EXPLORING COUNSELLING PSYCHOLOGISTS' PERCEPTIONS OF THEIR EARLY FAMILY EXPERIENCES AND THEIR INFLUENCE ON PROFESSIONAL PRACTICE: A GROUNDED THEORY STUDY

A thesis submitted in partial fulfilment of the requirements for
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Abstract

A qualitative study was carried out with 10 qualified counselling psychologists to explore their perceptions regarding the influence of their early family experiences on their practice. The method employed was grounded theory using data gathered from semi-structured interviews. Analysis of the participants’ accounts suggested that early family experiences provided a strong motivation to enter the field of counselling psychology, in order to make sense out of early difficult experiences and utilise early learned skills. Additionally, participants perceived their early experiences to have both a positive and negative influence on their therapeutic competency and practice. The experience of working through and coping with personal struggles enhanced their empathic, reflexive abilities and emotional resilience in staying with their clients’ difficulties. However, early experiences presented a challenge for the participants in their ability to facilitate their clients’ therapeutic process. These challenges were triggered when re-living earlier experiences in the therapeutic encounter. Early family and later experiences also appeared to influence the participants’ developing professional identity, in providing inclinations of working with certain client groups, settings, and therapeutic modalities. In the process of developing their professional identity, participants were in search of authenticity by utilising the theories and therapeutic stance that fits with who they are internally. The participants also emphasised the importance of personal therapy, in terms of dealing with personal issues, increasing self-awareness, modelling their own practice and cultivating therapeutic skills. Personal therapy has been found to have a positive influence on therapeutic practice. A constructed theoretical framework is also presented offering an understanding of the main psychological process identified: “counselling psychologists’ self-formation: entering a process of ongoing transformation”. The implications of these findings for the relational practice of counselling psychology are discussed.
1. Introduction

Due to the focus of qualitative research on the researcher’s reflexivity (Morrow, 2005), I feel that it is necessary to explain my personal motivations and experiences that brought me to this research question to inform the reader about my own perspective. According to Hertz (1997), the use of reflexivity is an attempt to engage in research that examines and questions the researcher’s interpretations through reflection and on-going process of self-awareness so that the accounts produced are as less distorted by assumptions as possible. What first sparked my interest in developing this research question was the interview process for the PsychD in Counselling Psychology. I was asked why do I want to be a counselling psychologist and what kind of experiences brought me to this profession. I feel that I answered the question with honesty; however, the question did stay with me. Through personal therapy and therapeutic practice, I realised the importance of this question for the reflective and relational practice of counselling psychology. I came to believe that only when we start interrogating our own motives and histories we can begin to understand how they influence our practice. As counselling psychologists we are in positions of power, engaged in relationships with often vulnerable individuals. This question arose out of my own self-questioning and journey of professional development and I feel that it is a question worth asking and applicable to the relational practice of counselling psychology.

This research aims to explore counselling psychologists’ perceptions regarding their early family experiences and their influence, if any, on their professional/therapeutic practice using a qualitative methodology (grounded theory, Charmaz, 2006). Although counselling psychology defines itself through a scientist practitioner paradigm which highlights the importance of an empirical basis for practice (Corrie & Callahan, 2000), it also lays an emphasis on the use of the self of the therapist and the understanding of the dynamic
intersubjective domain of the therapeutic relationship (Rizq and Target, 2008). In counselling psychology practice interpersonal dynamics are related to the therapeutic encounter through self-awareness (BPS, 2009). A major aspect of the work of psychologists and psychotherapists is to form working relationships with their clients (Leiper and Casares, 2000). In the therapeutic relationship, the quality of the relationship is determined by the capability of the individuals “to participate through an ‘unencumbered’ use of self” (Welt and Herron 1990 p.4). The vocation of psychotherapy bounds us in moral and ethical responsibilities as we are involved in the process of co-creating meaning with vulnerable individuals (Hedges, 2010). Investigations and theoretical discussions have mostly focused on client dynamics and early experiences for understanding the therapeutic processes at work. However, since the therapist is regarded as an active participant, engaged in the relationship with the client, the therapist’s history and early experiences are also considered crucial elements influencing practice (Sussman, 2007). Supporting this, Hart and Kogan (2003) advocate that: ‘it is through continual reflection on who we are and how we work as well as the therapeutic process that we learn to be effective counselling psychologists” (p.24).

As it will be further examined, this is a topic that has not been sufficiently researched despite its relevance to the relational practice of counselling psychology. The aim of this study is to contribute to the practice of counselling psychology through the qualitative investigation of counselling psychologists’ accounts regarding their perceptions of their early family experiences and influence on therapeutic practice. Grounded theory method (Charmaz, 2006) will be used to explore counselling psychologists’ accounts and experiences and to allow for the theory to emerge from the data. The use of the constructivist grounded theory (Charmaz, 2006) reflects the aim of constructing a theoretical framework, abstracted from the participants’ accounts, that offers an understanding of the main psychological process.
identified. It is expected that the findings of this study will have relevance for counselling psychologists’ professional practice. The qualitative investigation of the influence of early experiences on practice may raise an important issue for the training and supervision of counselling psychologists and highlight the importance of personal therapy.

The following chapters will elucidate the entire research process. The literature review, aims to contextualise this research question within the existing literature on the subject. It will consist of four parts: the importance of the person of the therapist for therapeutic practice; therapists’ early family experiences; therapists’ early experiences and its influence on practice and the aims of this research study. The methodology chapter will argue for the importance of utilising a qualitative methodology for this under-researched topic. Additionally, it will include a description of grounded theory (Charmaz, 2006) method, examine its philosophical premises and suitability for this study and explain the epistemology that underpins this research endeavour. The method chapter will describe the emergent design of this study and the process of participant recruitment and data analysis. The method section will also explain the role of the researcher in the process of gathering data and will include a section devoted to ethical considerations. The British Psychological Society’s Code of Ethics and conduct has been consulted to ensure ethical procedures are followed (BPS, 2006). The procedures involved in adhering to a high ethical standard will be made explicit, along with the challenges that this entailed. The results chapter will present the findings by including substantial segments of the participants’ accounts in an effort of representing them adequately (Morrow, 2005), and to allow the reader to understand the process of interpretation and theory construction. Analysis of the participants’ accounts will aid the construction of the main categories each one explained by its encompassing subcategories, representing the participants’ main concerns. During the final stage of analysis the researcher will present the “grounded theory”, an abstract theoretical framework providing an understanding of the main
psychological process identified from the interpretation of the participants accounts. Subsequently, in the discussion chapter findings from this study will be compared to the existing literature in an effort of enhancing and enriching understanding. This will be followed by a discussion of the implications of the findings for the profession of counselling psychology, along with proposals of possible avenues for further research, in an effort of elucidating this research subject further. The limitations of this research study and a critique of the method employed will also be included in the discussion chapter. And finally, a reflexive account will be incorporated, regarding the researchers experience of carrying out the research and its influence on her professional development.
2. Literature review

The aim of this chapter is to contextualise this study in relevant research and literature, to illustrate the rationale and aims of this investigation and to form a backdrop from which findings will be examined. Even though the focus of this study is counselling psychologists’ early family experiences and their influences on practice, the pertinent literature and research referring to the whole of the psychotherapeutic community will be reviewed. The reason is twofold: firstly, such limited focus would substantially limited the selection of appropriate literature and secondly, a comprehensive study by Henry (1978) concluded through quantitative and qualitative methodologies, that psychologists, counsellors and psychotherapists share remarkable commonalities with regards to personality development, family background, social class etc. It is important to note that this literature review was carried out after the analysis of data in accordance with Charmaz’s (2006) recommendations regarding the grounded theory method, who advised to delay the write up of the relevant literature as to minimise the forcing of preconceived understandings on the constructed theoretical framework and findings.
2.1. The importance of the Person of the Therapist for Therapeutic Practice

“Use what language you will, you can never say anything but what you are”

Ralph Waldo Emerson, (1860, p.197)

Why is it important to explore counselling psychologists’ early family experiences and their influence on practice? This section argues for the importance of the person of the therapist for therapeutic practice and, thus, the significance of research studies, such as this one, that aim to facilitate a deeper understanding of the “person” of the therapist and how his personal history influences therapeutic work.

The importance of the person of the therapist for therapeutic practice has been emphasised through different strands of literature. Jung (1964) the founder of Analytical Psychology argued that it is irrelevant what approach informs the therapist’s practice because the person that employs the approach, his personality and stance, is of the greatest importance in terms of therapeutic work. Additionally, Yalom (2002) emphasised the importance of self-reflective practices such as personal therapy and supervision for the therapeutic practitioner, as he considers the self of the therapist as his most important tool, one that is more important than theoretical orientation. Since the therapist’s self is his more important instrument, he/she must become familiarised with his blind spots, neuroses and personal struggles to develop his self-awareness on how his personhood influences his encounter with the “other” (Yalom, 2002).

A meta-analytic study investigated the effects of different forms of psychotherapy on outcome and found that no form of psychotherapy is superior, the so called dodo bird effect (Luborsky et al. 2002). Furthermore, several research studies showed that there are some
common factors within all psychotherapy modalities, and the therapeutic relationship has been characterised as the most important factor with regards to facilitating change (Stiles, Shapiro, & Elliott, 1986; Lambert, 2004). Moreover, a substantial body of meta-analytic studies indicated that the therapeutic alliance is the strongest predictor of therapeutic outcome (Cooper, 2004; Horvath & Symonds, 1991; Martin Garske, Davis, 2000; Norcross, 2002). The personhood of the therapist has preoccupied different aspects of literature with some focusing on the therapeutic relationship. The therapeutic relationship has been found to be facilitated by therapist’s qualities such as flexibility, honesty, and a genuine interest in the client (Ackerman & Hilsenroth, 2003).

Similarly, Rogers (1961), the leading figure of the Humanistic perspective, highlighted the paramount importance of the self of the therapist for therapeutic practice and argued that there is a direct link between our own self-acceptance and our ability to accept our clients. Mearns and Thorne (2007) described the challenge of such an attitude as requiring a commitment to self-discovery. Rogers described the use of the self of the therapist as: “In using myself, I include my intuition and the essence of myself, whatever that is’” (Baldwin, 2000, p. 30). Tester (1992) explains the use of self as the dynamic and purposeful application of the personal aspects of the self of the therapist.

Moreover, the person of the individual therapist has been found to account for more variance on outcome studies rather than adherence to any theoretical modality. A meta-analytic study of four outcome studies investigating experienced psychotherapists’ success rate found that variation in success rate was more due to the individual therapist rather than due to the use of specific a therapeutic orientation (Luborsky et al., 1997). However, this study along with others quantitative studies that examined the therapists variability in outcome along the years
(e.g., Blatt, Sanislow, Zuroff, Pilkonis, 1996; Crits-Christoph et al., 1991; Huppert et al., 2001) are characterised by several limitations. These include the fact that the therapists variability was examined after the treatment effects had been published; because therapists in the study were treated as fixed effects, hence, limiting the conclusions to particular therapists and due to the fact that client and therapist samples were quite small. However, a more recent study utilised more rigorous research methods that included modelling concurrently therapist and therapeutic model effects, studying therapists as random factors and employing a large sample of both patients and therapists (Kim, Wampold and Bolt, 2006). They investigated therapist variability on outcomes by analysing data from completed therapies and control groups obtained from two psychotherapy conditions of the National Institute of Mental Health Treatment of Depression Collaborative Research Program. They found that 8% of the variance in outcomes was ascribed to therapists, while 0% was ascribed to the different therapeutic modalities (Kim et al. 2006). Therefore, one can assume that the person of the therapist is a more important variable in the therapeutic encounter, affecting outcome more than any theoretical orientation.

Supporting this, McConnaughty (1987) in his article on the Person of the Therapist in Psychotherapy Practice, writes that the therapist is the one who determines the quality of the therapeutic encounter irrespective of his allegiance to a specific theoretical orientation. Following the review of a wealth of theoretical and research sources he concluded that the therapist’s life experiences, development and interpersonal style, condition and shape the therapeutic environment and subsequently the choice of approach.

Evidence on the therapist’s contribution to change also comes from family psychotherapy research (Blow, Sprenkle and Davis 2007). These authors reviewing current research findings
asserted that the therapist is the most vital element and the vehicle for change of effective psychotherapy. Since the therapist is engaged in a relationship with the client, his awareness of his personal issues, worldviews and motivations are important elements of the therapist’s effectiveness (Timm and Blow, 1999). Thus, our identity and our personal histories and experiences are elements that influence our therapeutic work (Hedges, 2010).

In counselling psychology, self-reflective practices have become key values for the profession, aimed in facilitating the therapist’s growth (Rizq, 2006). Counselling psychology represents a shift from a one-person psychology and from the sole focus on the client’s experiencing and history (Kahn, 1997), to an intersubjective psychology where the emphasis is on what happens in between the therapist and client (Milton, Craven and Coyle, 2010). Counselling psychology’s relational framework acknowledges that the person of the therapist and his perspective influences the therapeutic process (Wilkinson, Campbell, Coyle, Jordan, Milton, 1997). This is because the therapist is not seen as an emotionally distant expert, utilising techniques from an external objective perspective, but rather an active participant engaged in the relationship with the client as collaborators in the search of meaning of the client’s inner world and subjective experiences (Strawbridge and Woolfe, 2010). Counselling psychologists give emphasis on the way we are in the relation to the client, acknowledging the self of the therapist as a dynamic ingredient in the therapeutic process, with his own subjective experiences and histories Since it is acknowledged that practitioners bring their own struggles and issues to the therapeutic relationship, one can assume that as Counselling Psychologists we have an ethical duty of striving to understand how our subjectivities influence therapeutic practice. This is only possible through the maintenance of a reflective attitude and a willingness of exploring our personal histories and perspectives (Strawbridge and Woolfe, 2010).
Similarly, Rizq (2006) asserts that a self-reflexive stance lies at the core of counselling psychology training and practice where practitioners are asked to continuously engage in self-dialogue by interrogating their own subjectivities, in an effort to understand the influence that their histories, personalities and perspectives have on therapeutic practice. Rizq (2006) argues that the cultivation of a self-reflective attitude during counselling psychology training is aimed at enabling practitioners to acknowledge how they influence their clients’ therapeutic process, by either facilitating or obstructing their development. Consequently, since the therapist is regarded as an active participant, engaged in the relationship with the client, the therapist’s history and early experiences are also considered crucial elements influencing practice (Sussman, 2007).
2.2. Therapists’ Early Family Experiences

“If the soul [psyche] is to come and know itself, must it not look into a soul? “

Plato, Alcibiades I: 133B

Empirical investigations of the childhood and family environments of psychotherapists illustrate a greater than average prevalence of adverse childhood experiences. There are many personal testimonies of the ‘wounded healer’ in the psychotherapy literature where many authors recognise that the decision to enter the profession has been influenced by a desire to rework the disappointments and pain of their own lives (e.g. Sedgwick, 1994).

Jung’s statement “Only the wounded physician heals” (Jung, 1963, p. 134) represents a long standing concept originating from Greek mythology. The wounded healer paradigm advocates that there is a client within the psychotherapist, as well as, a healer within the client (Rippere & Williams, 1985; Norcross and Guy, 1989). In Greek mythology, Chiron the half-god Centaur who suffered from incurable wounds became a great healer teaching medicine to Asclepius, the god of medicine. The notion of the wounded healer has been used extensively in the psychotherapy literature (Cohen, 2009) with some practitioners perceiving the experience of personal suffering as a pivotal source of a therapist’s therapeutic ability (Etherington, 2000).

Before examining the literature on psychotherapist’s early experiences, it is essential to examine the following question: What motivates certain people to become psychotherapists and to help those who are wounded, practicing the listening of pain and struggle as a daily job? This question has not been recently investigated and it rarely appears in the journals of the helping professions (Kottler, 2003; Norcross & Farber, 2005) which seems noteworthy.
Of course the answer is a complex one, possibly involving a myriad of conscious and unconscious motivations and sociocultural and biological influences; however, there seems to be a common theme which various authors seem to refer to.

Guy (1987) suggested that many enter the counselling profession out of a need for intimacy due to a sense of isolation experienced during childhood. According to Guy (1987) counsellors often had a ‘therapeutic’ role within their family, and thus, their professional life could act as an extension of unresolved family dynamics. Also, Menninger (1957) suggested that therapists could be interested in the emotionally vulnerable out of their own experiences of rejection and pain. Thus, being a therapist, can act as a self-healing mechanism of their repressed pain rather than dealing with their own issues directly.

In addition, Ford (1963) advocates that the underlying motivation that attracts many trainees to the profession is a need for self-realisation and a sense of identity. In accord, Heimann (1989) describes the psychotherapists’ experience of being “summoned by an inner voice”, as an unconscious drive for personal reparation where one’s self is helped through helping others (p. 240).

Sussman (2007) explored psychotherapists’ unconscious motivations for entering the field, by reviewing the literature on the subject and by interviewing 14 psychotherapists. Findings suggested that psychotherapists’ motivations were connected to a number of psychological needs, including needs for affirmation, intimacy and aggressive instincts. The author argued that there is a sadistic side to the therapeutic relationship, as therapists often focus on their clients’ weaknesses and, as such, the image of the altruistic healer might be a defence against their own aggressive instincts. Additionally considering the prevalence of early difficult experiences in the childhoods of psychotherapists, Sussman argued that therapists are attracted to the safety of the intimate encounter of therapy, satisfying their own needs for
intimacy and dependency. Perhaps the “holding environment” of the therapeutic relationship is appealing to clients and therapists alike (Winnicott, 1965). However, although Sussman (2007) raises some very interesting issues, there are some concerns over the approach used to produce these findings since data derived from the interviews were not analysed in accordance with a specific analytic method.

Furthermore, Reik (1984) discussed the inherent inequality in the therapeutic relationship, which unconsciously gratifies the therapists’ needs for power. Skovholt and Jennings (2004), taking a middle ground, argued that compassionate and altruistic motivations can and do coincide with those that are unconscious and dysfunctional. Mander (2004), reflecting on his experience as a psychotherapeutic practitioner and trainer, describes the predominant motivation of individuals for entering the psychotherapeutic profession as a wish to offer to others the care they lacked when they were growing up. This is explained as a “reparative drive” where by revisiting the client’s pain and unresolved mourning and conflicts the therapist re-examines his own wounds (p.163). Mander argues that the experience of personal suffering underpins the motivation to enter the psychotherapeutic profession.

Orlinsky and Ronnestad’s (2005) comprehensive international study regarding psychotherapists’ development, which included a diverse sample, is the most recent study that provides information relating to therapists’ motivations. Specifically, one item of their extensive questionnaire clearly linked career choice with personal difficulties. They asked: “To what extent do you feel that your development as a therapist has been influenced by the motivation to explore and resolve your personal problems?” Interestingly, 48% of the 3,577 participants responded “much” or “very much” and only 16% responded “not at all” or “slightly.” Hence, the majority of therapists in this sample were aware that their career as
psychotherapists was partially motivated by their experience of personal struggles. And finally, Norcross and Faber (2005), suggested that the psychotherapists' attraction to the profession comes from a personal preoccupation of working through their own conflicts and that the choice to enter the profession is further accentuated by the fact that internal conflicts can be resolved through an interpersonal encounter. The therapeutic relationship both satisfies the need for healing others and the self (Norcross, 2002).

Research examining psychotherapists’ family experiences is further explored. Burton (1975) conducted a qualitative research on therapists’ past history and argued that the therapeutic interaction serves as a source of satisfaction for the therapists’ own unmet emotional needs, and may familiarise the therapist to emotional pain, offering a powerful motivation for career choice. Harris (1976) explored childhood memories among therapists. The researcher found high levels of interpersonal stress in therapist’s families and that they largely perceived their parents in negative terms; as unresponsive and oblivious to their emotional needs.

Furthermore, a study by Racusin, Abramowitz and Winter (1981) found that three-quarters of therapists involved in the study had assumed caretaking roles within their family through the roles of ‘parenting’ or ‘counselling’. Racusin et al. (1981) concluded that therapists' early experiences in interpersonal relationships have perhaps served as training grounds for sensitivity and understanding of interpersonal stress. This kind of empathetic understanding is considered a valuable and necessary condition for therapeutic change (Rogers, 1957).

A quantitative investigation of a large sample of clinical and counselling psychologists showed that about 70 % of female practitioners and around 33% of male psychologists had experienced some form of abuse during their childhood (Pope and Feldman-Summers, 1992).
Moreover, in a qualitative study investigating the professional development of 12 senior psychotherapists, the majority of the psychotherapists described their childhoods as characterised by negative affective experiences (Ronnestad and Skovholt, 2001). The main themes that described psychotherapists’ family experiences were abandonment, lack of emotional expression, and conditional and rigid care.

A large amount of research on this topic comes from empirical comparison studies between the early experiences of psychotherapists and other groups. Merodoulaki (1993) investigated the role of early experiences as factors influencing vocational choice in counselling and psychotherapy through the use of a comparative research analysis. Findings indicated that counsellors rated family life as very influential in their career choice when compared to computer scientists. Counsellors’ family life were characterised by difficult childhoods, connected to experiences of separation and isolation. They also reported to have provided emotional support for family members. Merodoulaki concluded that early experiences “trained” counsellors in being attuned and sensitive to the feelings and needs of others, a necessary therapeutic skill.

Hafner and Fakouri (1984) compared the earliest memories of university students in clinical psychology, law and dentistry. The early recollections of clinical psychologists involved significantly more anxiety and memories of fear inducing situations when compared with the other groups. Fussell and Bonney (1990) contrasted a group of psychotherapists with a group of physicists. Their findings indicated that psychotherapists in average reported a higher prevalence of emotional deprivation and childhood trauma. In addition, psychotherapists saw themselves as having taken the role of caretaker in their family of origin and had experienced more parent-child role reversal. They also reported more confusing and ambiguous patterns.
of communication within their families of origin. Fussell and Bonney (1990) concluded that these experiences may act as motivating factors for entering the profession of psychotherapy. In another study, Radeke and Mahoney (2000) compared the personal lives of research psychologists with psychotherapists. They found that researchers were more likely to describe their childhoods as happy and less likely to report experiences of abuse in their childhoods when compared to psychotherapeutic practitioners. Interestingly, they also found that the practitioners described their vocations as more satisfying than the researchers and as having positive effects on their psychological development.

