the experience of loneliness and the need to confide in someone. The hypothesis is then that the work of the therapist is a safe way of relating as it provides the therapist with a sense of intimacy in a boundaried and unthreatening way, a hypothesis that is being shared by others (e.g. Guy, 1987; Miller, 1987; Sussman, 1992). Barnett identifies in addition in her participants a tendency of the early development of both narcissistic needs and depression, due to the early family situation. The *'cravings for love and attention*' (Barnett, 2007, p. 267) have developed in the mature therapist who needs to be admired by his clients, while the therapist at the same time struggles with feelings of

inferiority, sometimes leading to depression. It is possible that previous research, in which there was a less clear connection with childhood adversity included more junior therapists, as Barnett (2007) indicates that the true motives of the therapists are better understood '*with hindsight and professional maturity*' (Barnett, 2007, p. 269). Alternatively, it could be possible that the developed insights into the participants' childhood experiences come from socialization into the profession, as all participants as well as the researcher in this study are psychoanalytically trained.

Barnett (2007) advocates that therapists should ask themselves the same question that they usually ask their client: '*what brings you here?'* (Barnett, 2007, p. 271) so that the '*real*' (Barnett, 2007, p. 271) reasons for the therapist's unconscious motivations will not further obstruct the therapeutic work. Guy (1987) proposes that, although the reasons for therapists to choose this profession might sometimes be negative, this does not mean that this will lead to the development of dysfunctional therapists. However, as he suggests, it is essential that therapists work through these issues in their own therapy which might make them even more sensitive, empathic and capable therapists (Guy, 1987).

The life cycle of the mature therapist

Guy (1987) writes;

> *'The world of the psychotherapist is a strange mixture of fantasy and reality, a universe of dreams, hidden meanings, underlying motivations, and a spectrum of emotions.'* (Guy, 1987, p. 194).

Little has been written about the personal life development of the mature therapist (Cushway, 2009), although there is no reason to assume that therapists would be exempt from normal life challenges (Cushway, 1996; Goldfried, 2001). In fact, Guy et al. (1987) found in their study that 75 percent of therapists had experienced a significant life event in the last three years. Considering the importance of the therapist in the therapeutic encounter, the absence of substantial research in this area is at least surprising and leaves us to guess about the therapist's management of work and life (Gerson, 1996; Hayes, Yeh & Eisenberg, 2007).

Levinson (1978) describes the individual in early adulthood as being active and extravert, aiming to realise life goals, such as marriage and professional security to develop a structure to one's life. Levinson argues that the management of this can be stressful. Erikson (1968) describes the main conflict of this time as intimacy versus isolation; the development of friendships and love are paramount in this phase. Common life events in this phase include marriage, pregnancy and parenthood (Levinson, 1978), all events which, according to Guy (1987) might pose a challenge to the novice practitioner. More specifically, he argues that these events might make the professional feel less engaged and emotionally withdrawn from clinical work, as life's priorities require an emotional engagement. This concern is being echoed by Stockman & Green-Emrich (1994), whose argument is built on clinical impressions and anecdotal evidence. Stockman & Green-Emrich (1994) suggest that during pregnancy, therapists might refrain from deep explorational work with clients, as they simply might not have the energy to pursue this. Guy (1987) hypothesizes that pregnancy and parenthood might evoke unresolved conflicts from the practitioner's personal childhood but at the same time allows the opportunity for the therapist to become more caring towards clients, as personal experiences might enable the therapist to resonate with the client's vulnerabilities. Koepping (1997) reflects on the challenges she experienced when she was trying to conceive; the insecurity of being able to become a mother, while working with pregnant women professionally, forced her to step beyond her personal feelings of resentment and jealousy in order to be able to be truly empathic, understanding and supportive of her clients. Gerson (1996), who reflects on her personal experiences of pregnancy loss, feels her situation, although very difficult, allowed for a new, deeper way of relating to her clients. Geller (1996) explores his experiences of fathering a deaf child, which challenged him to develop a new form of self acceptance and new ways of communicating, both with his child as well as with his clients. Basescu (1996), writing about her experiences of being a therapist and a parent, reflects on the challenges of mixing roles and boundaries between roles becoming permeable. In addition, she reflects on the continuous conflicts she experiences between her clients' and her children's needs, sometimes creating a struggle to be present in either role. Callahan and Ditloff (2007) explore

how the loss of their child has influenced their lives and practice. The authors share that, although the first stages of loss have been resolved, they are challenged with a sense of ongoing pain, which influences both their personal and their professional lives (Callahan & Ditloff, 2007).

Guy (1987) proposes that Levinson's (1978) theory of mid-life transitions, now better known as the mid-life crisis, possibly pose the practitioner with an extra emotional challenge. Moreover, the emotional burden of professional life might leave the therapist emotionally depleted or discouraged, with little energy left for the therapist's inner conflicts about life and self (Guy, 1987). During middle adulthood, the practitioner becomes a more senior member of society and a more senior clinician, with new tasks and responsibilities (Guy, 1987). Erikson (1968) described this stage's conflict as generativity versus stagnation. The inner need to produce something that will live beyond the individual, either in terms of children or professionally becomes important. Some life events are more common during this phase such as the departure of children and in some cases divorce, illness or disability. Guy (1987) notes that therapists are not different from non-therapists when it comes to managing intimate relationships despite their training. However, going through a divorce, and having to own up to one's own failures, might be a struggle for those who are used to helping others. Therefore, a divorce might pose the professional with an even greater challenge of self-acceptance (Guy, 1987). Likewise, if the therapist is experiencing the death of a loved one, the therapist might underestimate the need to grieve (Guy, 1987). He argues that these challenging experiences also provide the practitioner with opportunities for growth and an increase in empathy and emotional resonance with clients. Morrison (1996) saw himself faced with the death of his wife due to illness. He reveals his feelings of shame and guilt towards his clients for the discontinuation of their therapy. In addition, he makes note of his struggle of containing his own sense of vulnerability and overwhelming sense of anger towards some of his female patients. He argues that the '*inevitable fluctuations in attentiveness, interest, or empathic and perceptual clarity that each of us evinces at different moments of our world*' (Morrison, 1996, p. 44) are being neglected in contemporary theory and writing.

Erikson (1963) warns that, if a sense of generativity is not reached, the person might regress to an earlier phase, in which case an '*obsessive need for pseudo-intimacy takes place*' (Erikson, 1963, p. 258), which might influence the therapist's ability to establish healthy therapeutic relationships. Jordan (2009), in fact, having reached the stage of generativity, shares in a personal memoir that her '*social responsibility*' (p. 246) in passing on the importance of connectedness has become increasingly significant as a result of her aging.

In the last stage of life, the practitioner might be challenged with feelings of disillusion, when working towards retirement when goals have not been reached (Guy, 1987). Erikson (1968) describes this conflict as ego integrity versus despair. The therapist, whose work might given a sense of self-worth and purpose, might struggle with acknowledging a diminishing ability to function, a suggestion that is based on clinical impressions rather than empirical evidence (Guy, Stark, Poelstra & Souder, 1987). This time of evaluating life and life goals might also bring *'patience, spontaneity, caring, and acceptance'* (Rogers as cited in Guy et al., 1987, p. 816). Sanville (2002) adds that also from an old age there can be vital involvement through '*love, work and play*' (Sanville, 2002, p. 636).

It must be noted that both Erikson's (1963; 1968) and Levinson's (1987)'s theories have been criticized for lack of empirical evidence but nonetheless have become generally accepted within psychological literature (Offer & Sabshin, 1984) although they are both historic and questions could be asked about their viability nowadays considering a continually changing society.

Gold (1999) suggests that the greatest challenge for therapists is the management of uncertainties in personal life, in order to offer containment in the profession. Larsson (2012) suggests that there might be a tendency for therapists to deny their own vulnerability to mental health problems by imagining a '*divide between 'us', the psychologists, and 'them', the clients*' (Larsson, 2012, p. 552), although the few available personal narratives do not seem to support this idea (e.g. Callahan & Ditloff, 2007; Gerson, 1996; Martin, 2005). The fact that research in this area is so scarce might indicate a tendency to minimise exposure (Gerson, 1996; Morrison,

1996). However, some research seems to indicate that the containment of personal and professional life is so challenging, which makes therapists possibly more vulnerable to depression, alcoholism, burnout and suicide although research is still explorative (Gilroy, Carrol & Murra, 2001; Kleespies et al., 2011; Larsson, 2012; Thoreson & Budd, 1996). Therefore, much research and literature has focussed on therapists' self care (e.g. Cohen, 2009; Dryden & Spurling, 2005; Mahoney, 1997; Norcross & Guy, 2007).

Radeke and Mahoney (2000) carried out a survey amongst therapists and research psychologists, with 276 participating in total, to compare sources of stress, life satisfaction and impact of profession on personal life. The authors report that clinicians experienced a higher level of emotional exhaustion due to their work (Radeke & Mahoney, 2000). Overall, both groups reported experiencing their life as being generally happy and satisfying, with therapists reporting higher levels of life satisfaction. Specifically, therapists reported that they experience an increased capacity to enjoy life, following their profession. In summary, the authors suggest that, while working as a therapist might be more of an emotional challenge, at the same time it provides an increased sense of satisfaction. A limitation is that the data for this research was collected years before publication. Moreover, Radeke and Mahoney (2000) do not provide more information about their analytical strategy, which makes the research less transparent.

Despite these challenges, however, a recent study has suggested that, although the work of the therapist is emotionally challenging, therapists experience a higher positive than negative '*spillover*' (Stevanovic & Rupert, 2009, p. 62) from work to family life. In other words it is suggested that working as a therapist has significantly more advantages than disadvantages to family life (Stevanovic & Rupert, 2009). In this American study the authors surveyed 485 psychologists working in clinical practice and measured family enhancers and family stresses, as well as life satisfaction and family support. Although the sample was self-selected and consisted of predominantly White participants, the findings at least suggest a possibly brighter picture of the life of the therapist. The authors suggest that working as a therapist

brought about a sense of personal accomplishment and life satisfaction which improved family relationships (Stevanovic & Rupert, 2009). However, there was also a clear link between emotional exhaustion and life stressors but the sample indicated that, unlike Guy's (1987) suggestion, more mature therapists had possibly learned to apply stress management strategies as age seemed to enhance a more balanced life (Stevanovic & Rupert, 2009). In addition, the authors suggest that knowledge and skills learned through professional development might be used in the home situation, possibly helping the therapist and his family.

It remains unclear whether the sample in this study contained the 'lucky few' or if indeed the gloomy picture of the emotionally drained therapist with a dysfunctional family of origin belongs to the past.

Conclusion

It has been suggested that the choice of psychotherapy as a profession stems from a need to work through personal issues and heal, although more positive reasons have been suggested too. An emotionally challenging work environment, often taking place in isolation, compounded by the upheld belief that therapists are 'superhuman', might mean that normal life transitions are an even greater challenge for the therapist although recent research seems to suggest that family life might benefit from one's being a therapist.

3. Professional life and integration

Within this section the reader's attention will be drawn to some key ingredients of professional development. In addition, integration of personal and professional roles is discussed.

Professional development

Several domains have been identified as being essential in the development of therapists (Skovholt and Starkey, 2010). A study done by Orlinsky and Ronnestad (2009) amongst nearly 5000 therapists worldwide at different levels identifies the practice domain, which includes practical experience with clients, as most significant. In addition, the participants rated personal life as well as research and theory as the second most important influences (Orlinsky & Ronnestad, 2009; Skovholt & Starkey,

2010). The authors found that the importance of personal life in therapist development seemed to increase among more experienced therapists (Orlinsky & Ronnestad, 2009). Particularly the experience of adverse events was identified as significant but also normative experiences seemed to increase growth, a finding that supported earlier findings from qualitative research done by Skovholt and Ronnestad (1995). It has been suggested that thorough reflection and integration of personal experiences is crucial, before growth is established (Orlinsky, Botermans & Ronnestad, 2001; Skovholt & Ronnestad, 1995).

Growth through critical incidents

Some authors have argued that growth can only take place if there is a crisis or conflict experienced, which forces the individual to re-evaluate the current state of affairs (Offer & Sabshin, 1984). Others talk about defining moments, critical incidents or turning points (e.g. Trotter-Mathison, Koch, Sanger & Skovholt, 2010). These experiences can be either professional or personal (Trotter-Mathison et al., 2010). Ronnestad and Skovholt (2003) argue that there might be a tendency for therapists to separate their personal weaknesses and vulnerabilities from their professional identity, however they advocate a critical look at how the therapists themselves '*travel through life'* (Ronnestad & Skovholt, 2003, p. 13). Trotter-Mathison et al. (2010) wonder: if the therapist expects clients to evaluate life events and impact, what makes the therapist exempt from this learning?

Therapists' accounts of their own personal journeys in regard to professional development do in fact exist in the psychological literature (e.g. Casement, 2002a; Dryden & Spurling, 2005; Gerson, 1996; Goldfried, 2001; Trotter-Mathison et al., 2010). For example, Benjamin (2001) writes:

> *'The most important and most positive learning for me came from being a mother. My children continue to teach me more than I could possibly say about what is wonderful in life and how to go about realizing it. … Having a sense of how good it can be is part of being a therapist too. '* (Benjamin, 2001, p. 29).

Since he was diagnosed with cancer, Gladding (as cited in Trotter-Mathison et al., 2010, p. 432) finds that his therapeutic work has changed:

> *'For however long and regardless of how strong or weak I may be, living with cancer has awakened within me more of a commitment than ever to serve, as a servant to learn and as a learner to grow'.*

Recognition of the phenomenon that growth is advanced through change and crisis is not new. Frankl (1959) discussed the meaning of suffering and the need to *'transform a personal tragedy into triumph, to turn one's predicament into a human achievement'* (Frank, 1959, p. 116). Reports on post traumatic growth (Linley & Joseph, 2003) mention increased appreciation of everyday life, increased maturity and resilience and deepened social relationships as some of the positive legacy from trauma.

Over the last decades there has been an increase in empirical studies suggesting that treatment of trauma should change focus away from being problem focussed and instead should focus on growth. For example, Hutchinson and Carlos Lema (2009) argue that a focus on positive consequences of trauma can empower the individual. To illustrate, the authors suggest that re-labelling negative effects of trauma as self-care responses invites the client to look at opportunities for growth and resilience (Hutchinson & Carlos Lema, 2009). Peterson, Park, Pole, D'Andrea and Seligman (2008) argue that trauma can benefit the individual as it builds 'character strengths', including kindness, hope, perseverance and creativity. It must be noted though that most of the research into post traumatic growth has been cross sectional rather than longitudinal studies so often no data is available of the participants before the experience of trauma. Therefore, individual differences in post traumatic growth and coping remain exploratory.

Davis, Wohl and Verberg (2007) make an interesting speculation in an attempt to explain which processes might aid post traumatic growth. The authors studied the stress responses of participants after losing a family member in a mine explosion eight years before (Davis et al, 2007). The authors identify three different responses

to the traumatic event (Davis et al., 2007). Participants within one cluster of responses felt that the event caused a tremendous sense of loss of identity; by losing their loved one participants within this cluster had to rebuild their shattered sense of self and in this process were able to give new meaning to their newly defined identities. For example, one of the participants commented as follows;

> *'Before Westray, I had a 500-piece puzzle, and it was all finished. It was just maybe three pieces missing...Then all of a sudden Westray happened. That 500-piece puzzle just shattered. And...the sad thing after Westray (is), I wasn't given back the 500 pieces. I was only given back 250 pieces, and then I had to find them and put them back together. So picking up the pieces...that's basically what I had to do, was pick up what was left of my life and try to put it in some kind of perspective that would make me survive.'* (Davis et al., 2007, p. 694).

For a second group of participants, however, it seemed impossible to make sense of the tragic death of their spouse and it felt as their trust in life was shattered. A third group was identified for whom the loss seemed to further reinforce a negative outlook on life. For the last two groups, post traumatic growth was least apparent. In summary, the authors suggest that giving meaning to the traumatic events helps in building resilience and can lead to a redefinition of (an improved) self (Davis et al., 2007). Clearly, this study is unique in that the mine explosion was as much a personal loss experience as a political event and therefore results cannot be generalised.

Even though personal change and adversity might have positive effects, little has been written about therapists' growth through change and adversity, possibly because of fear of stigmatisation (Gerson, 1996). Another reason for therapists' hesitation about this issue might be because of the vast amount of literature around therapist impairment and self care (e.g. BPS, 2005; Norcross & Guy, 2007; Schultheiss, 2006).

Stages of professional development

Following their research, some authors have attempted to develop a theory of professional development by identifying six stages of growth (Jennings, Hanson, Skovholt & Grier, 2005; Orlinsky & Ronnestad, 2005; Ronnestad & Skovholt, 2001,

2003; Skovholt & Ronnestad, 1995). It is suggested that the first phase, the *Lay Helper Phase*, starts pre- training, in which the novice helps others in a non professional setting, such as friends and family. It is theorised that in the *Beginning Student Phase*, when training starts, the student appreciates newly learned theories as models which are primarily imitated. A more critical attitude towards theory and supervisors takes place in the *Advanced Student Phase* and the beginning of personal preferences begins. The first five years after finishing training, the *Novice Professional Phase* shows the development of a more independent identity and a recognition that the own identity is being expressed in the therapeutic work. It is hypothesised by the authors that in the fifth phase, the *Experienced Professional Phase*, a more individual style is developed and there is a tendency to let go of techniques (Jennings et al., 2005; Ronnestad & Skovholt, 2001). The therapeutic relationship becomes more important in this phase. As a result the therapist has learned to manage the boundaries of the emotionally challenging work. At the same time, there is a growing recognition of the importance of learning in the personal life and integration of personal learning in the professional role is starting to develop. In addition, it is suggested that interpersonal experiences become more important than the influence of theory. In the last phase, the *Senior Professional Phase*, the therapist has developed a unique authentic professional identity and clinical practice is informed by interpersonal experiences outside the consulting room, as well as by research and theory (Jennings et al., 2005; Orlinsky & Ronnestad, 2005; Ronnestad & Skovholt, 2001; 2003; Skovholt & Ronnestad, 1995). It must be noted that, although the authors have informed their model on several studies, the model itself has never been the focus of a study and therefore remains speculative.

As we've seen, it has been suggested that particularly in the later phases of development, the personal life of the therapist plays a large role and a further integration of personal and professional life takes place (Ronnestad & Skovholt, 2003). Fear and Woolfe (1999) emphasise the importance of integration of the personal and professional selves, and a critical evaluation of '*epistemological commitments*' (Fear & Woolfe, 2010, p. 331) to improve '*consonance*' in the work with the client (Fear & Woolfe, 1999, p. 253). They argue that if the therapist's

personal philosophy does not match one's theoretical orientation as a practitioner it will be a struggle to make use of personal experiences in the clinical work (Fear & Woolfe, 1999). Also Ronnestad and Skovholt (2003) advocate the importance of an epistemological fit between personal and professional beliefs. If a conflict arises between the two, for example following a personal experience, the therapist might decide to change theoretical orientation (Goldfried, 2001; Ronnestad & Skovholt, 2003). The integration of these two 'roles', enhanced by experience and maturity, may lead to further development of the therapist and possibly prevents burnout and boredom (Fear & Woolfe, 1999). Although scarce, there is some evidence that a fit between personal and professional epistemology makes therapists more effective (McLeod & McLeod, 1993). It could, however, be argued that, without this fit, a state of emotional congruence and integration, as advocated by Rogers (1957), is hard to establish. In addition, the lack of this fit could possibly jeopardize the therapist's ability to create a safe and containing environment for the client and to be genuine, qualities that, as discussed, appear most important in order for the therapeutic work to take place (Hoogduin & Keijsers; 2006; Wampold, 2007).

Do therapists practise what they preach?

If personal learning is important for the therapist's profession, this might lead the reader to wonder if this learning is circular; does the therapist use professional knowledge in personal life and do therapists therefore ' *practise what they preach*' ? (Norcross, Bike, Evans & Schatz, 2008, p. 1368). As noted, not much research has focussed on the integration of personal and professional selves and there have only been few attempts to answer this question.

Research amongst psychology professors suggests that only limited use is being made of professional knowledge for personal use (Boice & Hertli, 1982). Prochaska and Norcross (1983) found that therapists are relatively loyal to their theoretical orientation when it comes to treating the client, but they don't follow their theories when it comes to treating themselves. The authors explain these findings suggesting that therapists may believe that change strategies that work for the client don't work for them, or, therapists may assume they are healthier than the client.

In more recent research by Bennett-Levy, Lee, Travers, Polman and Hamernik (2003) it is being suggested that it can be helpful for students, as part of training, to apply cognitive-behavioural techniques to themselves. The study included 14 participants who were coupled and invited to engage in therapy taking turns in being client and therapist. The participants reflected on their experiences anonymously and these reflections formed the data of the research. Several gains were identified by the researchers, specifically around the concept of an enhanced ability to be '*in the client shoes'* (Bennet-Levy et al. 2003, p. 152) and a fuller integration of theory. The study did not focus on the application of theoretical knowledge in personal life nor did it measure actual rather than perceived improvement in the trainee-therapists.

Norcross et al. (2008) looked into practitioners' own therapy attendance and found that amongst their participants particularly cognitive behavioural therapists and academics were less likely to seek personal therapy and had generally less positive attitudes about the effectiveness of therapy. This American study consisted of 727 anonymously filled out questionnaires amongst qualified therapists (Norcross et al., 2008). Of all cognitive behavioural therapists 26 percent had never engaged in personal therapy, compared to humanistic therapists (15 percent) and psychodynamic therapists (3 percent). Those who never engaged in personal therapy found it less important for personal therapy to be a component of training, a finding that is being echoed by other studies (e.g. Grimmer & Tribe, 2001). The reasons given to refrain from personal therapy were: time constraints, sufficient skills and sufficient support. The authors fail to speculate about these findings and their wider meaning with regard to the question of whether therapists indeed practise what they preach.

None of these studies look beyond the professional application of theory and knowledge, which leaves us unable to even make an informed guess about the question whether therapists practise what they preach.

Conclusion

Learning from life has been identified as an important aspect of professional development and becomes more significant in the later stages of practice. Although an integration of personal and professional values has been suggested as being

essential in therapeutic practice, there is little evidence of its application in the literature.

4. The impact of personal life on practice

Within this section previous work is discussed that has aimed to answer the question how personal life impacts on therapeutic practice.