Burton (1994) compared a group of psychotherapists with a group of NHS patients assessed for psychotherapy. The measure used in this study was derived from the work of Bowlby (1982) and was intended at studying specific early loss events in childhood and lack of empathetic responses to the child from the parents. Even though this research was presented with some methodological problems, the results indicated that, on the whole, the severity of difficult experiences and responses in both groups was surprisingly alike. Burton suggested that challenging early experiences may act as a motivating force for some to become psychotherapists, but cautions that they could affect the therapist’s capability to work therapeutically and relate to different groups of clients.

A survey among female mental health professionals showed significantly higher prevalence of childhood trauma and dysfunction in the families of psychotherapists when compared with a random sample of women in other professions. However, it is noteworthy, that as adults the psychotherapists had experienced less interpersonal difficulties, anxiety and depression compared to the women of other professions (Elliott & Guy, 1993). Similarly, clinical psychologists when compared with social psychologists scored higher on personal problems
during childhood and had experienced more emotional turmoil in their families of origin (Murphy & Halgin, 1995). Nonetheless, researchers asserted that the prevalence of difficulties in the childhoods of clinical psychologists does not infer that these experiences inevitably impaired their later adult and professional functioning (Murphy & Halgin, 1995). A more recent study investigating clinical psychologists’ attachment patterns found that the attachment patterns of clinical psychologists are characterised by compulsive care giving (Leiper and Casares, 2000).

Another strong source of information regarding psychotherapist’s early family experiences comes from autobiographies. Dryden and Spurling’s (1989) book, On Becoming a Psychotherapist, has contributed to our understanding of the person of the psychotherapist. A substantial part of the book is devoted to autobiographies of eminent psychotherapists where they explore their journeys to the profession from early experiences and influences to their current professional practice. Chaplin (1989) a prominent psychotherapist, recalls her difficult and at times traumatic childhood where she was brought up by emotionally unavailable parents and which was characterised by a profound sense of isolation. Reflecting on the decision to train as a psychotherapist, she describes the desire of becoming the therapist she never had and a motivation of understanding and changing herself. Reflecting on her experiences of familiarising her with pain and suffering, Chaplin (1989, p.188) writes: “It can actually be an advantage having experienced a lot of psychological pain and conflict when growing up. Our own vulnerabilities can also be our greatest strengths as psychotherapists”. The accounts of the psychotherapists in this book were generally characterised by a sense of being wounded and from a drive towards repair which was fulfilled by engaging in the profession of psychotherapy (Dryden and Spurling 1989). Strupp
(1989) describes just that: “I was initially attracted to the field of psychotherapy... because, in part, I was impelled to find answers to early traumas” (p.102).

Only few studies provide useful data regarding counselling psychologists’ early emotional experiences. DiCaccavo’s (2002) quantitative study compared counselling psychology trainees with art students on several features of childhood experiences and found that counselling psychologists had scored less on parental care, more on parental control and demonstrated greater self-efficacy towards helping rather than controls. Rizq & Target (2008) investigated the role of personal therapy on the practice and training of 9 senior counselling psychologists using a qualitative phenomenological analysis. An unexpected theme that emerged from this study, an advantage of using a qualitative methodology as it will be discussed in the next chapter, was the prevalence of difficult early experiences in the accounts of the senior practitioners. Many also recalled undertaking caretaking roles within their families of origin (Rizq & Target, 2008), which is in line with previous research findings on psychotherapists’ early family experiences (e.g. Merodoulaki, 1993; Racusin et al., 1981). Another relevant finding from Rizq and Target’s (2008) study was the counselling psychologists’ description of the development of a self-reflective ability in their early years. The authors concluded that their early developed self-reflexivity was motivated by a need of making sense of self and other experiences that acted as a compensatory system for the lack of attunement and mirroring experienced from their caretakers. This is what perhaps underpinned their wish to enter the profession of counselling psychology (Rizq and Target, 2008). Similarly, Farber, Manevich, Metzger and Saypol (2005) argued that psychotherapists’ psychological mindfulness could be born out of the experience of personal distress and the need of deriving meaning out of otherwise confusing or inexplicable experiences.
Farber (1985) describes the person of the psychotherapist as one which is intellectually curious about people and that has a strong reflective ability regarding others and self, behaviours, feelings and motivations. Whether this is an in-built trait or one developed by a necessity due to difficult early experiences, it is not clear. For example, Reik (1984) argues that psychologists’ insightful abilities are as innate as mathematical or musical talents. However, the prevalence of adverse childhood effects in the early experiences of psychotherapists is striking. Perhaps the psychotherapists’ innate intellectual inclination of working in the human sphere was further accentuated by a need of deriving meaning from their difficult early experiences (Farber et al., 2005).

Several theoretical frameworks offer platforms for understanding the presented empirical findings of adverse childhood experiences of psychotherapists, such as, psychodynamic theories. The lack of support, mirroring and empathetic parental responses are considered to characterise the loss of “good enough parenting” (Burton, 1994). Miller (1997), a psychoanalytic practitioner, emphasised that early child development entails a healthy narcissistic need to be respected, understood, admired and mirrored by the primary caretaker. The experience of unmet emotional needs is defined as narcissistic injury, the damage to a person’s experience of their true self (Miller, 1997). Narcissistic injury manifests differently to grandiose narcissism as it is characterised by attempts to repair self-esteem and worth by serving others (Gabbard, 1994; Dickinson & Pincus, 2003).

Glickauf-Hughes and Mehlman (1995) argue that children who experience a deprivation of early emotional needs may develop an unusual emotional understanding of the needs of others as they have developed an “emotional antenna” to respond to the emotional needs of their parents. This well learned function may well be the role that attracted them to the
psychotherapeutic profession. Sussman (2007) in his book “A Curious Calling” refers to narcissistic vulnerability as a possible motivation for the practice of psychotherapy. A study conducted by Halewood and Tribe (2003) used Millers’ theoretical formulation (1997) and investigated the prevalence of narcissistic injury among trainee counselling psychologists. This study found a higher degree of narcissistic injury among trainee counselling psychologists rather than controls and that narcissistic injury was related to the parent-child relationship.

An alternative theory that could explain the “wounded healer” phenomenon is the experience of parentification. Parentification is the role reversal of the parent-child relationship where parents attempt to resolve their own unmet needs by seeking care from their children (Glickauf-Hughes and Mehlman, 1995). In this family relational dynamic, the child learns how to respond to the emotional needs of both or either parents while feeling invisible and “learning” early on that his needs are unimportant (Jurkovic, 1997). Using the role-reversal theory of parentification, many explained psychotherapists’ caretaking behaviours in their families of origin as motivated by a repetition-compulsion wish of repeating earlier patterns of relating to others by engaging in the vocation of therapy (Cohen, 2009; Deal, 1999; DiCaccavo, 2002).

The understanding of early adverse experiences in the psychotherapist’s life can thus be partially explained by Miller’s (1997) theory of narcissistic injury and through the experience of parentification (Jurkovic, 1997). However, there is a need for a study that identifies and explains these potential issues from the accounts and experiences of the participants themselves and not from the examination of predetermined theoretical assumptions. Additionally, it is important to examine the potential influence of the practitioners’ early
experiences on professional practice. The aim of this study is to explore counselling psychologists’ personal accounts and perceptions regarding their early family experiences and how, if at all, they believe they influence their therapeutic practice, to allow the theory to emerge from the data.

It is important to note that when referring to early family experiences the researcher took into account Erikson’s (1963) stages of psychosocial development, and specifically the stages spanning from infancy to late childhood/adolescent years. According to the psychosocial stages of development, children negotiate certain developmental tasks within their environments in an effort of gaining a sense of trust, autonomy, initiative, competence and identity. Adolescent years signify the transitional period from childhood to adulthood and are critical for the development of a strong sense of self. Erikson (1963) perceived this phase as crucial for identity formation and argued that it was dependent on the encouragement and reinforcement received by family and other environments. Consequently, early family experiences in this research endeavour were perceived to span from infancy to adolescent years. Moreover, due to the fact there are different definitions within the literature of what constitutes early family experiences the researcher was interested in the participants understanding and interpretations of what was considered to be early experiences for them when recalling memories.

The next section reviews the existing literature concerning the influence of therapists’ early experiences on their practice.
2.3. Therapists’ Early Family Experiences and Influence on Practice

“To fathom the therapy relationship, one must understand its components, both personal and professional”.

(Aponte, 1994, p.3)

According to Sussman (2007), the ‘person’ of the therapist is what makes his/her most important and primary tool in the therapeutic encounter. The personal experiences and internal conflicts of the therapist have the potential to influence the therapeutic relationship in the same ways that the client’s experiences influence the relationship (Meszaros, 2004). Hence, the psychological makeup and early experiences of counselling psychologists can, to a great extent, influence the effectiveness of the treatment. Therefore, an investigation of the person/therapist is very important from the client’s perspective. Literature on therapists’ early family experiences exemplifies the existence of negative affective experiences, such as, childhood trauma, evident conflict and emotional deprivation and, at times, therapists’ engagement in care-taking behaviours.

However, researchers investigating therapists’ early experiences seem to have divergent views regarding the possible influence of these experiences to therapeutic practice. Burton (1975) suggested that early unmet emotional needs might unconsciously impinge on the therapist’s ability to work through conflict in the therapeutic encounters at the expense of personal relationships. Nonetheless, Harris (1976) believed that these experiences of emotional deprivation facilitated the therapist’s ability to empathise with their clients. Fussell and Bonney (1990) suggest that family childhood trauma may possibly act as a strong drive for the practice of psychotherapy but caution of the possibility of hindering the development of a good therapeutic relationship either by taking care and over-identifying with the client or
by encouraging the avoidance of the client’s pain. And finally, Sussman (2007) argues that the ability of working through and gaining awareness regarding our own wounds enhances our ability to empathise with our clients’ struggles and facilitate their healing.

Few studies have focused on the implications to practice through the quantitative investigation of the relationship between therapists’ early family experiences and specific elements of therapeutic practice. A study on child psychotherapists’ early childhood experiences as predictors of their effectiveness as therapists found that child psychotherapists who faced various issues in childhood were particularly effective in empathising and in aiding their clients’ therapeutic process (Poal and Weisz, 1989). Researchers’ concluded that the general experience of managing with and working through childhood difficulties, is perhaps what facilitates the therapists’ therapeutic ability and effectiveness.

Furthermore, Wilcoxon, Walker, and Hovestadt (1989) examined the relationship between counsellors’ accounts of early family experiences and the ability to facilitate interpersonal functioning in a sample of counselling students. Their results indicated that novice counsellors that had experienced lower perceived autonomy and intimacy in their families of origin had a higher ability to facilitate interpersonal exploration. Researchers suggested that the experience of overcoming difficult early experiences positively influences their therapeutic ability. The results from Watts, Trusty, Canada, and Harvill (1995) research study were comparable. They investigated the relationship between perceived early family influence and counsellor effectiveness in master's-level practicing students. Their findings showed that counsellors in training, who were rated as more effective by clients, were more likely to recall and describe their parents' relationship and their interactions with their parents more negatively than less effective counsellors.

Research on therapists’ attachment style provides some useful data regarding the impact of early experiences on practice. Attachment theory is considered the most empirically tested theory of
the psychodynamic approach to human functioning (Cohen, 2009). Bowlby (1982) advocated that the early attachment of the infant to the mother functions as a source of safety and relational competence. This is accomplished by the internal working model which is the internalisation of the caregiver’s responses towards the child that facilitates the growth of reflexive abilities in understanding self and other emotional states, regulating emotion and the ability for empathy (Fonagy et al., 1995). It has been proposed that the therapists’ attachment patterns with their primary caregivers influence in a significant degree both their decision to become psychotherapists as well as their practice in terms of interpersonal style and approach (Kottler, 1995; Skovholt and Ronnestad, 1992). In accordance with attachment theory, therapists that have acquired a secure attachment in their early years are expected to exhibit the greatest levels of empathy (Lopez & Brennan, 2000; Pistole, 1999). Even so, a study by Trusty, Ng and Watts (2005), examined the effect of adult attachment style on emotional empathy in a sample of counselling students in a Master level programme. They used standardised tests measuring emotional empathy and adult attachment and employed a structural equation modelling. They found that the dimensions of avoidance and anxiety worked in conjunction on their influence of emotional empathy. Lower avoidance and higher anxiety were significantly found to predict the highest levels of empathy. These results are in disagreement with the tenets of attachment theory since the anxious attachment style is related with adverse early childhood experiences (Cohen, 2009).

Pistole’s (1999) work on the concept of caregiving from an attachment perspective supports that anxious attachment could impair an individual’s ability for empathy. Empathy is an essential part of caregiving, and individuals with anxious attachment are expected to be more self-preoccupied than individuals with secure attachment and, thus, their care giving more inconsistent. Also, individuals with an avoidance style are expected to be distant in terms of
interpersonal interaction and, thus, less empathic (Pistole’s 1999). According to attachment theory, the highest level of empathy would be expected to be predictive of low avoidance and low anxiety, characteristics of a secure attachment style. Trustry’s et al. (2005) study provides some support for this in terms of low avoidance but it is interesting that high anxiety was predictive of higher empathy. This is, perhaps due to the fact that personal anxiety alerts the therapist to their clients’ anxiety, aiding empathy (Trusty et al. 2005).

Additionally, even though the researchers in the previously mentioned studies (Poal and Weisz, 1989; Watts et al, 1995; Wilcoxon et al, 1989) did not examine attachment status in their sample of psychotherapists, they found early difficult experiences to be facilitative of therapists’ effectiveness and empathy. Similarly, Wolglen and Coady (1997) interviewed 8 psychotherapists that were identified by peers as particularly effective. Participants emphasised the influential role that their own difficult childhood experiences had on their effectiveness and helping skills). It is thus challenging to explain the above findings in accord with attachment theory since anxious attachment and early adverse experiences do not seem to inhibit therapists’ empathic and therapeutic abilities. Similarly, Bartholomew and Thompson (1995, as cited in Trusty et al., 2005) questioned the suitability of attachment theory in understanding counsellors’ effectiveness.

Cohen (2009), reviewing the literature on therapists early experiences, motivations and effectiveness, suggested that early trauma can have both detrimental and beneficial effects. Early adverse experiences may provide: “a risky growth opportunity”, more specifically if traumas are understood and processed, possibly through personal therapy, then there is a possibility for post-traumatic growth (Cohen, p.215). The author’s argument provides a way of understanding the empathic abilities and therapeutic skills demonstrated by the “wounded
healers” in the literature who had not established a secure attachment. This is also supported by literature and the accounts of therapists who developed emotional resiliency out of the difficulty of their early life experiences, enabling them to help others (e.g. Higgins, 1994; Young-Eisendrath, 1996).

However, research on the subject is equivocal. A study by Hilliard, Henry and Strupp (2000), applying a 3-stage causal model focused on interpersonal theory, supported that psychotherapists that rated their early family experiences as more positive were more likely to perceive in positive terms the interpersonal process in therapy. Even though their perceptions of the interpersonal process did not reflect outcome or the clients’ perspective on the interpersonal process, their findings do suggest that early experiences may have an indirect negative influence on outcome. Furthermore, Ronnestad and Skovholt (2001) investigated the professional development of 12 senior psychotherapists through qualitative means of inquiry. They found that 6 of 8 of the participants that reported the importance of early experiences on their professional development characterised their childhoods by negative affective experiences, and that early family experiences were perceived by participants as highly influential in terms of professional functioning. Early experiences were found to influence their choice of theoretical orientation, choice of specialisation, experienced difficulties, as well as, ways of coping with professional practice. Although the sample size was quite small and the influence of early experiences on practice was not examined directly, the researchers suggested that negative early experiences had a negative influence on the professional work of the practitioners.

An international study by Orlinsky et al. (2005), involving more than 5000 therapists of different theoretical orientations and cultures, researched the prevalence and parameters of personal therapy and found the effects of early family experiences to be highly correlated
with therapeutic practice. However, the effects of early experiences were positively moderated by personal therapy. Psychotherapists that perceived their personal therapy as valuable scored a lower correlation between early experiences and current personal/professional functioning in comparison with those that did not perceive their personal therapy in favourable terms. Orlinsky et al. asserted that personal therapy has the ability to enable therapists to work through and accept their past and difficult experiences. Their findings suggest that personal therapy aids self-awareness and healing which moderates the negative impact of early wounds on the therapists’ personal and professional functioning.

These findings can be understood by Miller and Baldwin’s (2000) argument who stated that effective therapists, who are not prone to deny or disguise their own wounds, tend to have higher levels of integrated self-awareness. Cushway (1996), in writing on the wounded healer notion, recommended that personal distress can enable psychotherapists to become more sensitive and empathic towards their clients. Yalom (1989) writes that psychotherapists are human beings dealing with the same existential givens such as their clients and that “patienthood” is an arbitrary term often variable to cultural and socioeconomically driven constructions rather than “pathology”. Yalom (1989) encourages psychotherapists to speak about their own struggles and difficulties since the stance of the objective and distant observer is no longer considered appropriate.

Nevertheless, it is important to consider the paucity of research investigating the influence of therapists’ early family experiences on their practice. Psychotherapy research usually focuses on the investigation of different theoretical modalities on outcome and the effects of manualised treatments rather on the person of the therapist and how his/hers experiences influence practice. Lebow (2004) critiques this phenomenon and argues that researchers often
treat therapeutic interventions like medications, by no means influenced by the person employing them. This implies that the therapist is considered an element that is not of paramount importance to the outcome of therapy; even though research has shown repeatedly that the person of the therapist is more important than the theoretical approach that informs his practice (e.g. Luborsky et al., 1997; Kim, Wampold and Bolt, 2006). Beutler et al. (2004), argues that because of the emphasis placed in the testing of different treatment models with the use of randomised clinical trials, therapist factors have been ignored. Gerson (1996) suggests that the scarcity of literature on the person of the therapist and the influence of his personal experiences on therapeutic work is a result of the fear of being stigmatised. There seems to be a belief or an assumption that therapists need to present as strong individuals, unaffected by life, without having experienced or experiencing any personal difficulties (Cushway, 1996). Orlinsky et al. (2005) argues that psychotherapists are mere mortals and nobody “emerges from childhood without bearing some scars” (p.227). Perhaps our aim as reflective counselling psychology practitioners should be to acknowledge and embrace our vulnerabilities and openly explore and investigate the impact of our personal histories on our professional therapeutic practice.
2.4. Summary and conclusions

Investigations focusing on psychotherapists’ early family environment highlight the existence of adverse experiences (Merodoulaki, 1993; Racusin et al. 1981; Ronnestad and Skovholt, 2001 etc.). There are only two studies focusing explicitly on counselling psychologists’ early experiences, and they exhibit similar themes (DiCaccavo, 2002; Halewood and Tribe, 2003). These include inattentiveness to emotional needs and adopting caretaking roles towards family members. Although the two main research endeavours that focused specifically on counselling psychologists early experiences present interesting results they are faced with considerable limitations. The scale used to measure narcissistic injury in Halewood and Tribe’s (2003) study, demanded some familiarity with psychological concepts which perhaps made it difficult for art students (controls) to score and could explain the higher prevalence of narcissistic injury among trainee counselling psychologists. Whereas the participants in DiCaccavo’s (2002) study scored lower on parental care when compared to controls, the sample consisted of trainee counselling psychologists with some having little experience of working with clients which makes it difficult to deduce that the self-efficacy gained from adopting caring roles relates to their identity as counselling psychology practitioners. Both of these studies are outdated and of a quantitative comparative nature, the samples were of trainee counselling psychologists which limits generalisation to more experienced professionals.

Moreover a study conducted by Rizq and Target (2008) investigated the role of personal therapy to the development and practice of senior counselling psychologists using a qualitative methodology. One of the unexpected themes that resulted from the analysis was the experience of difficulties in early relationships and the description of the development of a self-reflective ability in early years. Although not directly investigated, this study reinforces
previous findings regarding counselling psychologists’ early experiences and alerts us to the need for further research.

Research suggests that the decision to enter a psychotherapeutic vocation is partially motivated by experiences of personal struggles (Orlinsky and Ronnesdat, 2005). Sussman (2007) explored psychotherapists’ motivations for entering the field via an extensive literature review and interviews. Findings suggested that psychotherapists’ motivations were connected to the gratification of a number of psychological needs, including needs for affirmation, intimacy and aggressive instincts. Even though Sussman’s study raises some thought-provoking issues, caution needs to be taken when considering these findings, since data derived from the interviews were not analysed in accordance with a specific qualitative methodology which undermines the credibility of his work.

When examining the literature on the influence of psychotherapists’ early family experiences on practice, divergent views are apparent. Poal & Weisz’s (1989) and Wilcoxon et al.’s (1989) quantitative work both suggest a positive influence of early adverse experiences on practice. The former found that the number of childhood difficulties reported was positively correlated to their child clients’ improvement in terms of externalizing difficulties and the latter, that counselling students that had experienced lower perceived autonomy and intimacy in their families of origin exhibited a higher ability to facilitate interpersonal exploration. On the other hand Hilliard et al.’s (2000), study indicated that psychotherapists that rated their early family experiences as more positive were more likely to perceive in positive terms the interpersonal process in therapy. However, we need to take into account that therapist’ perceptions of the interpersonal process did not reflect outcome or clients’ perspective on the interpersonal process and thus generalisation on the assumption that positive experiences result in better outcomes warrants caution.
Trusty et al.’s (2005) study examined the impact of attachment style on emotional empathy and indicated that lower avoidance and higher anxiety significantly predicted the highest levels of empathy in a sample of counselling students. It is important to note that these findings go against the premises on which attachment theory is based. In accordance with attachment theory, therapists that have acquired a secure attachment in their early years are expected to exhibit the greatest levels of empathy and that anxious attachment impairs individuals’ ability for empathy (Pistole, 1999). Attachment theory and the standardised tests used to measure it are unable and unsuitable to capture the complexity of the relational therapeutic encounter and practitioners’ empathic abilities.