Personal narratives

The tradition of not discussing therapists' significant life events seems to go back a long way. Freud suffered from illness for many years, yet not much has been written about this (Counselman & Alonso, 1993). Even Rogers, known for his emphasis on therapists' growth, did not mention his 'nearly nervous breakdown' himself and how this changed him in his professional work;

> *'I think that my counselling is showing increasing results. I see in myself now more freedom in venturing into deep emotional relationships with clients, less rigidity, more ability to stand by them in their deepest emotional crises.'* (Rogers as cited in Kirschenbaum, 1979, p. 194)

The amount of personal narratives, individual articles written about therapists' learning following a personal life event, seems now to be slowly growing. Some are written anonymously (e.g. Anonymous, 2007) for fear of being scrutinized, though most are not. Issues being discussed vary widely. Most frequently discussed is critical illness (e.g. Burnell, 2001; Counselman & Alonso, 1993; DeMarce, 2007; Maggio, 2007; Sandra, 2009). Other issues include: losing a baby (Callahan & Ditloff, 2007), the wish to become a mother (Koepping, 1997) and aging (Jordan, 2009; Schulman, 2003). Only a few authors discuss positive life changes as instrumental in their growth. Basescu (1996) writes about parenthood and others discuss pregnancy (Stockman & Green-Emrich, 1994). In these personal narratives the authors discuss their own personal journeys in which their professional knowledge and clinical orientation are challenged by life events. For example, Burnell (2001) describes how days after she had been lecturing about the importance of creating one's own reality she was challenged with a life-threatening illness. She describes her struggle of learning to accept her helplessness and who she is as a person, and challenges her old

tendency to evaluate herself by her achievements. She describes how this changed her as a therapist, leaving behind the idea of '*fixing symptoms*' (Burnell, 2001, p. 126), focussing more on empathy and process. Callahan and Dittloff (2007) tell their story of how the loss of a baby changed them as therapists. Callahan, working within a CBT-framework, explains how she experienced how cognitive distortions may be useful while working towards resiliency. She further discloses her increased insight into bereavement and her realisation that loss can be an ongoing feeling. She describes how the experience led her from being primarily a CBT therapist to becoming a more integrative therapist, as she states:

> *'When I reflect on my personal experience, it is clear to me that my phenomenological perspective of what was happening was more salient to my understanding of the moment than were the actual facts'* (Callahan & Dittlof, 2007, p. 549).

Orlans (1993) speaks of her hesitations in discussing her personal learning from her divorce. Sharing this personal story with the public makes her feel both '*integrated and vulnerable*' and evokes feelings of '*failure and embarrassment*' (Orlans, 1993, p. 62). Despite the pain she went through, she describes her experience as being one of the most fruitful times in terms of personal and professional growth. Specifically, she reports changes in awareness and empathy and regards her experience as maturing. In addition, she comments *'only when I can take care of me can I take care of others*' (Orlans, 1993, p. 62).

Cromstock (2008) verbalises Miriam Greenspan's conflicts and experiences of looking after a disabled child, while working as a therapist. Cromstock criticizes the perspective of the sparse literature on this topic, which she indicates only reports about personal life having '*collided or intruded into therapy, not on how to work with it*' (Cromstock, 2008, p.182). Greenspan comments:

> '*Adversity bursts that whole thing wide open, that idea that you have to keep this total door shut between the life of the therapist and the life of the therapy. Then, all of a sudden, the therapist is a human being, subject to life and death.*

> *All of a sudden, the idea of total professional separation doesn't make sense*' (Greenspan as cited in Cromstock, 2008, p. 183).

Greenspan (1984) brings up the discussion of self-disclosure as a therapeutic intervention and feels that her personal experiences deepen her therapeutic relationships:

> *'It just humanized the therapeutic relationship and broke through the fiction of psychotherapy that the therapist is some kind of superhuman being and is there only as the total transference object for the client or patient'* (Greenspan as cited in Cromstock, 2008, p.184).

Her ongoing struggle with mothering her child has changed her attitude as a therapist:

> *'I don't know if you'll ever talk to a therapist who'll admit this and I'm not sure I should admit it [laughing]. But there are days when I think, "You know, everyone I worked with today, their suffering is in the past." And it's really different, the suffering that you make your peace with that is from the past, and what you continue to need to make your peace with every single minute'* (Greenspan as cited in Cromstock, 2008, p.190).

Depression

Some (limited) research has been done on therapists' experience of depression and its impact on therapeutic practice (Gilroy, Caroll & Murra, 2001, 2002). Gilroy et al (2002) analysed 425 questionnaires in which they inquired participants about their personal experiences with depression. The study reported that 62 percent of respondents stated being depressed. In an earlier study even a higher percentage was found (Gilroy et al., 2001). The authors suggest that the actual rate might actually be higher but might be masked, for example by substance abuse (Gilroy et al., 2002). The most frequently noted negative outcomes the respondents mentioned were having reduced energy, a reduced caseload and a more withdrawn and isolated relationship with colleagues. Positive outcomes include increased empathy and being more effective as a therapist (Gilroy et al., 2001). In both studies the participants felt that the positive effects of depression outweighed, in the long term, the negative effects

(Gilroy et al., 2001, 2002). The authors warn the reader about the self-selected nature of the participants and note that possibly those particularly interested in the topic might have chosen to participate (Gilroy et al., 2002). The authors failed to investigate to what extent the depression is particularly related to work or private life. Either way, it does seem to indicate that personal experiences indeed impact on therapeutic practice.

Researching the impact of personal life on practice

Two qualitative studies have specifically focused on the impact of life transitions on the clinical practice of therapists (Martin, 2005, 2011; Rowe, 2010).

Martin (2011) reflects back upon his research, and the emotional journey which the research had become for him. He was brought to the research (Martin, 2005) following his own breakdown and following a client's comment on how different he was when he returned to work. His main goal for this research was to understand more of his own experience of burnout, by listening to others and to share his findings. While struggling with getting better, he started to recognise the vulnerabilities in his fellow colleagues and in his clients. Martin makes an argument for embracing the '*woundedness*' (p. 11) instead of pathologising it. Accepting that as humans we are imperfect and living in an imperfect world, we should see this as our 'default' position, he argues, rather than striving for turning back to '*normal*' (p. 12), which would exclude the pain and imperfection of our actual life. Instead, he suggests, we are living too much in a '*mirage*' (p. 11) by trying to forget or suppress our mistakes and shortcomings.

Martin's thesis (2005) reads as a fascinating story, as a rather technical and philosophical discussion around methodology and as a creative piece of art. He chose to take a subjective stance towards his research, choosing meaning making and deep understanding over the finding of facts. He let Moustaka's (1990) heuristic inquiry, a phenomenological approach, guide him, adapting it in order to be more truthful to his own epistemological and methodological stance. Martin (2005) reflects on his conflicts with Moustaka's approach and gives detailed descriptions of his personal amendments of it, though he feels loyal to the focus on relationality and process

within this method. He writes: '*This study is at least as much about how I wrestled with the integrity of the methodology, as about the content*.' (Martin, 2005, p. 95). His focus is then also much more on the understanding of his co-researchers (participants), than the relationship of the co-researchers' experiences with existent literature.

The interviewing process was a long, and as he describes, emotional and difficult process in which he built a deep and emotional relationship with his co-researchers. He comments that

> '*in such an encounter my woundedness contributed to the breakdown of the subject/object divide. We were in this together*' (Martin, 2011, p. 15),

making the embracing of his subjectivity specific. He positions himself '*at the far end of qualitative research*' (Martin, 2011, p. 304), suggesting there is no claim for generalisability of the findings and his only claim is to speak '*my truth, to the best of my ability*' (Martin, 2011, p. 204).

Martin (2005) interviewed 16 co-researchers, with a wide range of challenging life experiences. In brief, he reported that the life experiences were mostly, eventually, viewed as having a positive and humanising experience, resulting in an increased ability to relate to clients and a growth in confidence. It seems that Martin has focussed on the individual depth of each experience rather than aiming for the finding of a shared experience. In addition, he suggests that the use of lived experience should be implemented in Continued Professional Development and deserves a greater acknowledgment within therapy and supervision.

Indeed, in his article Martin (2011) shares how he hopes his research and writing '*sparks thinking and understanding*' (Martin, 2011, p. 19), in the reader. In addition, he challenges the reader to be more open and to accept and cherish his pain and woundedness:

> *'Let us go, just you and me*
>
> *Down to the woods and the wind-blown sea*

Let us dance, and sing, and weep

Share our hearts as the shadows creep

Towards the time when me and you

Are I and thou, and others too.'

(Martin, 2005, p. 345)

Rowe (2010) also choose Moustaka's (1990) method of heuristic inquiry as this '*privileged the use of the researchers desire to answer a question that had personal significance*' (Rowe, 2010, p. 134). His research focussed on two specific events which he had experienced; bereavement and loss of (Christian) faith. Rowe interviewed two groups of five co-researchers and discovered, like Martin (2005) that the boundaries between himself, the researched topic and the co-researchers were fluid, and he sometimes wondered during the interviews if he was the researcher or the therapist. In addition, his co-researchers reported experiencing a growth in awareness concerning their changes following the research process. In his personal reflections, Rowe writes that this research project served as a kind of '*exposure therapy'* (Rowe, 2010, p. 135) and he proposes the use of reflective research as an alternative to mandatory personal therapy during training. Rowe (2010) criticises his own research for being specifically personal and subjective, but suggests that this allowed for a deeper understanding of the phenomena studied.

Although Rowe's (2010) title '*The effects of transitions on the therapeutic practice of psychologists*' suggests otherwise, Rowe specifically focuses on and compares two experiences of loss, bereavement and loss of faith. He states that these are quite different loss experiences with different emotional impact. He suggests that bereavement can come with experiences of guilt and grief, whereas loss of faith may be accompanied by feelings of relief and anger. However, both experiences create in the co-researchers a deepened sense of humanity, translating into a different sense of empathy in therapeutic work. In addition, he notes the shared experience of his co-researchers in an increased self-awareness and the ability to discuss difficult issues

with their clients; having had to face their own struggle, it becomes easier to face the client's struggle. He further noticed that changes usually do not occur in isolation and suggests that therapists should be aware of this when working with clients.

Rationale for current study

Current literature suggests that there is consensus about the importance of the therapeutic relationship and, more specifically, the therapist's contribution to this relationship. Personal life experiences have been identified as providing an essential contribution to professional development, which offers the therapist an opportunity to develop a more fully integrated identity, in which congruence can be developed, an asset that has been identified as paramount in therapeutic practice.

Although a number of individual narratives and studies have highlighted the importance of personal life experiences, research into this issue remains scarce, possibly due to an upheld assumption within the profession that the therapist is exempt from life's challenges. Research within this area has shed some light on the potential for therapists to improve therapeutic work through thorough reflection upon these experiences.

The current research study aims to answer the question: *What is the impact of personal life events upon practice?* It can be seen as a partial replication of Rowe (2010) and Martin's (2005) research. It differs in its aim to search for a shared experience, within individual accounts, to further inform research and practice. More specifically, the current research will investigate individual (psychological) sense making of personal experiences of the studied phenomenon. Therefore, the aim of the current investigation is not to search for an external objectifiable 'truth'. The researcher of the current study believes that knowledge is standpoint dependent, which means that different subjective realities of the same phenomenon can exist. This position is described by Madill, Jordan and Shirley (2000) as a contextualist constructionist position. The aim of the current study is therefore to add to the current body of knowledge by searching for a shared experienced amongst subjective accounts to add understanding and insight around this phenomenon.

Therefore, data will be gathered by carrying out in-depth interviews. The aim of the interviews will be to gather experiential accounts of participants who feel that their personal life has impacted on their practice. Central to these interviews will be to allow participants to elaborate on what, in their subjective life world, seems significant. An interview schedule will only be used to probe participants if necessary. The main question of the interview will be '*how do you feel that your personal life experiences have impacted upon your practice?'*

Following the literature, it is anticipated that conflicts and challenges posed by the search for integration as a therapist may come up, as well as the role of psychological theory. Please see appendix 3 for the full interview schedule.

It is the researchers' aim to further promote a professional atmosphere in which therapists can be allowed to be human, within a professional context, to improve the therapeutic relationship.

Implications for Counselling Psychology

Strawbridge and Woolfe (2003) argue that Counselling Psychology distinguishes itself from other branches of counselling and psychotherapy in its specific interest in humanistic values and focus on subjective and intersubjective factors present in the therapeutic relationship. It is suggested that the personal life of the therapist is one of these factors and the current study aims to further explore this to support an awareness of how this might take place. In addition, Counselling Psychology aims to view the client in a holistic manner, but, surprisingly, has so far left gaps in viewing the therapist in this way. Therefore, to honour key values such as reflexivity and self-development, this research aims to broaden this focus to promote and further develop the Counselling Psychologist's ability to 'welcome the other' (Cooper, 2009).

In conclusion, the aim of the proposed study is to achieve a greater understanding of the impact of personal life experiences in the therapist's life and its impact on therapeutic practice.

By obtaining qualitative, in-depth accounts the study aims to build on existing research which flags up the importance of this growth in the practitioner's career.

A greater awareness of this issue can contribute to the knowledge of growth and development of the practitioner which can inform clinical work, therapy and supervision. Giving voice to these experiences may be a step in creating more openness and acceptance around learning professionally from personal changes and tragedy. As this phenomenon has been little investigated it is suggested that this study may identify further areas for research.

CHAPTER 2: Methodology

Introduction

This study focuses on therapists' growth through significant life events in the therapist's personal life. Significant life events have been recognized as being instrumental in therapists' growth (Skovholt & Ronnestad, 1995; Orlinsky & Ronnestad, 2009). Furthermore, it has been suggested that an integration of the personal and professional identities of the therapist is essential (Fear & Woolfe, 1999), however, little research has been done in this area. It is anticipated that further exploratory research will inform us how therapists' growth takes place and the role that life experiences take in this learning. Semi-structured interviews are used to explore therapists' individual experiences in depth. Interpretative Phenomenological Analysis (IPA) is used to analyse the data.

This chapter presents a rationale for the chosen methodology and describes the researcher's epistemological standpoint. Further, it describes the methods and procedures used in this study.

Rationale for Qualitative Methodology

The importance of the therapist as a person in the therapeutic encounter has been well recognised (Ackerman & Hilsenroth, 2003; Reupert, 2006). Specifically, the importance of life events in the growth of therapists and their impact on clinical practice have been highlighted by many personal accounts of therapists (e.g. Burnell, 2001; Callahan & Ditloff, 2007; DeMarce, 2007). Yet there seems to be a gap in the research literature around this issue. This void is unsurprising according to Gerson (1996) who suggests this is a result of a fear of being stigmatized. Cushway (1996) suggests that the upheld assumption is that therapists are supposed to be strong, invincible and without personal problems. In researching this phenomenon, this assumption seems important to acknowledge as it might influence the 'accessibility' of it. It is suggested that by accessing the experience of this phenomenon by using interviews facilitates the exploration of it. In this sense it is hoped that this research might help, in an exploratory way, to remove barriers that the profession has set for itself.

Therefore, the phenomenon in question seems to be particularly suitable for study using a qualitative approach, as this allows subjectivity and in depth exploration (Willig, 2012b). This has also been recognized by the existing research on this topic. Skovholt and Ronnestad (1995), researching therapists' growth through interviewing 100 therapists, flag up the importance of personal life events as being one of the most important phenomena in therapist growth. Martin (2005) and Rowe (2010) focus primarily on the impact of life events on therapists' growth. Their work embodies an extensive in-depth analysis of the phenomenon of how a therapist's lived experience impacts on the therapeutic encounter. These studies are idiosyncratic and it is thought that the current study is therefore a partial replication of their work, but differs in its aim for both idiosyncratic and shared experiences. In addition, the current research aims to further explore issues of integration that the therapist may be faced with.

Overview of IPA methodology

IPA is a relatively new qualitative methodology used to study phenomena in depth in order to enable the subjective experience and its complexities to be examined (Eatough, Smith & Shaw, 2008). IPA allows to describe in detail how experiences are lived in a particular group, without attempting to make generalisations to a broader population (Smith & Osborn, 2008). It has been described as particularly suitable when dealing with personal accounts of experiences and analysis of rich and in-depth data (Smith, Flowers & Larkin, 2009).

IPA attempts to get as close to the participant's experience as possible through the description of the experience by the participant (Smith et al., 2009). IPA is phenomenological, in that it attempts to understand a phenomenon through the individual perception of it (Willig, 2008). Heidegger, who influenced the thinking of phenomenology, argued that an object cannot exist without the experience of it and that it is through this experience that the phenomenon can be studied (Larkin, Watts & Clifton, 2006). Heidegger described this as 'Dasein', or 'Being in the World' (Spinelli, 2003).

IPA does not assume that an individual's experiences are transparent; however it proposes that meaningful interpretations can be made (Eatough, Smith & Shaw,

2008). Interpretation is a dual process as described by Osborne and Smith (2008) in which participants are trying to make sense of their world and the researcher is trying to make sense of the participant's interpretation and sense making. IPA therefore draws on the hermeneutic tradition. As suggested by Smith and Osborn (2008) it combines empathic hermeneutics with questioning hermeneutics. This means that it aims to understand the experience of the participant as described by the participant as well as that it also allows the researcher to speculate on how it might be to be the participant, aiming for an insider's perspective (Larkin, et al., 2006). Consideration of the participant's context and life world is important when analyzing one's narrative. This process of the participant aiming to make sense of one's life world and the researcher trying to make sense of the participant's experience through communication is a process called double hermeneutics (Smith & Osborn 2008). This makes IPA both descriptive as well as interpretative. The researcher uses the own interpretations as well as drawing on existing literature (Larkin et al., 2006). This distinguishes IPA from Grounded Theory (GT), the aim of which is to develop theory from data itself (Willig, 2012b). IPA is therefore inductive, in that it does not try to test set hypotheses but aims to allow new areas of a phenomenon to be explored (Smith, 2004).

IPA is concerned with individual meaning making and therefore is idiographic rather than nomothetic. Its objective is not to make generalisable claims but to come to informed speculations about the studied phenomenon (Smith & Osborn 2008). Only after closely analyzing each individual participant's account in detail will themes be looked at across cases (Smith, 2004). This allows the researcher to speculate, rather than to make claims, on aspects of a 'shared humanity' (Smith & Osborn 2008, p 58), connecting IPA with Husserlian phenomenology. Husserl proposed the importance of 'intentionality', which describes the relationship between the process occurring in consciousness and the object of attention for that process. He suggested that 'bracketing' our own assumptions about the world is needed in order to fully absorb and reflect on the object of attention (Willig, 2008).

Epistemological Considerations

IPA does not take a specific epistemological position as it does not make specific claims about the external world (Willig, 2008). Rather, it draws on different approaches and traditions.

Smith (2004) proposes that IPA and cognitive psychology are related in that they both recognize the mental activity in the process of sense making. However, IPA is more interested in qualitative examination of mental processes than in the science of information processing, a more quantitative tradition.

IPA has also some connection with contextualism, as it emphasizes the importance of understanding a person in their own context (Larkin et al., 2006). However, as Willig (2008) argues, contextualism, unlike IPA, does not acknowledge the researcher's and the participant's active attempts to position themselves within their context.

Silverman (2009) argued that language is a reflection of culture rather than that it can mirror experience. Eatough and Smith (2006) acknowledge some links with Foucaldian discourse analysis in that the IPA researcher acknowledges the importance of history and context but proposes that in order to understand human experience we should look beyond that experience being solely actions within a historical context. IPA sees the participant as an active, meaning making person who is interested in the links between behaviour and thinking (Eatough & Smith, 2006).

IPA has received some criticism. For example Giorgi (2010) criticises Smith et al. (2009) for a lack of transparency and scientific validation of IPA by detailing the analytical procedures while at the same time suggesting the researcher to apply these methods to their own way of working. Giorgi (2010) argues that verification of results by other researchers becomes impossible with these double standards. Shinebourne (2011) suggest that IPA and Giorgi's (1997) phenonmenological method have different aims and different research outcomes. Using Giorgi's phenomenological method is aiming at what Husserl described as the 'essence' of a phenomenon, aiming for a more descriptive understanding of phenomena. Within the philosophy of IPA the ambition is to produce speculations around the phenomena

studied and results are therefore specifically embedded within the researchers' subjective interpretations. Thus, within IPA, there is no desire to be able to reproduce findings and scientific validity is achieved through a detailed description of the researchers' preconception and process.

Criticism has further focussed on the importance of language within IPA. Willig (2008) questions the representational validity of language. In other words, as she suggests, we can not assume that participants are naturally able to convey their experiential accounts using language and this reliance on language alone may be limiting or even inaccurate. In addition, Willig (2008) reminds us of the possible time lapse between the experienced phenomenon and the interview, which makes it even harder to access the phenomenon directly and accurately. Smith et al. (2009) acknowledge the limitations of language, and recognise that experience is always *'shaped, limited and enabled'* by language (p. 194). In addition, IPA acknowledges that time may aid a reconstruction of phenomena and sense making, which is indeed at the heart of IPA research (Smith et al., 2009).

The outcomes of the current study are therefore by definition subjective and influenced by the researcher. Therefore, criticism that an IPA study is not 'scientific' because data is not quantifiable or generalisable does not seem to be valid, as both description and interpretation are at the core of IPA (Larkin et al., 2006; Silverman, 2009).

Epistemological reflexivity

Finlay (2011) emphasizes the importance of reflexivity in qualitative research with regards to the researchers' ontological and epistemological position, as it is recognized that the researcher is an active component in both the process and findings of the research. In addition, epistemological reflexivity sheds light on the question what kind of knowledge the research project aims to generate. Willig (2008) describes two types of reflexivity: personal and epistemological reflexivity. Epistemological reflexivity includes the researcher's perspectives and assumptions towards knowledge and assumptions about the world. In other words, the researcher's assumptions and beliefs about the nature of knowledge and what knowledge the

research is aiming to provide should be transparent so that the reader is aware of its impact on the research findings (Willig, 2008). However, as Willig (2012a) proposes, epistemological labels are often differently understood by different authors. Therefore, it seems crucial to describe what kind of knowledge it is that the researcher aims to create within the research project.

The current research project is focussing on therapists' experiences and sense making of life events. In terms of my ontological position, in how I view the nature of reality, I position myself as a 'critical realist'. Critical realism assumes that there is a reality that exists outside of human conceptualisation (Willig, 2008). In other words, in my understanding, my participants have experienced 'real' life events. Within this research, I am particularly interested in their subjective sense making of these life events. I believe that this sense making is an active ongoing process in which my participants continue to process and give meaning to the life events that they experienced. This is consistent with the philosophical assumptions of IPA, which has it's roots in symbolic interactionism and phenomenology and assumes that human beings are active participants in their process of meaning making.

With regards to my epistemological position, which aims to shed light on the kind of knowledge that is being produced in a research study, I believe that my participants each have their own subjective reality which can differ from each other, as they might all have different perspectives on the same phenomenon. I believe therefore that knowledge is standpoint dependent, a position which Madill, Jordan and Shirley (2000) describe as contextualist constructionist. The data, which contains interviews, was influenced by the relationship between the participant and the researcher. Therefore, it is assumed that another researcher might have produced different outcomes. Madill et al. (2000) further emphasise the importance of transparency with regards to the researchers' identity and life world, as its impact on the research is acknowledged.