Moreover, the studies which have focused on the implications of early family experiences on practice have been mostly of a quantitative nature, with several methodological limitations, investigating the influence of early experiences on specific aspects of the therapeutic interaction and seeking to validate pre-set hypotheses. Extant research is also dated and limited, especially research focusing on counselling psychologists’ early family experiences and their influence of practice. Although psychotherapists’ share remarkable commonalties with psychologists in terms of social class, personality development etc. (Henry, 1978), counselling psychology is a relatively new field of applied psychology established in 1982 in the UK (Nelson-Jones, 1999). It has a distinctive professional identity separating it from the profession of psychotherapy and other areas of applied psychology. As a distinct division within applied psychology in its infancy stages, we are in need of specialised research to build upon the existing knowledge base and reinforce our individual character. The subject of this investigation is particularly relevant to the reflective practitioner model which counselling psychology adheres to (BPS, 2004). Counselling psychology prices subjective experiences, as well as, qualitative and non-positivistic research paradigms (Milton et al., 2010). The studies reviewed yield interesting results but lack the depth that an explorative
qualitative research could provide with the ability to bring about unforeseen knowledge. In congruence with counselling psychology’s identity, Rizq and Target (2008) advised that further qualitative research is needed in examining the impact of counselling psychologists’ early family experiences on professional practice. Therefore, there is a need for an explorative qualitative study that accounts for subjective experiences, to further our understanding on the nature and dynamics of early family experiences and their influence on counselling psychology practice.
2.5. Research Aims

The influence of counselling psychologists’ early family experiences on practice has not been researched to date despite its relevance to the relational practice of counselling psychology. Counselling psychology’s relational framework acknowledges that the person of the therapist and her perspective influences the therapeutic process (Wilkinson et al., 1997) and considers the self of the therapist as a dynamic ingredient in the therapeutic process (Strawbridge and Woolfe, 2010). Since it is acknowledged that the therapist brings his own struggles and issues to the therapeutic relationship, one can assume that he has an ethical duty of striving to understand how his own subjectivity influences therapeutic practice. As Sussman emphasised (2007), since the therapist is regarded as an active participant, engaged in the relationship with the client, the therapist’s history and early experiences are considered crucial elements that are influencing professional practice. There is a need, thus, to examine counselling psychologists’ perceptions and experiences with no predetermined hypothesis to allow the emergence of data through the subjects’ accounts to shed light to this question: “In what ways, if any, do counselling psychologists’ early family experiences influence their practice?” The chosen method of investigation is grounded theory (Charmaz, 2006), a qualitative research method for the systematic collection and analysis of data and the construction of a theoretical model. Grounded theory investigates realities in the actual world and analyses the data with no predetermined hypothesis (Glaser & Strauss, 1967).
3. Methodology

This chapter aims to advocate the need for a qualitative research methodology, argue for grounded theory’s suitability as a method in this research endeavour and explore grounded theory’s history and various epistemological locations. Finally, the epistemology, ontology and theoretical perspective underpinning this research will be made explicit.

3.1. Qualitative vs. Quantitative Methodology

Qualitative research encompasses some core assumptions that distinguish it from quantitative research. Although some qualitative designs emphasise these assumptions more than others, these characteristics include seeing participants in the natural world, interested in the meanings people attribute to their experiences, studying participants in context and social interaction, and aiming to stay faithful to the experiences and meanings of participants by presenting the results close to the language of those being studied (Morrow & Smith, 2000).

There are many differences between quantitative and qualitative research which are often evident through their focus of investigation. Quantitative approaches to research mainly examine pre-determined hypotheses and focus on universal laws, through the investigation of a large number of individuals (Morrow & Smith, 2000). In contrast, qualitative research mostly deals with categories that emerge from the participants’ perspectives and aims to produce knowledge that applies to one or a small group of people and establishments (Morrow & Smith, 2000).

Quantitative research manipulates and measures the relationships of specific variables with the aim of testing hypotheses about cause and effect, thus, engaging in deductive reasoning (Richardson, 1996). Contrary to the deductive approach of quantitative research, qualitative research starts with research questions rather than hypotheses and as such is mainly inductive
in nature (Morrow, 2007). Qualitative research methods are preoccupied with the understanding of the meaning of experiences, events and actions, as interpreted through the perspective of the specific participants, aimed at capturing the complexities of behaviour and meaning in the particular contexts that these naturally occur (Dilthey, 1977).

Scientific psychology has aligned itself with traditional Western thinking since its inception and similar to natural sciences has attempted to discover objective realities regarding human beings and experiences (Manafi, 2010). The dominant philosophy that drives research in psychology is positivism (McGrath and Johnson, 2003). In order to understand any research paradigm one needs to examine its underlying ontology and epistemology. Ontology is preoccupied with the nature of our existence and with what constitutes reality as such and epistemology addresses the way we understand reality and its possibilities (Crotty 1998). Positivism is based on the philosophy of realism and relies on the hypothetical and deductive method that characterises quantitative research (Cacioppo, Semin, & Berntson, 2004). Within the positivistic view of reality, researchers believe that they can discover reality if they use the right methods, since human values and perceptions are treated as concrete things (Crotty, 1998). In terms of epistemology researchers of the positivistic paradigm argue for objectivism, the belief that through rigorous methods and procedures the researcher can study the participants without influencing them and without any bias. If biases influence the study, then it is considered flawed (Ponterotto, 2005).

Psychology has traditionally treated the person in the same manner as the natural sciences engaging in continuous scrutiny in search of universal, objective claims (Nagel, 1995, as cited in Manafi, 2010). The researcher’s undergraduate training and socialisation in psychological quantitative methods initially prompted her to engage in doctoral research within the quantitative framework of hypothetico-deductivism (Popper, 1975). The research question motivating this study was related to the practice of counselling psychology and more
specifically, on how the “variable” of the therapist and his own early history influence his practice. The researcher, as an aspiring practitioner, had always been interested in the subjective experiences of individuals and on how our interpretations shape the way we perceive the world around us, influencing our emotions and behaviours. However, her first inclination was to conduct research as she was accustomed to, through a quantitative mode of enquiry. This led in the search of standardized psychometric tests that could measure the therapist variable, in accordance with the conceptualisation of specific theories of human functioning, and its relationship to practice through outcome measures. The initial goal was to use statistical correlational and regression analyses to test a hypothesis. At the same time engagement with various theoretical perspectives in counselling psychology and therapeutic practice enabled the researcher to appreciate the uniqueness and complexity of the human psyche, which raised subsequent dilemmas: how could any standardized test capture the complexities of human behaviour and experience? And what constitutes outcome in therapeutic practice and how could it really be measured? McLeod (1994) argued that efforts to investigate the human and social sphere through the empiricist methods of the physical sciences are destined to fail. The treatment of the person as a physical object is philosophically inappropriate; humans are reflexive and full of intentions (McLeod, 1994). Nietzsche critiqued empiricism which perceived reality as an observable, factual phenomenon and asserted: “No, facts is precisely what there is not, only interpretations” (1968, p. 261). Husserl (1970/1977) was an influential figure in the development of psychological research, as he incorporated the “first-person perspective on the study of human experience” (as cited in Manafi, 2010, p.29). Husserl, the founder of phenomenology, understood individuals as able to grasp consciousness and attempted to explain the experiencing and meaning making structures as they emerge into consciousness in an effort of making the invisible visible (Kvale, 1996).
Van Deurzen-Smith (1990) argued that psychology had continued to define itself with its preoccupation of the discovery of objective facts for a very long time, instead of with the exploration of what it is to be human with all the challenges that it entails. Counselling psychology’s philosophical foundation in humanism is a response to such a preoccupation (Van Deurzen-Smith, 1990). Counselling psychology is concerned with people’s subjective experiences and is aware of the complexities of difference (Milton et al., 2010). Counselling psychology seeks to understand the dynamic intersubjective domain of the therapeutic relationship (Rizq and Target, 2008).

Milton et al. (2010) supports that positivistic research has lost its appeal for the discipline of counselling psychology as it does not place the participant at the focus of the investigation and is, thus, deemed incongruent with counselling psychology’s subjective-interpretive foundations. Further training within counselling psychology; familiarisation with different therapeutic models and therapeutic practice itself, further challenged the suitability of quantitative research in investigating the impact of the person of the therapist and his early experiences on practice. Additionally, the researcher’s exposure to qualitative methods of inquiry, imbued a sense of suspicion and scepticism to the claims of absolute truth which quantitative and empiricist inquiries adhere to. How could one examine subjective experiences with the use of standardised questionnaires and statistical tests to assess a predetermined hypothesis? What would be the contribution to counselling psychology’s relational practice? Counselling psychology has contributed to the development of research in the practice of psychology by encouraging different models of investigation which are qualitative and which do not adhere to the traditional research of psychology (Clarkson, 1998). The researcher came to realise that within the therapeutic intersubjective context, relating is a fluid process between the contained and the container, changing and shaping both in the relationship (Bion, 1970), rather than an observable, passive function that can be
measured. The researcher’s postgraduate training and experiences as a practitioner enabled her to appreciate the constructivist nature of therapy (Neimeyer, 1995) and grasp the essence of her research interest, formulating a research question which is interested in exploring the participants’ experiences: In what ways, if any, do counselling psychologists’ early family experiences influence their practice? The researcher’s growing interest in the meaning making process of the individual emphasised the appropriateness of an inductive qualitative approach in investigating this subject matter from the perspective of the counselling psychologists themselves. The researcher came to realise that an attempt to research human experiences through the realms of quantitative scientific methods in search of definite claims was naïve (Crotty, 1998), and felt that a descriptive approach focused on the quality of rich accounts would be more appropriate. Qualitative research is the most appropriate approach for understanding the meanings people attribute to their experiences (Morrow, 2007). Fassinger (2005) argued that qualitative inquiry resembles clinical reasoning because of its inductive nature. Indeed the practice of counselling psychology and qualitative research share many common characteristics (Coyle, 1998). Characteristics of qualitative research are: the preoccupation with process; the focus on valuing experiences from the accounts of those studied in a flexible manner; the concern with detailed descriptions of experiences and their understanding within specific contexts and an attitude of openness to allow for unforeseen experiences to be attended to (Bryman, 1988). Ponterotto (2005) argued that qualitative inquiry offers opportunities for counselling psychologists to conduct research that is in accordance with their practice interests.

The use of a qualitative methodology is, thus, suitable for this research question, which is interested in exploring the meanings counselling psychologists attribute to their early family experiences and how they believe they influence their practice. Qualitative methods of
inquiry are particularly helpful in exploring phenomena that are not easily identifiable, in addition to investigating questions that there is little or no previous research available to explain a phenomenon (Morrow, 2007). Since this research question has not been previously investigated, a qualitative research methodology will be utilised which may bring new insights to our understanding (Marshall & Rossman, 1999).

Furthermore, when a counselling psychologist attempts to understand a client’s experiences in an effort of reaching a helpful understanding, she/he can face a difficulty of placing their client’s experiences within the theoretical framework available to him/her (Coyle, 1998). The counselling psychologist may then engage collaboratively with the client to construct a theory that relates to the client’s experiences and difficulties which can be therapeutically useful and may highlight further topics for exploration or action. This way of theorising develops and is grounded in the client’s own perceptions and understanding (Coyle, 1998). The same process of abstracting a theory from participants’ accounts is used in grounded theory, a qualitative research method (Charmaz, 2006, Glaser and Strauss, 1967; Henwood and Pidgeon, 2003).
3.2. Method: Grounded Theory

The chosen qualitative method of investigation for this undertaking will be grounded theory (Charmaz, 1995). Grounded theory originated from the work of sociologists Glaser and Strauss (1967) as a response to the trend of the sociological research of the time which was preoccupied with the testing of predefined “Grand” theories, usually through numerical means of inquiry, that led to restricted and poor empirical evidence in terms of relevance to the world of those under investigation (Henwood and Pidgeon, 2003). In an effort to bridge the gap between theory and empirical verification, these authors instituted the grounded theory approach that aimed to produce theory grounded in data obtained from the participant’s accounts to capture the complexities of the lived world of those studied (Glaser and Strauss, 1967). Grounded theory is of an inductive nature. It does not test hypotheses but analyses data from the field to generate hypotheses and test them against subsequent data until a theory is developed in its full convolution. Grounded theorists assert that people construct reality and meaning out of social interactions and through the use of shared symbols to communicate meaning such as language (Fassinger, 2005). This approach aims to uncover and understand how groups of people (such as counselling psychologists) define their realities in terms of interpersonal interactions (Cutcliffe, 2000). By focusing on specific issues that result from those interactions, grounded theory aims to formulate theorised understandings while taking into account the wider significance and implications of those experiences as they naturally occur (Henwood and Pidgeon, 2003). Grounded theory has an emergent design. While relationships and concepts emerge through the qualitative analysis of the data, the researcher will use that information to decide from where and how to obtain additional data to enhance the development of the theory (Strauss and Corbin 1998). Blumer (1969) argued that grounded theory always involves a continuous two-way dialectical procedure between the emergent data and the researcher’s understanding and
conceptualisation of the subject matter. Thus, the researcher may recognize gaps in the emergent theory and seek to gather additional data to enhance the developing theoretical framework. In terms of interviewing, questions may change to more focused ones to aid the development of the emerging theory (Charmaz, 2006).

Although there are several variations of grounded theory in terms of epistemological and paradigmatic positions (Mills, Bonner and Francis, 2006), as it will be further examined, one can comprehend its basic tenet and goals through the deconstruction of its term. Grounded theory as a term, demonstrates the combination of research process and outcome, with process being the systematic, flexible analysis and interrogation of originally unstructured data and outcome referring to the construction of an explanatory theory which provides a comprehensible fit to the phenomenon under investigation which is grounded in the participants accounts (Henwood and Pidgeon, 2003).

Theory in the grounded theory method is derived inductively through an iterative, simultaneous method of data collection and analysis, using the constant comparative method of analysis (initial, focused, theoretical) and coding to compare and theorise about the emerging concepts and their relationships (Charmaz, 2006). Analysis discontinues when new data fit into the existing framework and all categories, themes and concepts are accounted for, thus, reaching “theoretical saturation” (Strauss and Corbin 1998). Throughout the analytic procedure, the researcher’s process of conceptualisation, analysis and emerging theoretical ideas is interrogated and made explicit through the use of reflexivity which is captured during auditing and memo writing (Fassinger, 2005).
3.3. Why Grounded Theory?

Grounded theory is a suitable qualitative method for this research topic since literature exemplifies the existence of negative affective experiences in the therapists’ early family life and many advocate that these experiences may influence practice by either hindering or facilitating (e.g. Fussell and Bonney 1990; Harris, 1975; Poal and Weisz, 1989).

At the same time, it is noteworthy, that there is no clear theory emerging from data exploring this research subject. Previous attempts to elucidate some knowledge on the issue of the influence of early experiences to practise is out-dated and mainly of a quantitative nature which could not adequately capture the complexity of human experience. Thus, we are in need of theorising emergent out of the participants’ accounts to elucidate this research question. Creswell (2007) stated that grounded theory is an appropriate method of investigation when there is no theory that explains the process of the phenomenon under research. Similarly, Henwood and Pidgeon (1992) stated that the use of grounded theory enables psychological researchers to bring about innovative knowledge by maintaining a high level of rigour in terms of analytical practice. Psychologists have embraced grounded theory as a suitable method for psychological research and textbooks in psychological research include it as a key method (e.g. Smith, Harré, and Van Langenhove, 1995; Willig, 2001; Willig and Stainton-Rogers, 2008).

The researcher’s aim is to construct a theoretical model of the phenomenon which is demonstrated through the experience of the participants, and grounded theory has been deemed appropriate for counselling research (McLeod, 1994). The use of grounded theory offers opportunities to conduct research in systematic but creative ways as to produce meaningful understandings with relevance to a particular social group, such as counselling psychologists (Charmaz, & Henwood, 2008; Henwood and Pidgeon, 2003).
Additionally, grounded theory represents a methodological illustration of the scientist-practitioner model which counselling psychology adheres to (Corrie & Callahan, 2000), as it integrates theory with practice by constructing theory out of the participants/practitioners lived experiences (Fassinger, 2005). It has the possibility of revealing new understandings with implications for the professional practice of counselling psychology.

Grounded theory has been recognised as being at the front of the qualitative revolution at an important point of the history of social science, by challenging the dominance and reliance on quantitative modes of inquiry (Charmaz, 2000). It has also been considered as one of the most widely used qualitative research methods today (McLeod, 2001).

The widespread use of this paradigm in psychology and social sciences in general, along with its focus on uncovering interpersonal interactions and formulating theory out of the participants’ accounts, contributed to the decision to use it in this study.
3.4. Grounded Theory: Roots and Variations

Grounded theory methods emerged from Glaser and Strauss’ collaboration in their investigation of the process of dying in hospitals (1965). Through their successful partnership they devised systematic analytic techniques and strategies that social scientists could utilise for studies in various topics (Charmaz, 2006). Their publication in 1967, *The Discovery of Grounded Theory*, made explicit their strategies that argued for the development of theory grounded in data rather than testing hypothesis derived from existing theories. They challenged the established methodological assumptions of mid-century with their positivistic conceptions of reality which were preoccupied with objectivity, quantification and the generalisation of knowledge (Charmaz, 2006). Glaser and Strauss asserted that qualitative analysis has its own logic with the ability of generating theory, which subsequently contributed to the legitimisation of qualitative analysis as a reliable methodological approach (Charmaz, 2006).

Following Glaser and Strauss’ (1967) publication, these authors disagreed on the nature of grounded theory which urged them to develop grounded theory further from its original conception (e.g. Glaser, 1978; Strauss, 1987; Strauss & Corbin, 1998).

Stern (1994) argued that many researchers who state that they are using grounded theory are simply muddling methods. This is perhaps due to the fact that the split between the original authors led to two significantly different methods and that often goes unacknowledged by researchers (Stern 1994).

The two methods of conducting grounded theory that resulted from the authors’ dispute and the subsequent variations of this approach demand an examination of its origins and philosophical roots as to better understand the methodology of the approach and its latter developments. As Crotty (1998) suggested one needs to examine methodologies in depth
because only then “one discovers a complexus of assumptions buried within it” (p. 66). To avoid the intuitive use of a method, a researcher is advised to engage with the history and background of an approach and explore the theoretical assumptions rooted within so that he/she can use the method appropriately according to his epistemological location (Grekhamer and Koro-Ljungberg, 2005).

Glaser and Strauss (1967) come from two competing traditions of sociological research. On the one hand, there is symbolic interactionism and Strauss’ training in the University of Chicago, and on the other Glaser’s intellectual baggage of positivism and statistically oriented methodology from his rigorous training in Columbia University (Alvesson, and Skoldberg, 2000).

Glaser was influenced by his quantitative training with Paul Lazarsfeld in terms of the epistemological assumptions and systematic nature of the approach. Glaser managed to demystify the research process by using explicit strategies and codified methods for conducting qualitative research analysis (Charmaz, 2006). Glaser also advocated the use of middle-range theories like the theorist Robert Merton (1957, as cited in Charmaz, 2006). Charmaz (2006) explained middle-range theories as abstract interpretations of particular social phenomena which are grounded in data.

Moreover, Strauss’ Chicago School tradition has also permeated the grounded theory method and some consider symbolic interactionism as the most influential movement for the construction of grounded theory (Alvesson, and Skoldberg, 2000). Symbolic interactionism arose out of the philosophy of pragmatism and is a qualitative methodological movement that emerged in the early twentieth century in the USA (Hammersley, 1989). The term symbolic interactionism was coined by Blumer in 1937 (as cited in Farganis, 2008) but it evolved out
of a collection of methodologies and influences from the Department of Social Sciences and Anthropology at Chicago University (e.g. Cooley, 1909; Mead, 1934).

Symbolic interactionism assumes that we construct meanings about what our society; sense of self and reality is through communication, interaction and interpretation (Charmaz, 2006). Symbolic interactionism as a term signifies the importance of language, and all the symbolic tools we use to communicate (Crotty, 1998).

This theoretical perspective does not perceive humans as passive recipients responding to external stimuli but as active, reflective and inventive and their interactions as intrinsically interpretative (Charmaz, 2006). Strauss, saw processes and not structure as an essential part of our existence. Symbolic interactionism focuses and interrogates the dynamic processes which arise out of the interrelation of meanings and actions (Charmaz, 2006). Thus, symbolic interactionism views our perceptions of what reality is and the meanings we subscribe to our personal and social being as dynamic and forever changing.

The implication of symbolic interactionism in terms of methodology is that the participants’ perceptions and meanings regarding objects, self, society and the subject of investigation, have to be taken seriously. The researcher needs to strive to adopt the participants’ perspective to understand meanings and social life as they interpret and understand them (Psathas, 1973, as cited in Crotty, 1998).

Consequently, Strauss immersed grounded theory with notions of subjectivity and human agency and contributed to the open-ended mode of inquiry that characterises grounded theory, and Glaser permeated the method with empiricist language and made explicit codified methods to analyse qualitative data (Charmaz, 2006).
Furthermore, grounded theory as a philosophy of inquiry can be also located within psychology and the ideas of Dilthey (1977). Dilthey challenged the view that the human sciences should be explained by causal explanations and argued that they should rather attempt to understand meaning (Henwood and Pidgeon, 2003). Dilthey endeavoured to develop an interpretive framework which aimed at capturing meaning and the lived experience in the human sciences (Horn, 1998). Dilthey has been recognised as the founder of methodian hermeneutics (Rennie, 2007). Hermeneutics is the interpretation of language and written texts regarding human experience in an attempt of gaining a deeper understanding or meaning (Ricoeur, 1978, as cited in Rennie, 2000).

Therefore, via the combination of Glaser and Strauss intellectual heritage: “*the depth and richness of qualitative interpretive traditions with the logic, rigor and systematic analysis inherent in quantitative survey research*” grounded theory represented an innovative research approach (Walker & Myrick, 2006, p. 548).

The original work by Glaser and Strauss (1967) viewed grounded theory as an inductive method that avoided imposing preconceptions on the data but rather relied more on the identification of categories derived from data. Through their constant comparative method, researchers were encouraged to continuously note their observations about the phenomenon being studied by immersing themselves in the data. By becoming a part of the research process, the researcher analyses the data through various stages by continuously comparing and contrasting the data and emerging categories. Coding the emerging concepts, aids the researcher to reflect and interrogate the data and discover the core categories. During this process all data need to be accounted for by the core categories until the data reaches saturation (Luca, 2009).
However, as aforementioned, Glaser and Strauss have diverged from their initial conception of the approach (1967) into subsequent developments with Strauss’ collaboration with his colleague Corbin (1998) as one of the most widely used approaches to grounded theory (McLeod, 1999). The development of the approach by Strauss and Corbin (1998) attempted to develop a more systematic method of analysis and theory construction and incorporated three types of coding (open, axial, selective) which occur concurrently in the analytic process (Fassinger, 2005). Strauss and Corbin adapted the grounded theory methodology from one of emergence of categories to a more structured model of data collection and analysis (Stern 1994).

Although these procedures are still widely used in one form or another, the methodology of the method has been the subject of much debate (Rennie and Fergus, 2006). Some argue that the apparent confusion around grounded theory methodology was a result of deficiency of a clear and strong grounding in epistemological foundations which was manifested in contradictory claims and terminology (Grekhmer and Koro-Ljungberg, 2005).

Rennie and Fergus (2006) exemplify these contradictory claims that are found in their initial (Strauss & Corbin, 1967) publication where one can see an implicit recognition of the coexistence of relativistic and positivistic assumptions: Researchers are urged to hold an open stance regarding the subject of interest although they are encouraged to hold sensitising ideas. They are advised to be descriptive in the early phases of the analysis and derive abstract understandings in the later stages. Social phenomena are seen as observable and external to the researcher’s understanding waiting to be discovered, whereas they are encouraged to be articulated creatively. Researchers are made to believe that the right procedures will enable them to grasp social phenomena founded in reality, although they are informed that results and findings will be shaped by the researcher’s interests (Rennie and Fergus, 2006).
Luca (2009) suggests that one of the most important differences between the traditional (Glaser and Strauss, 1976) and evolved (Strauss and Corbin, 1998) grounded theory approaches is the way they propose dealing with the researchers existing conceptual frames.

Glaser (1978) following the reasoning underpinning the traditional version of grounded theory, asserts that researchers should enter the field of study with as few preconceived ideas as possible to enable them to remain sensitive to new discoveries and analyse the data without filtering them through existing assumptions and biases. He argues that this can be accomplished by avoiding to engage with the literature before carrying out the study out of fear of contaminating and hindering the researcher’s analysis of emergent codes and imposing the researcher’s preconceptions (Glaser, 1992). Theoretical sensitivity is an important concept among grounded theory approaches which describes the researcher’s understandings and insights concerning the phenomenon under study. Glaser’s view is that theoretical sensitivity should be developed rightfully through the researcher’s immersion in the data rather through pre-existing frameworks (Mills et al., 2006). This assertion views the data as something independent and separate from the interaction between participant and researcher as advocated in the canons of positivistic methodology.

However, Strauss and Corbin (1998) disagreed with Glaser’s stance. They argued that one should engage with the literature from the early stages of the research endeavour to enhance theoretical sensitivity and to aid the researcher’s theoretical reconstruction.

Additionally, one can discern another difference between the traditional and evolved grounded theory, concerning the authors view of reality. Glaser represents the idea that reality exists out there, separate from the researcher, and that theory emerging from the participant’s accounts is a representation of that reality (Luca, 2009). In contrast, Strauss and Corbin’s (1998) version of grounded theory recognises that reality is a result of human
construction and that grounded theory is of an interpretive nature (Luca, 2009; Mills, et al. 2006).

Nevertheless, even if Strauss and Corbin’s (1998) approach signifies a constructivist threat as they acknowledge the interpretive nature of theory development, the language they use and their recommendations can be also located in a post-positivistic paradigm. For example the way they refer to the relationship between participants and researcher, they advise researchers to identify their personal biases and to sustain an objective stance (Mills et al., 2006). Additionally their notion of bracketing off biases and preconceptions is not realistic. Strauss and Corbin’s (1998) notion of bracketing off preconceptions is derived by Husserl’s (1962) notion of phenomenological reduction (as cited in Rennie, 2000). Phenomenological reduction is accomplished through bracketing, that is firstly the recognition of one’s biases and assumptions through reflection, and then the overcoming of those biases to enter the research experience without presuppositions (Polkinghorne, 1989). Husserl believed that through the method of bracketing it is possible to attain a level of transcendent objectivity (Rennie, 2000). The procedure of bracketing was criticized by Heidegger (1962) who argued that one cannot separate the experience from the individual and thus bracketing is impossible. Likewise, Gadamer (1960) saw understanding and interpretation as interlinked and part of an on-going process, he therefore perceived bracketing as an absurd notion (as cited in Annells, 1996).

Strauss and Corbin (1998) argued that any concepts influenced by the researcher should not be treated as real data but should be treated as provisional and should be abandoned as new data emerge. It is evident through their writings that they assume and expect that bracketed preconceived ideas will not infiltrate or merge with the data obtained from the participants accounts (Luca, 2009).
McCann and Clarke (2003) criticised the traditional and evolved method of grounded theory advocating that we cannot enter the field of research as a clean slate or bracket off our preconceived ideas completely as we carry our own perspectives, histories and philosophies that will unarguably influence the study. Finlay (2008) suggested that our values are going to inevitably penetrate the study, even if we attempt to detach ourselves through phenomenological reduction. Alvesson and Skoldberg (2000) advocate that researchers using grounded theory cannot assume that the theory will simply surface through the data because we bring to the analysis and interpretations our own preconceived conceptual constructions. Luca (2009) argues that we risk losing the depth of the study if we attempt to remove our subjectivities and assumptions.

Charmaz (2000) argued that the first conceptualisation of grounded theory by its founders (Glaser and Strauss, 1967) and its subsequent evolved version by Strauss and Corbin (1998) are both immersed in positivistic notions of reality and language and she located a more contemporary version of the grounded theory approach within a constructivist paradigm.

Similarly, Henwood and Pidgeon (2003) suggested that grounded theory hides an epistemological dilemma as it concurrently exhibits a commitment to realism on the one hand, by viewing theory as precisely reflecting the data, and on constructivism on the other, encouraging the engagement of the researcher in interpretations to generate theory. They also suggested resolving this dilemma by arguing for a constructivist revision of grounded theory which best captures the combination of analytic rigour and the creative nature of the interpretive research practice (Henwood and Pidgeon, 2003).

Denzin and Lincoln explained these kind of dilemmas as the result of being in the midst of a “complex historical field” where two “crosscutting historical moments”, modernism and postmodernism, overlap and concurrently “operate in the present” (2000, p. 2).
Blumer’s (1969) notion of sensitising concepts describes how grounded theorists depending on their backgrounds and perspectives are more prone to look for certain processes in the data. Usually, these concepts sensitise us to ask specific questions regarding one’s topic of investigation (Charmaz, 2006). But to what extent one should develop theoretical sensitivity before entering the research process? Since the first publication of grounded theory, the issue of how researchers should treat existing literature relevant to the research topic, has been the subject of much debate (Bryant and Charmaz, 2007). As examined earlier, Glaser (1978) argued that a researcher should avoid engaging with the literature before conducting the study, as not to contaminate findings and to enable theoretical sensitivities to arise from immersion in the data. In contrast Strauss and Corbin (1998) suggested engaging with the literature from the beginning stages to enhance theoretical sensitivity. The issue is not whether a literature review should be carried all together but the debate revolves around when it should be conducted (Dunne, 2010). Coffey and Atkinson (1996) stated that one should not mistake a stance of open-mindedness with empty mindedness, as the unfamiliarity with research in the specific field can result in ignorance and the replication of previous studies. Henwood and Pidgeon (2003) described theoretical sensitivities as vital tools for grounded theory’s interpretive practice but cautioned that they can both enhance and inhibit understanding depending upon individual and cultural influences. They thus proposed a middle ground to this predicament by adopting an attitude termed ‘theoretical agnosticism’ (Henwood & Pidgeon, 2003). Their argument is based on the premise that one should not be theoretically ignorant but rather avoid imposing theoretical frameworks on the data by analysing with specific theories in mind. This is accomplished by a careful balance between the creative interpretive process of the researcher’s conceptualisations and by adhering to the requirement of fit; any emerging codes should describe the data (Henwood and Pidgeon, 2003).
The various conceptualisations of grounded theory exist on a methodological continuum ranging from post-positivistic to post-structural in terms of paradigm and underlying epistemology (Mills et. al, 2006). Many researchers have criticised grounded theory for its positivistic underpinning and have used the basic procedures of the method for conducting research under other paradigms (e.g. Annells, 1997; Charmaz, 2000; Clarke, 2005; Henwood & Pidgeon, 2003; Luca, 2009, Rennie, 2000).
3.5. Constructivist Grounded Theory

Charmaz (2006) views the basic procedures of grounded theory of coding, memo-writing, theoretical sampling and constant comparison, as a framework which can be used in conducting research via different philosophical premises. There is a need to use grounded theory procedures within a 21st century methodological approach and her revision of grounded theory proposes just that (Charmaz, 2006). She advocates viewing grounded theory’s methods as flexible procedures rather than prescribed rules (Charmaz, 2006). Constructivist grounded theory aims to examine the how and the why of the participants’ meaning making in specific situations (Charmaz, 2006). It also asserts that data and theories are not discovered but are constructed through our perceptual perspectives and interactions.

Charmaz (2006) re-established grounded theory’s theoretical foundation in the perspective of symbolic interactionism in accordance with its heritage of the Chicago School, and stated that grounded theories are merely constructions of reality that portray an interpretive picture of the studied phenomenon. Ponterotto (2005) argued that the constructivist version of grounded theory (Charmaz, 2006) is the most widely used within counselling psychology.

Constructivism discards the existence of an objective reality and suggests that reality and meaning arise from our engagement with the world we inhabit and from which it is constructed (Crotty, 1998). Gergen’s (1985), theory of social constructionism looks at how groups construct meaning and their reality through various social processes such as language (as cited in Crotty, 1998). Crotty (1998) distinguishes between constructivism and constructionism by defining the former as focusing on the development of knowledge and meaning of the individual within a social context and the latter as considering the process of collective creation and transmission of knowledge and meaning. Constructivist approaches to research have originated and are often used in the study of psychology and they refer to psychological perspectives which argue that every individual perceives the world in a
different way and creates his/her own meanings from events and interactions (Burr, 2003). Therefore, constructivism holds a relativist ontology within which there are multiple realities (Schwandt, 1994) although some constructions of reality can be shared (Lincoln & Guba, 1985). Constructivism places an emphasis on the interaction between investigator and participants, as the key to revealing deeper meaning (Ponterotto, 2005). Moreover, it adopts an interpretive approach, where one needs to uncover meaning and bring it to awareness through reflection (Schwandt, 2000). Consequently, constructivists view reality as subjective and context bound; influenced by individual experiences and assumptions and the interaction between participant and researcher (Ponteroto, 2005).

Mills et al. (2006) advocated the need for researchers to choose a research paradigm that reflects their views and personal philosophies regarding the nature of reality. From the vantage point of a counselling psychologist in training, investigating counselling psychologists’ accounts and experiences, the researcher feels that it is impossible to bracket off preconceived ideas as she is part of the world that she is investigating and her subjectivity and perspective is a tool for the construction of meaning. The researcher’s readings and personal experiences relevant to the subject of investigation, the influence of early experiences on practice render it impossible to enter investigations as a tabula rasa (clean slate). A brief literature review has already been carried out for academic purposes to illustrate the relevance of this research question to the field of counselling psychology. However, the researcher attempted to set aside as much as possible those conceptualizations and keep an open mind by delaying carrying out an extensive literature review (see pages 11-34) until the end of the analysis (Charmaz, 2006) and by adopting Henwood and Pidgeon’s (2003) stance on the existing literature termed “theoretical agnosticism”. Researcher subjectivity was managed through reflexive practices (Fassinger, 2005; Morrow, 2005).
Hence, the constructivist revision of grounded theory (Charmaz, 2006) best reflects the researcher’s view regarding the nature of reality and was utilised for this research.

Moreover, the researcher did consider using a different method for the purposes of this research study, and interpretive phenomenological analysis (Smith, Flowers & Larkin, 2009) was a strong candidate. Both interpretive phenomenological analysis (IPA) and grounded theory are of an inductive nature (Smith, Flowers & Larkin, 2009). Additionally, both approaches to research take into account that understanding and individuals are influenced by time and circumstance, what in Heidegerian terms is explained as ‘Dasein’, the “being” engaged in the world (Heidegger, 1962). As such, both approaches are interested in investigating individuals in contexts.

A compelling feature of the IPA method is the emphasis on researching a small number of participants and engaging in depth analysis of their lived experiences (Smith, Flowers & Larkin, 2009). Using IPA could have provided rich and meaningful data elucidating the influence of early experiences on practice.

However, because of the paucity of research on the subject and the lack of theory to explain the influence of early experiences on practice, the grounded theory method has been deemed more appropriate. The choice of this approach reflects the researcher’s aim of constructing a theoretical framework offering an understanding of the influence of the participants’ experiences on their practice, recognising that findings are mere constructions of reality. Constructivist grounded theory is well equipped to engage in the conceptual examination of patterned relationships and situating those findings within the wider social context of time, place and specific situation (Charmaz, 2006).
In an effort of making the position and perspective of this research study explicit, the researcher followed Crotty’s (1998) recommendations regarding the four main questions a researcher needs to answer:

**Epistemology:** This research is informed from a social constructivist epistemology which is interested in the individual’s meaning making process within a social context (Vygotsky 1978). Additionally, social constructivism aims to uncover how a group of people in a particular time and context construct their views and “realities” (Charmaz, 2006). According to constructivism every individual perceives the world in a different way and creates his/her own meanings from events and interactions (Burr, 2003).

**Theoretical perspective:** Symbolic interactionism is the theoretical perspective that informs this study re-establishing grounded theory’s theoretical foundation with its Chicago School heritage (e.g. Blumer, 1969). Symbolic interactionism assumes that through communication and interaction we construct meanings about what our society sense of self and reality is. This theoretical perspective views humans as active, reflective and inventive and their interactions as intrinsically interpretative (Charmaz, 2006).

**Methodology:** Constructivist grounded theory (Charmaz, 2006). This approach aims to study how and why people in a specific context construct meanings in relation to the studied phenomenon by getting as close as possible to the participants’ experiences even though it is acknowledged that this process is predominantly interpretive. It aims to construct a theory of the phenomenon under study using flexible guidelines. The constructivist grounded theory also takes into account how the researcher and participants interpret meanings and actions and take a reflexive approach at documenting and interrogating how the theories evolve (Charmaz, 2006). And finally, the method used for the gathering of data is in depth, semi-structured interviews.
4. Method

This chapter explains the ethical procedures that were adhered to and the methods employed throughout the research process. These include the recruitment procedure, the relationship maintained between researcher and participants and the analytical steps in accordance to grounded theory methods. Moreover the strategies used to enhance the quality of the study, such as reflexive practices, are also discussed.

4.1. Ethical Considerations

The British Psychological Society’s Code of Ethics and conduct was consulted to ensure ethical procedures are followed accordingly (BPS, 2006). Informed consent was obtained in three occasions: when participants read the information sheet (see appendix 3) and agreed to take part in the study; when they read the consent form (see appendix 4), and signed it before the interview commenced; and after the interview when they agreed for their interviews to be used as data in this study. Informed consent assured the anonymity of the participants and their right to withdraw at any time. Also, the participants were informed that the recordings will be destroyed after transcription and that only the researcher will have access to these in the first place. Before commencing interviews, the participants were encouraged to disclose as much information as they felt comfortable with and were informed regarding their right to decline answering a particular question. It was also made clear that the recorder could be switched off at any point in the interview if needed.

After the interviews the participants were debriefed with information about the nature of the study and the research questions under investigation. In addition, as part of the debriefing, the investigator asked the participants whether they wanted to discuss their experience of the research, in order to monitor for any unpredicted negative effects or misconceptions (BPS, 2006). Contact details of the researcher were provided for follow up questions or in case they
have decided to withdraw their participation. Additionally, a debriefing sheet (see appendix 5) was given to participants at the end of the interview, with a list of websites where contact details of therapists can be obtained, in case any issues were raised during the interview that needed further exploration.

By carrying out the pilot interview, the researcher became aware of the danger of crossing the thin line between an interview and therapy encounter. This is what Guillemin and Gillam (2004) described as “ethically important moments” (p. 262). Writing on ethics in qualitative research, they argued that these moments are critical in the sense that the researcher should consider and recognise the ethical aspect of his/her decision process (Guillemin and Gillam, 2004). There were topics which felt to be interesting but were briefly mentioned by the participant; for example, she talked about her difficulty of working with suicidal clients and how she was always the good girl when she was growing up, but quickly changed topics. The researcher was faced with a dilemma, as she was let by the desire of understanding the participants’ experience. Charmaz (2006) proposes multiple ways that can aid data gathering in interviews, such as, return to earlier topics; enquire more about questions that were left unanswered; ask about their feelings etc. But at the same time she advises researchers to stay sensitive to the particular participants needs and not probe too much into sensitive areas (Charmaz, 2006). It felt that pursuing in asking more about sensitive issues could be detrimental to the participant. Haerkamp (2005) argues that the ethical codes for psychologists are not sufficient alone in helping consider the ethical dilemmas faced by conducting qualitative research and its inherent relational power inequality. Even though the participants were qualified counselling psychologists, with more professional experience and at times older than the researcher, there was still an ethical duty to preserve their well-being. Individuals in the helping professions need to adhere to the two central principles of
beneficence and non-maleficence, meaning, “doing good” and “do no harm,” (Kitchener, 1984). The ethical dilemma that challenged the researcher during the pilot interview was something that was encountered in some of the subsequent interviews. Participants, were talking about their early family experiences and how they influenced their decision to train as counselling psychologists or/and how they influence their current practice. At times, they disclosed quite personal and traumatic experiences. Because of the sensitive nature of the interview questions, it felt intrusive to inquire more about sensitive topics. Havercamp (2005) argued that we need to be aware of the difference of inquiring and gathering data with doing therapy, and Morrow (2005), cautioned about the challenge for those doing qualitative research that are also practitioner psychologists. For that reason, rather than questioning more about relevant topics that were felt as sensitive, the researcher chose to reflected back unexamined topics giving the participants the choice of elaborating or not. Additionally, in situations where the participants became distressed, the researcher listened to their stories but avoided enquiring more, using reflections and prompts to bring the specific topic to an end and provided unhurried space for these feelings to subside before ending the interview.

4.2. Participants

Of interest to the current study were professional Chartered counseling psychologists. Since the research aim was to explore counseling psychologists’ perceptions on how, if at all, they believe their early experiences influence their practice, it was assumed that qualified counselling psychologists would be a more suitable sample when compared to trainees. It was assumed that qualified practitioners would have formulated stronger views and be in a better position to reflect on the subject of investigation, since they would have at least completed the minimum hours of personal therapy (40) and the minimum required hours of supervised clinical practice (450). Additionally, participants were all required to be currently
practicing psychotherapy as it was believed that they would be in a better place to recall, interpret and reflect on their experiences of therapeutic practice.

Participants were 10 qualified counselling psychologists (9 female, 1 male). 4 participants practiced privately, 2 in non-profitable organisations and 4 in the National Health Service. Participants had a range of clinical experiences, 1 participant specialised in working with anxiety disorders, 3 participants in generic private practice settings, 1 was employed by an eating disorder clinic, 1 participant worked at a trauma service, 3 participants for generic primary care psychological services and 1 practiced at a secondary hospital with terminal clients.

All the participants received training in an integrative framework but their preferred mode of practice varied. 3 participants practiced from a cognitive behavioural framework, 3 from an integrative approach, 3 from a predominantly psychodynamic orientation and 1 from an existential psychotherapy framework.

Post-qualification experience ranged from 3 months to 20 years, (mean of 5 years). Engagement in personal therapy ranged from 16 months to 20 years (mean of 5, 7 years).

4.3. Procedure

4.3.1. Recruitment of participants

Participants were contacted via email, obtained through the British Psychological Society’s website register of qualified psychologists by circulating a recruitment letter (see appendix 1). In addition, a poster asking for participation and providing brief information about the study was posted on the Division of Counselling Psychology’s website, (see appendix 2) under the research matters section. Participants that showed interest in the study were send an information sheet via email (see appendix 3), summarizing the scope of the research and
what their participation entailed, including potential benefits and issues. Once participants agreed to take part in this study, the researcher emailed them the informed consent form (see appendix 4), informing them that they have the right to withdraw participation at any time. The interviews were conducted at the Whiteland campus or at their work offices. After the interviews, the participants were given a debriefing sheet (see appendix, 5) and were asked whether they would be willing for their data to be used in this study.

4.3.2. Interview guide

The data were collected with the use of semi-structured interviews, lasting an average of 60 minutes. The participants were encouraged to speak freely about what they felt comfortable with in relation to their early family experiences and how they believed those experiences may have influenced their professional practice. Morrow (2005) contends that the use of fewer questions results in more in-depth data and that asking lots of questions may produce superficial answers. As a consequence, the focus of the interview was on the following two broad open-ended questions:

“What do you believe brought you to the profession of counselling psychology?”

“In what ways, if any, do you believe your early family experiences influence your practice?”

Moreover, additional questions arose out of the interaction with each participant. Data were audio recorder with the use of an Olympus Dictaphone (WS-321M) and the whole interview was transcribed in a word document format.

4.3.3. Relationship between participants and researcher

The researcher used prompts and reflections to encourage the participants to elaborate on their accounts, while allowing space for them to focus on what they felt was important in relation to the studied phenomenon. The establishment of rapport was important as to enable
the participants to feel safe and was accomplished with the use of active listening skills (Morrow, 2005). In accordance with the constructivist paradigm in research, the researcher and participants co-constructed collaboratively findings through the use of interactive dialogue reflection and interpretation (Ponterrotto, 2005). What best describes the relationship formed between participants and researcher in this research study is what Heshusius, (1994, p.15) termed as a “participatory mode of consciousness” for the co-construction of data, the researcher thus directed her attention on intersubjectivity, rather than on her own subjectivity.

4.3.4. Pilot interviews

The interview design was piloted with a newly qualified counselling psychologist in accordance with Fassinger’s (2005) recommendations. After the pilot interview a transcript was provided for the participant and a meeting was arranged to obtain feedback and discuss the interview experience. The participant expressed that she enjoyed the interview process as it gave her the opportunity to reflect on earlier experiences, the journey to the profession of counseling psychology and her current client practice. She said it was beneficial for her reflect on and formulate her experiences in such a way. She enjoyed the semi-structure format as it gave her freedom to focus on what she felt was important and did not feel being led in any way. She also felt that emails were a better way of communication with participants, than telephone contact. Feedback obtained from the pilot interview was reflected upon and taken into account when planning subsequent interviews.

4.3.5. Emergent Design

Theory in the grounded theory method is usually derived inductively through an iterative, simultaneous method of data collection and analysis, using the constant comparative method of analysis to guide subsequent data gathering (Charmaz, 2006). However, the researcher was posed by a dilemma as practical constraints were raised in the prospect of utilising the classic
guidelines of grounded theory, where one needs to interview and analyse data concurrently. This is because this would be time consuming as there would be continuous gaps from the time of data gathering and analysis. For that reason data gathering and analysis was separated to two phases. The challenge of grounded theory’s iterative method was also discussed by Bruce (2007) who also resulted in dividing the gathering and analysis in distinct parts. This was supported by Goulding (1999) who said that in the modern versions of Grounded theory such a separation is preferred, and also by Charmaz and Henwood (2008), who argued that grounded theory guidelines involve at least two phases of data gathering and coding.