As a researcher I recognize the importance of our social worlds and history in shaping our identities and way of meaning making and, in line with IPA philosophy, I believe that we are active participators in these processes rather than just the 'product' of it.

Within this research project, I am particularly interested in the subjective (psychological) processes of sense making of the participants and have aimed to speculate on their experiences to deepen the analysis. Research supervision as well as peer supervision has extended the researchers perception of the data, not with the aim to come closer to a perceived 'truth' but rather to widen our perception and understanding of the studied phenomenon. Therefore, with the current study, there are no claims about the truth, but its aim is to reflect on the subjective interpretation of subjective experiences of the studied phenomenon.

Personal reflexivity

Personal reflexivity involves an awareness of how the researcher's opinions, beliefs and attitudes towards the researched phenomenon might impact on the research and findings (Willig, 2008).

As I recognize that my personal beliefs and assumptions will influence the research process and findings, I have taken several steps to become more aware of how this might take place. Firstly, I have tried to be my own participant by using the questions of the interview schedule to identify my own relationship with the studied phenomenon. Further, I conducted reflexive interviews, as suggested by Langdridge (2007), which are aimed at increasing an awareness of pre-existing ideas and my relationship with the research topic. In addition, I have kept a research diary to reflect on my personal impressions and emotions while carrying out the research. For a summary of these reflections the reader is directed to the section 'personal reflexivity', which can be found in the discussion section.

Validity

IPA is a subjective method, as a large part of the analysis contains interpretations from the researcher. IPA has therefore been heavily criticized for its validity and reliability (Brocki & Wearden, 2006). Yardley (2008) argues that applying the same criteria to quantitative and qualitative research is inappropriate as they have different objectives. In qualitative research it not 'objective' or generalisable data that is being sought and the personal bias of the researcher engaging within the process of data gathering and analysis allows the participants and researcher to influence this in order

to gain a richer and fuller account of individual perspectives. It is argued that it is exactly this subjectivity and sensitivity to individual differences and context which is the value of qualitative research (Willig, 2012b). Further criticisms addressing reliability focuses on the idiosyncratic nature of the data in IPA research (Barker, Pistrang & Elliot, 2002). Alternatively, as the purpose of IPA is to offer interpretations about individual experiences, it has been argued that reliability might be an inappropriate criterion in contrast to quantitive methods (Brocki & Wearden, 2006).

There are large differences between qualitative methods which make it harder to show validity. Yardley (2000, 2008) has therefore described some guidelines for evaluating validity in qualitative research.

Sensitivity to Context

Yardley (2000) emphasises the importance of an awareness of the relevant literature and existing research. As set out, this research aims to fill a gap in the existing literature. Existent literature is discussed and the findings are linked with relevant literature in the discussion section.

Sensitivity to context also means a match between research question and methodology (Yardley, 2000). This chapter aims to shed more light on this.

Furthermore, sensitivity to context implies an awareness that the relationship between researcher and participant might shape the data. For example, the researcher's culture, class and age might influence the readiness of participants to reveal less socially acceptable experiences. In addition, the participant's life-world and the social groups to which the researcher belongs will influence its narrative. For example, in the current study, it is recognised that participants might be fearful of being stigmatised, as suggested by Gerson (1996), which might impact on the data.

Participants were interviewed at a location chosen by them as it was thought that this might make them feel more comfortable. Also, as part of the briefing procedure, it was made explicit before the interview that there are no right or wrong answers and that the researcher was interested in hearing their story and experiences.

Further comments to demonstrate sensitivity to context are made in the personal reflexivity section, which can be found in the discussion.

Commitment, Rigour, Transparency and Coherence

Yardley (2000) proposes that the commitment of the researcher to the research topic is essential as this increases a thorough understanding of the phenomenon by the researcher as well as increases the researcher's competency in the used methods. Efforts were made continuously throughout the research process to address this and it is hoped that the reader finds evidence of this in the chapters.

Rigour refers to the completeness of data collection and analysis (Yardley, 2000). To address this, effort has been made to describe the data collection in detail below. In the next chapter the reader will be provided with a thorough, multi-levelled analysis of the data. Lastly, in order to create transparency and coherence, a paper trail is being kept during the research process and fragments of this are presented within the chapters and the appendices.

Impact and Importance

I have aimed to illustrate the importance of this research in an earlier section. In addition, it is worthwhile mentioning the enthusiasm I have noticed from psychologists and therapists around the subject during recruitment. I have been overwhelmed with responses and eventually had to turn people down as time restrictions made it impossible to interview more than nine participants. Others contacted me stating that they were interested in the topic although their own time constraints made it impossible for them to be interviewed at this present time. Most of my participants commented on the lack of research that has been done on a topic that they found so vital for their practice.

Deviant case analysis

Lastly, Yardley (2000) suggests identifying 'deviant cases' to ensure that multiple viewpoints are being represented, rather than a possible 'favoured' viewpoint by the researcher. This is taken into account during the analysis and will be demonstrated in the next chapter.

Procedures

Participants and sampling

Smith et al. (2009) emphasize the importance of purposive sampling for the data to be representative within the research group (a homogenous group for which the research question is relevant). In order to accomplish this, inclusion criteria were set informed by the available literature.

Research has shown that the importance of significant life events in therapists' growth is particularly instrumental in more mature practitioners (Orlinsky & Ronnestad, 2009; Skovholt & Ronnestad, 1995). The authors do not define what 'mature' entails. As this research is part of a Counselling Psychology Doctorate it was my intention to be able to include Counselling Psychologists. However, considering that this is a relatively new branch of psychology, it was thought that the requirement of 5 years post qualification experience would both reflect some sense of maturity in the participant as well as enable enough people to be included. In addition, it was thought that inclusion of Clinical Psychologists working in a therapeutic setting and therapists and counsellors who are accredited through the British Association for Counsellors and Psychotherapists (BACP) was considered valid.

Further, it seemed important that the significant life event(s) had taken place after qualification. This was stated explicitly to make sure that the phenomenon being researched is the change in practice *as a practitioner*.

In addition, it is recognized that 'life event' might be an ambiguous term. Although there have been attempts to define what a life event entails (e.g. Holmes & Rahe, 1967) it seemed more appropriate to remain close to the participants experiences and life world and therefore this term was not further interpreted or narrowed. As is described in the next chapter, most participants commented on the use of the term 'life event' and in hindsight it might have been more appropriate to use the term 'developmental experience'.

Participants were recruited through advertisements (see Appendix 1) in *The Psychologist* and in *Therapist Today*, the professional membership magazines for the BPS and BACP. These advertisements led to some responses. In addition, it was decided to apply an active recruitment strategy by emailing therapists in person. Furthermore, it was decided to offer participants a fee for their participation. It was thought that some practitioners might not be able to participate in research without covering the cost of their time. Therefore it was argued that payment would allow more participants to take part. It was thought that payment might make the researcher- participant relationship more equal, as there is an equal exchange of goods. It must be noted that about half of the participants rejected payment and chose to participate because they felt passionate about the focus of the research study. It has been suggested that paying participants might influence the data that is being given, as payment would make participants' accounts less authentic in order to 'please' the researcher (Head, 2006). However, it is thought that pleasing the researcher in this study might be difficult as there are no right or wrong answers, considering the research question.

The individualized emails yielded many responses. Many therapists showed their interest in the research study, however busy schedules kept them from engaging in an interview. Some therapists showed an interest but showed concerns with regards to confidentiality and dropped out. One therapist responded that, although she had experienced several life events, she did not feel that this had changed her practice. I received some more emails from therapists interested in the topic and providing me with useful feedback.

Some therapists who chose to participate informed their colleagues of the research study who then contacted me. This snowball effect eventually led to an overwhelming response rate. To stay close to the chosen methodology and because of time restrictions it was decided to include between eight and ten participants. Much has been written about the ideal sample size for an IPA study as there is no prescribed number of participants. Smith et al. (2009) suggest a sample size of four to ten interviews to be ideal.

Demographics
Some demographic information was gathered from each participant.

Six female therapists and three male therapists were interviewed. Their age ranged from 32 to 62 years, with a mean of 49. Three Clinical and two Counselling Psychologists were recruited, six were BACP accredited therapists. Two participants were accredited by the BPS and the BACP. Their post-qualification experience ranged from 5 years to 23 years with a mean of 14 years.

Interview procedure
The data was acquired through semi-structured interviews. This method was used as it was expected to facilitate rapport building and encourage participants to talk in depth about their experiences (Reid et al., 2005). Smith and Osborn (2008) further propose that this method of data collection allows the exploration of new areas which might come up, enriching the data.

An interview schedule (Appendix 5) was developed based on the available literature. Two pilot interviews were held, as advised by Smith et al. (2009), to test the questions and minor amendments were made. The pilot participants were known to me personally and/or professionally. This made me aware of how personal the questions were and I noticed feeling inhibited in 'going deeper' into the participants' experience. This made me further aware of the importance of recruiting participants with whom I have no previous relationship.

Holloway and Jefferson (2000) emphasize the importance of an equal power balance between researcher and participant. In order to promote this interviews took place at a location chosen by the participant. This was usually their private practice. One interview took place on City University grounds, as chosen by the participant.

To further promote an equal power balance, participants were briefed about the purpose of the interview and the consent form was discussed and signed. A brief demographics form was filled in by the participants (Appendix 4) asking for age, gender and year of accreditation. It was explained that although I had some questions prepared it was my aim to invite the participant to share one's story, following

Eatough and Smith (2006). Interviews were audio recorded and lasted between 45 and 60 minutes.

During the interview the schedule was loosely followed, enabling participants to share their story in their own structure. I aimed to be an active listener and used my counselling skills to convey empathy. After the interview participants were debriefed to ensure that potential adverse effects of the interview were addressed.

Ethical Considerations

'*Qualitative researchers are guests in the private spaces of the world. Their manners should be good and their code of ethics strict*' (Stake 2000, p. 447).

It is with Stake's comment in mind that I have tried to approach the issue of ethics to protect both participants and myself. Several things have been set in place in order to attempt to achieve this.

To start, this research is being supervised by a qualified Counselling Psychologist. The project has been ethically approved by the research committee of City University (Appendix 1). Furthermore, the researcher adheres to the BPS Guidelines For Minimum Standards Of Ethical Approval In Psychological Research (2004) and BPS Code of Ethics and Conduct (2009).

Participants were briefed prior to the interview about the aim and procedure of the research. It was explained that they could withdraw their consent at any stage of the research and participants were briefed about possible risks and benefits of taking part. It was shared that although it was hoped that the interview would be a positive experience, participants may experience distress during or after the interview and they were reassured that they can pause or stop the interview at any time they wished. Both participant and researcher signed the consent form (Appendix 3) before the interview started. In signing the consent form, the researcher agrees to adhere to the BPS Code of Ethics as well as to safeguard the confidentiality of the participant.

Sometimes, distress was noticed in the participant. When this happened the researcher reflected on this and reminded the participant of their right to stop the interview at any time and their right not to answer to questions.

In order to ensure confidentiality the transcripts were coded. All identifiable details have been changed and pseudonyms are being used to protect participants' identity. All data is being stored in a locked secure place.

McGourty, Farrants, Pratt and Cankovic (2010) make note that although much is set in place to protect participants, self care for the researcher is vital to protect both participant and researcher. During the interview stage it became clear that listening to the participants and assuring their needs does take a toll on the researcher. Therefore I made an effort to brief and debrief the interviews with myself to identify how this might have impacted on me.

Analytic strategy

Transcription of the interviews is done by the researcher, and includes false starts, pauses, laughs, and sighs as recommended by Smith and Osborn (2008).

There is no set way of analyzing data in IPA although Smith et al. (2009) do provide some guidelines to which I will now turn. Eatough and Smith (2006) propose that these guidelines could be freely followed.

Smith et al. (2009) emphasize the importance of engagement with the data by the researcher. The first step of analysis is therefore reading and re-reading the transcripts and listening to the recordings. Transcripts are analysed one by one, in order to capture the essence of each individual's experience instead of comparing transcripts (Smith et al., 2009). Initially, associations, questions and comments that appeared were written down (Willig, 2008). Following Smith at el. (2009), descriptive comments were made to highlight content issues to gain a better understanding of the way the participant structures thoughts and experiences. Linguistic comments focussed on the use of language, such as the use of metaphor, tone or laughs, to reflect on possible meanings that are expressed. Conceptual comments were made to take the analysis to a more interpretative level. Then evolving themes within the text were identified. Structuring these themes was a next step in analysis (Willig, 2008). The themes reflected both original words as well as the researcher's interpretations.

It must be noted that these procedures and stages were dynamic and flexible, as suggested by Smith et al. (2009). The final step of analysis was the integration of cases, integrating both convergent and divergent experiences.

CHAPTER 3: Analysis

Overview

Analysis of the transcripts of the interviews produced rich data covering different aspects of the participants' experiences. Although the life events and life changes the participants chose to talk about were sometimes quite different, in-depth analysis of the data showed that many of the participants describe a similar journey.

A number of themes were identified during the process of analysis. This chapter will describe the themes which seem most relevant to the research question, and therefore will not be an exhaustive account but will aim to highlight the most interesting findings. In the next chapter the themes will be linked with existent literature.

Four superordinate themes are being presented which aim to describe the participants' experiences through different stages of change. The first theme, called **In transition**, aims to describe the shared experience of being in crisis, when external or internal change means that the world or the self as it has been experienced so far seems to have ended. Intensely felt emotions and a lack of control are experienced. This theme seeks to explore the impact of a changing world on the participants, the emotional impact of these changes and participants attempts to maintain a sense of self during this crisis. Lastly, this theme investigates the struggle to manage the boundaries between personal and professional life, when the personal life seems to intrude on the professional.

The second and third themes describe transformations participants experienced in themselves and their practice as a result of being in transition. The second theme, **Transformations in relational self**, describes the internal transformations participants experienced, which led to a changed experience of the therapeutic relationship. The third theme, **Transformations through integration**, focuses on the fusion between personal and professional roles within the participants. Two processes are being discussed within this theme. Firstly, the process of internalizing external theories, an embodiment of theory, as experienced by the participants, is being

discussed. Secondly, the experience of having become a personal expert as a professional, following one's lived experience, is discussed.

Lastly, the fourth superordinate theme, **Continuity**, looks at the shared experience of the participants concerning the impact and process of their learning through change. At the start of this research process, the research question was aimed at gaining more insight into therapists' experiences of significant life *events* and their impact on therapeutic practice. During the interview process it became clear that this research question had an important shortcoming which was being highlighted by almost all participants. Without being probed to talk about this, most participants commented on their experience being a (developmental) process, rather than a specific life *event*. Participants' learning and changes were felt to be on a continuum, and were therefore sometimes experienced as being fluid, without a specific start or ending. In addition, this theme focuses upon the level of significance of the lived experience on practice.

Superordinate theme one: In transition

This theme describes participants' experience of being in transition, following life changes or events. Although the actual changes that participants chose to talk about were variable, many facets of the experience of being in transition were shared. This theme consists of the sub-themes endings, coping and managing boundaries.

Theme one: Endings

The life changes that the participants chose to talk about were experienced as a momentous intrusion into the lives that they had been living so far. Affecting the whole of their being, these life experiences rippled on to other life areas and demanded immediate attention. The life experiences sometimes entailed the loss of a loved one, the ending or start of a new relationship or an ending of a particular phase and were experienced as an ending of the self as it had been so far.

Megan[2] talked about the marriage of her daughter, which felt for her like the end of being a young woman herself:

[2] Names and identifiable details are changed in order to protect the participants' confidentiality.

> *'And then my daughter got married (sniggers), and what happened was, I ph- was photographing her getting married and I took some pictures that reminded me very much of pictures I must have seen of a Greek myth, which is called "Demeter and Kore", where the young girl is abducted by Hades, ehm, goes to the Underworld and becomes the Queen of the Underworld…and I realized, ehm, how very difficult it is to, to be no longer a young woman, but a mother of the bride.'* (123/Megan)

Although presumably partially a joyful event, for Megan her daughter's marriage felt like a painful separation from her daughter as well as from her youth, for '*no longer being a young woman'*. Megan's association with the myth of Demeter and Kore, in which the daughter is abducted, may reflect some of Megan's sense of anxiety and lack of control, as her new role of being a mother of the bride had yet to be discovered. Perhaps Megan also felt the marriage of her daughter as an ending of a significant stage of her motherhood and a separation, now that her daughter has entered '*the Underworld'*, a world which she is not allowed to enter.

Anna spoke to me about the painful experience of her divorce:

> *'I mean I don't want to sound dramatic but in my mind… how I felt… I wanted the funeral of my marriage to be very dignified, it was like...we were...it didn't... if we've had a child the child didn't survive and needed to be buried, ehm, it is emotional, (…) it's very, it felt really, really so painful.'* (651/Anna)

Her emotive words show us a glimpse of her process of coming to terms with her divorce, by burying it and in this way creating a suitable ritual to help her with mourning. Anna compares her divorce with the death of a child, describing something that was created with her partner now be dissolving, possibly feeling as if a part of herself had died.

Earlier in the interview Anna shared how she was initially in 'survival mode' and prioritized organization and stability for herself in terms of finances and housing. She

describes how, after having managed this first stage of crisis, a new stage arrived in which she became physically ill, which felt as if she was dying herself:

> *'Everything where as I know, I knew I was ok, then my body started to talk (…) and there were few times with ambulance I was taken into hospital with heart attack fears… in hindsight everything was checked over a long time but I thought I was dying. Once everything was settled down I was able to fall into pieces.'* (430/Anna)

Anna's emotional grief had extended to her physical well-being and the loss of her marriage was possibly felt as the loss of a part of herself, resulting in a disintegration of her 'old' self, as she described she '*fell into pieces*'.

Although physically Anna was alright, the grief she felt over her divorce seemed to take over her body as if part of her self had died.

> *'It's not that somebody died but it* ***felt*** *like that. My body reacted exactly how I was after my father's death… it was very interesting. But I have survived.'* (470/Anna)

In this quote, Anna fuses a mental and physical dying and with her last words '*but I have survived'*, it is unclear if she refers to surviving psychologically or physically as, in her experience, there might not be a difference between them.

Ben spoke to me about his relationship crisis, in which he examined and renegotiated his interdependency with his partner. Ben explains how this crisis was initiated:

> *'Then you go into therapy yourself and all of a sudden the whole layer of unconscious all comes out, and particularly to do with relationships and I just couldn't see. It's really that therapy in particular that allowed me to see the sort of hidden elements, the unconscious elements essentially within myself and in the relationship that led me to a point where I felt, 'oh my God, I've never been able to see this and now I see this and now do I want to be in this?' It felt like everything that I had perceived to be real was really shifting, a whole layer of relating that all of a sudden was shifting and anxiety-*

> *provoking, deeply anxiety-provoking, - and I remember talking to my therapist, I was all over the place, I was, everything was shifting, I wasn't sure if I wanted this anymore.'* (181/Ben)

Ben says he was '*all over the place*', as if the cohesion of his self perception had become fragmented while he was '*shifting*' into a new, but yet unclear understanding of himself and his relationship. With this shift, he leaves behind his old perceptions of himself and his relationship, as they no longer seem valid now a '*whole layer of unconscious has come out*'.

Chris describes his experiences at the time of being bullied in the workplace as follows:

> *'At the time I would have said a soul-destroying experience... now, I would say soul-edifying experience. My boundaries are* ***much*** *firmer now.'* (1099/ Chris)

These words suggest that Chris went through an experience which impacted so much on him that it meant the ending of him, as he felt it '*destroyed*' him. Now, in the present, he reformulates his experience as a '*soul-edifying experience*', suggesting he managed to grow and change following this experience by developing '*firmer boundaries*', developing firmer cohesion of his sense of self.

As we have seen, although the actual life experiences of participants were very diverse, in this time in transition participants share a sense of a defragmentation of the self. New perspectives and changed relationships indicate that a stage or a part of the self no longer exists.

Theme two: Coping

This theme explores participants' experiences of coping in a changing, sometimes emotionally challenging and confusing world. Being a professional in the field has the advantage that often support systems are already in place; for most professionals regular supervision is part of their everyday life and many of the participants were already in personal therapy. Having these support systems in place only meant a

continuation or intensifying of support to help them manage the challenges in their life.

Many participants spoke about the challenge of managing their emotions and their sense of self, which for some seem to be felt as a loss or disintegration of self.

Megan talks about her way of grieving after her divorce:

> *'(sniggers) I mean, at one point, my analyst was in one end of the street, and I was actually doing a placement in a clinic up the road, so I used to, you know, in tears, leave him, and walk down to the (service) where I was working and, you know, I could feel getting better, cos by the time I got to the clinic I was kind of all right, it was eleven o'clock… "Pull it together, do the work, and then go home."* (570/ Megan)

Megan experienced a challenging situation in which her personal and professional life were so close in location, and the walk through the street seems to be her crossroad or boundary between these two worlds and emotional states, which she passed in a very brief time frame. She shares how she would start to feel better when she would get closer to her work, and when it was her time to start the work she would tell herself to '*pull it together'*, leading us to wonder what it was that needed to be 'pulled together'. Possibly, her self felt chaotic or disintegrated, or maybe some parts of her personal, emotional self needed to be pushed to the background in order to be able to '*do the work'*.

Vivienne, who spoke about the loss of her mother, expresses her emotional conflict to manage her personal and professional selves in a similar way:

> *'I could think about it at home, because it's okay to be overwhelmed with distress, more difficult at work when you're trying to hold it together.'* (218 /Vivienne)

Like Megan, Vivienne makes note of the importance of a change in location to allow different parts of herself to be present. In order to cope, she compartmentalizes her grief; at home, she allows herself high levels of distress, whereas at work, she needs

to '*hold it together*' to maintain a sense of self. In doing this, Megan seems to separate her personal self from her professional role in order to be able to work.

Some participants described other coping strategies. Abigail speaks about her distress as follows:

> *'I mean, they're all in my view fairly big events really, um, oh! (laughs) I've got three others, which, (laughs) just forgotten, I've had three operations, quite big ones, I've had two (operations), and, I'm sorry, I'm laughing because in lots of people's minds that would be the biggie, but actually, with everything else, ehm…'* (34/Abigail)

Abigail's light hearted tone and laughs might give the impression of a lack of engagement or emotionality, but Abigail explains this later when she talks about her experience of nearly dying herself:

> *'You know, I, I was smiling, because it just sort of feels, well, you know, ehm, I don't know how to- it's almost like it sounds like I'm almost making it up because everybody nearly dies, well one day we'll all die, so, it, it almost gets on that kind of, 'oh yeah right' and 'yeah', that's just, it all becomes frivolous, trivial, ehm, because it's just, there was so much going on at the time that it, it became unreal, so I guess there was a dissociative block, really, at the time, that cushioned it, but also made it seem slightly bonkers, you know.'* (188/Abigail)

Abigail explains her seemingly carefree and joyful attitude *('it all becomes frivolous, trivial*') towards her painful experiences by naming it as a '*dissociative block'* which enabled her to cope. As she suggests, reality or parts of her emotional self might have been too challenging to cope with, leading her to suppress the pain.