The research design employed was emergent in the sense that after the first gathering of data and analysis, the researcher collected additional data to pursue gaps in the emergent theory (Charmaz, 2006). The first gathering of data consisted of 5 interviews. For a period of four months analysis and immersion in the initial set of data occurred. This was then followed by theoretical sampling, by conducting and analysing 5 more interviews to fill in the gaps of the emerging theory (Charmaz, 2006).

4.4. Analysis

The goal of the analysis was the construction of a theoretical framework of the studied phenomenon, which represents a central psychological process that reflects the experiences of the participants (Bryant and Charmaz, 2007).

The two main phases of grounded theory are: 1) the beginning stage of naming each segment of data material, and the subsequent stage, 2) of focused coding, where through careful consideration the most frequent codes are identified and used to sort, integrate and systematise a large quantity of data (Charmaz, 2006).
4.4.2. Initial coding

The first analytic step in Grounded theory is the initial coding, coding means naming segments of material with a label that both summarises and explains each section of data. The researcher tried to define what is happening in the data by grappling with its meaning, coding line by line (Charmaz, 2006). The aim was to stay as close as possible to the participants’ accounts. This was accomplished by using gerunds to preserve action and process, thus allowing new ideas to develop by attempting to adapt the participants’ perspective rather than imposing the researcher’s interpretations at an early stage (Glaser, 1978; Charmaz, 2006). Additionally, in vivo codes were used, where appropriate, by using the participants’ language to code the data, as a way of maintaining the participants’ perceptions regarding their experiences (Charmaz, 2006). Furthermore, the researcher worked quickly through initial coding to instigate fresh thinking, and later revised the initial codes to provide a fit with the data, rather than forcing the data to fit the categories, this was in accordance with Charmaz’s (2006) recommendations.

4.4.3. Constant comparative method

In vivo codes were subjected to the constant comparative method and where relevant the same in vivo codes were used to describe other participants’ experiences. The constant comparative method was used in every step of the analytic process (Glaser and Straus, 1967). Initially one compares data with data in the same interview and latter with data with codes among different interviews, and codes with codes to discern similarities and differences, making necessary changes and noting thoughts and ideas in the form of memoing (Charmaz, 2006).
4.4.4. Memo writing

Any observation or ideas developed during initial coding that were not adequately reflected in the data were taken into account by memo-writing, as reflections of a way of seeing the data and examined their relevance during the focused coding stage (Charmaz, 2006). At the beginning stages of analysis the researcher attempted to stay open to data by avoiding imposing preconceived ideas. However, one is also advised to stay open in seeing things differently from the participants’ interpretations (Charmaz, 2006). During the research process, thoughts, observations and feelings were documented in the form of memoing. Memoing is an essential tool of the grounded theory research process which was carried out throughout. It has enabled the researcher to monitor and elaborate analytic ideas and to question and interrogate the emerging categories (Charmaz, 2006).

4.4.5. Focused coding

The second level of coding is focused coding where the researcher makes analytic decisions regarding which of the initial codes are the most recurrent and/or significant codes that can be used to categorise and describe larger fragments of data (Charmaz, 2006).

During focused coding, the researcher went back and forward between the initial codes and the focused codes using the constant comparison method, to examine insights and to explore unexamined themes (Charmaz, 2006). This was in an effort of grouping categories together in terms of the experiences and meanings they were describing.

From this process gaps in the emerging concepts were identified and the researcher employed theoretical sampling to fill in the gaps in the emerging theory.
4.4.6. Theoretical sampling

Following focused coding the researcher established some tentative categories and engaged in theoretical sampling (Charmaz, 2006) by recruiting more participants as to develop the categories constructed from the analysis. In terms of interviewing, questions changed to more focused ones to aid the development of the emerging theory (Charmaz, 2006). For example, the first five participants spoke substantively about the influence of personal therapy on their development and practice. This was then incorporated in the interview schedule, asking the subsequent five participants about how, if at all, they feel their personal therapy influences their practise. Additionally, theoretical sampling was also accomplished by going back to the data gathered to interrogate and develop the emerging categories (Charmaz, 2006).

4.4.7. Axial coding

The next step of coding that was used was a form of axial coding to help define the main emerging/constructed categories and their subcategories. Charmaz (2006) considers axial coding as very structured and thus optional. The researcher felt the utilising the last step of Strauss and Corbin’s (1998) axial coding guidelines (actions/conditions/consequences) could fragmentise the participants’ accounts and their experiencing. Similarly Glaser, (1992), and Kendall (1999), criticised the proscriptive style of this level of coding as antithetical to the inductive nature of grounded theory. Following the logic of the underlying theoretical orientation of this research, symbolic interactionism, process was considered to be more important than structure (Charmaz, 2006). For that reason axial coding was used to bring the data back together by grouping them into categories and subcategories as to explain the researchers interpretation of what is happening in the data. This entails of course making some analytical decisions as the researcher was faced with an overwhelming amount of data,
as such, the most recurrent focused codes that represented the majority of the preoccupations of the participants were grouped together in categories and subcategories.

### 4.4.8. Theoretical saturation

Grounded theory guidelines advise to discontinue sampling when reaching theoretical saturation, that is, when data and analysis cease to produce new categories and concepts (Strauss and Corbin 1998). Riley (1996) argues that saturation is usually achieved somewhere between 8-24 interviews, depending on the research focus. However, Morrow (2005) argues that the quality and the depth of the interview data are more important than the number of interviews. Patton (1990) concurs, arguing that the richness of the data and the analytic abilities of the researcher is what influences the quality of the data obtained. Dey (1999) challenges the notion of saturation all together and instead argues for *theoretical sufficiency*. From the experience and engagement in the research process, the researcher came to support Dey’s (1999) argument, as theories are not static or stable entities but always susceptible to change and modifications. As such, the analysis reached *theoretical sufficiency* through theoretical sampling at the 10th interview, where an appropriate level of conceptual richness and density was obtained (Strauss and Corbin, 1998).

### 4.4.9. Theoretical coding and sorting

To complete the analysis *theoretical coding* was used to explain and assimilate the main categories and their relationships (Charmaz, 2006; Glaser, 1978). This stage of analysis aided the integration of the main themes into a theoretical framework (Charmaz, 2006). During this process theoretical memos were integrated to aid the formulation of the constructed theoretical framework (Charmaz, 2006). The aim was to explain a central psychological phenomenon, which was relevant to the problems identified and for those under study.
(counselling psychologists), and that provided a good fit to the participants’ accounts (Henwood and Pidgeon, 2003).

4.5. Enhancing quality

According to Creswell (1998) grounded theory’s analytic methods integrate continual verification, and as such, rigor is addressed by the employing of the methods themselves. This is because grounded theory’s rigorous strategies, of theoretical sampling, constant comparative method and memoing, enable the researcher to view the data in different ways and recognise different meanings and interpretations (Cowie & Salm, 1998). These strategies develop the quality of the findings, and preclude the need of seeking the agreement of the participants or other co-researches (Cowie & Salm, 1998).

However, Pidgeon (1996) suggested “responded validation” as a way of enhancing the trustworthiness of the study, even though he acknowledged the inherent limitations of this approach (p. 84). In an effort of examining the appropriateness of the constructed theory in capturing some of the complexity of the world of those studied (Henwood and Pidgeon, 2003) two participants that showed willingness to do so were enlisted to provide feedback in the final stages of the analysis. The main constructed categories and their subcategories that arose out of the axial coding stage of analysis where send to the participants/co-researchers for feedback to enhance the quality of this study. Their feedback led to the modification of some categories and the write up of an explanatory level, theoretical framework that integrated the main categories into a narrative. This was again discussed with the two co-researchers until agreement was reached.

Additional methods were used to enhance the trustworthiness of this study (Morrow, 2005). These included prolonged immersion in the data, and dealing with issues of representation by including big chunks of the participants’ accounts in an effort of enabling the reader to
understand the researcher’s interpretations and represent the participants adequately (Morrow, 2005).

Furthermore Charmaz (2006), proposed four criteria for evaluating a grounded theory study: credibility; originality; resonance and usefulness. These criteria will be used to appraise this study in the discussion chapter.

4.5.1. Researcher reflexivity

Grounded theory has been criticised by for not utilising reflexive practices sufficiently in studies (Willig, 2001). The incorporation of reflexivity in the Grounded Theory process not only enhances the rigour and quality of the study but it is in accordance with grounded theory’s theoretical foundation in symbolic interactionism (Hall and Callery, 2001). Since the researcher is the most important tool in the qualitative research process, maintaining a reflexive attitude is of paramount importance (McLeod, 1994). As the researcher is a Counselling Psychologist in training, and as such, part of the world she is investigating, it was pivotal to maintain a reflexive stance throughout the research process. In accordance with the constructivist epistemology that grounds this research endeavour, the researcher grappled with her presuppositions, in an attempt of becoming more aware of how they affected the research process (Charmaz, 2006). This was initially accomplished by carrying out a self-interview before commencing data gathering, in order to increase the researcher’s self-awareness of personal philosophy, experiences and assumptions relevant to the research questions. Additionally Mcleod (2003) recommended the use of a reflexive journal as to document the researcher’s experience of conducting the research and aid reflexivity. Therefore a reflexive stance was maintained throughout the research process in the form of a self-reflective journal. The influence of the person of the researcher on the research process and the resulting constructed theory has been considered, as well as the effect of the research
process on the researcher and her professional development. This will be discussed further in the final chapter.
5. Analysis and key findings

Following Charmaz’ (2006) steps of analysis, which offers flexible guidelines for the analysis and management of qualitative data, the researcher gradually progressed from a descriptive level of analysis towards a conceptual level of abstraction.

Grounded theory analysis (2006) resulted in the construction of 3 core categories, each described by its 3 encompassing subcategories. This was then followed by the construction of a “grounded theory”, in the form of a theoretical framework to understand a central psychological phenomenon which was abstracted from the participants’ experiences. The requirement of “fit” was adhered to, where the constructed themes and explanatory level account was grounded in the participants accounts (Henwood and Pidgeon, 2003).

Although researcher subjectivity (Morrow, 2005) was managed through reflexive practices; the researcher recognises that the questions asked and the researchers own assumptions and theoretical interests have influenced the construction of data during the interview process and the resultant core categories and theoretical framework. The researcher’s theoretical interests cultivated in her postgraduate studies have informed the analysis; these are the theoretical perspective of symbolic interactionism (Blumer, 1969) and psychodynamic theories of human development (e.g. Bowlby, 1982; Kohut, 1977; Winnicott, 1965). Psychodynamic theories have also been used by several participants to interpret their experiences during the interviews.

Furthermore, it is acknowledged that the theoretical framework constructed by interpreting the participants accounts, does not represent prior realities but a social constructed “reality” of a particular, time, perspective, context and interpretation (Charmaz, 2006).
It is also important to note that all identifying material has been removed from the transcripts and the participants’ accounts presented throughout this chapter, to preserve participant confidentiality. Pseudonyms have been used to exemplify the categories below and aid discussion.

5.1. Memoing

The process of memoing was carried out during the whole of the research process, after each interview, after transcription and throughout all stages of the analysis. Thoughts, feelings and ideas were recorded. Memoing is a pivotal tool in the Grounded Theory analytic method (Strauss and Corbin, 1998; Charmaz, 2006). It enabled the researcher to track and elaborate analytic ideas, interrogate the emerging categories (Charmaz, 2006), as well as, to maintain a reflexive attitude (Fassinger, 2005). An example of the process of memoing can be found in appendix 6.

5.2. Initial coding

The first analytic step in Grounded theory is the initial coding. The codes the researcher chooses shows how she separates and sorts the data to begin the analytic description, by trying to define what is happening in the data and starts grappling with its meaning (Charmaz, 2006). During initial coding (Charmaz, 2006), line to line analysis took place, by using gerunds as to preserve action and process and when suitable using *in vivo* codes where the participants language was used to capture and explain the specific unit of data (Charmaz, 2006; Glaser, 1978). An example of the process of initial coding is provided here, and a transcribed interview with initial codes can be found in appendix 7.

<table>
<thead>
<tr>
<th>Dialogue:</th>
<th>Initial Coding:</th>
</tr>
</thead>
</table>
| Tim: Yes I think as a child, a young child this was imposed on me…It is not a choice…I don’t think I just naturally develop empathy, increased empathy more than other children | Developing child self  
Imposed therapeutic quality  
Developing advance empathy and intuitiveness |
or intuitiveness to help others which I suppose is what I use in my work. No...(Laughs) the sad side of it is that it was imposed on me. Em that I...my home life was very difficult as a young child because my parents were continuously fighting and I remember my early life as me being a spectator of this drama that was unfolding daily in front of me, and it wasn’t all bad but my memories are mostly of the bad...difficult times. Something I have been working on in my personal therapy but...the point is that I was em...I em...performed a function...If I want to describe it in cold terms...for my mum, well my mum is a nice person but she was very needy, very upset, and she needed soothing and reassurance and she needed a spectator, an ally and that was me.

5.3. Focused coding

The second level of coding is focused coding where the researcher makes analytic decisions regarding which of the initial codes are the most recurrent and/or significant codes that can be used to categorise and describe larger fragments of data (Charmaz, 2006). With the use of the constant comparison method the researcher looked for similarities and differences within each interview and across interviews by comparing data with data and codes with data and finally codes with codes. This was accomplished by immersing oneself in the data and constantly noting down thoughts and observations. An example of the process of focused coding can be found in the excerpt below where the following focused codes were used to describe the data.

<table>
<thead>
<tr>
<th>Dialogue:</th>
<th>Focused Coding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tim: Yes I think as a child, a young child this was imposed on me…It is not a choice...I don’t think I just naturally develop empathy, increased empathy more than other children or intuitiveness to help others which I suppose is what I use in my work. No...(Laughs) the sad side of it is that it was imposed on me. Em that I...my home life was very difficult as a young child because</td>
<td>Being tuned in to others feelings</td>
</tr>
<tr>
<td></td>
<td>Applying personal learning in therapeutic practice</td>
</tr>
<tr>
<td></td>
<td>Imposed empathic ability</td>
</tr>
</tbody>
</table>
my parents were continuously fighting and I remember my early life as me being a spectator of this drama that was unfolding daily in front of me, and it wasn’t all bad but my memories are mostly of the bad...difficult times. Something I have been working on in my personal therapy but...the point is that I was em...I em...performed a function...If I want to describe it in cold terms...for my mum, well my mum is a nice person but she was very needy, very upset, and she needed soothing and reassurance and she needed a spectator, an ally and that was me.

<table>
<thead>
<tr>
<th>Being a spectator</th>
<th>Working through in personal therapy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Performing a function for mothers needs</td>
<td></td>
</tr>
</tbody>
</table>

5.4. Theoretical sampling

Following focused coding the researcher engaged in theoretical sampling (Charmaz, 2006) by recruiting more participants as to develop the emergent categories arising from the analysis. For example the first five participants, spoke substantively about the influence of personal therapy on their development and practice. This was then incorporated in the interview schedule, asking subsequent five participants about how, if at all, they feel their personal therapy influences their practice. Additionally, theoretical sampling was also accomplished by going back to the data gathered to interrogate and develop the emerging categories (Charmaz, 2006).

5.5. Axial coding

The next step of coding that was used was a form of axial coding to help define the main emerging/constructed categories and their subcategories and bring the data back together (Charmaz, 2006). Analysis was not done in a linear fashion but by using the flip-flop process of the constant comparative method and memoing Pidgeon (1996). There was a wealth of data and analytical decisions were made, by grouping together the most recurrent focused codes that represented the majority of the preoccupations of the participants in categories and subcategories. For example, in the focused coding stage “being tuned into other’s needs”
could form a main category in itself used to describe the participants’ early family experiences, with “moulding into other’s needs”, “being a spectator”, “skeletons in the cupboard” and “performing a function” as subcategories. Through immersion in the narrative of the participants and reflective memoing, the researcher felt that those experiences could be seen as motivating factors for entering this profession, as could “make sense” and “applying personal learning”. Thus “being tune in” was used as a subcategory of motivating factors rather than as a separate category. The researcher gradually progressed from a descriptive level of analysis towards a conceptual level of abstraction (Charmaz, 2006). Please see Table 1 for an example of the analytic process.

<table>
<thead>
<tr>
<th>Core Categories</th>
<th>Subcategories/focused codes</th>
<th>Examples of initial codes</th>
</tr>
</thead>
</table>
| Motivating factors      | Applying Personal Learning             | ➢ Holding the hope  
                         |                                                                      | ➢ Empathy                                                                 |
|                         |                                        | ➢ Staying with the pain  
                         |                                                                      | ➢ Enabling clients to move forward |
| Professional and Personal Development | Personal Development Gains             | ➢ Making sense  
                         |                                                                      | ➢ Feeling fulfilled                                                        |
|                         |                                        | ➢ Seeing the self in the client  
                         |                                                                      | ➢ Finding own voice                                                          |
|                         |                                        | ➢ Moving forward                                                        |
| Developing Professional Identity | Using approaches that fit character | ➢ Using approaches that fit character  
                         |                                                                      | ➢ Reflecting on work preferences  
                         |                                                                      | ➢ Working with similar difficulties |

Following the logic of the underlying theoretical orientation of this research, symbolic interactionism, process was considered to be more important than structure in this stage of analysis (Charmaz, 2006). Axial coding resulted in the construction of 3 core categories, each
one defined but its encompassing subcategories. The following table summarises the core categories and their subcategories.

**Table 2: Main categories and their subcategories resulting from Axial Coding**

<table>
<thead>
<tr>
<th>Core Categories</th>
<th>Subcategories</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Motivating factors to enter the profession of Counselling Psychology.</strong>&lt;br&gt;The early experiences of the participants are characterised by difficult family experiences, where they experienced inattentiveness to their needs and responded to by “moulding into other’s needs” and by “being tuned in” with others feelings in their families of origin. A motivation to make sense of their early experiences was the primary drive to enter this profession. This enables them to apply their personal learning, of having overcome their own struggles, in the therapeutic encounter.</td>
<td>➢ “Being tuned in”&lt;br&gt;➢ Making sense&lt;br&gt;➢ Applying personal learning in practice.</td>
</tr>
<tr>
<td><strong>Professional and personal development</strong>&lt;br&gt;The practice of counselling psychology aids the personal development of counselling psychologists by learning from their clients and developing their own voice. This self-development mirrors their professional development and the formation of their professional identity. Personal experiences influence work preferences in working with specific therapeutic modalities, client groups and settings. Counselling psychologists also face various challenges within the therapeutic encounter, often triggered by clients that “hook into” their own issues and earlier histories.</td>
<td>➢ Personal developmental gains&lt;br&gt;➢ Developing professional identity&lt;br&gt;➢ Professional challenges</td>
</tr>
<tr>
<td><strong>The role of personal therapy</strong>&lt;br&gt;The role of personal therapy is of an outmost importance for growth and development. It provides reparative experiences where the practitioner grows by satisfying previously unmet developmental needs. Moreover, by increasing self-awareness and making sense of his experiences in personal therapy he becomes a more competent practitioner. Personal therapy also provides a model for the counselling</td>
<td>➢ Reparative experiences&lt;br&gt;➢ Increasing self-awareness and therapeutic skills&lt;br&gt;➢ Modelling</td>
</tr>
</tbody>
</table>
psychologist’s own practice, by being in the client’s shoes one strives to offer what was personally perceived as useful and enriching.

Category 1: Motivating factors to enter the profession of Counselling Psychology

Subcategory 1: “Being tuned in” /moulding into others needs and feelings

“Being tuned in” to others feelings and moulding into other’s needs, has been used to label this category as an in vivo code (Charmaz, 2006), as it emerged out of the accounts of specific participants and was found to characterise the majority of the participants’ narratives when describing their early family experiences. “Being tuned in” seems to describe an empathic ability that was developed in an early phase of the participants’ lives out of family struggles. Participants described how they needed to “mould” and respond to family needs, and how they lacked attunement and care. Empathic skills and reflective thinking appear to have developed as an adaptational response, in an effort of gaining some control in often unpredictable environments’. These experiences and cultivated skills seem to have provided a motivation in becoming Counselling Psychologists.

Maria describes how she responded to her mother’s on-going battle with manic-depression:

“I felt terribly sorry for my mother, I was frightened of her but I was also very sorry for her and I probably think I came into this world....in tuned with peoples suffering, I think it started in the womb [...] I came into a kind of ability to know other peoples pain, to absorb it, to be concerned with it, the good little girl no to cause any extra problem to my parents, to my mother”.

Timothy here explains how he felt empathy was imposed on him. He developed advance empathy to respond to his mother’s needs and family environment.
“Yes I think as a child, a young child this was imposed on me...It was not a choice...I don’t think I just naturally developed empathy, increased empathy more than other children or intuitiveness to help others which I suppose is what I use in my work. No, the sad side of it is that it was imposed on me [...]I performed a function...If I want to describe it in cold terms...for my mum, well my mum was very needy, very upset, and she needed soothing and reassurance and she needed a spectator, an ally and that was me. [...] I had an environment where I was born into my mum’s needs, where I intuitively perceived up what her feelings were and was responding accordingly”.

Timothy’s account exhibits how he lacked attentiveness to his needs as he was growing up and how this influenced or impaired his self-development:

“... I mean I was responding to her needs but she wasn’t responding to mine. So my development was held back or shaped by the fact I was there to respond to her. And that is why I say spectator [...] Mum was the central player and the drama was the piece on the stage”.

Pamela explains her motivation to train as a Counselling Psychologist as a result of early experiences. She grew up in an environment where her parents struggled with the psychological issues of depression and anxiety and she was responding to her father’s needs as a confidant:

“But really part of the need to work with people actually is rooted very much in family. I learned anxiety from my mother and depression from my father. And my father, I was the oldest by five years [...] and in some ways I was a confidant for him, hugely inappropriate for me in the age of 9, and I was a very good listener, and it also seems, even if we laugh about this now, that because of my parents difficulties I have been trying to fix the world ever since”.

Pamela’s account emphasises how her empathic ability and listening skills are a product of early learning, where she “counsellled” her father.
“And I think empathy that quality was if you like shaped by the long hours that I heard my father talking about my mother and how he couldn't make her happy and all of the things and little bits of philosophy and all the rest of it, I think all that whole listening ability was shaped then...”.