So far, we have heard Abigail, Megan and Vivienne's struggle to separate parts of their professional selves to their personal selves as a way of coping. However, there was also a shared experience among most participants of using the professional self and – knowledge as a way of coping during personal crisis.

Anna talks about the importance of using psychodynamic thought in her personal life:

> *'I think, well it helps me thinking psychodynamicly, or when I …there is a pain I feel then if I think what it might be about and then I can come up with an answer it helps me to cope better… so it has helped me terribly, it has helped me terribly.'* (721/Anna)

For Anna, being able to rely on her professional insights seems to give her comfort and an understanding of her experiences.

Charlotte, who spoke about the loss she felt after her relationship ended, reflects on this issue as follows:

> *'That helps, you know, both with an understanding of what, with things like the stages of grief, this is a stage, this is a phase, I know what are the paths, I know which one's coming next, probably was helpful, but it's not necessarily a conscious thing.'* (487/Charlotte)

Charlotte suggests that her professional insights have so much become a part of her, that it is difficult to distinguish it from her personal reflexivity when it comes to informing her process and increasing her awareness.

Vivienne also experiences being a psychologist as a support:

> *'But I think the psychologist in me helped me to stay in control of that panic and understand the process that was happening.'* (705/Vivienne)

Vivienne refers to '*the psychologist in me'*, as if her professional self is a distinct area within her, overlooking her process, which can be asked for help and advice in times of need.

We have seen participants' efforts to maintain a sense of self during their time in transition in order to cope. In addition, a possibly paradoxal experience is being described by the participants. In order to cope, it was sometimes helpful to separate personal and professional roles, whereas at the same time, the two roles inform each other for deeper understanding and coping.

Theme three: Managing boundaries

This theme seeks to explore the management of boundaries between the personal and the professional life, when changes in the personal life are taking place. The data reveal a mixture of experiences regarding this theme.

For some of the participants the changes taking place in their personal life were felt as an intrusion to their professional life and made it impossible to work.

Vivienne talks about her experience when she heard that her mother was unwell:

> 'A*nd then one day I got a call, and she'd been in hospital about a week, and I got a call to say she'd taken a turn for the worse, and the reason I remember this so strongly is because I've always been very committed to my work and always been concerned to put my patients first, and on that day, I just walked out of the building.'* (151 /Vivienne)

Vivienne's quote suggests that when she heard her mother was unwell, her commitment to her work and her clients seem to fade as her primary response was to '*just walk out of the building*', implying she followed an impulse. She explains this further:

> *'It was just such a major thing, I couldn't think about patients, so, and my mother died two or three days later, and I didn't return to work, I didn't even consider returning to work until well after her funeral had taken place, and it wasn't something I thought about, I didn't think: ' right, what am I going to do about work', I didn't think about my fitness to practise, I didn't think, 'could I go to work?'* (169 /Vivienne)

It seems that for Vivienne, losing her mother intruded so much into her professional life as if it took over. Being unable to think about work, it seems that her personal, private priorities had forced themselves to the foreground and took over her ability to '*think*' as a professional.

Vivienne surprised herself with her response:

> *'No-one else's needs even occurred to me, ehm, and this is quite shocking to me, as I think about it now, because I've always thought my, that my patients needs were a very high priority for me.'* (180 /Vivienne)

Vivienne's crisis experience possibly showed her a new part of herself, making her more aware of her priorities and personal needs which overshadowed her professional self during her time of crisis.

Sarah shares her considerations for taking time off from work after her mother had died:

> *'I stopped seeing clients then for about three weeks, I went away on holiday (…) I needed to deal with the immediate, erm, organization, for the funeral, and, you know, I needed to get away, with my husband, you know, I needed, I needed time and I had to take that time and I think it was a healthy, because again, if I…you know, if I…it would have impacted my work, I would have had to put myself aside, to, just as, looking after my childr- daughter I would have had to, erm, er, be, put my, not be '**real**', not be, not look after themselves, and I think, as a counsellor, it is very important, you know, that you are looked after first, and are contained first and, cause without that containment, you know, you couldn't, you know, I have, I had to be **me** and, so I did take a, I think, I did take about three weeks off.'* (375/Sarah)

Sarah's decision to take time off sounds a rational one and she also indicates '*I had to be me'*. Sarah shares that her decision to take time off is better both for herself and for her clients, or she would not have been able to be '*real*' with them, having to '*put herself aside'*. Sarah then intends to say she had to look after her *children*, but correct herself as she only has one daughter. It leaves the reader to wonder if the other 'child' might be herself that needed looking after.

Other participants felt that their personal experiences did not impact on their ability to practice.

Chris went through a deep depression when he was divorcing while at the same time he continued his studies:

> *'But I would go in, and I remember going to the lecture, then there'd be a break, I could cry my eyes out for a half hour and then go back in and do role plays, and that was, well, that was hell, but I guess that was what I needed to do, it- they gave me a structure. It's amazing how you can really focus and ignore- there was a lot of running from what I was experiencing.'* (145/ Chris)

Chris experienced continuing his activities as more helpful, as it gave him a structure and allowed him to '*focus and ignore*', which, at the time, helped him to cope. His experience of '*crying my eyes out*' as well as '*running from what I was experiencing*' are possibly paradoxal, giving us a glimpse of the complexity of the management of his emotions.

Later in the interview he shares his experience of seeing clients during his crisis:

> *'And I find it, for me, and I don't know why, I think everyone's different, but I was at my most sane when I was seeing- when I was working with other people's problems, and it was really bizarre, actually, it was almost like a* ***switch*** *would go on, and then, totally fine, and these clients would not know in a million years that I was going through anything – I don't* ***think***.' (449/ Chris)

From this quote we can read how Chris could '*switch*' and compartmentalize the chaos he felt in his own life. Chris says that '*I was at my most sane when I was seeing- when I was working with other people's problems*' possibly indicating how the therapeutic work structured the chaos he was experiencing. In addition, it could be suggested that his own crisis experience increased his connection in his therapeutic encounters.

Abigail shared her struggle with balancing her personal and professional roles when working with a client who was going through a similar grief experience:

> *'I had to be careful that I didn't step back, you know, it's one thing bracketing my stuff, but I didn't, I, I needed not to be bracketed myself, I also needed to be, if I was going to work with her, I needed to be able to be emotionally available to her, and I know I wouldn't choose to do that when something's so raw for me.'* (474/Abigail)

In Abigail's quote we can learn about her struggle to protect both herself and her client, as she seems to indicate needing her personal emotions in order to be able to do her work.

As we have seen, participants shared mixed experiences with regards to the ability to 'leave it at the door'. Some were able to 'turn a switch' between their personal and professional roles; others needed to tread carefully to maintain their emotional availability with the client while managing their own tumultuous emotions.

Superordinate theme two: Transformations in relational self

The second and third superordinate themes seek to explore participants' experiences of change following their life transitions. The second theme focuses specifically on transformations within the relationship with self, as well as with the client.

Although for all participants working through their life changes had been a painful process, most of them, but not all, formulated their time of crisis as a learning process which, eventually, had brought them a more positive balance within themselves and their lives. New insights in the self were found which cultivated new learning and change. As a consequence, it was felt that the therapeutic relationships that the participants held changed.

Theme one: Changes in the relationship with the self

Most of the participants reported an increase in *self-acceptance*, as well as an *increased awareness of their mortality*.

Self-acceptance

Going through a life crisis can push the limits of one's abilities and sheds light on shortcomings. Sometimes this can be a painful process, which is possibly even harder for the therapist, who is used to looking after others and is now forced to look at

one's own vulnerabilities. It is possibly through being confronted with personal limitations which enabled participants to become more empathic with the self.

Megan shares her thoughts around this issue:

> *'I'm much more accepting of myself …I don't feel so shame-based about what a mess I am…you know, much more accepting…. More room for me, more able to admit I can screw up, um, more…less obsessed with having to be, 'only perfect people can be therapists'-…more, um, aware of how you feel, but less preoccupied with it.'* (577/Megan)

Megan describes her process as a growth of an acceptance of being imperfect and a letting go of the suggestion that therapists ought to be '*perfect*'. In doing this, she manages to let go of her shame, accepting that she feels in '*a mess'*. In addition, she notes that she is '*more aware but less pre-occupied*' with her feelings, suggesting a more accepting and less demanding relationship with her emotional world.

James also talks about a growing insight into his own vulnerability and self-acceptance through being confronted with his limitations:

> *'And I would think I became* ***less*** *omnipotent because I think I felt I didn't have to* ***be*** *omnipotent, I could live with, I suppose, some of my failings… because, you know, having divorced, I suppose you felt, you know (giggling), you can't lecture everyone else about relationships (giggle), you know, having, you know, things obviously gone wrong in my life, but of course, they had anyway, I can see that my, the story of my life was to do with my own mental health as well, so, I think I was more comfortable with that.'* (770/ James)

James describes a seemingly paradoxal experience in which becoming more aware of his failings led him to become more accepting of himself. In this way, it seems he rebalanced his uncertainties into an acceptance of limitations. This is further illustrated by the following comment, in which he describes how this change impacts on his practise:

> *'And it sort of, it sort of mellows you into a, you know, you realize that you can only, you can do important work, but you make ripples in something that, you know, is part of a bigger thing, I think I got more comfortable with the idea of 'I can make a difference but I'm part of a much bigger thing, I don't have to do it all, I don't have to', so with more seniority, I felt less omnipotent, does that sound weird?'* (1010/James)

James notes a change in expectations that he has set for himself. Instead of having to be '*omnipotent*', he accepts being able to facilitate smaller changes which are significant. Apparently, for him, being aware of his limitations changes the expectations he sets for himself. In addition, he describes a change from unrealistic expectations of himself (being '*omnipotent*') to more realistic ideas ('*I can make a difference but I don't have to do it all'*) and possibly a more realistic self-image.

Abigail, who underwent many different life challenges, describes a different relationship with herself and a greater acceptance of her emotions:

> *' I, ...I'm more accepting of myself and my emotions and where I'm at and how I react and, and what the norms are and what- you know, and I don't worry about feeling in a state or something. If I get in a state about something, you know, I, I, and even if I don't, if there isn't a major life event going on, and something's triggered, and I feel more than I would expect to feel, then I think, well that's obviously triggered something else, that there's a link back, even if I don't know what it is, I might work it out, I might not, so I think it takes a lot of the anxiety out of things.'* (256/Abigail)

Note how Abigail talks about a growth in emotional awareness, which has made her less anxious. For her, apparently, having lived through a range of emotions, she has become familiar with her emotional life and how to cope with that ('*I might work it out, I might not'*). Having had the experience of going through a range of emotional states, Abigail feels more confident in being able to manage her emotions, which makes her feel less anxious. Abigail is thus able to own her feelings and accept these as being part of her, even less pleasurable or favourable ones. Like Megan, Abigail

seems to be less absorbed by her emotions and instead takes a possibly more distant stance, using her emotions to inform her rather than to overwhelm her.

Increased awareness of mortality

Another shared experience regarding changes in the self concerns an increased awareness of one's mortality, leading to a change in prioritising life choices and a reappraisal of the value of time.

Sarah lost her mother unexpectedly and shared how this impacted on her:

> *'I think, ehm, I am more appreciative of the time that I've got, I'm aware that I haven't got forever, and so in that respect, you know, I try to get as much done and to, with clients, you know, I really try to* ***be*** *with clients, and I think it's sort of matured me and, or, sobered me and,... I'm no longer a child, you know.'* (430/Sarah)

Sarah's increased awareness of her mortality '*matured*' and '*sobered*' her, suggesting a change in her general state of being. As she is '*no longer a child'*, her quote suggests that she has stopped 'playing', possibly making more meaningful life choices that matter to her. In addition, she reports a change in practise ('*I really try to be with my clients*'), prioritising what seems to be most important for her in her clinical work.

Abigail's experiences of loss changed her outlook upon life:

> ***'****I kind of see our lives as like a book, it's like a, like a narrative and, you know, I am at a particular point now in my life, ehm, I don't know when the book ends, I've no idea, you know, it could be next week, it could be in twenty years time, somewhere in between, somewhere after or somewhere before, but, at the same time, it's very much about living in the moment, making the most of what you've got, and seeing it as, um, an evolving process, like I'm meeting you today, you know, it's a very, I mean obviously, we're not here to talk about you, but it's very, it's very much, you know, this is a, a period of time that will become to some extent frozen, because of the recording, but,*

um, you'll leave here, I'll carry on with my day, and…the time has passed, it just sort of somehow feels kind of much more fluid. I think, before, I, I, I felt the need to hold on to things a lot more.' (268/Abigail)

With her words '*our lives being like a book*' Abigail seems to express that we cannot know where our lives will lead or how they will end. Abigail describes how time becomes more '*fluid*'; moments and people will come and go and this allows her to experience a letting go and living in the moment. In her last sentence ('*I think, before, I, I, I felt the need to hold on to things a lot more*') Abigail seems to be looking for words, possibly indicating the deep emotional impact of her decision to let go.

Vivienne spoke to me about the enormous impact of the death of her mother as well as the accident she had herself, which forced her to take considerable time off work.

'So I felt very, very fortunate that the only thing I broke was (body part), but I think it has left me with a sense of…gosh, I feel quite choked up…you only have one life and I think recognizing suddenly that life is, that you only get one go, and that things can change in an instant, and you don't know for sure that you'll still have this life tomorrow, ehm, I think that has contributed quite a bit to my reluctance to just pour more and more energy into working with people that are really quite difficult to help.' (769/Vivienne)

Vivienne communicates the depth of her emotions when she says she feels '*quite choked up*' but maybe even more so by stating the obvious fact that '*you only have one life, you only get one go*', suggesting the immensity of the impact of her awareness. This awareness has changed her outlook on life as she now feels more '*reluctant*' to dedicate her precious time to work.

Vivienne further explains her change in priorities when she talks about caring for a family member:

'But I think part of my sense of being disconnected from the work for the first time in my career might be partly to do with having something going on in my

life that feels far bigger than, I feel like my clients needs have shrunk in the face of my (relative)'s needs being so great.' (630 /Vivienne)

Vivienne's account seems to demonstrate a clear change in priorities in her life and a new appreciation of the value of her time since being confronted with her mother's death and her own mortality; having spent much of her time climbing the professional ladder, now her own and her family's needs have become '*bigger*'.

Within this theme, we get a sense of the participants' new appreciation of both themselves and their life. Being confronted with personal limitations following life experiences brought a new dimension of caring for the self. In addition, a realisation of life being limited and not being immortal brought about a new dimension of caring for life and a new way of experiencing the value of time.

Theme two: Changes in the therapeutic relationship

Participants' changes within themselves also meant a difference in relating to others. This became apparent when discussing the therapeutic relationship. Although some experiences varied, most participants shared that their relationships with clients had become deeper and more emotional. Perhaps, having experienced their own vulnerability and humanity made the participants more resonant with the experience of the client, decreasing the distance between client and therapist.

When her mother died, Sarah experienced her husband's support as pivotal. This experience made her more aware of what her clients might need from her:

'You know, he was kind and gentle, and, you know, for me that was the most significant work that I'd taken to my counselling-work, ehm, which is to ***be*** *and to* ***empathize****, and, silently, you know, not intrude, and, ehm, and because, you know, the opposite to that was my daughter, who loved me very much, didn't want to see me distressed, and wanted to rescue me always, but in doing that, it was stopping my process, stopping the process of, cos I was then having to look after her, do you understand?'* (315/Sarah)

Sarah's husbands' support meant allowing her to follow her own process, without intruding, whereas at the same time she saw her daughter becoming distressed with

her mother's tears, leading Sarah to worry about her daughter. Sarah seems to make sense of her own experience by recognizing the importance of '*not intruding'* but instead to '*be and empathize'* with her clients. She ends her explanation with her somewhat forceful put question '*do you understand?*' possibly indicating the significance of this insight to her.

Abigail also felt that her own experiences changed the relationships she builds with her clients:

> *'I think I get to the heart of things much more quickly, um, I probably don't mess about unnecessarily, kind of, flannelling about, setting up rapport, because I think it happens much, much quicker, I don't need to do it, so it doesn't take so long as it probably did, or I thought it did, um, I'm not so anxious, so I don't have to do it for my own part, and so I just get to the point and try and make the most of the time with people (…) I think they would probably feel, um, they'd get over their higher moments a bit quicker, they'd hopefully feel more accepted, self-accepting in themselves sooner, um, and complete the therapy sooner, probably.'* (329/Abigail)

In this quote, Abigail hypothesizes over a change she experiences in herself, being less anxious, which she assumes must be reflected in a greater self-acceptance in clients. She feels this makes her a more effective, accepting therapist. Moreover, with regard to establishing a relationship with her client, Abigail comments '*I don't need to do it*', suggesting the ability to immediately connect with her client, as there are no boundaries (for her) to overcome.

James has a similar experience and expresses this as follows:

> *'So definitely having children changed me as a therapist, I think because it made me realize firstly how vulnerable children are (giggling) and how much they are dependent upon a good parenting experience, so that made me more aware of the vulnerabilities, not only with my clients, but with myself, well that's where I come from, that's where we all come from, as people, and therefore I was more able to* ***listen****, I think the more you can listen sensitively*

> *to people, and if they **are** able to get in touch with* their *feelings, you're more able to **hear** it.'* (76/James)

For James, having children brought him in touch with his children's and his own vulnerabilities, an awareness that allowed him to listen to his clients with a different quality. James seems to suggest experiencing a deeper emotional resonance with his clients following his personal learning. When he says '*that's where we all come from, as people*', he suggests a shared experience between him and his clients.

This learning did not come easy to him, but it resulted in a significant change of practice:

> *'It's not easy to feel vulnerable as a therapist, you just want to sort someone's problems out, but now I would be less likely to, er, more likely to, er, emotionally connect with them and stick with them and not be so interventionist.'* (444/James)

James acknowledges the difficulty in feeling vulnerable, as his idea of being a therapist had been to '*just sort someone's problems out*'. At the same time, he notes the importance of connection over being '*interventionist*'.

Charlotte reflects on similar changes she experiences in the therapeutic relationship:

> *'What I think one of the key things for a therapist to be, is that you've got to be very thoughtful and reflective about what you're going through, and then you just, because we're just people talking to people aren't we, really, at the end of the day. And I guess the danger is, the danger is that therapists see themselves as, um, people who know a lot more and who just have to impart certain ideas, you know, 'just challenge your thoughts!', just, um, you know, advice givers, rather than people who are human who are faced with similar core tasks of life.'* (759/Charlotte)

Charlotte's comment '*we're just people talking to people aren't we, really, at the end of the day'* seems to indicate that her own life experiences have become a humanizing experience for her, perhaps taking her away from a belief that therapists have to

'impart their ideas' and who '*know a lot more'*, suggesting therapists are a different breed. She further takes away the possibility of inequality between therapist and client when she comments on therapists being '*human who are faced with similar core tasks of life*'.

Not all participants experienced a growth in the quality of the therapeutic relationship. Vivienne shared that their personal life experiences had possibly negatively impacted on the relationships with their clients. She experienced being drawn to her family more, being less keen to spend more energy on her work, as a result of some very challenging life experiences. She verbalises this as follows:

> *'But it does seem to have had quite a marked impact on the way I feel about work, but, more worryingly, on how I feel about my commitment to my clients, ehm, I'm more easily irritated by them, I'm more reluctant, instead of thinking, 'ooh, she sounds really interesting, yeah, I'll take her on', now, I'm standing at the back and hoping no-one will ask me to do things, ehm, which is a very big change, and it does seem to have dated from, from this event of losing my independence, and maybe gaining something else.'* (485 /Vivienne)

Vivienne shares her concern about her changed commitment to her clients. In the way Vivienne shares this, it seems she notices this change and is perhaps willing but unable to do anything about this. Vivienne then makes a direct link to her change in commitment, which happened after an accident she had in which she was unable to look after herself. She concludes that she '*maybe gained something else*', suggesting learning an important life lesson.

Later on in the interview Vivienne shares a possible explanation for the changes she has noticed in her work with her clients:

> *'I feel as if I haven't got enough of myself available to give to them.'*

(647 Vivienne)

Vivienne's emotive quote demonstrates her vulnerability and possibly her suffering. Vivienne seems to express the need to look after herself first, in order to be able to be there for her clients.

Within this theme a sense of a deeper connectedness within the self, with life and in therapeutic relationships becomes apparent. A new appreciation of closeness, vulnerability and empathy develops.

Superordinate theme three: Transformations through integration

In theme one we looked at the struggle that many of the participants experienced during their time of transition and the experiences of managing emotional upheaval and the conflicts and considerations in managing the self while being a professional. During their transition time, we saw that many participants also found support in being a practitioner, by applying professional knowledge, theory and insight to their benefit. Whereas the first super ordinate theme looked at a process of disintegration of the self, this theme focuses on a process of integration of personal and professional roles, following the learning that took place. The first sub-theme will address the shared process amongst the participants of an embodiment of theory. The second theme will look at the clinical use and application of the participants' personal journeys.

Theme one: Embodiment of theory

The relationship with theory became a more intimate one for most of the participants. For some, this relationship went through a crisis, when the therapist felt that the theory was not covering the whole of their experience. For others, their personal crisis resulted in joining up the different theories and, instead of theory being an external source of knowledge, it becoming an integral part of a fused personal and professional self.

James talks about the reciprocal relationship between his personal experiences and his professional psychological knowledge:

> *'If I hadn't been a trained psychologist, I wouldn't have made so much sense of those life experiences, having said that, without that life experience, I couldn't have brought life to those theories as much…'* (297/James)

In James' account it becomes clear how his personal and professional identities are, or have become, more integrated and develop each other. For James, having become a father changed his view and experience of psychotherapy through revaluing the importance of his own attachments. This led him to new insights and deepened his understanding of attachment theory:

> *'For me it helped join up a lot of theory because ehm… I could relate it to a lot of my own personal experience, negative experience or positive experience, I could personalize that theory from my own painful experience and pleasurable experience I suppose, some of it, ehm…, I was able to have a different perspective on the theory.'* (205/James)

James describes his process of developing a deeper personal relationship with theory which results in the theory becoming more meaningful for him. Later in the interview he further reflects on this relationship:

> *'You **feel** the theory and, and you live it, you don't simply apply it, you know, we often talk of psychologists as applying theory. You have to apply a theory from **within**, not from without.'* (322/James)

When James says '*you feel the theory and, and you live it'* he describes an internal emotional relationship with theory which is integrated within himself. This embodiment of theory becomes even more explicit when he says '*you have to apply a theory from within, not from without*'.

Charlotte speaks of how she used her personal therapy to gain a deeper understanding of her personal experiences through psychological concepts:

> *'It's made me realize that there are certain ideas in psychology that we kind of learn intellectually, and I sort of understand, or don't really understand, you know, and it's only through our own experience which I think we can*

either reflect on those experiences ourselves, or we can do that with the support of therapy, which is the way I've done it, and then we truly understand what those concepts mean.' (129/Charlotte)

Charlotte makes a distinction between '*intellectual learning from textbooks'* and '*truly understanding what those concepts mean'*, suggesting a qualitative difference in understanding. Later in the interview Charlotte talks about the fusion between her personal and professional knowledge where maybe the boundary between professional and personal self has faded.

'I don't think I realize how much I draw on theory or understanding of things, because it's second nature now'. (480/Charlotte)

Her quote suggests the development of a fuller integration between personal and professional knowledge, as she is unable to distinguish between the two.

For Chris, one of his most significant experiences of learning took place following his divorce, an experience which made him feel depressed and unmotivated. His father urged him to continue his training, despite his low feelings. Although Chris felt stretched in his ability to manage both his grief and the demands of his training, it turned out to be an important lesson for him:

'One of the things that I really hold on to, as a therapist and as a person, is that, you know, it's like what Viktor Frankl said, in the "Man's Search For Meaning", that he found beauty in fish heads in the concentration camp… and under (claps hands) ***those*** *circumstances he could still chose to do that, and so, no matter what happens to people, the freedom of choosing how they rea- how they respond to these things that are out of their control is* ***in*** *their control, and that's one of the fundamental things that makes us human. And I hold on to that, on some level, really- it's like a- in, in my heart, even, like a core part of myself.'* (895/ Chris)

Chris' words '*one of the things that I really hold on to, as a therapist and as a person'* gives a sense of the fusion between his therapeutic and personal values.

When he explains Frankl, he claps his hands, possibly indicating the emotional resonance he feels with Frankl's words. He further reinforces this when he says *'and I hold on to that, on some level, really- it's like a- in, in my heart, even, like a core part of myself'.*

So far, we have looked at the shared experience amongst most participants of an embodiment of psychological theory. Psychological theory was initially an external source of knowledge which, through personal experiences, became more internalized.

Megan goes a step further and questions the use of psychological theory if it is not related with personal experiences.

> *'I'm analytically trained, I'm an analyst, so the core of our training is around analysis, so that's why all our- why all you have is yourself because it's what* ***you*** *learnt (...) Does it work for you? Uhm, what is it called, you have to walk through your own talk, talk through your own walk, or you- yeah, I don't, I, I think the whole twelve-step recovery thing is very important, cos actually, unless somebody's been through an addiction, what the hell do they know anyway?'* (323/Megan).

Megan's quote suggests that she strongly feels that following psychological theory in guiding treatment on its own is insufficient ('*unless somebody's been through an addiction, what the hell do they know anyway')*, but only by having lived through it the application of theory can become worthwhile.

Theme two: A personal expert as a professional

This theme seeks to explore the consequences of becoming a personal expert while being a professional. Some of the participants experienced their own lived experience as a valuable source of inside knowledge and opened new ways of working with their clients. Alternatively, for some participants, being strongly connected to specific experiences and personally learned lessons brought up barriers.

Anna finds that her painful experience of divorce has given her more confidence in her work:

> *'When I see someone really in pain… knowing that at the right time for this person they will come up... they will come up with their own solutions. Not necessarily the same. It gives me calm and I trust the process and I, I don't know, I perhaps I keep the hope for them, I'm not telling them obviously that but I see myself as keeping the candle of hope for the clients' sake.'* (774/ Anna)

Anna's own confidence following her ability to manage her life crisis lead her to taking a more hopeful stance towards her clients' experiences, which she describes as '*keeping the candle of hope for the clients' sake*'.

Ben works as a relationship therapist and spoke to me about his crisis in his own relationship. Since then he feels that his clinical work has changed and he has become more aware of his own blind spots from the past:

> *'But I clearly remember before this time, that there were times when I should have said: 'look, this isn't alright. Why aren't you thinking about leaving him?' And I didn't, because* ***I*** *couldn't. Because* ***I*** *couldn't do that.'* (594/Ben)

Ben's own learning about his relationship allowed him to take a broader perspective as a therapist, as he now is able to go to places with the client where he couldn't go before, because of his own insecurities.

Charlotte spoke to me about her relationship breakup, which took away a sense of certainty about the future. Her learning concerned specifically the letting go of certainty and allowing herself to 'sit with uncertainty'. This learning now greatly influences her practise with her clients:

> *'The idea of sitting with uncertainty, and that's not something I'd ever really fully understood the problem with that, of course, everyone finds it difficult to sit with uncertainty, but realizing I, experientially, through my own experience of, in particular, sort of, what's going on in the relationship, for example, and the danger of when, you know, when not knowing, filling in the*

gaps and I'm recognizing that now all the time with patients, that... what happens when you don't know something, can you sit with that and say 'I don't know' or do you give yourself an answer, um, so that, I've put into my own work endlessly now.' (49/Charlotte)

Charlotte describes how initially, the importance and difficulty of sitting with uncertainty seemed an abstract, less tangible issue. After her own experiences, she now uses this '*endlessly*' with her clients.

For Anna, Ben and Charlotte their experience seems to have opened doors to construct the client's story from different, new perspectives. However Vivienne, who lost her mother, recognizes her current inability to work with grief following her own experience:

'I haven't had to work with a client who has experienced loss of a mother, certainly not in a recent way, and I'm not sure how I would have coped with that, erm, cos it's always possible that I steered away from it, but I think it would have been very difficult for me to work in a very thoughtful way, with grief and loss.' (231 /Vivienne)

Vivienne expresses her own vulnerability in working with grief. In addition, she recognises her sensitivity when she says '*it's always possible that I steered away from it'*, suggesting she might have, without realizing, avoided the topic of loss.

Chris, being bullied in the workplace, similarly is still very aware of his own experiences in the therapy room but, contrary to Vivienne, does not steer away from it.

'I'm very aware of that, in the therapy room, of having gone through these transitions, and I can see it so clearly, actually when people are going through that kind of transition, I can see it from, I really can see it, I guess, yeah, we, well, we can put the transference and counter-transference labels on it, but, I can see it from a mile away.' (986 Chris)

Chris seems to suggest that his own experience has allowed him to better recognise the same problem in the client. When he says '*I can see it from a mile* away', he might be suggesting that he feels he has developed a special sense, which allows him to see this.

Chris talks about another phenomenon which he recognises in himself when he works with a client who is being bullied:

> *'I have such a strong- I have to really check it- I have such a strong desire to, to go in there and, and, and fight for them - my client - against- I don't, of course, but, it really- it- that- that's a real big button, actually, um, I think it helps the work, I don't think, I think it, it makes me really attuned.'* (550/Chris)

When Chris talks about '*a real big button'* he recognises his sensitivity to the topic and his wish to '*fight for them*'. Chris balances being '*really attuned*' to the client while reflecting on his involvement ('*I have to really check it*').

He further explores his emotional resonance when he talks about a client he currently sees:

> *'And my experience of having gone through it- yeah, it's not in any therapy text book, but, I know, and- and I know- and I know, uh- I know how this sounds and I don't care - I know, for me, and I also know- it's not just that- it's not just- I know what that sounds like, as a therapist, 'but you could never know for someone else' but this, I* ***know*** *that this is the right- the wrong thing for this guy.'* (753/Chris)

Chris repeats the words '*I know'* many times in this quote, which perhaps gives us an indication of the depth of his emotional involvement. He further reinforces this when he says '*I know how this sounds and I don't care*', sharing his awareness of his involvement. Chris expresses how he '*knows what is the wrong thing*' for his client, as he has experienced this himself and possibly wants to protect his client from making mistakes that he has made.

Lastly, Megan shares that her own experience of being in analysis is instrumental in her work with clients:

> *'The experience of being in analysis has- is my life. The, the container of the analytic experience is my life. However, very few people have had as much analysis as I've had, I mean, we are talking Woody Allen level here. So, in some ways, I get very pissed off that my patients don't want to do that, they want to come once a week for a few sessions, they'll come f- maybe twice, 'do you mind if I cut my sessions down?' And I go, 'yes, I do mind!' (laughs). You know, and this is the most daunting thing I find is that they won't let me do what I know works and- okay, in the Health Service I can live with that, because they're not going to get analysis, they're going to get me doing as best I can, but it- it really pisses me off that I can't offer people the real thing that I love and that's worked for me.'* (373/Megan)

In Megan's quote, it becomes clear how significant her own experience of being in analysis is to her, when she says '*the experience of being in analysis has – is my life'*, as she defines herself as it being the whole of herself. She seems to further emphasize this significance when she continues '*we are talking Woody Allen level here'*, possibly with the aim to convince me of this significance. Having to accept that her clients might not share her own passion is a challenge ('*it really pisses me off'*).

Within this theme, the participants have shared different facets of how personal experiences have become integrated into their therapeutic practice.

Superordinate theme four: Continuity

The last superordinate theme focuses on the continuity of the lived experience for the participants. Most of my participants spoke about their experiences being a gradual changing process rather than a one-time event. For most participants the interview brought up strong emotions, related to their life experiences. This is discussed in the first theme called process. The second theme, called 'a degree in life', focuses on the significance of the personal experiences in professional development.

Theme one: Process

Nearly all participants indicated that their significant life experiences were felt as a changing, developmental process where change was happening on a continuum, rather than being a specific experienced *event*. Despite the fact that the actual issue discussed might have been a specific event happening on a specific day, the emotional processing and impact was felt to be on a continuum.

Ben's relationship difficulties started after Ben had begun to attend personal therapy, which brought him deeper insights into the dynamics of himself and his relationships. He brought these new insights 'home' to his relationship with his partner and started reappraising some of the dynamics going on between them.

> *'It's also quite a fluid period that we're talking about, I know I'm talking about particular, ehm, moments in that period, but I've said from the very beginning, it's not necessarily a clearly identifiable moment or event.'* (533/Ben)

Ben makes sense of his transitions being a '*fluid period'*, indicating there was no specific identifiable start or ending, but rather a gradual change of insight and emotions.

James spoke about several experiences, like divorce and the experience of becoming a father:

> *'And seeing your child being born, you know, and holding a child, is the most powerful, certainly the most powerful thing you'll ever experience as a person, so* ***that*** *has made me more able to really know what psychology is about.'* (110/James)

James' account of seeing his child being born is clearly an event that had an enormous emotional impact on him, as it triggered a new understanding and perspective on psychology. In making sense of his experiences James says:

> *'I wouldn't say it's an event, it's more a series of developmental experiences that start to accumulate as you, you get a series of, of sort of little insights, of*

recognitions, things, it's a developmental experience, like therapy itself, when gradually things come to life and I- I'd experience things, every time, in a slightly different way.' (122/James)

The experiences of fatherhood and divorce felt for James as an ongoing series of experiences, which triggered insights in him and a growth of self-awareness. When he reflects on his experiences of being interviewed he says:

*'You know, from this interview it's obvious to me that there's still things I will, you know, I, there are things I don't, will probably never know about my**self,** so, of course there are, so, you're only always trying to increase your self-awareness within reason. I find it very enjoyable to talk about this stuff, really, and I've obviously, all the personal stuff I've run over and over many times, so I'm not bringing out fresh traumas to talk about. Having said that, obviously it does, it does evoke feeling, but then, you need to do that, I think, otherwise, you know, if you can't evoke stuff if that's too painful to face, you need to work on that, and if it's, cos if you're shutting it off, then it's not helpful to someone else, if you're shutting out your painful issues, how can you help someone talk about theirs?'* (1188/ James)

James makes note of another aspect that was shared amongst many participants. Although the experiences being spoken about have been in the past, the emotional impact, and the emotions that were experienced during the time of transition, are still present and continue to inform the participant.

Ben reflects on this:

*'I can talk about it to you now, I feel **great** talking to you about it, and really sort of proud of all the work that's gone into that, but at the time it was just, ''aaagghh' and actually, interestingly, as we're talking about it, those feelings are not as far away as I think, those feelings of, 'aaagghh', you know, anxiety and being overwhelmed…they're there.'* (468/Ben)

Ben's enthusiasm for sharing his experiences and learning was evident during the interview, which he shares explicitly in this quote ('*I feel **great** talking to you about it'*). He emphasizes how passionate he feels about having managed to successfully work through his crisis and the strong emotions that felt threatening and overwhelming. At the same time, he notices how the emotions of being overwhelmed and anxious are, maybe somewhat unexpectedly, still there during the interview, as he remarks how the events happened in the past, yet his emotions are '*not as far away as he thought*' during the interview, suggesting a continuity of his process and emotions.

For Sarah, talking about the loss of her mother is emotional. But it has also inspired her to hold on to what she has lost:

> *'I do believe that the past impacts on the way we are, er, you know, especially our relationships and erm, of course, my relationship with my mother, erm, you know, isn't, you know, has impacted on, you know, ever since her death, her values and, erm, you know, has, you know, I've been sort of so holding on to those values more and, and erm, you know, the way we were, the way that I was with her, erm, has changed. I think one of the things I realised from her, learnt from her, is how to let go, you know, of things that are not, erm, you know, things that are not, you know, things that you cannot help, you know, and things that, you know, how to forgive people, erm, I think, erm, that's quite, been quite, er, erm…"* (1254/ Sarah)

Sarah shares a possibly paradoxal insight. She seems to suggests wanting to hold on to her mother, by '*holding on to those values (…) how to let go*'.

Within this theme it becomes clear how personal life experiences are felt as a gradual, ongoing changing process.

Theme two: 'A degree in life'

This theme seeks to explore the importance that participants placed on their lived experience in their overall growth as a professional. All participants talked about the significance of their personal life experiences in their development.

Anna reflects on the learning from her divorce;

> ‘*It sounds a bit silly but it’s like eh like a degree in life eh yes, it was like a degree in life experience (laughing), I don’t have a paper for it but it was the most challenging experience of my life.’* (532/ Anna)

Anna defines the survival of her divorce as ‘*a degree in life experience’*, possibly suggesting that she passed the challenging test of ‘life’, indicating the significance of her learning. With passing her test, perhaps Anna also expresses an ongoing sense of confidence following her personal experiences.

She further reinforces the value of her experience when she says:

> *‘Because other people who haven’t gone through (this) cannot understand how painful it might be.’* (603/Anna)

Anna suggests that only through her personal experience she is able to understand the emotional depth of going through a crisis.

For Charlotte, her own life experience plays an ongoing informative role in her therapeutic work:

> *‘I guess, realizing that we are all, have all been people all the time, and I think I’m someone who’s very thoughtful about my own experience, whether it’s just a big event or a day-to-day thing, and will reflect on that, and that, that will inevitably come into the work that I do with my patients.’* (618/Charlotte)

Charlotte reflects on how her own experiences and reflections ‘*inevitably*’ come into the work and emphasizes the importance of staying connected with her own personal experiences when working as a therapist.

For James, the importance of his personal life experience on his practice seems obvious to him:

> *‘I would find it very strange if someone wasn’t getting better with experience or events, but then I’d worry about their capacity to be a therapist, really, you*

know, well…if they're not learning from their experiences, how the hell can they help someone else learn from theirs?' (1054/James)

For James, it seems obvious that changing processes that work for clients also work for therapists. Moreover, he connects the ability to learn from personal experience with therapeutic quality.

Ben illustrates the importance of his transitional time on his learning:

'And it pretty much forced me to look at myself, and look in the mirror, and learn, um, and I think of that, that sort of bringing me to the point that is what I think of as the most important personal experience influencing my work very deeply, very deeply indeed. I'm not telling you that psychology has taught me this, no. So, nine years of studying, all of the exploring and reading and writing and research and, and I didn't have a clue, I would say…that's just…it's, so it's not come from that, something that so deeply informs my work as a therapist actually comes from, but this is.' (368/Ben)

Ben describes how his personal learning proves to be more significant for his clinical work than his academic training. He says that after working through his crisis he realized how little he knew before ('*I didn't have a clue'*). The significance he puts on his learning from his own life experiences is further emphasized when he says:

'Because so many people come to us with relationship difficulties, that's really, really important, and important for a therapist to know about, and I sometimes wonder how you could be a therapist without having had struggles in relationships.' (620/Ben)

Ben describes how he feels that there is some knowledge to be learned which is only learned through life experience and cannot be obtained through reading books or other ways, other than to live it.

CHAPTER 4: Discussion

Introduction

The therapist has been recognised to be of great significance in the therapeutic encounter. Although personal development is regarded as a crucial facet of professional development, the importance of personal life has been largely ignored in the literature. Moreover, although an integration of personal and professional values has been regarded as paramount, so far the existing literature shows little evidence of the practical application of this.

The current study focuses on both the shared and idiosyncratic experience of therapists' personal transitions and their impact on practise. Therefore, it offers a unique, new perspective on this phenomenon. Martin (2005) and Rowe (2010) offer us insights into the depth and variation of idiosyncratic experiences; however the use of IPA, focussing on shared experiences while staying within an idiosyncratic approach has allowed for a shared process to become visible.

The first three themes tell of the participants' experiences of a transformational self following an initial transitional phase and resulting in a renewal of their concept of self and a changed perspective on the world they live in. Murray-Swank and Pargament (2011) note that the process of creation, maintenance and transformation leading to renewed creation, is a universal process and has been described by many spiritual and religious traditions. For example Jesus' resurrection describes the process of his new formation after his death. They argue that 'dissolution is necessary for re-creation' (Murray-Swank & Pargament, 2011, p. 107). Goldfried (2001) talks about '*the wisdom of self-renewal'* (pp. 130). Bridges (2002) describes transition as the psychological processes involved when change occurs. Initially, the person is urged to let go of the world as once experienced, leading the person to '*no man's land'* (p. 45) in which the old situation has been left and the new reality has yet to be established. It is the management of this phase in particular, Bridges (2002) argues, which is potentially dangerous but often at the same time offers a chance of new opportunities for the individual, before a new reality can be established. Piaget (1997) described the process of accommodation, in which new aspects are not merely added

(as in assimilation), but have changed the scheme itself, and a new phase of equilibrium starts. Moreover, within the current study it became apparent that the developmental changes the participants experienced belong to a continuous process of ongoing change and self-development.

Several threads were identified as running through the participants' narratives. The process of '**shifting perspectives'**, which entails the participants' journey of defragmentation and change, '**vulnerability**', describing a shifting of relational paradigms, '**integration**', a personal/professional developmental perspective and lastly '**the white knight'**, which holds the paradox of the fallible therapist.

Shifting perspectives

The participants expressed the experience of being in a time of transition following their personal life experiences. Both 'positive' experiences, such as parenthood, and 'negative' loss experiences created a shift in the life world and perception of the self, resulting in the ending of a phase of equilibrium. Although the content of what was lost differed for each participant, there was a shared sense of an ending of the experience of who they once thought they were and therefore a defragmentation of the individuals' sense of self. This was expressed in different ways, for example as '*shifting*' (Ben, 187), '*soul-destroying*' (Chris, 1100) or '*death*' (Anna, 471), inflicting anxiety and the experience of a lack of control.

Similar expressions have been noted by Rowe's (2010) and Martin's (2005) co-researchers, for example Ellen, who describes that she experienced '*a catastrophic breakdown of her sense of being*' (Martin, 2005, p. 105). In addition, some aspects of a circular process of change became visible, whereby the individual was challenged to formulate a new life philosophy and sense of self. In these studies there seems to be an emphasis on the transitional time itself and its emotional impact. Martin however, notes his co-researchers' tendency to focus on the experiences of the event itself rather than on the '*repercussions*' (p. 100). Whereas Rowe's and Martin's studies provide us with an in-depth description of the experiences of emotions at the time of significant life events, the current research aims to add a fuller understanding of the process of transformation.

Offer and Sabshin (1984) suggest that life changes disrupt the '*psychological equilibrium*' (Offer & Sabshin, 1984, p. 403). Beck et al. (1979) describe this process as a restructuring of core beliefs or assumptions, when existing beliefs do not match with how external realities are being experienced. Mearns and Cooper (2005) talk about the value of transitional times as they force the individual to readdress existential questions and '*tidy ourselves up*' (Mearns & Cooper, 2005, p. 65). They argue that '*trauma is (...) existentially shocking, creates loss and the demands for restructuring, disrupts the assumptions about the world and other people, and our self may be violently contradicted by one, sudden, catastrophic event*' (Mearns & Cooper, 2005, p. 65).

It must be noted that the current investigation included both 'positive' and 'negative' events, however this process of disintegration was found across participants. Therefore, it could be argued that regardless of the connotation of the event, the impact might be experienced in a similar way with regards to the sense of self, including a discovering of new values and priorities and a changed relational self. For example, when turning to the literature on motherhood, the process of self reconstruction has received some attention. Smith (1991; 1994) describes identity transformations in new mothers and the importance of the relational self in the development of the new identity. Bailey (1999), studying the '*refracted selves'* (Bailey, 1999, p. 335) of new mothers, concludes that motherhood brings about a discovery of aspects of the self that were hidden from the individual. Smith (1994) suggests in a study in which he followed mothers through the process of pregnancy and becoming a mother that the mothers' narratives change over time, possibly to provide the women with a sense of continuity. These 'reconstructive stories' perhaps help the individual in making sense of their process, possibly minimising ambiguity and aiding a sense of agency in a tumultuous time (Smith, 1994).

The participants give evidence of different aspects of the management of their emotional distress as well as attempts to give meaning to their experiences, during which they are helped by their professional insights and knowledge. This process of meaning making seems an important feature in the accounts of the participants;

despite or maybe as a result of their life challenges and changes the participants give the impression of discovering new values and priorities, and an increased appreciation of themselves and their relationships. Davis et al. (2007), studying post traumatic growth, suggests that '*successful adaptation (after a traumatic event) involves shifting ones attention from the issue of comprehension to finding something of personal value*' (p. 707). He suggests that it is indeed this process of meaning making and finding something of personal value which provides the opportunity for growth following traumatic events.

In addition, Triplett et al. (2012) propose that post-traumatic growth is enhanced when the individual who has been exposed to a major life event is able to manage the emotional distress and therefore to deliberately engage in a process of rumination, as opposed to an obsessive process of rumination which may lead to post-traumatic stress. Triplett et al. discovered that the deliberate rumination, to give meaning to the events, helps in revising one's life narrative, which could increase life satisfaction.