Pamela’s following account summarises this category very well. She talks about how she dealt with the unpredictability of her environment and the fact she needed to tolerate her parent’s anxiety and her own difficulties alone:

“I think reflectivity was always there but it was a sense of navigating it and making some sense of control and I suspect that probably thinking about it in this context, it probably developed as a need to get some sort of control in situations that in many ways felt very out of control and ....so probably it was a product of survival!”.

Pamela account in the meaning making process of the interview, explains reflectivity as a “product of survival” which can be used to explain the participants accounts. The participants instinctively developed the ability of “being tuned in”, sensing others feelings and being self-reflective as a means of making sense of their environment and gaining some kind of control over their emotional experiences. “Being tuned in” and the ability for empathy, seems to have developed as an adaptive response to the participants early experiencing, arising from the experience of lack of nurture and attentiveness to their emotional needs.

**Subcategory 2: Making sense**

Making sense refers to a need that appeared to act as a motivating factor for the majority of the participants to enter the profession of Counselling Psychology. Making sense refers to a wish for self-understanding, self-healing and deriving meaning from their earlier experiences.
Suzan describes how her choice to study Counselling Psychology was motivated by her desire to engage in personal therapy and her own repair and by a need to make sense of her early experiences and relational difficulties:

“There are all sorts of different levels I guess of reasons that have brought me to train as a counselling psychologist. I think I was very very confused as a young person about why were things so difficult for me. Why family life was so difficult, why I found relationships difficult…”

Suzan explains being driven to the profession from a need for self-healing:

“I had a very strong sense that I needed to be healed, really strong sense that I was badly damaged […] A way of committing to therapy to my own repair was to do the course, because in a way it takes that onus off you, instead of saying I want to have therapy to deal with things, you say I need to have therapy for my course”.

Tina explains that she retrospectively realised through personal therapy, that her need to be heard, find her own voice and to make sense out of her family experiences provided the strongest motivation to train as a counselling psychologist:

“I had this need to be heard and I am pretty sure through my personal therapy and the exploration of my family issues, this inability to be heard in my family brought me to this profession. I really wanted to understand how this happened, why I am not heard, that I have no voice and no space in my family. So being heard and having your own voice…this is something I was missing in my early experiences or maybe in my whole life”.

Similarly Stephanie describes below how her initially wish to enter the profession was driven by a need to understand her difficulties and the way she relates to herself and others:

“It started from my own personal need to explore myself and to explore my difficulties in life, my journey so far […] Understanding myself a bit better, a
bit more ...To understand the way I relate to people, the way I relate to myself”.

Maria reflects on her earlier experiences and later struggles when she had to overcome difficulties on her own. In the meaning making process of the interview she explains how her professional identity makes absolute sense for her as she tries to offer to others what she needed but never received in difficult times:

“And somehow this makes the sense of the whole story, literary from the womb when I realised that when I realised, I knew there was something wrong with this person who was carrying me, I just knew, it might seem weird but I just knew. Coming into the world as a watchful child, nothing got passed me. I do try to tell people why I am doing this, and it is very much because there was no one like me around, either when I was a child to explain what was going on with my mummy. Absolutely no one like that...I had no idea what was going on! When I went through the terrible experiences from 18 to about 21, there was no... I just bashed on with it myself, to sort it out. So... for me, what I do makes absolute personal sense, I am here for people who... even if their problems are incredibly seemingly trivial compared to some of the things I... and many of them are! There still problems for them, there still anxieties and depressions and...there is some depth”.

Making sense appears to be a motivating factor for entering this profession, characterised by a need to understand and heal the self and to construct some meaning out of their own difficulties. In the previous expert, Maria appears to find meaning through her professional identity as a counselling psychologist. It seems that early adverse experiences not only do they provide a drive for self-understanding and to become a counselling psychologist, but the engagement in the profession in itself offers a sense of identity and fulfilment, where earlier ways of being can be utilised.
Subcategory 3: Applying personal learning in practice

The participants experience and learning from overcoming the own personal struggles is applied in their professional practice. “Holding the hope”, an *in vivo* code that emerged from Marias account below, reflects an ability of staying with the client’s pain but not becoming overwhelmed or despairing when confronted by it. “Holding the hope”, comes from the experience of working through ones on struggles. Participants also talked about gaining an insider’s perspective to pain from their own experiences and how that enhances their ability to empathise with their clients. Their own experiences of emotional turmoil seem to have fostered emotional resiliency which allows them to “use themselves” as a tool to relate and help their clients.

Maria’s own experience of working and surviving through difficulties alone taught her a lot about emotional turmoil. She talks how her own experience of surviving through adversities enables her to see forward and to hold the hope for the client:

“*But some very terrible things happened to me as a young adult, which I had to work my way through on my own...and that also of course taught me a lot about pain and suffering. But there just something about having experienced my own ability to survive that I can communicate it to him, it will be ok, it might not be great but we will make sure that it is ok for you, this doesn’t have to cripple you, it is so, it doesn’t have to cripple you. Which I think, making tiny remarks like that, which are absolutely true, he doesn’t hear me say a lot of psychobabble bullshit from a book. Because if he is listening to me he will know I believe that to be true [...]Because of course when people come they have very often given up hope that they will find it, so it is the...holding the hope*”.

Kelly explains how her own difficulties in the age of 18 gave her an insider’s perspective on pain. The phrase she uses below, “having walked in those shoes” seems to refer to an emphatic ability that was developed from her own experiences:
“Just being very mindful that just because you are sitting in the therapist’s chair, you are not a million miles away from the client... In that time, in that hour you are playing a role, that role. But there were times in my life, like early 18 that I felt very off the rail and...I wish I knew then but I didn’t, just very-very unhappy, very...very self-loathing and having a very difficult time and yea I think...I look back at that time and I am so glad it’s behind me, but I think now I am able to think of it as a useful experience because it gives you a sense of having walked in those shoes”.

Stephanie said:

“I haven’t completely understood mine but I have had a grasp of my difficulties. And I am using that to relate to others people, to help other people, to use myself as a counselling psychologist. [...] I empathise with these people, and I think empathy is a quality that only those people who have been injured themselves can have, can offer, and can give...you are more able to see the pain in other people because you know what the pain is like”.

Stephanie talks about how her own experience of making some sense out of her difficulties and pain enables her to see her clients’ pain and empathise with them, using herself and her experiences as a tool to relate and help others.

Suzan describes how as a child she and her siblings parented each other in an effort of managing the trauma that was unfolding around them. This working through of her own difficulties and her ability to cope enables her to stay with her clients suffering:

“My siblings and I parented each other in a way that my parents weren’t able to do so. Finding a way of managing the trauma and the terror and the lack of containment and all those things [...] to cope and to, I suppose there is a sense as a therapist... if you have been through it, it is less frightening to witness other peoples, it is easier...lot easier that you can...it is less terrifying I suppose to be with someone else's suffering”.

Suzan’s above account is describing the development of emotional resilience from her experience of coping with early trauma, which facilitates her ability to tolerate and stay with
Pamela talked about how her own experiences, “underpin the substance of what she brings in her work” (24:4), and she explains:

“So in a way life has been very kind to me because even the horrible experiences have never been wasted. I can use everything, nothing is wasted and OK you don’t use it explicitly but just occasionally it is appropriate to, with certain clients perhaps, occasionally I would refer to the 5 years of anxiety and depression [...] even if you don’t do it explicitly, the sense of knowing I think is communicated to the client even from the way we present ourselves. Yes and the reflectivity helps there because it is what you use to grow and from the inner supervisor where you sit back and reflect a little bit and hear the music behind the words and understand something or try and get enough distance to understand the dynamics that are operating and using those different parts in order to look at the session and the material from different angles, just in a sense I tried to do with my own life...and now I try to teach my clients, yea...”.

Pamela expresses how her experience of having worked through her own difficulties gives her “a sense of knowing” that implicitly or explicitly communicates empathy, and similar to Marias account, provides an ability of “holding the hope” for the client. Pamela’s self-reflective ability cultivated in her early years is also helpful, in analysing the therapeutic encounter and in aiding her client’s own reflective capacity.

The participants’ experience of overcoming psychological anguish and difficult early experiencing seems to have cultivated an advance empathic ability and emotional resiliency in staying with clients’ pain and suffering. “Holding the hope” seems to nurture the client’s trust in the therapeutic process as it is communicated even implicitly that the therapist’s interventions come from experience.
**Category 2: The Counselling Psychologist’s Professional/Personal Development.**

**Subcategory 1: Personal developmental gains**

The participants’ accounts suggest that the relational experiences encountered through the training and practice of counselling psychology offer a number of developmental gains. These are, among others, the satisfaction of previously unmet needs, the cultivation of self-awareness by seeing one’s self in the client and the development of their sense of self. The therapeutic encounter is mutually therapeutic for therapists and clients alike. Personal developmental gains mirror professional development and facilitate the participants’ therapeutic skills. This is accomplished through the engagement with training, therapeutic work and reflective practices.

Tina reflects below on how she feels fulfilled by this profession and on her personal needs that are satisfied within the therapeutic relationship:

“Maybe the therapeutic space has become a place for me to speak and not in terms of vocalising my own needs but in terms of addressing something that I feel needs to be addressed. So there is something in the work that for me is really important. I think I just maybe was....maybe there was a point in my life when I wanted to be heard, I wanted to be listened...and I thought the therapeutic space is the best place for this. [...]So maybe I am replacing that in this work where I think that with my clients I have a space in their lives and a small voice. So perhaps this is kind of sublimation of a need or whatever you might call it. By listening and by communicating with my clients...somehow I feel that they have heard me as well. As I am hearing them, it is a kind of mutual process and I feel I’ve become important for them at some point [...]. It is obviously satisfying some of my needs and perhaps it is this awareness which helps or which kind of...prevents any kind of obstruction or possible damage to the client but yes, I really enjoy what I am doing...”

Tina’s above account highlights the mutual therapeutic process that the participants enter,
satisfying unmet developmental needs. She describes the development of her own voice and the experience of by being heard in the therapeutic relationship, which she was lacking in her family environment. She talks about a sublimation of a need that is expressed in the therapeutic profession, perhaps her need to feel important and to develop her own sense of self. She also highlights the importance of self-awareness, in terms of acknowledging her personal gains and needs that are fulfilled through the practice of psychotherapy, as not to impinge on the client’s progress.

Timothy:

“But nevertheless now I am in this field where I feel rewarded by helping others I feel that is also therapeutic for me actually so I found that there is a way to get out of it what I want too, not do it as a martyr, I do it for myself mainly actually if I am honest”.

Similarly with Tina’s account, Timothy also describes how the practice of counselling psychology is mutually therapeutic. Below he explicates his personal development through his training, by describing both his earlier difficulties in the first excerpt, and the way he has developed in the second excerpt.

Timothy’s struggles before commencing his training:

“Because one of my problems earlier before this training was that not only did not have an awareness of my needs, I did not have such an awareness of what I was experiencing either, feelings and reactions to others”.

Timothy’s development through the training:

“I try not to be the spectator so much with my clients, because the spectator is a bit of a problem part of the older self. So I found that there was a huge shift in my practice about two years into my training [...]I think something shifted...I came alive, I think up until that point I was responding to the clients in way I thought was right based on the model used but also more
spectating. More reflecting, mirroring, giving back what was received but not so much, adding my own spin, my own view, what I learned, my own experience […] what changed was that as I started to develop my own ideas, my own sense of self, I was more present with clients, I was really listening to them, not feeding back to them, I heard! I was actually hearing what they said and it would resonate and I could give something back that was of more value rather a repetition […] they say thank you at the end and I am thinking thank you that was meaningful. I have experienced something new, I am growing”.

Timothy’s self-development facilitated his professional development, enabling him to be more present and use himself appropriately in the therapeutic encounter and to enjoy practice as a fulfilling, creative exercise rather than repeating earlier patterns of just spectating others suffering. Timothy’s account highlights the importance of cultivating self-awareness throughout the training of counselling psychology. This enables the practitioner to develop his own voice and facilitates self-development, which its benefits are then reflected in the therapeutic practice.

Suzan’s account reflects a theme echoed by many participants. She talks about the experience of seeing parts of herself in a client and how their encounter facilitated her self-awareness and development:

“You know we find lots of ourselves in clients, and lots of parts of ourselves in their stories and experiences. But this particular woman…there a lot of ways, a lot of different ways of which our stories seemed quite similar. I learned so much from her… she taught me so much about how the way you see the world is influenced by your early experiences.

“I think her sense of being… she used these fantastic metaphors about feeling that her whole world was lots of aunts and she was a wasp, an outsider. And I think that sense of being odd and not understanding why you are different, really captured something for me about my experience”.
Tina describes how she perceives the therapeutic interaction as a safe space for a kind of intimate relating that she has difficulties of establishing in her private life satisfying her need of closeness:

“It is interesting how the therapeutic space has become a very safe space for me. I am trying to say that my need of some kind of relationship brings me to this profession as well. Maybe it is the difficulties within me; maybe it is a difficulty within me of building real relationships trying to...or fear of real life. So the therapeutic space becomes safe not only for them but for me too. Because I can have some kind of relationship that I am unable to have in my outside life...at some level it is easier to relate to clients in that safe environment. Maybe this creation of space we both contribute to is not only for them and their needs but also for my own”.

Sofia’s account exhibits how she has grown and evolved through the interpersonal, relational engagement of the therapeutic encounter:

“By working more relationally I have very much thought about how my clients have changed me as well as a practitioner and probably as a person as well”.

Through the engagement with the training and most importantly the therapeutic interaction, the participants develop and grow. The therapeutic encounter facilitates the participants’ personal development. The participants’ developmental needs that are satisfied through therapeutic encounter are: finding their voice, increasing awareness though mirroring and self-affirming experiences, developing their sense of self and satisfying unmet needs of intimacy and recognition. The participants’ personal development is then reflected in their client work in increasing therapeutic competency. The implications of these observations will be discussed in the following chapter.
Subcategory 2: Developing professional identity

The developing professional identity category refers to an on-going process described by the participants. Personal experiences and personal challenges appear to influence the participants’ choices and preferences in working with certain client groups, settings, ways and therapeutic modalities. Becoming aware of ones strengths, preferences and limitations is a continuing process that shapes the participants’ professional identity and therapeutic style.

Kelly talks about her choice of working with clients with eating disorders and how having gone through it herself, gives her an in-depth understanding of the genesis and manifestation of this issue:

“I am working with people with eating disorders and in my early teens I had what you what probably would be classified as an eating disorder... so I fell that has given me a very-very useful understanding when working with this client group, that is a notoriously difficult client group to work with, that I can just completely appreciate the need to....why people begin...how it could get set up for people to begin to starve themselves basically...and also the absolute difficulty of trying to get out of its grip basically...it has given me a very good, useful insight”.

Maria describes her preferences of working with clients with severe client presentations and in a self-directed way. She reflects:

“I enjoy working with people who have powerful and big thinks to struggle with, which is great for me. I have worked of course in the NHS but it doesn’t work for me, because I am very self-directed and self-sufficient, I like to work in exactly my way. I would prefer to be working some kind of institution where I would feel comfortable with, where I would work with people in severe difficulties, perhaps which would make more sense”.

Maria here describes her therapeutic stance, one of a teacher fostering the clients’ autonomy. She explains how long term work that nurtures dependency does not fit with who she is as
she finds dependency threatening:

“I am more of a masculine archetype therapist which is slightly more towards the teacher, not that kind of teacher but the wise instructor...the have you thought about this...rather than that? Fostering autonomy because as the schizoid position, people depending on me, is actually quite threatening [...] One of the reasons I can’t do that long term, psychoanalytic kind of work, is the dependency staff, which bothers me”.

Pamela’s predominant therapeutic model is Cognitive Behavioural Therapy as it resembles the tools and strategies she formulated as young adult to deal with her own difficulties. Her account also shows how professional identity is not static but continually evolves; her professional identity has developed further through her life experiences and training and grows from learning from her clients in the therapeutic practice:

“Well I started seeing myself as a CBT [...] I thought very much about what I learned about myself and all those principles I adapted and was able to work with people on those principles [...] I was working in the here and now with CBT on myself. But it was only later that I realised the importance of the history and what had brought me to that position, so in a sense the practice and my own background have allowed me to understand the importance of the history and childhood for what brings the adult to therapy [...] But I think the majority of what I have learned is from my own life and from the knees of my clients... there is something about being into the others world, over and over again”.

Timothy explains how his professional identity is continually developing and influenced by his interests. An effort of working “authentically” which seems to refer to a way of working with specific theories and contexts that fit with who he is as a person, rather than moulding into specific approaches:

“I am continually developing and my style of therapy is shaped by what I am interested in...And shows itself in how I choose to work with
people...what kind of jobs I want to do because I am aware that some jobs for me would be suffocating and will be, would require me to suppress part of myself... I think it is important in this field to work authentically [...] In a way for example, with a model, a type of therapy and with a way of communicating with your clients that you feel is more authentically to you, more you”.

Suzan below describes her own professional development arising from a process of negotiation between her training requirements and her own selfhood in becoming a practitioner that is congruent with who she is as a person:

“Because they are pressures to tick the box and deliver the person-centred or the CBT therapy, very much according to the book and the university's requirements... but also there is that... another level of becoming the therapist that really matches who you are internally and how you view the world and the belief that it can be enough for a client”.

Kelly’s experience of dealing with eating issues as an early teen gave her a good insight and understanding of these difficulties that helps her relate and work with clients with eating disorders. Pamela therapeutic modality was influenced by the strategies she devised as a child to work on her own difficulties that resembled the here and now reasoning of cognitive behavioural therapy. Maria is aware that an approach that begets dependency would be suffocating for her as she never experienced that in her relationship with her mother, and as such holds a stance of a teacher fostering autonomy. Timothy and Suzan’s accounts seem to refer to a process of negotiation between self and different theories and guidelines. Participants appear to be in search of personal authenticity, utilising the theories and ways of being that fit with who they are. The participants increasing awareness of their preferences and limitations influence their developing professional identity.
Subcategory 3: Professional challenges

Professional challenges seem to arise from seeing one’s self in the client in terms of specific behaviours or emotional responses, and/or through the experience of re-living earlier experiences in the therapeutic encounter. These difficult countertransference feelings which may act as obstacles in facilitating the client’s process, seem to emerge out of the participants own difficult earlier family experiences or personal struggles which are triggered in specific relational interactions.

Maria describes the challenges she faces at times when working with couples. She describes a session where the dynamic between her clients, distant man and vulnerable woman, forced her to re-live the experience of being the mediator between her parents troubled relationship:

“ It felt more painful that it should have done professionally...The dynamic between them took me... whereas if it had been me one to one with somebody and something hurtful or painful... you know you deal with it, you can work with it... that is what you work with. But seeing somebody else...Yes... I could sense it and there is nothing I could do about it, I can’t fix these two, I couldn’t fix my parents, it took me a long time to realise that”.

Sofia grew up in an environment where she felt responsible for others suffering, this posed a challenge in her work as she felt anxious and had to work hard in her therapy and supervision to find those blurred lines of where her responsibility as a therapists ends and the clients begins:

“The tricky think for me has been that family experience of feeling responsible for someone else’s pain because, because I was brought up with a lot of emotional blackmail I have to be careful about where my responsibility ends as a therapist and where the client's responsibility begins. And so in terms of my practice I have felt quite anxious when I felt over responsible for a client if that makes sense. And I had to work on it a lot on my own and in therapy and supervision as well about where those lines are really...even if they are blurred”.
Stephanie:

“I think I tend to get annoyed with clients that remind me of myself and my old bad habits that I want to believe that I have overcome. Because we don’t only mirror the client, but sometimes the client mirrors us as well [...] having a maternal role sometimes, when I feel the client is not protected or been given enough in their own lives. And maybe that kind mirrors how I felt and so I have a need to overcompensate let’s say, for my own...For what I hadn’t had in my life, it feels I have to overcompensate for them sometimes”

Stephanie’s describes the difficulties she has when she sees parts of herself mirrored in her clients, she either gets frustrated with clients’ that remind her of her earlier ways of being or at times she becomes overprotective, trying to take care of herself perhaps, by taking care of her clients.

Pamela explains that clients she finds challenging to work with, often share a resemblance with her own experiences in terms of emotional responses:

“Well I think they might be connected to experiences of feelings I have had, even if those experiences are very different [...] there is a common line emotionally, in terms of emotional response...”

Timothy explains that the majority of his negative countertransference feelings are connected to his difficult early experiences with his mother:

“Certain types of clients obviously make me feel differently, those who hook into my stuff are particularly hard to work with. My countertransference reactions are a product of my experiences, so it is massively influenced by early experiences [...] Nearly every strong countertransference feeling, especially the negative ones... links back to my relationship with my mother, there is no doubt you know, it affects my practice, hugely... that is why I think self-awareness is the most important of the element of the therapist more than therapeutic approach”.

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Timothy finds it difficult to work with clients that “hook” into his own stuff, which seems to refer to therapeutic encounters that evoke personally difficult experiences and issues. He defines self-awareness as the most important element that the therapist possesses; which seem to imply that self-awareness is what enables him to disentangle his own emotional responses from his client’s.

Professional challenges seem to arise out of therapeutic encounters that invoke the re-living of difficult earlier experiences and emotions. Furthermore, professional challenges arise from seeing one’s self in the client, which was an earlier theme of the personal development category. It seems this phenomenon can be either facilitative for the therapist’s and client’s growth, by learning from the client and relating/empathising with his difficulties, or it may hinder the therapeutic practice by behaving accordingly, to the “mirror” of one’s self or earlier relationships and not to the unique and separate individual client. This again highlights the importance of cultivating self-awareness for ethical, reflective practice.

**Category 3: The role of personal therapy**

The role of personal therapy as a category emerged out of the clients’ accounts without initially enquiring about it, which seems quite potent. The participants spoke substantially about its positive benefits on their personal development and their professional practice.

**Subcategory 1: Reparative experiences**

Personal therapy offers reparative experiences to counselling psychologists’, by satisfying previously unmet needs and by receiving the nurture and security they lacked when growing up.

Suzan describes her experiences of group and individual therapy:

“I went one day and joined a therapy group that was brilliant, absolutely brilliant were I felt very affirmed. In a way I found my own family. I found a family that did acknowledge my feelings, who were able to share with
me...and give me the security I think which I hadn't had from my own family”.