When hypothesising that traumatic experiences as well as other life experiences might provoke similar responses in the individual, as found in the data of the current study, it is worth considering whether the level at which an event is anticipated or planned might play a role in the response to the event. In terms of loss, for example, Davis et al. (2007) propose that sense making is perhaps easier when the death is anticipated, when the cause is understood and when the deceased is of older age. In any case of loss, as Davis et al. suggest, there might be the need for the individual to reconstruct his sense of self. However, if the aforementioned conditions are not met, the individual might be more likely to engage in the process of meaning making and feel a need to reconsider existing beliefs and assumptions about the self and the world. Clearly, the present study has not specifically focussed on such factors as anticipation of events and therefore it remains speculation to what extent these factors may have impacted on the participants in the current investigation. However, the participants do seem to give evidence of the experience of defragmentation and attempts of meaning making, a process that, as Davis et al. suggest, is linked with post-traumatic growth.

More specifically, the narratives of the participants in the current study suggest internal transformations in a new appreciation of themselves through an increase in self-acceptance and an increased awareness of mortality. Joseph and Linley (2007) describe these phenomena within two of the three dimensions of post-traumatic growth; the first being changes in the perception of the self and secondly changes in life philosophy. The third dimension, changes in relationship with others, is further explored in the next section. Tedeschi and Calhoun (1995), when developing a measure of post-traumatic growth, considered common factors of post-traumatic growth to include a feeling of self-reliance, acceptance of limited control and an increased sense of resilience. In addition, a new appreciation of life and newly developed priorities about existential matters are included. The authors also recognise an increase in spirituality and religion as common factors within post-traumatic growth, aspects that did not seem to be apparent in the current group of participants.

It must be noted that, even though life experiences might result in growth experiences, the challenge remains to deal with distress related to the event, a phenomenon that was found in the current study and is described within the post-traumatic growth literature (Joseph & Linley; 2007; Triplett et al., 2012).

Joseph and Linley (2007) propose that the changes that are identified as post-traumatic growth are not simply changes in mood or '*subjective well being'* (Joseph & Linley, p. 11), but are rather developmental changes following work that individuals have done in being challenged by existential questions, changing core beliefs and assumptions and improving '*psychological well being'* (Joseph & Linley, 2007, p. 11). This suggestion seems to express the experiences of the participants in the current study, as the participants shared that their experiences were felt as a developmental experience, rather than an event. In addition, the accounts of the participants seem to give confirmation of the existential importance of their experiences, which were felt as being on a continuous, ongoing developmental path. In this way, the experiences of the participants can be seen as a natural tendency to pursue personal growth, as being proposed by Rogers (1961).

Vulnerability

Although for most participants their transitional time was characterised by intense emotions of pain, loss or confusion and a sense of defragmentation, the participants gave evidence in their accounts of developing through their distress and moving towards a transformed relational self. Giddens (1997) argued that the self is a *'reflexive project'* (p. 75). Although times in transition come with loss, Giddens argues that following thorough reflection and integration of lived knowledge, there is an opportunity to move towards a transformed self.

It seems apparent that, for most participants in this investigation, the transformed self consists of a new relational self, in which concepts of (self-) acceptance, and an awareness of vulnerability have become more central, affecting the relationship with the self as well as with others. As noted in the previous section, the participants seem to give evidence of facets that have been researched within the area of post-traumatic growth. Joseph and Linley (2007) identify one dimension in post-traumatic growth which entails changes in relationships with others. Common changes reported within this dimension are a sense of closeness with others, a willingness to express emotions and an acceptance of needing others (Tedeschi & Calhoun, 1995).

Aspects of this relational change are also visible in some of the personal accounts in the literature, for example when Burnell (2001) talks about a greater emphasis on empathy and a process of moving away from '*fixing symptoms'* (p. 126). In addition, Martin (2005) recognized a sense of '*humility*' (p. 257) in the way co-researcher Fiona talks about her relationships. He notes that co-researcher David finds a new ability to listen and to be open to his client. Co-researcher Rihanna is *'many times more empathic'* (Rihanna as cited in Martin, 2005, p. 107). Moreover, there is a tendency to *'go far, far deeper into the pain*' (p. 108) as the need to defend the self from the pain of the client has lessened.

When confronted with their own limitations the participants chose to take a compassionate stance towards their own shortcoming which also seems to ripple on to changes in the therapeutic relationship. Most participants found refuge in taking a compassionate, self accepting approach towards their perceived failures and life

transitions and report a growth in self-acceptance, an approach that resonates with third wave approaches within CBT such as Acceptance and Commitment Therapy, Compassion Focused Therapy and Mindfulness (e.g., Gilbert, 2005; Herbert & Forman, 2011). Although it is not within the scope of this research to lay down the specifics of these vastly growing approaches, its shared aim is perhaps best explained as a moving away from labelling personal aspects as maladaptive towards a general acceptance of thoughts, thus a reattribution of meta-cognitions. It must be noted that, although the body of literature around these methodologies is growing, little attention is being paid to the personal development of the practitioner to allow the actual application of these therapies. This leads the reader to wonder to what extent the therapist is supposed to 'practise what is preached' or simply apply the theory as if this is only an external source of knowledge. Or perhaps there is an assumption about the therapist's ability to be compassionate simply because he is a therapist.

The participants give the impression of a changed therapeutic relationship, possibly moving away from what Clarkson (2003) described as the working alliance, towards an emphasis upon being with the client with an increased mutual emotional involvement. Clarkson describes this as the 'person to person' relationship which possibly resembles Rogers (1957) ideas about the therapeutic relationship. Rogers suggested that therapeutic change is established through the therapist offering a relationship in which the therapist is congruent or integrated, empathic and showing unconditional positive regard.

Although the importance of an empathic therapeutic relationship is generally agreed upon amongst therapists and within the literature, Mearns and Cooper (2005) warn about the risks of the *absence* of relational depth when doing therapy, which they suggest is '*nothing short of abuse*' (p. 68). However, this means an emotional involvement with the client, which requires the therapist to be emotionally touched by the client and an openness to emotional vulnerability. Skovholt (2005) describes the challenge for the therapist to continue to commit and attach to his client; the therapist needs to be close but not too close to maintain an overview of the therapeutic relationship. When researching master therapists, he concludes '*It is the*

ability to make positive attachments, to provide a relational process, and to do it over and over again that defines mastery' (Skovholt, 2005, p. 82). He calls this a paradoxical skill as the therapist needs to be able to attach and let go, which, as he suggests, means that the therapists' personal losses need to be dealt with in order to be able to attach professionally. Orlans (1993) reminds us that *'only when I can take care of me can I take care of others*' (p. 62).

Norcross and Guy (2007) note that therapists indeed are not exempt from challenges in their personal life and finds that therapists have a lot in common with their clients when it comes to life's challenges. The difference, according to Guy (1987), however, might be therapists' difficulty in owning up to being fallible and vulnerable, or, as Larssen (2012) suggests, might be therapists tendency to '*divide between 'us', the psychologists, and 'them', the clients*' (p. 552). This difficulty in acknowledging that vulnerability is part of the self, is mentioned by some of the participants, for example James, when he reflects how it '*is not easy to feel vulnerable as a therapist, you just want to sort someone's problems out*' (James/444). Jordan (2008) argues that, in this time in which '*the myth'* (p. 212) of independence and certainty has become the ideal, it is difficult to have the courage to welcome vulnerability and uncertainty. Jordan states, '*When giving up certainty and embracing humility, we choose to leave behind shame and inadequacy*.' (p. 213). In doing so, as therapists expect their clients to do, this opens the opportunity to be moved and connect with the other. The ability to be emotionally impacted upon by others and life, allows in the therapy room a safe foundation for real connection (Jordan, 2008; Mearns & Cooper, 2005).

A possible justification of the potential difficulty for therapists to own up to their own vulnerability might be explained when we take a look at work that has been done in the area of shame (e.g., Brown, 2006; Scheff, 2003). Brown (2006) defines shame as '*an intensely painful feeling or experience of believing we are flawed and therefore unworthy of acceptance and belonging*' (p. 45), and explains shame as a discrepancy between the individual's actual perception of the self and how the individual feels *what, who* and *how* he should be. In addition, she suggests that shame is often felt as

an emotional cocktail of fear, anger, confusion and judgement. The secret nature of shame often makes it unrecognised when there is emotional distress, as she argues. Although there have been many speculations and suggestions about the difficulty for therapists to own up to their fallibility, the discrepancy between the therapist's real self and who the therapist thinks (s)he ought to be has not yet been conceptualised in terms of shame. Martin (2011) calls for an embracing of our '*woundedness*' (p. 10). Brown (2006) suggests that the acknowledgement of vulnerability, critical awareness, reaching out and '*speaking shame'* builds '*shame resilience'* (p. 47). The participants in the current study seem to give evidence of their vulnerability, lack of omnipotence and embrace their humility, and how in their experience this indeed increases empathy and relational depth in the therapeutic encounter. It is therefore hypothesised that the participants' life experiences might have catalysed shame resilience through an acceptance of imperfection, leading to an increased self-acceptance and willingness to connect.

Integration

Although the personal life events of the participants in the current study give evidence of a shattered sense of self when life events occurred, it is possibly time and self-reflection that allowed them to come to a newly integrated identity in which personal and professional identities seem to melt together and intertwine. For some, during their time in crisis, '*the psychologist in m*e' (Vivienne/705) helped them to cope, for others this personal use of professional insight '*was not necessarily a conscious thing*' (Charlotte/ 488) and seemed to be a natural process. In addition, when reflecting back on their personal life challenges, the participants indicated that theoretical concepts that perhaps once were an external source of knowledge or information had now become a more embodied experience, which enabled participants to '*apply a theory from within, not from without*' (James, 322).

The notion that most therapists gave evidence of using their professional knowledge during their time in distress seems to contradict the suggestion of Prochaska and Norcross (1983). They propose that therapists might believe that change strategies that work for their clients do not apply to them. As noted before, the research in this

area is scarce although it has been suggested that an embodiment of theory might be facilitated by implementing a programme during training in which trainees engage in personal therapy with each other (Bennet-Levy et al. 2003). Grimmer and Tribe (2001) propose that being in therapy might reinforce the idea that therapy can be effective, however there is no mention that this would develop an internalisation of theory. Although some literature suggests aiming to answer the question whether therapists practise what they preach (e.g., Larsson, 2012; Norcross et al., 2008), to what extent the therapist actually applies professional insights to himself in personal life has remained unanswered. It is therefore suggested that the findings in the current study may well invite future research studies to further explore this issue.

Within this investigation the question whether the therapist is in therapy, or was in therapy during their transitional time, was not brought up by the researcher, however more than half of the participants brought up their experiences of being in therapy and finding therapy a valuable source of support, which echoes findings of Norcross et al. (2008). Norcross et al. suggest that practitioners are more likely to engage in personal therapy than academics and other psychologists who do not work as therapists and that there is still a stigma around the use of personal therapy.

The suggestion that the embodiment of theory might be an agent in the integration and transformation of therapists following life events is not echoed by Rowe (2010) or Martin (2005). Rowe's study reports a change in personal philosophy, also due to the specific nature of his study being about the loss of Christian faith, however he does not mention the notion of an embodiment of theory. It remains speculation as to explain this difference in findings.

When discussing the literature, Martin (2005) touches on the issue of an embodiment of theory, however suggests that looking at this issue bears the risk of judging the level of professionalism of his co-researchers instead of seeing the individuality of the therapist/co-researcher. He suggests that *'chart(ing) the signs and symptoms*' of professionalism would diminish the ability of reflexivity, self-doubt and self-questioning. In other words, Martin (2005) proposes that looking at this issue within his research would reduce space in the research process for *'fluidity and change'* (p.

302). Indeed, Jennings et al. (2005) propose that a fuller integration of personal and professional knowledge takes place during the later stages of professional maturation when '*received knowledge moves toward constructed knowledge'* (p. 110). However, rather than being limited by possibly judging the participants, the current research aimed to pose the question whether an embodiment of theory is possibly a virtue of learning from personal life experiences for therapists at any stage rather than a phenomenon that is only reachable in the later stages of development. In fact, as we have seen, this suggestion is being posed by Bennet-Levy et al. (2003) who developed a programme to be implemented during therapist-training.

In addition, Skovholt and Ronnestad (1995) suggest that a fuller integration of personal and professional knowledge takes place in the later stages of mastery alongside a growth in humility and reflexivity. Therefore, as is argued, both the process of an embodiment of theory and the ability to question the self are regarded as significant variables in the development of the therapist (Orlinsky & Ronnestad, 2005; Ronnestad & Skovholt, 2001). In fact, Schön (1983) argues that only through thorough reflection can there be made a difference between technical knowledge and what he calls '*professional artistry'* (Schön, 1983, p. 113). This might have some resemblance to what is called 'wise mind' (Linehan, 1993, p. 243) in Mindfulness which is described as a combination of emotional and reasonable mind, or possibly Casement's (1985) description of the internal supervisor. Epstein (1994) talks about the difference between experiential and rational knowledge and suggests experiential knowledge informs our rational knowledge in conscious and unconscious ways.

For some participants theory and personal life experience seem reciprocal, for example for James when he says:

> *'If I hadn't been a trained psychologist, I wouldn't have made so much sense of those life experiences, having said that, without that life experience, I couldn't have brought life to those theories as much'* (James, 297).

For others, the significance of their life experience for their practice seems to exceed that of theoretical training and research, for example for Ben, when he says '*I didn't have a clue'* (373).

Orlinsky and Ronnestad (2005), in their research amongst 5000 therapists worldwide, concluded that personal life was rated as equally significant and that practical experience with clients is the most significance influence on therapeutic practice. The current study did not intend to 'rate' the impact of personal experience on therapeutic practice but rather aimed to get a phenomenological understanding of therapists' experiences. Having said that, the current study seems to indicate that, amongst this group of self-selected participants, personal life is indeed significant. Orlinsky and Ronnestad (2005) suggest that personal life seems to become more important for practice during the later stages of life. It remains unclear to what extent this is a result of the way that current training programs seem to primarily focus on research and theory, leaving it up to the individual (mature) therapist to find their own way to integration.

'The white knight'

The paradox and challenges of being vulnerable while managing professional relationships run through the participants' stories. The actual personal experiences about the management of these boundaries are mixed.

Chris, for example, would '*switch off*' (Chris/452) his personal worries when seeing clients. This possibly resonates with some of Rowe's (2010) findings, which indicates that some of his co-researchers found *'denial*' (p. 122) a helpful coping strategy which allowed them to continue to see clients. Moreover, Chris notes that '*he felt most sane when seeing clients*' (Chris/450). Also Martin (2005) makes note of some co-researchers' experience of finding '*refuge*' (p. 120) in working with clients. His co-researcher Fiona comments about her work with clients: '*This was a safe structured place, away from the chaos so that I knew what I was doing*' (p. 122).

Vivienne's response was possibly the opposite of Chris', by denying her professional role when she '*just walked out of the building*' and '*didn't think*' (Vivienne/155). However, when we further consider these different strategies, a shared element between most participants becomes visible; the choice to practise or not meant to ignore another part of the self, which was for some their professional part and for others their personal part. Abigail shared her struggle of the fragile dilemma of looking after herself while remaining emotionally available to her client when she shares '*It's one thing bracketing my stuff, but (...), I needed to be able to be emotionally available to her'*(Abigail/474).

Abigail's concern echoes Guy's (1987) warning that events in the therapists' life might make the professional emotionally withdrawn from the client, although Martin (2011) argues that

> '*It is our lack of connection with our mortality which I claim deprives us of our true spirituality. We lose sight of the functionality of our wound and in the end, of perspective, which breeds compassion*' (Martin, 2011, p. 11).

He suggests that boundaries about safe-practice and '*certainty*' should not be confused and invites the reader to explore the gift of '*tacit knowledge*' (Martin, 2011, p. 18) which life can offer the therapist. Perhaps this is expressed by the participants in the current study, for example by Anna, when she says '*I trust the process..(...) I see myself as keeping the candle of hope for the client's sake*' (Anna/778) or Chris, when he states '*I can see it from a mile awa*y' (Chris/ 990) (when a client has been bullied). The narratives of the participants in the current study seem to suggest the importance of fluidity in the management of boundaries, as the significance of personal learning permeates the professional identity which is perhaps best described by the literature around the use of self (e.g. Omylinska-Thurston & James, 2011; Wosket, 1999).

Despite the scarce research in this area there seems some suggestion made by Omylinska-Thurston and James (2011) that the use of self positively impacts on safety and trust in the therapeutic relationship, qualities that seem to impact on

therapeutic outcome (Ackerman & Hilsenroth, 2003; Cooper, 2008). Martin (2005) pleas that 'examined life' should take a significant role in continuing professional development and clinical supervision. Mearns and Cooper (2005) propose that, just as clients travel the journey of understanding of events, therapists should take up this challenge. This is, however, not an easy challenge to take up, if we assume any validity in the work done on the concept of the wounded healer. After all, Barnett (2007) argued that therapists might choose to become a therapist as it allows a safe way of relating, which the therapist might have been deprived of in early life. Although it might be relational safety that the individual who is choosing to become a therapist is after, it has also been suggested that it is indeed the acceptance of uncertainty and vulnerability that is necessary to establish relational depth (Jordan, 2008; Mearns & Cooper, 2005). In addition, Barnett (2007) suggests that, following early life, the young therapist develops *'cravings for love and attention*' (Barnett, 2007, p. 267) and a narcissistic need to be admired (by his clients), whereas Jordan (2008) suggests that humility is one of the cornerstones of the therapeutic encounter. In addition, Fussel and Bonney (1990) suggest that parental absence might have taught the therapist to ignore internal feelings. This process seems to contradict Omylinska-Thurston & James' (2011) recommendation to instead use personal feelings to aid the therapeutic relationship, specifically to increase safety and trust. Thus, there is the potential for the therapist to feel stretched in ability. However, when remembering Jung's words '*only the wounded healer can truly heal*' (Jung, 1963, p. 125) it would seem that he is indicating the importance of self development, as well as the ability to empathise with his clients through the experience of being wounded. The current study seems to confirm the idea that therapists' own wounds invite the therapist into a new process of self-development and a deepening of the therapeutic relationship.

Norcross and Guy (2007) suggest that there is duplicity between therapists' personal and professional lives, a thought that is echoed by others (e.g. Gerson, 1996; Larsson, 2012). More specifically, Norcross and Guy (2007) note that, at work, therapists tend to draw on theories, whereas at home therapists do not apply these theories to themselves when it comes to self care. The current study does not seem to support

this suggestion, which is possibly due to the self-selected nature of the sample in the current investigation, although Stevanovic and Rupert (2009) suggest that benefiting from professional insights might be more common amongst mature therapists. It is being speculated that possibly the myth of the therapist being the 'white knight' might feed this duplicity as it might refrain the therapist from owning up to the experience of shame.

Although there is a large body of research which focuses on therapists' self care and mental health (e.g. Gilroy 2002, Kleespies et al., 2011, Larsson 2012) it is being suggested that self care and the mental health of the therapist starts with the recognition that change processes apply to both therapist and client. In other words, it is suggested that an acknowledgement of sameness between therapist and client, which implies an integration of personal and professional philosophies, not only prevents burnout but offers the opportunity for an ongoing learning experience for the therapist both professionally and personally. Perhaps, research should therefore not study therapists' mental health, as if they are a different breed, but indeed focus on demystifying the person of the therapist by acknowledging shame and sameness, as well as further exploring the processes involved in the integration of knowledge.

Clinical Implications

The current study reports some new findings as well as that it echo's findings from previous studies.

First and foremost, like previous studies done by Martin (2005) and Rowe (2010), the current study suggests that personal life experiences offer an opportunity for growth to the therapist. Within Counselling Psychology, the client is regarded as '*in the process of becoming*' (Strwawbridge & Woolfe, 2010, p. 10). Equally, the therapist is regarded as evolving and growing (Mearns & Cooper, 2005). The current study shows the potential for personal life experiences to be an overarching formative experience in the process of becoming for the therapist. Therefore, it echoes Martin's (2005; 2011) suggestion to recognise personal life to play a significant role in professional development. It therefore deserves a much larger place in CPD and it is suggested it should play an integral part of personal/professional development.

Although reflexivity and engaging in a process of meaning making are key values within Counselling Psychology, applying this to enable learning from personal life has not yet become integrated into current professional practice. This research suggest integration of this in professional practice would offer a wealth of opportunity for growth. Personal therapy can play an important role in this process.

Another finding is significant considering the value that Counselling Psychology places on the therapeutic relationship. Jordan (2008) reminds us that in contemporary society values such as vulnerability, empathy and connection pose *'a challenge to the dominant paradigms of separation, radical individualism, certainty and images of invulnerability both in and out of therapy*' (p. 210). Brown (2010a) suggests that only by being vulnerable is there the openness to connect with others and to be moved by others. Jordan (2008) notes that it takes courage to allow vulnerability and uncertainty in order to be moved by others. Rogers (1957) talks about a letting go of a sense of certainty and allowing vulnerability and existential experience in the relationship. It is suggested that within Counselling Psychology, which has a humanistic ethos at its core, therapists' vulnerability in the service of creating an equal relationship is paramount. The current study suggests that personal life experiences in this way impact on the therapist's intentionality in the therapeutic process. Accepting vulnerability requires the therapist to be courageous, to own up to one's own limitations in order to be able to 'speak shame', enabling the client to feel the safety to allow vulnerability and connection, encouraging mutual empathy. These factors are paramount within the therapeutic relationship, and these findings seem therefore significant for Counselling Psychology. It is suggested that building shame resilience amongst therapists is essential, both in training and continued professional development in order to provide the therapeutic relationship that Counselling Psychologists promise.

Although in some training programs personal therapy is a requirement, there does not seem to be a clear link between personal therapy and theoretical segments of training. Fear and Woolfe (1999) propose that the (trainee-) therapist's theoretical orientation should correspond with personal philosophy. Although the importance of this is

acknowledged, it is thought that time and reflection is needed to develop this. By creating links between personal and professional development during training, it is hypothesised that foundations of integration can be established. It seems that, particularly within Counselling Psychology, with its focus on intersubjective experiences in which the practitioner's reflexivity is central, a holistic development from the start is pivotal.

It is hypothesised that these recommendations could help to allow the profession of Counselling Psychologists to build a new narrative in which the therapist can offer an opportunity of equality in connection, allowing vulnerability and growth for both therapist and client.

Limitations and suggestions for future research

The current study consists of a self-selected sample of mature therapists. Therefore, only therapists who felt that personal life had changed their professional practice were included. This suggests that it is therefore unlikely to be an accurate presentation of the population of mature therapists. Moreover, therapists who felt that their life experiences had negatively contributed to their practise might have been more reluctant to participate. Although the advertisement did not specifically state that the impact on practise should be positive, therapists with negative experiences might have been less keen on volunteering to participate. Nevertheless, one participant who was unsure if life experience had (positively) impacted did enter the current sample. In addition, the sample was small and homogenous to allow a focus on both individual and shared experiences among the mature participants. Therefore, general claims about the larger therapist population cannot be made.

Another limitation of the current study is possibly the researcher being 'other' in relation to the participants in terms of professional status and work experience. This inequality between researcher and participant might have reinforced the idea in participants to 'teach' or 'tutor' the researcher. Smith (1994), in a study about the transition into motherhood, notices a tendency to emphasise growth and to minimise less desirable aspects of the self while reconstructing life stories. Although Smith explicitly states that these findings may not be applicable to other life transitions, it is

possible that the process of '*securing or enhancing reputation'* (p. 389) might have been at work in this study. Although many efforts were made to make the research interview experience safe and containing, possibly participants felt they were supposed to live up to the idea of being omnipotent as a mature therapist when talking to a trainee Counselling Psychologist. It is therefore argued that, in carrying out future qualitative research, a sense of 'sameness' between researcher and participant might invite participants to a deeper exploration of socially less desirable aspects. Having said this, most participants did indeed share (some of) their vulnerabilities and doubts and at least seemed partially able to 'open up'. In this light, it could be argued that carrying out more than one interview might provide the participants with a greater opportunity to more deeply explore less desirable aspects. In addition, this would allow a deeper exploration of contributing factors.

The current research, nevertheless, does flag up the significance of the personal experiences in the participants' practise, a phenomenon which has been largely ignored previously despite exploratory evidence suggesting the importance of therapist integration. It is thought that this phenomenon might be somewhat unrecognised and underdeveloped in current teaching and publications, possibly because of the stigma around the 'woundedness' of therapists. It would thus be interesting to further explore this stigma as further research into this area might open up boundaries that the profession has set for itself, at the cost of the therapist's own growth. Therefore, further in-depth qualitative research into this stigma could be illuminating and enriching.

As mentioned, due to self-selection and small sample size, it remains unclear to what extent the findings of the current research describe a more common experience amongst participants. In fact, during recruitment, the researcher received some responses from therapists who suggested that they did not feel that their personal life had impacted on their practise. To remain close to the set inclusion criteria and the remit of this research investigation, these therapists were not included. However, it would be interesting to further explore the experiences of therapists who do not feel

that personal life and professional life influence each other, specifically in light of the findings of the current investigation.

Conclusion

The current study focuses on the impact of personal life events on therapeutic practice and was aimed at exploring therapists' lived experiences of this phenomenon.

The therapist has been recognised as being a significant variable in the therapeutic encounter and the literature suggests that, across modalities, the therapist's ability to build a safe and containing relationship has a considerable impact on treatment outcome (Fluckinger et al., 2012; Zuroff & Blatt, 2006). Although personal life experiences have been recognised as an important factor in therapist development, not much research has been done to explore this phenomenon in more depth (Orlinsky & Ronnestad, 2005). Martin (2005) and Rowe (2010) flagged up the significance of these experiences and the current study can be seen as a partial replication of these studies. It differs with its emphasis on both idiosyncratic and shared experiences of this phenomenon and in this way it is suggested that it makes a significant contribution to the current research literature. Counselling Psychology has a humanistic ethic at its core and aims to have a specific interest in subjective and interpersonal factors present in the therapeutic relationship (Cooper, 2009; Strawbridge & Woolfe, 2003). The current study aimed to further explore therapist factors informing this relationship through specifically investigating personal life events in the therapist's life.

The use of IPA seemed to best serve the research aims and allowed for a deep exploration of the studied phenomenon to take place. IPA has a special focus on lived experience and sense making while recognising the participant as the expert of his own experiences, which makes it particularly suitable for the current study (Smith, Flowers & Larkin, 2009).

Analysis of the data produced a rich understanding of changes that the participants experienced following their life experiences. During their transitional time, participants expressed a sense of loss of self, as the world as they had known it so far

did not seem to exist anymore, which led to a process of defragmentation of the self. There was an active attempt at meaning making and understanding which led to a process of transformation and the development of a newly formed self, a new appreciation of the self and an increased awareness of mortality. These phenomena are being described in research concerning post traumatic growth, which suggests that these changes improve psychological well-being, despite the continuity of emotional experiences related to the event (Joseph & Linley, 2007).

In addition, as a result of their experiences, participants expressed a change in relational paradigm, including a new appreciation of humility, vulnerability and empathic connection. In the therapeutic relationship this is explained as a change from a working alliance to what Clarkson (2003) describes as the 'person to person' relationship, in which connection guides techniques instead of vice versa. It is hypothesised that this change allows for a relational depth in which the use of self can flourish.

The participants further gave evidence of an integration of personal and professional selves as they made use of their professional insights during their personal transformations. Furthermore, they indicated a circular process of learning which allowed both life worlds to merge, leading to an embodiment of theory and an integration of personal and professional epistemology. Fear and Woolfe (1999) emphasise the importance of such integration, although so far little evidence has been found in the research literature which demonstrates this change taking place.

The research further brings to light the paradox of the perceived fallibility of the therapist. The myth of the therapist being infallible is visible in the participants' accounts as well as the struggle to admit and welcome vulnerability, humility and imperfection as this allows authentic connection. The participants' accounts give evidence of an embracing of their vulnerability, echoing Martin's (2011) call to allow uncertainty in the therapeutic encounter to deepen empathic connection. It is hypothesised that the participants' experiences might have catalysed into the development of shame resilience, bridging the gap between the therapist's perceived self and mythical expectations about who the therapist ought to be (Brown, 2006).

It seems that, when taking this findings further, it can offer the Counselling Psychologist an tremendous opportunity for growth, both within the therapist as for the therapeutic relationship. It offers a new prospect on integration within the therapist and a deepening of the therapeutic relationship. It is hypothesised that therapists were able to make use of their personal experiences through an integration of personal and professional philosophies. In other words, it is suggested that when an embodiment of theory is being developed the therapist is better equipped to integrate personal learning into professional practise, using core values as reflexivity and growth. In addition, it is proposed that demystifying the narrative of the therapist being the infallible 'healer' through acknowledging sameness between client and therapist. The Counselling Psychologist can therefore live up to its promise to form deeper relationships, allowing mutual respect and empathy, in order to welcome the subjective experience of the other.

Personal reflexivity

To increase transparency and rigour with regards to the research process and outcome it has been suggested that personal reflections from the qualitative researcher are in place, to allow the reader a glimpse of how the research might have been influenced by the researcher (Willig, 2008; Yardley, 2000). Willig (2008) reminds us that, in phenomenological methods, the researcher should not confuse the participants' description of experiences with the actual experience itself. Likewise, I can only describe an awareness of how my preconceptions might have influenced the research and accept that the researcher and the research cannot be fully separated. In this inquiry, the development of the researcher and the research seem circular processes, perhaps showing some resemblance with the participants' transitions, with both processes inevitably overlapping and intertwining. Although Finlay (undated) warns that reflexivity should not take place at the cost of the participant, who should remain the focus of the research, she also suggests self awareness and openness with regard to the researcher's subjectivity and positioning (Finlay, 2011).

Although several steps were taken throughout the research process to retain an awareness of how I might have impacted on the research and vice versa, such as engaging in supervision and peer supervision, conducting a reflexive interview and keeping reflexive notes, I am very aware that a different researcher might have told a different story. Therefore, the research is by definition subjective and partial and its claims are therefore limited. Brown (2010a) suggests that '*stories are data with a soul*' and throughout the research process I have aimed to allow the reader a glimpse of this 'soul', while moving between a more subjective and distanced stance as a researcher.

Pre-existing ideas

My own experience of becoming a mother during my training informed my decision to carry out the current research project. Although I had no specific observation or idea about how this might have changed me as a practitioner, I felt that there was something 'on the edge of my awareness' that seemed slightly different once I had started practising again after my break. This change was not, as might be expected,

that I had noticed myself becoming more 'motherly' towards my clients. The change was more in my awareness of having become a fuller person, as I felt I had experienced a wider range of emotions and a new sense of responsibility, importance and belonging. Perhaps more importantly, I became aware of being unable to 'switch off' this other part of me, while being in sessions. Although I was initially shocked and perhaps disappointed by this observation, as it was obviously my aim to be as aware and present as possible for my clients, it made me realise how it indeed might be an illusion to expect to exclude the rest of myself in session, particularly as it was partly this 'rest of myself' that allowed for a therapeutic relationship to develop. Therefore, I felt that, without having specific preconceptions about the outcome of this research project, 'something' might happen to the therapist when going through life changes.

Interviewing and analysis

Much is written about the potential for abuse of power by the researcher when interviewing participants. Being a student, interviewing qualified, experienced, and older therapists did not feel like a position of power to me. Generally, when interviewing the participants, I felt in awe of their wisdom and insight and I felt so lucky to be allowed a look into their world. If anything, sometimes I wondered if there was a need for the participant to lecture or enlighten me, which perhaps might have led to an intellectualisation of experiences. I aimed to be aware of this tendency and when this occurred I tried to probe the participant to return to experiential content, which I believe might have worked well.

Most therapists were interviewed in their private practice and some chose to let me sit in their chair. When this occurred, the participant reflected on wanting to get out of their professional role to allow deeper reflection to take place.

Although it is advised to bracket (Willig, 2012b) pre-assumptions before starting the research process, it was not until I had fully engaged in the interviewing process that I became more aware of some of my own beliefs. Specifically, I started questioning to what extent my inclusion criteria might have meant that I was collecting 'positive

stories', perhaps reiterating Counselling Psychology's cornerstone of humans' potential for growth. Would anyone volunteer to share negative repercussions on practice and, if so, would I be able to report on it? In other words, my ingrained belief that there is triumph after adversity became quite apparent. This realisation made me aware of the importance of staying close to the data, which indeed reveal a mixture of gains and losses. Brown (2010b) notes that '*adaptability to change is about vulnerability*'. Carrying out the research extended my perception of change which, perhaps, instead of being simplified as 'positive' or 'negative', should focus on an awareness of *being* which continually changes and transforms.

Taking the research further

Being a parent is intrinsically linked with the experience of vulnerability, connection and shame. Powdthavee (2009) proposes in his thought provoking article '*Think having children will make you happy? Think again'*, that the positive experiences of being a parent are outweighed by the negative, as more time is spent on worrying than on the experience of connection. Arguably, being a parent and a psychologist might even raise the expectations about parenting, and could therefore increase shame. The message that my participants voiced, that the acceptance of our limitations allows for deeper connection to take place, bridges for me the gap between being a practitioner and a parent. In this way, and in many other ways, the research has become a reference to my own life and life changes.

In this process, I can recognise my own transitional time of loss of being a naive student-researcher and perhaps a loss of belief of having to be the perfect mother, daughter, friend and lover or aiming to be the therapist who can help and understand every client. Even more so have I become aware of the essence in therapy and in life, as Rawson (Rawson, as cited in Florance, p. 382, 2012) puts it simply '*relationships, relationships, relationships*', as well as Martin's (2011) words with regards to the challenge of accepting '*incompletion*' (p. 12) as being complete enough.

For me, the essence of this is brought out in Brown's (2010a) words:

'To let ourselves be seen, deeply seen, vulnerably seen, to live and love with our whole hearts, even though there is no guarantees, and to believe we're enough. Because when we work from this place that says 'I'm enough', we stop screaming and start listening.'

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Appendices

Appendix 1: Advertisement

The Impact of Significant Life Events on Therapists' Practice

I am exploring the impact on clinical practice of significant life events in the practitioner's life. This research is part of a doctorate in Counselling Psychology at City University and is being supervised by Dr. Susan Strauss.

Do you feel that a significant event in your life has changed your practice?

Did the event take place after you were qualified and practising as a Counselling Psychologist?

Do you have a minimum of 5 years post-qualification experience?

If you answered 'yes' to these questions I would like to hear from you. This is your opportunity to have your voice heard. I would like to interview you at a location convenient for you.

Please contact me on email: xxxx or telephone XXXXX for more information.

Appendix 2: Ethical approval

Ethics Release Form for Psychology Research Projects

All trainees 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.
- **Trainees 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 X N/a ☐

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

1. Title of project
The Impact of Significant Life Events on Therapists' Practice

2. Name of student researcher (please include contact address and telephone number)
Bibi Schonau, 5 Cassland Road, London, E9 7AL. 02089867928

3. Name of research supervisor
Dr. Susan Strauss

4. Is a research proposal appended to this ethics release form? **Yes**

5. Does the research involve the use of human subjects/participants? **Yes**
If yes,

a. Approximately how many are planned to be involved? **8-10**

b. How will you recruit them? **Through advertisements in professional publications e.g. The Psychologist and Counselling Psychology Review**

Appendix 2: Ethical approval Page 2 of 3

c. What are your recruitment criteria? **Qualified Counsellors/Therapists/ Counselling Psychologists with a minimum of 5 years 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? **No**

e. If yes, will signed parental/carer consent be obtained?

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).*
To participate in a semi-structured interview of approx 60 mins duration.

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

If yes,
a. Please detail the possible harm?
It is hoped that the interview will be a positive encounter in the sense that participants will be given the opportunity to discuss their experiences. However, it is acknowledged that they may feel distress during the interview due to the sensitivity of the subject. This will be seriously considered. Participants will be assured that they can pause or stop the interview at any time. I will use my clinical experience in order to respond appropriately to any distress that participants may experience.

b. How can this be justified?
It is proposed that the potential contribution of this research in the area of Counselling and Counselling Psychology justifies the minimal risk.

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**
(*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? **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**
(*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)?

Appendix 2: Ethical approval Page 3 of 3

The interview will be audio-taped. The tapes will be transcribed. The transcriptions will be marked with a pseudonym.

12. What provision will there be for the safe-keeping of these records?
All files and information will be kept in a secure place and will be password protected.

13. What will happen to the records at the end of the project? –
All records will be destroyed at the end of the project.

14. How will you protect the anonymity of the subjects/participants?
All significant identifiable details, including the participants' names, will be changed to pseudonyms to respect the participants' anonymity.

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 verbally debriefed in order to ameliorate any adverse effects the interview might have had. As the participants are experienced Counselling Psychologists it is expected that they are aware of resources available to them.
(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:

Signature of student researcher ---------- Date 16/7/2010.

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 22 July 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 ---------- Date 22/7/10

7

Appendix 3: Consent Form

Thank you for participating in this study.

The project
This research project is part of a doctoral thesis, a component of a Professional Doctorate at City University, London.

It is being supervised by a qualified Counselling Psychologist and has ethical approval from the University.

The purpose of this research is to explore the impact that significant life events in the lives of therapists may have on clinical practice and on therapists' potential growth. Research has shown that therapists learn from challenging life crises, choices or changes and use this personal experience in their work with clients. As not much research has further explored this area to date it may open up a new area of information.

Procedure
You will be asked to take part in an informal semi-structured interview, which aims to provide you with the opportunity to share your experience and opinions. There are no right or wrong answers; I am interested to hear your experience. The interview will be audio recorded. No identifiable details will be shared and your participation will remain confidential.

As you will be talking about your personal life and experiences this might stir up emotions you had forgotten or were not aware of. You will be given enough time to collect your thoughts before continuing. If you would like to stop the interview you can do this at any time you wish.

Your rights
You have the right to withdraw your participation in this study at any point during the research process. You further have the right not to answer to any question during the interview. You will not be judged for withdrawing or refusing to answer and **you will remain anonymous at all times**.

I have read and understood the above

Participant:	Name	.....
	Date	.....
	Signature	.....

The researcher will adhere to BPS guidelines and Code of Conduct throughout the research process and will safeguard confidentiality of the participant.

Researcher:	Name	.....
	Date	.....
	Signature	.....

Appendix 4: Demographics form

Age: ..... Sex: .....

First part of postcode: (eg. SW9): .....

Qualified in: ..... (year)

Accreditation: ..... (e.g. BPS/BACP)

Membership: .....

Other qualifications: .....

.....

.....

.....

.....

Thank you.

Appendix 5: Interview Schedule

1. What significant life event do you feel has influenced your work with clients?
   Prompt:
   - Can you tell me a bit more about this event?

2. How did this event impact on your personal life?

3. While you were experiencing this event and while you were dealing with its impact, do you feel your knowledge about psychology or therapy helped you in any way?
   Prompt:
   If helpful
   - What was helpful?
   - How did this help you?

   If not helpful
   - What was unhelpful?
   - Why was this unhelpful?

4. Did this event challenge your beliefs about yourself as a therapist?
   Prompt:
   - If so, in what way?

5. Did this event challenge your beliefs or insights in the therapeutic orientation you are working in?
   Prompt:
   - If so, in what way?

6. How has this experience changed your clinical work?
   Prompt:
   - What is the most important change you've noticed in your clinical work?
   - Can you give case examples?
   - What have you changed?

7. How important has this event been in your growth as a therapist?

8. Is there anything you would like to say that I have not asked about?

Thank you for your participation.

Appendix 6: Extracts from transcript participant 1

Appendix 6: Extracts from transcript participant 1 page 2 of 3

Appendix 6: Extracts from transcript participant 1 page 3 of 3

'Tethyphor?'

self love / new relationship with self / inner child?

when safe inside reconnect

major structure / rebuilding self? trauma / broken self?

appearings matter / self preservation

challenge

self preservation / coping

self care / coping

congruence reassuring ethical practice.

* Ring represents self love? for inner child → needed that in place as major structure / the rest / dissolved

— reconnect colleagues when safe inside

360	that's then started to talk to my	delayed sharing with colleagues: coping
361	colleagues and they were	
362	wondering.. so I needed to keep	
363	something in place because a	crash / mess / dust / broken bits
364	major structure fell down (right)	
365	so that's..and it came obviously	self love: fake it till make it?
366	into my work because I kept the	
367	pretence...(yes) of this working	self preservation / coping / by pretending
368	with myself But Ididn't want	
369	eh…I guess it was a challenging	
370	issue for me and I didn't need	
371	more inquisitive questions or	self preservation questions are intrusive
372	whatever..(from colleagues…or..)	
373	yeah..or clients (or…yeah).. and	
374	(hmmm) I looked after	
375	myself..(hmmm) in that way	coping
376	(hmmm) I don't think it was not	
377	being congruent (hmmm, yes).it's	reassuring me of coping. ethical practice.
378	looking after myself.	
379		

inquisitive

a major structure fell down or what? *

Ring = pretence of working on / with self?

challenging issue.

I looked after myself

congruence

reassures herself of ethical practise.

20

Appendix 7: Developing themes participant 1

Time plays important role in her story

it structures her story for her/ helps her to make sense of story

she developed over time

in hindsight, she is able to understand more now, then she was at the time

Developmental process

I was child, dependent, unable to leave my husband or go without him. I went into counselling, started to study counselling (husband didn't like the word counselling), marital counselling, discovered couldn't go on, decided divorce ('no choice I had to'), structure came down, 'tunnel', distanced from 'his' friends, took on all responsibilities, kept some things in place (work, county) and started rebuilding structure (house, friendships,

relationship with self). Now matured, more peaceful.

Being able to tell story

439 rationalising/ depersonalising (story to be able to tell it?)

452 depersonalisation (to be able to tell story)

Impact/ intertwined identities

570 impact work and personal

666 work gives understanding

705 personal growth becomes professional growth

137 the personal impacts on client

249 personal affects supervision/ professional

262 personal affects clients

324 mix personal and professional / unseperatedness

281 prevent mixing personal and professional

253 reassuring ethical practice

461 relationship/ theory

462 psychodynamically informs / framework of understanding

The journey/ crisis

364 major structure / rebuilding self?

364 trauma/ broken self?

417 renegotiating me and relationships

454 closing/ opening self

603 disconnect from others

607 redefining self

664 rejection

668 death

670 lack of coping/ acceptance

401 perceived? Loss) of husband and relationship

339 conflict/ time

467 separation

443 surviving

448 broken heart

335 stretching ability/ coping

334 separation

167 learning process about myself (impact divorce)

198 developmental stages

253 reassuring ethical practice

225 renegotiate relationship (divorce)

238 challenging/ battle

269 scary

270 conflict: learning is scary and helpful/ safe

323 psychotic/ out of control/

538 challenging

540 painful

630 mourning/ loss/ coping / grief

658 emotional

659 painful
761 death
615 mourning
621 loss
622 mourning
626 loss of 'old me' and options
643 tunnel/ phase
646 struggle
651 death
652 funeral/ death
674 letting go of him
319 anger
320 unbearable/ inability to cope
315 psychotic/ chaos/ confusions
295 dynamic is psychotic/ chaos = relationship
422 changing perception of self/ questioning self
655 renegotiating self
423 loss/ death/ surviving/ battle
427 death/ life
280 self preservation
431 'body talks' /
431 fear of death
431 no choice / no control ----- **compare with agency**
437 dying / death
439 rationalising/ depersonalising (story to be able to tell it?)
773 separation
773 separation
804 deconstruction of self?
256 separation
264 negotiate relationship (husband with her
778 I was alone, no support, growth

Coping in crisis

453 agency / control / space/
592 self preservation/ coping
673 formulation: understanding
604 closed for others as coping
348 self preservation: seperateness: closing down / off for others to cope
353 coping
344 agency in coping
351 inwards movement
374 self care /coping
418 slow down as coping /agency
419 space as coping / agency
370 self preservation/ coping
367 keep the pretence to cope/ self preservation
409 rationalising/ as coping/ intellectualising
453 agency / control / space/
481 surviving is working
505 resilience/ surviving
594 cooking is coping
595 feeding the self
640 Mourning self care
552 I didn't think to survive, kept going
486 surviving / coping
345 self preservation/ coping
643 pace and time = coping

Coming out of the tunnel

688 loving 'old me' / acceptance/ renegotiating old self
782 come out of tunnel
769 light after tunnel/ dark tunnel
771 end of phase
773 separation

Appendix 8: The participants[3]

Anna

The first participant I interviewed was Anna. Anna has worked as a psychodynamic family therapist for more than ten years. She was born in Europe and she moved to the UK as an adult. Anna is from a broken family and chose to talk about her divorce, which took place more than five years ago. Anna's process of change was initiated by going into therapy and becoming a therapist herself, which started a process of learning about herself and her relationship. She spoke to me about her deep pain of going through this process of divorce, however she felt her life had changed for the better now as she had learned to look after herself and her own needs. She describes having a more peaceful life now and feeling more confident as a person and as a therapist.

Sarah

Sarah is a therapist working in private practice. She spoke to me about the impact of her mother's death on her work in her therapeutic practice; experiencing the importance of the 'core conditions' herself made her more convinced and determined to work in a humanistic framework with her clients. Losing her mother made her more aware of her own mortality and, not being 'a child' any more made her decide to spend her time more wisely and prioritize. She chose later in life to become a therapist.

Megan

The third participant I interviewed was Megan. Megan is in her early sixties and has been working as an analytic therapist, as well as being in analysis herself for her whole adult life. Megan spoke about her divorce. She translated her learning from this directly into her professional work at the time by organizing support groups for people going through a divorce. In addition, she spoke to me about other life transitions which were significant to her growth, in particular the marriage of her daughter and becoming a grandmother.