“I would say that probably my relationship with my therapist has been the most important relationship in my life, in the last 3-4 years [...] So I am feeling privileged actually to having that, and to have found someone that has had the anchors and which not had the anxiety actually. What I am saying is that the other women in my life have had high levels of anxiety”.

Suzan’s describes how both of her therapeutic experiences have been very reparative. The therapy group symbolised her new family, one that acknowledged and validated her feelings facilitating her inner sense of security. She also characterised her individual therapist as one of the most important relationships she has had because of her ability to withstand and tolerate her difficult emotions, which the other important women in her life couldn’t.

Maria:

“She was as close to being a mother to me, than I ever had... the fact is that there were sessions with her, in fact all of our sessions together, were exactly to what I had needed so many years before [...] I know she cared about me, even if she wasn’t allowed to say she cares about me”.

The reparative power of personal therapy is highlighted by Maria’s above account, she alike Suzan received from her therapist what she lacked from her own family of origin, satisfying previously unmet developmental needs of containment and care.

**Subcategory 2: Increasing self-awareness and therapeutic skills**

The participants’ emphasised the important role personal therapy has played in their therapeutic practice. It has fostered their personal and as a consequence their professional development. Personal therapy begets self-awareness and facilitates self-development which as a result increases the participants’ reflective capacity and their therapeutic/interpersonal skills. Personal therapy also seems to offer a space to participants to work through and
manage early and later personal struggles and issues. This aids the development of an integrated sense of self which enhances their ability to “use themselves” in facilitating their clients process, and thus, increases their general competency as practitioners.

Personal therapy facilitated Suzan’s ability for analytic thinking and learned to tolerate her anxiety. She also developed her self-awareness in terms of her anger issues, which as a result helped her to gain a deeper understanding of her clients’ problems:

“My personal therapy has been hugely important, massively important... In terms of thinking...really developing that ability to listen and feel and think. All that analytical thinking had been very difficult for me, and I think part of it is...managing my anxiety, I think I had great difficulties with anxiety. It also really helped me to understand where my anger was coming from, and of course when I was able to understand where my anger was coming from it was easier to think about clients’ anger and where that is coming from”.

Stephanie explains how her personal therapy enabled her to “use herself” in the therapeutic encounter in a facilitative rather than a disruptive way as it has provided a space for her own healing:

“Being able to have a space where you can explore your own self is a good think when you work with people and their difficulties. Because you are able to actually have a space and place for yourself, where you can talk about your own needs, where you can talk about your own difficulties, your own struggles[...]it helps you to process your own experiences and use them in a facilitative way rather than disruptive. Personal therapy helps me get a better perspective and helps me understand where they stand and where I stand so I can use myself or I can let myself to be “used” up to a certain point without being more injured or feeling divided or depreciated”.

Timothy:

“I think it was mainly personal therapy that helped this...I felt a strongest sense of self, I was working on my own self development through my personal
therapy, I am still doing it actually and I suppose at some point it got to the level that I was much more aware of what was happening, who I was, what I wanted, what I was doing, all of that. I became more present in personal therapy, I became more present in most areas of my life, including my work, so it is all connected of course. You don’t develop as a practitioner and the rest of your life stays stagnant and vice versa. No, one internal change within yourself influences everything”.

Timothy explains how personal therapy cultivated his self-awareness and developed his sense of self, allowing him to become more present in his client work. Timothy’s account emphasises the importance of personal therapy and its positive influence on professional development and competency.

Sofia:

“Tying in with the way I grew up, this is the way you should behave, that is how things are...I believed that my truth couldn’t be right and it was through therapy that I have learned that there is no one single truth. And I think that had certainty quite an effect on my personal relationships and my way of being in the world which then obviously has an impact of what happens therapeutically with my clients [...] Because to believe that there is no one single truth enables me to hold the knowledge that I have contradictory beliefs that I hold at the same time and I can accept that and I think that has had a real bearing on my therapeutic work. Perhaps the way it really affects my clinical work is where...I focus some of my interventions on people’s conflicts and contradictions. I don’t think the way I practice changed immediately; it was just being part of that process. You become aware that there is no on single truth and you can hold those conflicting aspects of yourself and other people will have that as well and that process starts which then enables you to absorb more difference in terms of people, ways of working, belief structures and then that has an impact on your practice”.

Part of our work as therapists is to be able to accept and stay with our clients’ subjective realities and contradictory beliefs and feelings. Sofia explains that she grew up in a rigid
environment, with set ways of how things are and how people ought to behave, a truth and a particular way of being. However, through her personal therapy she realised, that there is no one single truth and was able to hold her contradictory beliefs and feelings. Through awareness she entered a process which influenced her personal and therapeutic relationships, enabling her to work with her clients’ conflicts and contradictions. It seems by becoming more self-acceptant of her own contradictions she was able to embrace and appreciate her clients’ differences and conflicts.

**Subcategory 3: Modelling**

Personal therapy again seems to be a crucial element influencing counselling psychologists’ therapeutic practice. It seems to act as a source of learning and a form of role modelling. Their personal experience of being in the client’s role models their own practice with clients, where participants strive to offer what was personally perceived as enriching and therapeutic and to avoid what was experienced as inhibiting for their personal growth.

Tina reflects on the professional and personal benefits of her personal therapy, how the way her therapist related to her, nurtured her personal development and as result models her own practice attempting to offer the same relational stance to her clients:

“I had different therapists, and I ended up with one therapist and we spend quite a long time together which I think most influenced the way I am with my clients because I have learned a lot from her. The way she related to me and what she was able to provide to me, really got me in a good place. It was my own personal development, and many times I try to do the same”.

Sofia talked about how her personal therapy modelled for her the importance of the therapeutic relationship and a sense of gentleness, which enabled her to embrace her gentle side and learned how to “trust the process” by being in the clients shoes:

“And I wondered when I was facing this gentle therapist... if that would be
challenging enough for me. But what I found from this is the idea of the essence of the relationship between client and therapist and how important that is...and the difference that it makes and that informs my practice [...] having experienced a different kind of relationship and it was useful... I think it has helped me to accept the gentle side of myself. It is not that I haven't been gentle before but it is about embracing it and actually seeing that as contributing as and more significant than interpretation or a technique or something. And I remember in the beginning of my training people would say trust the process, trust the process. What is this stuff? I know I have to trust the process but I really don't! But now I kind of do... and that isn't just about having done so many years with clients and training....it is about having lived it myself as a client, I have experienced it being meaningful in some way”.

Although the majority of the participants described how their personal therapy models their own work, striving to offer what was personally perceived as beneficial, Kelly spoke about how her personal therapy modelled for her what she should avoid doing in her own practice.

“I guess my own therapy informed how I practise quite a lot....[...] on the whole it was a very positive experience but there were one or two times that she...pushed quite abstract analytical ideas on me about my life, my relationships, my mum that I didn’t feel resonated with me but she insisted that that was the case but that I wasn’t aware of it yet and that happened quite early in me seeing her and that really...really...pissed me off basically, and now when I am making interventions or suggesting something, especially if it is a little bit out there and you know...perhaps quite difficult for them to hear, I do it in a much more tentative and sensitive way...and yea because I found it really disempowering the way she did that...She just told me that I wasn’t conscious of it yet and that was the case... that is something that I take on board in my own work”.

Elena discusses her experience of analytic therapy and her discomfort and anger with a therapist that tried to explain her experiencing through a theoretical explanation rather than
staying with her ambivalence. This experience informs her own practice, where she attempts to embrace the absurdity and ambivalence of the human condition:

“That time that I was in analysis I felt furious with my analyst because she would do spot on interpretations but because I knew the theory behind them I was feeling that I was being boxed in a way of thinking or my narrative is very much interpreted from the vantage point of a theoretical concept rather...I was rebelling perhaps to the theory behind it because it always left me with a gap that it was important for me, it was an important gap for me and I would have liked to dive into it rather than to stay with something that made sense but didn’t really acknowledge that ambivalent aspect to it [...] I believe it is important to be able to tolerate ambiguity and lack of understanding [...] we cannot understand all the time what is going on and we need to be able to sustain that lack of understanding or absurdity of the situation, hoping that because everything is a process eventually it will lead to something and we will create something”.

Modelling is an important benefit of personal therapy. From the experience of being into the client’s shoes, the participants own professional identity is shaped in an effort of replicating what felt as beneficial and avoiding what was experienced as unhelpful for their own development.
5.7. Theoretical coding

To complete the analysis *theoretical coding* was used to understand and assimilate the main categories and their relationships (Charmaz, 2006; Glaser, 1978). This stage of analysis aided the integration of the main themes into a theoretical framework (Charmaz, 2006). From the above analysis a narrative was developed for the identified central psychological process:

**Counselling Psychologists’ Self-Formation:**

*Entering a Process of Ongoing Transformation.*

![Diagram](image)

**Figure 1. On-going process of transformation**

Counselling psychologists’ early family experiences are often characterised from difficult affective experiences, where they adapted to by responding to the needs of their family members. They often acted as confidants to parents by “being tuned in” to their feelings and needs, “shifting” and “moulding” as needed. These experiences enabled them to develop advanced empathic and reflective abilities, which can be seen as “products of survival”, in an effort of gaining some control in often confusing environments. However these experiences
compromised their self-development, as they lacked attentiveness to their own needs. Their accounts characterised this phenomenon, as they talked about not having voice or space in their families of origin and working through difficulties on their own.

These experiences motivated their decision to enter the profession of counselling psychology as they had an urge to make sense out of early difficult experiences, as well as, to utilise early learned skills. It also seems that there was an unconscious wish for self-healing.

By entering the profession of Counselling Psychology they enter an on-going process of transformation by making sense and constructing meaning out of their experiences. Professional training and personal therapy provides language for self-understanding. This never ending journey resumes their self-development and self-formation through a variety of experiences that can be defined as relational experiences. Relational experiences that provide opportunities for learning come from the therapeutic practice of counselling psychology. The therapist sees one’s self in the client and learns through the client’s learning, as well as having the opportunity to develop his own voice and sense of self. The therapeutic encounter seems to satisfy some of the participants own developmental needs and is mutually therapeutic for both participants; both clients and counselling psychologists’ grow and evolve through the interaction. Furthermore, what seems of outmost importance for the counselling psychologists’ personal and professional development are the relational experiences arising from personal therapy; a space for personal healing that facilitates self-awareness; provides reparative experiences and models the counselling psychologist’s own practice. Awareness of professional challenges is also facilitated through personal therapy. These challenges arise from earlier difficult experiences which are triggered in the therapeutic encounter; by seeing one’s self in the client and/or through the experience of re-living earlier experiences in the therapeutic encounter.
This is an on-going cyclical process where the counselling psychologist’s on-going personal development through the various relational experiences and meaning making activities, mirrors his professional development, in becoming a competent reflexive practitioner. As they engage in this profession and they are encountered with new relational experiences, they make sense of their experiences through interaction and interpretation which as a result influences their behaviours and ways of relating with clients and themselves. Through their self-development and integration of previously supressed parts, counselling psychologists increase their therapeutic skills and ability to use their self appropriately for the facilitation of the client’s therapeutic process. Figure 2 aims to explicate this cyclic on-going process of transformation and self-formation that the participants seem to enter.

*Figure 2. On-going process of self-formation*

Identities are relational and socially constructed (Mead, 1934; Swann, 2005). The Counselling Psychologists’ sense of self and identity seem to arise from self and other negotiations in different contexts (Erikson 1963; Swann, 2005). The first context where the participants needed to negotiate self and other needs in forming their identity was their
families of origin. It seems in this context the negotiation was unsuccessful in the sense that it resulted to an undeveloped self that is more tuned in to others' needs rather than one's self as there was no space in their families of origin for the development of their own voice and needs. The first unsuccessful negotiation seems to be resolved through a second context/family of negotiation which is the institutional family which offers specific guidelines for practice and training in different theoretical models. It is evident, through the participants’ accounts that the second process of negotiation results in a healthier sense of identity. This is accomplished by developing their professional identity and developing an awareness of their work preferences and challenges. Moreover this process of negotiation entails finding their own voice in working authentically and congruently by utilising the theories and ways of working that fit with who they are. Thus, there is some sense of resolution through this process of negotiation where the counselling psychologists seem to resume their growth. This successful negotiation which aids their self-formation is mediated by their engagement in the different relational experiences that the practice and training of counselling psychology involves. The figure 3 below explicates this process.

Figure 3. Developing through negotiation
The constructed theoretical framework, counselling psychologists’ self-formation: entering a process of on-going transformation can be condensed as followed below.

*Counselling psychologists’ early family experiences are often characterised by emotional distress. Empathy and attunement have been developed as ways of gaining some control over their emotional experiences and provide good groundwork for therapeutic practice. These skills coupled with a need for self-healing and deriving meaning out of their experiences, provide a strong drive for entering the profession of Counselling Psychology. Through the engagement with the profession of Counselling Psychology, they enter an on-going journey of transformation and self-formation. This is accomplished via the relational experiences of being in the therapeutic encounter as practitioners and as clients. This enables them to resume their self-development, cultivate self-awareness and develop their therapeutic skills. This on-going journey is reflected in their emergent professional identity where personal experiences influence their individual working preferences and professional challenges.*
6. Discussion

6.1. Introduction

This study has the potential to stimulate discussion and contribute to the field of counselling psychology. The constructed theoretical framework offers an understanding of the findings in relation to the main categories. The identification of a central psychological process: “Counselling Psychologists’ Self-Formation: Entering a Process of on-going Transformation”, encapsulates the findings by highlighting the non-linear, on-going process of counselling psychologists’ personal development and its influence on professional development and practice.

The aims of this chapter are: to present the findings of this study within the context of prior research and literature; discuss the potential implications of the findings for the relational practice of counselling psychology and propose areas for further research; provide a critique of this research and its findings in relation to contextual limitations and to the method employed; and provide a reflexive account in relation to the researcher’s experience of carrying out the study and the influence of the research process onto the researcher’s professional and personal development.

The research question that underpinned this study was: In what ways if any, do counselling psychologists’ early family experiences influence their practice? Exploring this question resulted in 3 main categories each one defined by its encompassing subcategories. This was followed by the construction of a theoretical framework that offers an understanding of how early experiences motivated counselling psychologists to enter the field and how these experiences influence their practice. The main categories that were constructed via the exploration of this research question exhibit the complexity of this subject. The majority of
counselling psychologists in this study described their motivation to enter the profession as originating by a need of making sense of their experiences and utilising early learned skills, entering in an on-going process of transformation. The experience of coping with difficult early experiences seemed to enhance the participants’ therapeutic and empathic skills. However, early experiences presented a challenge in facilitating the client’s therapeutic process when earlier struggles were triggered in the therapeutic encounter. Early experiences also influence choice of theoretical approach, each practitioner’s distinct evolving professional identity and the professional challenges that each participant encounters within the therapeutic encounter. The aim of the following section is to discuss the findings by placing them within previous research and literature.

6.2. Motivating Factors to enter the Profession of Counselling Psychology

The three subcategories that have emerged through the participants accounts in this category are “being in tune”, making sense and applying personal learning. These three subcategories are intertwined with one influencing the other in providing a strong motivation to enter this profession and in utilising and cultivating further early learned therapeutic skills.

Prominent in the participants’ accounts is the existence of emotional turmoil and difficult early experiences. Characteristics of family experiences include parents struggling with psychological difficulties such as anxiety and depression, the death of a sibling, facing marital conflict, etc. Also, relevant are the emotions that the participants used in reference to their difficult early experiences with fear, anxiety, confusion, isolation and abandonment being particularly prevalent in their accounts. These finding are in agreement with previous research on psychotherapists’ and psychologists’ early family experiences. For example, various comparative studies found psychotherapists to exhibit a higher prevalence of emotional deprivation and childhood trauma when compared with controls (e.g. Fussell and
With regards to counselling psychologists’ early experiences, DiCaccavo’s (2002) quantitative study found that counselling psychologists scored less on parental care, more on parental control and demonstrated greater self-efficacy towards helping rather than controls. And Rizq & Target (2008) observed the prevalence of difficult early experiences in the accounts of senior counselling psychologists’. Merodoulaki’s (1993) study investigated the role of early family experiences as factors influencing vocational choice in psychotherapy and found that counsellors rated family life as very influential in their career choice when compared to controls.

Swann (2005) in accordance to symbolic interactionist ideas (e.g. Cooley, 1909; Mead, 1934) argued that people construct self-views in an effort of understanding the world around them to predict others behaviours and manage their own behaviours. Perceivers (parents) and targets (children) negotiate their identity roles through interaction (Swann, 2005). Crittenden (2000) argues that the child constructs his sense of self through the dynamic interaction between child and parent. The parents need to be flexible enough to allow their already formed “clay” of self to be shaped and changed by the child to accommodate his needs (Crittenden, 2000). Attunement refers to the parents’ responsiveness to the child’s needs and emotions (Stern, 2000). But how did the participants negotiate their roles in family environments’ with evident emotional turmoil and insufficient attunement and care? In this study the in vivo category, “being in tune”, seems to explain this adaptational strategy where empathic skills and reflective thinking have developed as “products of survival” as the participants needed to respond and mould into their parents’ needs. Maria’s talked about her mother’s on-going battle with depression where she needed to respond to her needs: “I felt terribly sorry for my mother, and I probably think I came into this world....in tuned with
peoples suffering [...] I came into a kind of ability to know other peoples pain, to absorb it, the good little girl no to cause any extra problem to my parents, to my mother” (see page 84). As Winnicott (1945) argues, if the primary caregivers are unable to respond to the child’s needs the child develops a precocious stance of compliance (as cited in Phillips), adapting by distorting his sense of self to fit the caregiver’s mould (Crittenden, 2000). The child understands early on that others cannot adapt to his needs and the desires/needs of the attachment figure are adopted as more important (Crittenden, 2000). This is because in the process of identity negotiation, people often seek self-verification strategies that entail behaving in ways that confirm the perceivers’ expectations (parents), as to verify their sense of self (Swann, 2005). In this study the participants needed to “mould” and respond to the needs of their family members, often as confidants or peacemakers. For example, Pamela said: I learned anxiety from my mother and depression from my father. And my father, I was the oldest by five years and in some ways I was a confidant for him, hugely inappropriate for me in the age of 9 [...] but I think all that whole listening ability was shaped then” (see page 85-86). These findings are consistent with previous research that reported the engagement of therapists in caretaking behaviours in their families of origin. Racusin et al. (1981) found that three-quarters of therapists involved in their study had assumed caretaking roles within the family through the roles of ‘parenting’ or ‘counselling’. Merodoulaki’s (1993) study also found that counsellors offered emotional support for family members as they were growing up, and argued that early experiences “trained” counsellors in being attuned and sensitive to the feelings and needs of others. Additionally, a qualitative study by Rizq & Target (2008) observed in their sample of senior practitioners’ recollections of undertaking a caretaker’s role. Thus, findings reinforce previous research and suggest that counselling psychologists that had received inadequate parental care derived and sustained a sense of self-esteem and worth through helping others. This was manifested in their ability of “being in tune” and
moulding to the emotional needs of their family members. A way of formulating counselling psychologists’ motivation to engage with this profession is to view it as a self-verification strategy (Swann, 2005). This was in order to preserve their constructed sense of self as helpers since self-views are a pivotal source of psychological coherence and integrity (Swann, 2005).

The theory of parentification (Jurkovic, 1997) offers an understanding that can help explain these findings. Parentification is the role reversal of the parent-child relationship where parents attempt to resolve their own unmet needs by seeking care from their children (Jurkovic, 1997). In this family relational dynamic, the child learns how to respond to the emotional needs of the parents while feeling invisible and “learning” early on that his needs are unimportant (Jurkovic, 1997). Following the role-reversal experience of parentification, psychotherapists’ caretaking behaviours in their families of origin could motivate a repetition-compulsion wish of repeating earlier patterns of relating to others by engaging in the vocation of therapy (Cohen, 2009). Glickauf-Hughes, and Mehlman, (1995) argued that parentified children develop an unusual emotional understanding of the needs of others as they have developed an “emotional antenna” to respond to the emotional needs of their parents. This learned function may well be the role that attracted them to the psychotherapeutic profession (Glickauf-Hughes and Melham, 1995).

The second subcategory that has been encapsulated as a motivating factor to enter this profession is the need of making sense. Since the therapists’ self-development was held back or distorted by fitting their caregivers mould (Crittenden, 2000), a need to make sense is expressed in an attempt of resuming one’s growth. The making sense subcategory refers to a wish for self-understanding, self-healing and deriving meaning from their family experiences. Stephanie explains the need to understand her difficulties that motivated her to train as a
counselling psychologist: “It started from my own personal need to explore myself and to explore my difficulties in life, my journey so far...To understand the way I relate to people, the way I relate to myself” (see page 87). Making sense appears to be a motivating factor for entering this profession, characterised by a need to understand and heal the self and to construct meaning out of personal difficulties. Although the need to “make sense” as a motivating factor to enter this profession has not emerged clearly from other studies, Farber et al. (2005) has theorised about this meaning making drive from his own experiences as a psychotherapist. He too described the motivation to become a psychotherapist as driven by a need of deriving meaning from difficult early experiences. Additionally, the majority of therapists in Orlinsky and Ronnestad’s (2005) study answered positively when asked if they pursued a career as psychotherapists in an effort to resolve their personal struggles. These findings can be highlighted by Suzan’s account who was attracted to this profession to engage in self-repair: “I had a very strong sense that I needed to be healed, really strong sense that I was badly damaged...A way of committing to therapy to my own repair was to do the course” (see page 87). Similarly, Methedoroulaki (1993) argued that individuals may have been driven to the profession of psychotherapy as a way of resolving and creating meaning out of challenging early experiences.

Making sense is an on-going process. Through the construction of meaning out of early difficult experiences the counselling psychologists’ therapeutic competency is enhanced. This links to the third subcategory, applying personal learning, where participants’ personal learning from overcoming their own struggles is applied in their practice. “Holding the hope” emerged out of the participants’ accounts and seems to describe an ability of staying with the client’s pain but not despairing when confronted by it. It characterises a confidence that is implicitly communicated to the client, an ability to see forward. Participants experiences of emotional turmoil seem to have fostered an emotional resiliency reflected in their ability to
stay with their clients’ pain. Participants also talked about gaining an insider’s perspective to pain from their own experiences and how that enhances ability to empathise with clients. Additionally, self-reflectivity is applied in the therapeutic encounter by analysing the relational dynamic between client and therapist and in facilitating the client’s reflective ability. Etherington (2000) argued that the experience of personal suffering is a pivotal source of knowledge and insight that has the power to enhance therapeutic ability. These findings are consistent with quantitative investigations that found early adverse experiences to have positive effects on the practitioner’s therapeutic competency. For example, studies showed that psychotherapists that had gone through various difficulties in their childhoods were particularly effective in empathising and aiding their clients’ therapeutic process (Poal and Weisz, 1989); they were able to facilitate interpersonal functioning (Wilcoxon et al., 1989), and were rated as more effective by their clients (Watts et al., 1995). The ability for deep empathy, and holding the hope which can be seen as emotional resilience, along with a reflective attitude, have been born out of their own experiences of working through their own difficulties. Yalom (2002) suggested that wounded healers are more empathic because they are involved more intensely and deeply in their clients’ healing process.