[3] Names are changed in order to protect confidentiality

James

James is a senior psychodynamic therapist who manages a psychology department. James' therapeutic approach has changed over the years, following his own personal development and life changes. James spoke to me about the impact of becoming a father, an experience which brought him in touch with his own vulnerabilities, which now strongly influences his therapeutic work. More specifically, James' learning concerned being able to listen and accepting his own vulnerability, allowing him to listen to his clients' vulnerability with a different quality. In addition, James spoke about his divorce, which forced him to accept his own failings, leading him to develop a more realistic, less omnipotent self-image. James felt strongly about the importance of my research topic, which brought him to participating.

Vivienne

Vivienne, a manager of a psychology department in her fifties, spoke to me about the loss of her mother which had a profound effect on her. She spoke about her strong roots and family life and how her loss has grounded her even more in psychodynamic theory. During our interview, Vivienne questioned whether her private life experiences have indeed influenced her professional practice. I got the impression that her losses had led her to change her priorities in life; where she used to be an ambitious therapist, she now finds herself steering away from clients, back towards her own family and roots.

Ben

The sixth participant I interviewed was Ben, a relationship therapist working in a psychodynamic way. Ben shared that his own personal therapy started a process of a growing awareness into relationship dynamics which brought him into conflict with himself and his partner. We talked in depth about his learning from this crisis; for Ben, this was a process of individuation and separation, while staying in his relationship. Specifically, Ben shared about learning to be able to be on his own, while in his relationship. For him, being able to stand on his own feet and being able

to choose to leave the relationship meant not needing to leave. This learning now heavily influences his practice.

Abigail

Abigail works in private practice and is in her fifties. She spoke about the pain and struggle of dealing with several significant losses she experienced in her life, as well as struggling with illness herself. Having looked her own death in the eyes has taught her to let go more and at the same time value the moment and do what matters to her most. For Abigail, it is obvious that her personal life informs her practice, and she describes the importance of foremost being a person in the therapeutic encounter.

Charlotte

Charlotte, who works within the NHS, spoke to me about her own process of learning to sit with uncertainty following a relationship break-up. Her learning from her personal life and personal therapy significantly influences her therapeutic practice on an ongoing basis. She shares how her professional and personal insights are intertwined and psychological theory has become an embodied knowing for her. This has led her to see and respect her clients' individuality more, which steers her away from protocols and towards a more integrative approach to therapy.

Chris

My last participant was Chris, an integrative therapist with an emphasis on CBT, who works for the NHS and in private practice. Amongst other events, Chris spoke to me about his divorce and his experience of being bullied in the workplace. Chris feels that these experiences matured him and taught him to set new, more realistic boundaries for himself. The most significant learning during these times of crisis came from his father, who taught him that, in times of difficulty, there is always a choice in how to deal with pain. He uses this learning often in his therapy sessions with clients.

Appendix 9: Table of themes

<table>
<tr><th>1
In transition</th><th>2
Transformations in relational self</th><th>3
Transformations through integration</th><th>4
Continuity</th></tr>
<tr><td>Endings</td><td rowspan="2">Changes in the relationship with the self

Self-acceptance
Increased awareness of mortality</td><td rowspan="2">Embodiment of theory</td><td rowspan="2">Process</td></tr>
<tr><td>Coping</td></tr>
<tr><td>Managing boundaries</td><td>Changes in the therapeutic relationship</td><td>A personal expert as a professional</td><td>‘A degree in life’</td></tr>
</table>

Part C – JOURNAL ARTICLE

Therapists' life experiences and its impact upon practice

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Therapists' life experiences and its impact upon practice

Abstract

Aims The current study focuses on the impact of personal life experience on therapeutic practice amongst mature therapists. Although it has been suggested that personal life experiences are a significant factor in professional growth, the research in this area is scarce, possibly due to the existing myth of the infallible healer.

Methodology For this study nine participants were interviewed using a semi-structured interview schedule. Participants were recruited via adverts in professional magazines. Mature therapists were included who felt that personal life events had impacted on their therapeutic practice. The data was analysed using interpretative phenomenological analysis to include both convergent and divergent experiences.

Results Analysis of the interviews produced several themes. Personal life events were experienced by participants as a time in transition, which included a defragmentation of a sense of self. Time and self-reflection allowed the participants to develop a reformulation of the self, in which a transformation took place leading to a new experience of the self and a changed relational paradigm in which (self) acceptance, humility and vulnerability are central. Integration of personal and professional epistemology following their life events took place.

Discussion It is suggested that personal life events confronted the participants with their limitations. Reformulation of the self, leading to a more realistic self image, might have bridged the gap between the real self and the self that one thinks one should be, a gap that has been identified in the literature as causing shame. Therefore, it is hypothesised that personal life events might have built shame resilience, allowing the participants to be vulnerable and to risk deeper connection in personal and professional relationships, an ability that has been identified as positively influencing therapeutic outcome.

Background

The paradox of the therapist

The person of the therapist has been recognised to be an important factor in therapeutic outcome (Baldwin, Wampold & Imel, 2007; Elkin, Mahoney & Martinovich, 2006; Wosket, 1999). More specifically, the therapist's ability to build safe and containing relationships to allow therapeutic work to take place has been identified as paramount (Ackerman & Hilsenroth, 2003; Hardy, Cahill & Barkham, 2007).). Cooper (2009) identifies the centrality of subjective and intersubjective

factors present in the therapeutic relationship within Counselling Psychology. Research into the therapist's use of self suggests that therapist's personal and emotional facets '*permeates every aspect of practice*' (Reupert, 2007, p. 115) and are significant in establishing emotional depth and safety in the therapeutic relationship (Mearns & Cooper, 2005; Omylinska-Thurston & James, 2011).

The personal life of the therapist has been identified as having a significant influence on professional growth (Orlinsky & Ronnestad, 2009; Skovholt & Starkey, 2010), however little research has been done to further explore this. Looking into the personal lives of therapists perhaps feels uncomfortable and there is a tendency to believe that therapists might be exempt from life challenges for no other reason than that they are therapists (Gerson, 1996; Goldfried, 2001). Or perhaps it is the idea that theoretical learning about the mind might make the therapist resilient to life's challenges, a suggestion that does not seem to be supported by empirical evidence (Guy, 1987; Larsson, 2012). In fact, the amount of research done in the area of therapist's self care, depression and suicide (e.g. Gilroy, 2001; Norcross & Guy, 2007) would suggest that the therapist might be more vulnerable to mental health problems, although there doesn't seem to be convincing evidence that therapists' mental health is considerably different from the general population (Kleespies et al., 2011). The myth of the therapist being the 'white knight' (Street, 2005, p. 131) implies that the therapist has special knowledge about the human mind that would enrich them in such a way that would enable them to maneuver through life without making the same mistakes as clients. This suggestion would imply that therapists make active use of theoretical models that have been learned during training, however the question whether therapists 'practise what they preach' remains unanswered to date. Some research has suggested that therapists feel that change processes that apply to clients do not apply to them (Prochaska & Norcross, 1983). Larsson (2012) refers to this phenomenon by describing psychologists' tendency to talk in terms of 'them' and 'us', suggesting therapists may indeed consider themselves a different 'breed'. Although the importance of integrating personal and professional philosophy has been flagged up by Fear and Woolfe (2010) research seems to indicate that only

in the later stages of professional development might the therapist reach a fuller integration of personal and professional values (Ronnestad & Skovholt, 2003).

The wounded healer

Jung proposed that '*only the wounded healer can truly heal*' (Jung, 1963, p. 125), suggesting the necessity of knowing one's own wounds in order to be able to empathise and relate as well as the importance of the healing of the self. The concept of the wounded healer is often used when researching therapists' motives into their choice of profession.

Sussman (1995) discloses his reasons for becoming a therapist as follows,

> *'I did not simply wish to practise psychotherapy, I wanted to be a therapist. I remember (...) sitting in the waiting room of a suite of offices, watching as a succession of therapists greeted their patients. Like myself, the other patients appeared to me to be anxious, depleted, needy, and in pain. In contrast, the clinicians struck me as calm, composed, full and self-contained. (...) I knew then that I wanted to be the therapist, by God! In my mind, that meant being whole, integrated, at peace, free of dependency needs, and always radiating goodness and well-being.'* (Sussman, 1995, p. 15).

Although research into motivations for choosing to become a therapist seems contradictory and remains explorative, some researchers suggest that early experiences of loss and abandonment 'catalyse' the therapist into this career (e.g. Barnett, 2007; Miller, 1987; Sussman, 1992). The hypothesis is that early adverse experiences teach the individual the importance of relationships and intimacy which were lacking in early life. The profession of psychotherapy then offers a safe and boundaried way of intimacy and relating. Barnett (2007) suggests that lack of attention and intimacy might result in *'cravings for love and attention*' (Barnett, 2007, p. 267), which, in the adult therapist, lead to a need to be admired by clients, while at the same time struggling with a sense of inferiority. Bager-Charleson (2010), however, suggests that positive experiences could also influence our choice of this profession, either in early or later life.

Celebrating 'woundedness'

Martin (2011) proposes that therapists' 'woundedness' should not be hidden behind professionalism, which he suggests is '*deceit*' (p. 10), but should be embraced as it offers an opportunity for learning, connection and growth. He makes a plea for an abandonment of striving for certainty or happiness, and challenges the therapist to accept '*incompletion*' (p. 11). His plea breaks with the tradition that therapist's personal problems should be denied within the therapists' professional role, or at least not publicly shared. Freud suffered from illness for many years, yet not much has been written about this (Counselman & Alonso, 1993). Even Rogers did not mention his 'nearly nervous breakdown' himself even though it transformed his practice (Kirschenbaum, 1979).

Callahan (Callahan & Ditloff, 2007), who worked within a CBT framework, felt that the loss of her child fundamentally changed her therapeutic practice:

> *'When I reflect on my personal experience, it is clear to me that my phenomenological perspective of what was happening was more salient to my understanding of the moment than were the actual facts. I now strive to understand my clients' phenomenological experience of their lives and defer my judgment of what is rational until I am able to appreciate their very personal but subjective referencing perspective.'* (p. 549)

The importance of personal experiences for professional practice has been described in many personal narratives (e.g. Gerson, 1996; Orlans, 1993; Sandra, 2009). Greenspan talks about her ongoing struggle with raising a disabled child:

> '*Adversity bursts that whole thing wide open, that idea that you have to keep this total door shut between the life of the therapist and the life of the therapy. Then, all of a sudden, the therapist is a human being, subject to life and death. All of a sudden, the idea of total professional separation doesn't make sense.*' (Greenspan, as cited in Cromstock, 2008, p. 183).

Asking the '*silenced question*' (Gerson, 1996, p. 15) of how therapists' personal life may impact on therapeutic practice is the main focus of the current study.

Aim of the current study

Counselling Psychology distinguishes itself through a specific interest in humanistic values and its focus on subjective and intersubjective factors present in the therapeutic relationship (Strawbridge & Woolfe, 2010).The personal life of the therapist seems to be one of these factors, yet has been largely ignored thus far. Although it is the aim of the Counselling Psychologist to view the client in a holistic manner, there are steps to be made to see the therapist in the same way (Cooper, 2009). The current study has been undertaken to explore this area and to question barriers that the profession has possibly set for itself. The study was aimed to answer the question of how personal life experiences may impact on therapeutic practice.

Method

Methodology

In researching this phenomenon it seemed important to acknowledge the potential difficulty of the accessibility of the phenomenon. In other words, the myth that seems to exist around the therapist being superhuman might make therapists hesitant to disclose. As the current research is meant to be explorative, a qualitative approach seemed most appropriate, enabling participants to talk freely in a safe environment, allowing depth and possible new aspects of the phenomenon to arise. Interpretive phenomenological analysis (IPA) is used to study phenomena in depth in order to enable the subjective experience and its complexities to be examined (Smith, Flowers & Larkin, 2009). IPA is a phenomenological method and aims to get as close to the participant's understanding and meaning making of experiences through the participants description (Smith & Osborn, 2008). In addition, it is hermeneutic whereby interpretation is a dual process in which participants are trying to make sense of their world while the researcher is trying to make sense of the participant's interpretation (Smith et al., 2009). In addition, it allows the researcher to speculate about the participant's life world (Larkin, Watts, & Clifton, 2006). Its aim is not to make generalisible claims but rather to come to informed speculations (Smith & Osborn, 2008).

Participants

The study recruited therapists via adverts in professional magazines and aimed to include mature therapists who feel that personal life events have impacted on therapeutic practice. Nine therapists were interviewed. Clinical Psychologists, Counselling Psychologists and therapists accredited by the BACP were included, working in a range of different approaches. Many different events were discussed, including loss experiences such as death and divorce as well as positive experiences such as parenthood. An interview schedule was loosely followed. Ethical approval had been obtained from City University. Stake's (2000) words were held in mind with regards to ethical considerations: '*Qualitative researchers are guests in the private spaces of the world. Their manners should be good and their code of ethics strict*.' (p. 447).

Analysis

All interviews were transcribed verbatim and the analysis followed a procedure as suggested by Smith et al. (2009). Each interview was first analysed separately, and themes were formed following the process of immersion in the data, and moving between the parts and the whole while aiming to get a thorough understanding as well as being able to speculate on possible meanings. The next phase consisted of an integration of cases and special attention was paid to the processes of convergence and divergence, as advised by Smith et al. (2009).

Results

Following in-depth analysis four superordinate themes were identified. The first theme, *Continuity,* flags up the significance of the events for the participants, as well as the sense that, although life might have moved on, intense emotions related to these events are still present. In addition, this theme describes the participants' life experiences as being part of their ongoing development both as a person and as a practitioner. The second theme, *In Transition,* describes the experience of being in crisis, when the self and the world as it has been experienced thus far seem to be dissolving. Intense emotions such as anxiety and loss are felt and the participants' struggle in managing a sense of self in their tumultuous time is described within this

theme. The third theme *Transformation through Integration* describes a fusion between personal and professional selves following a transitional time. This paper reports on theme four, *Transformations in Relational Self*, which describes the reported transformations both in participants and in their relationships, following their time in transition.

Although working through their life changes had been a painful process, most participants formulated their time in crisis as a learning process which, eventually, had brought them a more positive balance within themselves and their lives. New insights regarding the self were found which cultivated new learning and change. As a consequence, it was felt that the therapeutic relationships that the participants held changed. Possibly, being confronted with one's own limitations catalysed the process of becoming more accepting of the self. Megan[4] says the following about this:

> *'I'm much more accepting of myself … I don't feel so shame-based about what a mess I am…you know, much more accepting…. More room for me, more able to admit I can screw up, um, more…less obsessed with having to be, 'only perfect people can be therapists'-…more, um, aware of how you feel, but less preoccupied with it.'* (Megan)

For Megan, personal life experiences seem to have had a humanizing effect, allowing her to redefine her self-image and set realistic expectations. This is also expressed when she comments that she is less '*shame based*', suggesting growth in self-acceptance.

James talks about a growing insight into his own vulnerability and self-acceptance through being confronted with his limitations:

> *'And I would think I became less omnipotent because I think I felt I didn't have to* ***be*** *omnipotent, I could live with, I suppose, some of my failings… because, having divorced, I suppose you felt, you know, you can't lecture everyone else about relationships, you know, things obviously gone wrong in my life, but of course, they had anyway, I can see that ..., , so, I think I was*

[4] Names are changed in order to preserve anonymity

more comfortable with that... so with more seniority, I felt less omnipotent, does that sound weird?' (James)

James' seemingly paradoxical process of reaching more seniority with a growing awareness of his fallibility seems to express a struggle to negotiate his beliefs about having to be omnipotent as a therapist. Most of the participants noted an adjustment of their beliefs.

Among most participants another internal process became visible as a result of their life experiences. Following a reformulation of fundamental beliefs with regard to themselves and their world, most participants became aware of their mortality and developed an increased awareness of the fluidity of time. This process led to a reconsideration of priorities and existential questioning of what really mattered to them in life. Vivienne talked about several losses, including the loss of her independence after her accident, which made her more aware of the preciousness of her time.

'So I felt very, very fortunate that the only thing I broke was (body part), but I think it has left me with a sense of…gosh, I feel quite choked up…you only have one life and I think recognizing suddenly that life is, that you only get one go, and that things can change in an instant, and you don't know for sure that you'll still have this life tomorrow.' (Vivienne)

Vivienne thus communicates an increased awareness of her mortality, forcing her to accept that there are no certainties or guarantees. For her, this intrusive realisation meant that she became more aware of the value of her time which she wanted to spend wisely, an insight which emerged amongst most participants.

Becoming aware of one's own vulnerability allowed the participants a new perspective on the client and possibly enabled them to construct the client's story from a new perspective. James expresses this as follows:

'So definitely having children changed me as a therapist, I think because it made me realize how vulnerable children are, so that made me more aware of

the vulnerabilities, not only with my clients, but with myself, well that's where I come from, that's where we all come from, as people, and therefore I was more able to ***listen****, I think the more you can listen sensitively to people, and if they* ***are*** *able to get in touch with* ***their*** *feelings, you're more able to* ***hear*** *it.'* (James)

James seems to describe an increased awareness of previous blind spots, or defences, in his work through recognition of his own vulnerability and humility. When he says '*that's where I come from, that's where we all come from, as people*', he seems to realign himself as being the same as his client and sharing the same vulnerabilities, which impacts on his concept of the therapeutic relationship. His realisation seems to be an experiential, rather than an intellectual, learning.

Charlotte conceptualizes her learning from her personal experiences as follows:

'Because we're just people talking to people aren't we, really. And I guess the danger is, the danger is that therapists see themselves as, um, people who know a lot more and who just have to impart certain ideas, you know, 'just challenge your thoughts', you know, advice givers, rather than people who are human who are faced with similar core tasks of life.' (Charlotte)

Charlotte's expression of similarity between herself and her client follows from a relational crisis that she experienced. With an increased awareness that therapists '*are faced with similar core tasks of life*' she moves away from the standpoint that therapists are '*advice givers who know a lot more*'.

Although for most participants the life experiences they noted had happened a while ago, the participants seem to give evidence of a continuity of their learning. In other words, even though the initial crisis of the battle had been fought, the awareness of vulnerability remained. Ben reflects on this during the interview:

'*I can talk about it to you now, but at the time it was just, 'aaagghh' and actually, interestingly, as we're talking about it, those feelings are not as far away as I think, those feelings of, 'aaagghh', you know, anxiety and*

being overwhelmed…they're there...and I think of that (...) what I think of as the most important personal experience influencing my work very deeply, very deeply indeed. I'm not telling you that psychology has taught me this, no. So, nine years of studying, all of the exploring and reading and writing and research and, and I didn't have a clue.' (Ben).

Discussion

For most of the participants, the personal life events that they shared served pivotal developmental experiences that permeated their professional development. Martin (2005) argues that personal life experience deserves a much larger place within CPD and supervision. Although personal life has been identified as a substantial source of learning amongst more mature therapists (Orlinsky & Ronnestad, 2009), so far this has only been marginally acknowledged in the literature. This is surprising, as, for some of the participants in the current study, it has been recognised to '*deeply*' (Ben) inform the therapeutic work.

Transformations included increased self-acceptance, a sense of vulnerability and humility which affected the participants' sense of self and a shifted relational paradigm. Similar findings have been described by Martin (2005) and Rowe (2010) as well as in the literature about post traumatic growth (e.g., Joseph & Linley, 2007). Davies (2007) suggests that post traumatic growth is more likely to occur when someone is able to find new value following a traumatic event. Triplett et al. (2012) suggest that the process of deliberate rumination helps giving new meaning to events, which promotes post traumatic growth. It must be noted that the current study did not exclusively focus on adverse experiences and therefore the discussed process would appear to describe a universal process of loss, adjustment and change in the face of pivotal life events.

With a new appreciation of humility and vulnerability the participants in the current study possibly shifted towards what Clarkson (2003) describes as the person-to-person relationship, with an increased emotional involvement. Being emotionally involved and vulnerable can help establish relational depth, as suggested by Mearns and Cooper (2005), however owning up to one's vulnerability might be especially

hard for the therapist (Gerson, 1996; Guy 1987). Indeed, the therapist is not exempt from life's challenges and research indicates that, perhaps unsurprisingly, the therapist has a lot in common with clients with regards to being faced with life's challenges (Norcross & Guy, 2007). However, it might be the tendency amongst therapists to separate themselves from their clients which makes it harder to acknowledge vulnerability. Jordan (2008) argues that independence and certainty remain a myth and suggests that '*When giving up certainty and embracing humility, we choose to leave behind shame and inadequacy*.' (p. 213). In other words, shame resilience and self-acceptance seem related to an increased sense of humility and connection. Brown (2006) describes shame as '*an intensely painful feeling or experience of believing we are flawed and therefore unworthy of acceptance and belonging*' (p. 45). She argues that shame is felt when there is a discrepancy between the individual's actual perceptions of the self and how the individual feels *what, who* and *how* one should be. It may be useful to hypothesise to what extent the therapist might struggle with feelings of shame, in recognising one's own fallibility and humility. Perhaps the image of helping others while sometimes feeling helpless oneself retains the myth of the white knight. Jordan (2008) argues that *'my need to be the expert, to know'* (p. 229), and feelings of shame about not being a '*good enough therapist*' (p. 229) creates disconnection and a misrepresentation of the clients' resources and abilities. Brown (2006) argues that the acknowledgement of vulnerability, critical awareness, reaching out and '*speaking shame'* builds '*shame resilience'* (p. 47), a process of which the participants in the current study seem to give evidence. Indeed, it seems that their experiences of humility and empathy increase the relational depth in the therapeutic encounter. It is therefore hypothesised that the participants' life experiences might have catalysed an acceptance of fallibility, leading to an increased willingness to emotionally connect, factors which have been identified as significantly impacting upon therapeutic outcome (Ackerman & Hilsenroth, 2003).

Implications for practice

The current study echoes Martin's (2005; 2011) recommendations with regards to an acknowledgment of the functionality of therapist's struggles. In addition, it is

suggested that the ongoing myth about therapists' abilities should be taken more seriously as well as the consequences of ignoring this. The current study therefore invites the therapist to reflect on the possible dichotomy between perceived self and expectations one might hold for oneself as a therapist. Up to date, the paradox of the therapist seems largely ignored during training, whereas this time of growth and learning would seem ideal for planting the seeds of shame resilience.

Limitations of the study

Clear limitations of the current study include the self-selected nature of the sample. The current findings are specific to the researched group and can therefore not be generalised. In addition, the current study only focussed on perceived rather than actual changes. Further research into this phenomenon is suggested.

Acknowledgements

The author would like to thank the participants for their time and willingness to share their invaluable insights and vulnerability in the interview.

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