It is interesting that self-reflectivity has emerged as an ability that was cultivated in the participants early years, which was explicit in Pamela’s account (see page 86/91). In accordance with attachment theory this ability is perceived as a result of mentalization, which entails a reflective capacity of interpreting self and others feelings and behaviours in depth (Fonagy et al., 1995). Reflective abilities are believed to be rooted in the quality of early relationships and the nature of those early attachments (Fonagy, Steele, Moran, Steele and Higgett, 1991). Anxious attachment along with the other non-secure classifications of avoidant and disorganised are perceived to inhibit reflective functioning (Fonagy and Target, 1996) and empathic skills (Pistole, 1999). However, this research found self-reflectivity to be
an adaptational response rooted in early challenging experiences, in an effort of gaining some control over often perplexing environments’. Empathy also appeared to be enhanced by the participants’ experiences of their own pain. Both skills were perceived as beneficial qualities for therapeutic work by the participants. Similarly, Trusty et al. (2005) found that anxious attachment in a group of counsellors, predicted the highest levels of empathy. And Rizq and Target’s (2008) study also found that self-reflectivity was cultivated in the early years of the counselling psychologists’ lives. The need to make sense out of self and other experiences in often confusing environments, acted as a compensatory system for the lack of attunement and mirroring experienced from their caretakers (Rizq and Target, 2008). Hence, psychological mindfulness could be born out of the experience of personal distress (Farber, et al., 2005). These findings are in disagreement with the tenets of attachment theory. Similarly, Bartholomew and Thompson (1995, as cited in Trusty et al., 2005) questioned the suitability of attachment theory in understanding counsellors’ effectiveness.

Furthermore, another ability that seemed prevalent in the participants’ accounts was emotional resilience in staying with their clients’ traumas and suffering as they had learned by managing and surviving their own. Suzan for example said: ‘My siblings and I parented each other in a way that my parents weren’t able to do so. Finding a way of managing the trauma and the terror and the lack of containment, and I suppose there is a sense as a therapist... if you have been through it [...] is less terrifying I suppose to be with someone else's suffering ’(see page 90). Thus, emotional resilience is born out of the participants’ experience of coping through adverse situations, contributing to their therapeutic ability. Although this has not been reported from previous research, this finding can be understood by Cohen (2009), who argued that early trauma can have both detrimental and beneficial effects. He suggests that early adverse experiences in psychotherapists’ lives may provide: ‘a
“risky growth opportunity” (p.215). This also supported by the accounts of therapists who developed emotional resiliency out of the difficulty of their early life experiences, enabling them to help others (e.g. Higgins, 1994; Young-Eisendrath, 1996).

Meaning making has been highlighted as an essential process for the recovery of traumatic experiences and the development of emotional resiliency from adversity (Erbes, 2004; Park & Ai, 2006). By making sense of their own difficult experiences and traumas the participants were able to apply their personal learning in their work and their ability to facilitate their clients’ therapeutic process was enhanced. Resilience is enhanced and facilitated through relational experiences where one establishes a connection with another (Greene, 2002).

6.3. The Counselling Psychologist’s Personal and Professional Development and the Role of Personal Therapy

As discussed, making sense and self-healing are perceived as the underlying motives that led the participants to this field. Conflicts can be resolved through an interpersonal encounter which is perhaps what drives individuals to the vocation of psychotherapy (Norcross and Faber, 2005). Since the therapeutic relationship both satisfies the need for healing others and the self (Norcross, 2002), it is well equipped to facilitate the resolution of counselling psychologists’ personal conflicts.

The personal developmental gains subcategory refers to the experiences that enabled the participants to resume their growth and influenced positively their professional development. These are the relational experiences encountered through the training and practice of counselling psychology, of being in the therapeutic encounter as practitioners and as clients. Jung (1961) saw therapy as involving a transformational process for both participants who both are changed by the interaction.
The developmental gains earned through the practice of counselling psychology are: the satisfaction of previously unmet needs for intimacy and affirmation, the cultivation of self-awareness by seeing one’s self in the client and the development of their sense of self. The developmental gains received through the therapeutic encounter have not clearly emerged from previous research, even though many have suggested the possible benefits for practitioners. Guy (1987) believed a need for intimacy drives many to the profession due to a sense of isolation experienced during childhood. This belief gains reinforcement from this study’s data and was particularly prevalent in Tina’s narrative: “I can have some kind of relationship that I am unable to have in my outside life... at some level it is easier to relate to clients in that safe environment. Maybe this creation of space we both contribute to is not only for them and their needs but also for my own” (see page 95). It seems that the safe environment of the therapeutic interaction enables her to establish close relationships which satisfies her own needs for intimacy. Sussman (2007) suggested that therapists are attracted to the safety of the intimate encounter of therapy to satisfy their own psychological needs for intimacy, dependency and affirmation.

The participants’ early years were lacking affirmation from important others since they needed to respond to their parents’ needs. Mirroring is a two way process which potentially explains why the therapeutic encounter is mutually therapeutic for therapists and clients. Being able to see parts of one’s self in the client has been described as aiding personal development and self-awareness in the participants’ accounts. For example Suzan said: “We find lots of ourselves in clients, and lots of parts of ourselves in their stories and experiences. But this particular woman... there a lot of a lot of different ways of which our stories seemed quite similar... she taught me so much about how the way you see the world is influenced by your early experiences” (see page 94). Seeing parts of one’s self in the client’s narrative can
enhance self-awareness. This is because self-awareness arises out of interaction with others (Rochat & Striano, 1999). By seeing themselves in their clients, feeling affirmed and finding their voice the participants seem to develop their own sense of self. Taking into account that self-formation is facilitated through mirroring in an interpersonal space (Winnicott, 1965), one can understand these results which emphasize that the therapeutic encounter is equally enriching for both participants.

Yalom (2002) said that it is not uncommon for therapists to be helped by their client work. This was particularly prevalent in Timothy’s narrative (see page 87). He made explicit how he grows through the practice of counselling psychology. In the early stages of his training he was repeating earlier ways of being by passively spectating others suffering and lacking awareness regarding his own needs. Whereas in the mist of his training he “came alive” by developing his own sense of self and became more “present” in his work. This enabled him to contribute more to the therapeutic encounter, enjoying it as fulfilling creative exercise. By using ones experiences productively to help others one is concurrently healing himself (Faber et al., 2005). Personal development mirrors professional development (Wilkins, 1997) where the practitioner is more able to use himself appropriately to facilitate his client growth.

The developing professional identity subcategory refers to a continuing process described by the participants. Early family and later experiences appeared to influence the participants’ preferences in working with certain client groups, settings, ways and therapeutic modalities. Becoming aware of one’s strengths and limitations is a continuing process that shapes the participants’ emergent professional identity and therapeutic style. Personal experiences and learning from the client ensue that this is an on-going process. Learning from clients’ has been described as pivotal source of learning (Casement, 1989; Wolgien and Coady, 1997).
The participants strived for “authenticity” by utilising the theories and ways of working that “match their internal self”. Tudor and Worrall (2004) argue that what makes effective therapists is the degree of authenticity and congruence between an individual’s personal philosophy and his chosen theoretical approach. This search for authenticity between ones professional and personal identity was evident in the participants’ accounts. Fear and Woolfe (2000) underline the significance of the integration of the personal and professional selves.

Timothy and Suzan’s accounts seem to describe a process of developing their professional identity, where on the one level they needed to adhere to institutional requirements in delivering a certain type of therapy, and on the other level developing their distinct professional identity by: “becoming the therapist that really matches who they are internally and how they view the world” (Suzan, see page 98). Ronnestad and Skohvolt (2003) in their large-scale qualitative study concerning psychotherapists’ professional development supported that the initial stage of professional identity development involves becoming progressively aware of how ones personality is inseparable from his practice. The process of integrating the personal and professional self is further facilitated by experience, and expressed in feeling more comfortable in practice and by striving to find work roles that fit with the self (Ronnestad and Skohvolt, 2003). This is supported by this study’s findings as the participants accounts were characterised by an awareness of this process of identity development, where ones interests and developing sense of self shape ones practice and theoretical interests.

Moreover, Maria was aware of the ways of practicing that do not fit with her personal self. For example, she finds dependency threatening because she never experienced it in her early relationships. Becoming more aware of how ones early and later experiences limit or influence ones choice of therapeutic stance seems to foster a more congruent professional
identity. A stance of an equal teacher fostering autonomy is what fits with who Maria is, as well as working in a self-directed way (see page 96). Pamela practices in a cognitive-behavioural approach as it resembles the ways she worked through her own problems in her adolescent years (see page 97). Additionally she described how her practice evolves through her personal and professional experiences. The participants seem to be aware of what works and what doesn’t for them in terms of therapeutic stance and theoretical orientation that seems to correspond to the experienced professional phase. During this stage the development of the therapist is marked by his ability of developing a role or identity that is compatible with his self-perceptions (Ronnestad and Skohvolt, 2003). Even though the work of Ronnestad and Skohvolt (2003), on psychotherapists’ professional development is useful when reviewing findings from this study, this research is distinct as it has drawn attention to how early experiences influence and shape work preferences and each practitioners developing professional identity.

Early experiences also influence the experienced difficulties and challenges that arise in the therapeutic relationship. In the process of reflecting on the influence of their own early experiences on their professional practice, participants spoke about the professional challenges they encounter in their practice. Professional challenges arise from seeing one’s self in the client in terms of specific behaviours or emotional responses, and/or through the experience of re-living earlier experiences in the therapeutic encounter. These difficult countertransference feelings which may act as obstacles in facilitating the clients’ process emerge out of the counselling psychologists’ own difficult earlier experiences or personal struggles which are triggered in specific relational interactions. Stephanie’s narrative offers a good representation of this issue: “I think I tend to get annoyed with clients that remind me of myself and my old bad habits that I want to believe that I have overcome. Because we don't
only mirror the client, but sometimes the client mirrors us as well... having a maternal role sometimes, when I feel the client is not protected or been given enough in their own lives...maybe that mirrors how I felt and so I have a need to overcompensate let's say, for my own...”(see page 100). Fussell and Bonney (1990) envisaged this possible issue, and cautioned that the therapist’s adverse early experiences may hinder the development of a good therapeutic relationship by taking care of or over-identifying with the client. Countertransference comprises of all of the therapist’s reactions and feelings in relation to the client which are a response to the client’s transference and/or the therapist’s own material (Kahn, 1997). A qualitative study investigating psychotherapists’ countertransference experiences, found that countertransference, among others, originated from the therapists own personal experiences and narcissistic injuries (Chun Lin and Haw Chen, 2002).

Seeing one’s self in the client as explained in the developmental gains subcategory can be facilitating for the therapist’s and client’s growth by learning from the client and empathising with his difficulties. Alternatively as constructed in this subcategory, it may present a challenge in the therapeutic practice by behaving accordingly to the “mirror” of one’s self and not to the unique and separate individual client. Similarly, Wheeler (2007) suggested that both participants’ wounds interact in the countertransference and that the therapist’s wounds may facilitate or hinder the client’s therapeutic process. For example Timothy reflecting on the countertransferential challenges he encounters, said: “Certain types of clients obviously make me feel differently, those who hook into my stuff are particularly hard to work with[...]Nearly every strong countertransference feeling, especially the negative ones links back to my relationship with my mother” (see page 100). Rizq and Target (2010) defined challenging incidents within the therapeutic relationship as arising when the practitioner recognise parts of himself in his clients’ that are difficult. Stern (1924) emphasised that the
therapist needs to recognise the countertransference arising out of his own conflicts as they may become hindrance to understanding.

However, the fact that the participants were able to reflect on the challenging experiences they encounter in their practice can be seen as a positive attitude, as well as the emphasis they placed on the maintenance of a reflective attitude: *that is why I think self-awareness is the most important of the element of the therapist more than therapeutic approach*” (see page 100). Additionally, Rizq (2006) argues that the cultivation of a self-reflective attitude during counselling psychology training is aimed at enabling practitioners to acknowledge how they influence their clients’ therapeutic process, by either facilitating or obstructing their development. This ability is cultivated in personal therapy where one has the opportunity to process past traumas (Wheeler, 2007). Is it possible to rid of ourselves of our early experiences or traumas or their influence on our practice? Mander (2004) asserts that the therapist has to have experienced suffering to be able to stay with others pain but emphasised, that he should not deny his wounds. He should rather be self-reflective and derive meaning out of his suffering by interpreting and processing it (Mander, 2004).

An international study by Orlinsky et al. (2005), involving more than 5000 therapists of different theoretical orientations and cultures found that the effects of early experiences on practice were positively moderated by personal therapy. Orlinsky et al. (2005) asserted that personal therapy has the ability to enable therapists to work through and accept their past and difficult experiences. Their findings suggest that personal therapy aids self-awareness and healing which moderates the negative impact of early wounds on the therapists personal and professional functioning.
Heimann (1989) emphasised that therapists do not need to be perfect individuals, unaffected by life’s traumas but that they need to undertake their own therapy as to attain: “a new dimension of their thinking” (p. 249). Cohen (2009) argued that personal therapy offers a space to process early traumas, promoting post-traumatic growth. Counselling psychology emphasises the maintenance of a reflective attitude and a willingness of exploring personal history and perspective (Strawbridge and Woolfe, 2010). This is probably why the division of counselling psychology is the only division of the British Psychological Society (BPS) that includes the undertaking of mandatory personal therapy (Rizq, 2010). During their training counselling psychologists’ are required to undertake at least 40 hours of personal therapy because in counselling psychology the self of the therapist is appreciated as a dynamic ingredient of the therapeutic relationship (Woolfe, 1996). The professional challenges subcategory encapsulating the countertransference reactions of the therapists provoked when re-living early experiences within the therapeutic relationship highlights the importance of personal therapy for reflective practice. MacDevitt’s (1987), study revealed that awareness of countertransference issues is significantly and positively correlated to the number of personal therapy hours a psychologist has had.

Furthermore, Fromm-Reichmann (1950), argued that because of the interpersonal nature of the psychotherapeutic encounter there is an in inherent danger in the meeting of the client’s and therapist’s relating patterns. He emphasised the critical importance of the therapist’s engagement with his own therapy (Fromm-Reichmann, 1950). It seems that the majority of therapists recognise and value the benefits of personal therapy, since Orlinsky’s et al. (2005) international study found that about 79% of the 5000 therapists that took part in the study were currently or had been, in personally therapy at some point in their lives.
The role of personal therapy has been found to be a main theme in the participants’ accounts, which arose as an unexpected theme without initially enquiring about it, an advantage of utilising a qualitative methodology. The participants’ highlighted the positive influence of personal therapy on their therapeutic practice. Personal therapy has been found to foster the participants personal and as a consequence their professional development. Fouad (2003) advocated that professional development grows parallel to personal development. By resolving personal issues therapists enhance their ability to respond flexibly to their clients’ needs (Fouad, 2003). A variety of qualitative studies also found a strong link between personal therapy and professional development (Bellows, 2007; Geller, Norcross, & Orlinsky, 2005; Grimmer & Tribe, 2001; Murphy, 2005).

Three distinct areas of learning have emerged from the participants’ accounts with regards to personal therapy: offering reparative experiences, providing a form of modelling and increasing self-awareness which facilitates reflective thinking and therapeutic skills.

Personal therapy has been found to offer reparative experiences to the participants by satisfying previously unmet psychological needs. Clarkson (2003) defined the reparative or developmentally needed relationship, as a reparative or corrective experience provided by the therapist when the primary parenting was not adequate or even abusive. The power of a reparative relationship can also be emphasised by Winnicott’s (1976) model of the ‘false self, which suggests that during early relations with the primary caregiver if an individual’s true self was not mirrored, this individual may lack trust to his/her confidence and emotions. The goal of therapy is to reconstruct the early failures in a mirroring and nurturing environment with a “good enough” therapist to resume the growth of the client’s true self (Winnicott, 1971, as cited in Phillips). Participants reflecting on their experiences of therapy expressed that they received the nurture, containment and care that was lacking in their “initial” family
environments, facilitating their self-development.

The researcher is unaware of any studies who reported the importance of the reparative experiences that personal therapy offers to practitioners. However, a study found the majority of the psychotherapists to have reported as their primary goal of personal therapy the resolution of personal problems and personal development (Macaskill and Makaskill, 1992). Additionally, Williams, Coyle and Lyons’ (1999) study reported personal therapy to be very beneficial when dealing with counselling psychologists’ personal issues. The reparative gains derived from personal therapy can positively influence the participants practice. Taking into account the prevalence of adverse early experiences in our participants families, there is a danger of satisfying ones unmet psychological and emotional needs through their therapeutic practice and clients’ (Sussman, 2007). Even though results from this study support that therapeutic interaction does satisfy some of the participants psychological needs; the reparative experiences of personal therapy may facilitate the therapist’s own healing enabling him to provide a containing environment for the reparation of his client’s wounds.

Personal therapy also seems to act as a source of learning and a form of role modelling. The participants experience of being in the client’s role models their own practice with clients. The majority of the participants talked about how personal therapy modelled their own practice, where they strived to offer to their clients what was personally experienced as enriching and therapeutic, and to avoid was perceived as inhibiting their therapeutic process. The importance of personal therapy as modelling the participants own practice and providing a professional reference was also consistent with other qualitative studies (Oteiza, 2010; Grimmer and Tribe, 2001). The importance of therapist modelling was emphasised as providing both good and poor examples of practice. However, even negative experiences of
personal therapy have not been found to invalidate experience of therapy itself, participants’
found it as useful experience helping them to negotiate their own therapeutic stance. Elkind
(1996) a psychoanalytic practitioner, also described the positive impact her negative
experiences had on her practice. It seems that even an unsuccessful therapy can provide
strong socialisation experience in the client’s role (Grimmer and Tribe, 2001), where some
practices are replicated and others avoided. Furthermore, it seems that by being in the client’s
role the participants’ confidence was increased regarding the effectiveness of therapy. Sofia
reflecting on the benefits of personal therapy said: “I remember in the beginning of my
training people would say trust the process, trust the process... What is this stuff? I know I
have to trust the process but I really don't! But now I kind of do... and that isn't just about
having done so many years with clients and training....it is about having lived it myself as a
client, I have experienced it being meaningful in some way” (see pages 105/106). Personal
therapy seems to enable the participants to stay with ambiguity in their practice, learning to
trust the process by being in the client’s role. This benefit was also reported by others (e.g.
Grimmer and Tribe, 2001; Macran and Shapiro, 1998; Murphy, 2005).

Personal therapy also seems to offer a space to participants to work through early and later
personal struggles and issues, which aids the development of an integrated sense of self and
enhances their ability to “use themselves” in facilitating their clients process. These are in
accordance to previous research who argued that through practice counsellors become aware
of their own unresolved issues and personal therapy offers a space to deal with them
(Murphy, 2005). Personal therapy enables counselling psychologists’ to acknowledge and
tolerate disowned aspects of them, developing a more cohesive sense of self (Rizq and
Target, 2008). For example, Stephanie reflecting on the benefits of personal therapy said: “It
helps you to process your own experiences and use them in a facilitative rather than a
disruptive way...personal therapy helps me get a better perspective and understand where they stand and where I stand” (see page 103). This was conceptualised as personal therapy “establishes self-other boundaries” (Rizq and Target, 2008, p.139). Personal therapy promotes therapeutic competency by becoming conscious of one’s issues and how they affect therapeutic work. By gaining awareness regarding their own conflicting and “negative emotions”, the participants were able to work with their clients’ similar issues (see page 103) and were more open in staying with their clients’ difference (see page 104). This point also gains credence from other studies (Rake and Paley, 2009; Grimmer and Tribe, 2001; Macran & Shapiro, 1998; Norcross, Strausser-Kirtland, & Missar, 1988). By cultivating self-awareness in their personal therapy, participants develop their analytic and reflexive ability which as a result enhances and refines their therapeutic competency. Rizq’s and Target’s (2008) study argued that personal therapy enhances counselling psychologists’ reflexivity within their therapeutic work, and Grimmer and Tribe (2001) suggested that even in the absence of presenting issues, personal therapy supports counselling psychologists to become more reflexive regarding the process of therapy.

Making sense as previously mentioned is an on-going process for the participants, which is partially mediated through the engagement with personal therapy. A need to makes sense motivated the development of a reflexive ability in our participants early lives. Personal therapy further facilitates this reflective functioning and self-awareness. Thus, personal therapy can be seen as having a paramount significance for the participants’ personal and professional development and a positive influence on their general therapeutic ability. This is because traumas arising from early experiences may influence our ability to learn from new experiences, posing hindrances to understanding as we interpret new situations from the spectacles of prior experiences (Rose, Loewenthal & Greenwood, 2005). As examined, the
prevalence of early difficult experiences in the participants’ family lives provokes challenges within the therapeutic encounter in situations where the counselling psychologists’ earlier difficult experiences are triggered in relation to their clients’ material. There is a danger of responding to the mirror of one’s self and not to the unique individual client. These obstacles to learning result from conscious/unconscious processes which are entrenched in early repressed learning (Rose, et al., 2005). Therapy has been conceptualised as a form of learning and more specifically: “a return to learning from experience” (Rose, et al., 2005, p. 446). Through therapy and the exploration and processing of repressed affect an individual has the ability to become more open in learning from experience (Rose, et al., 2005). As such the requirement of personal therapy is reinforced as a pivotal developmental and ethical activity for counselling psychologists’ to be able to process the barriers of their own histories, in exploring their clients’ perspective and facilitating their process. The vocation of psychotherapy bounds us in moral and ethical responsibilities as we are involved in the process of co-creating meaning with vulnerable individuals (Hedges, 2010). Farrell (1996) argues that personal therapy minimises the possible impact of ‘blind spots’ and thus, unethical behaviours.

In Williams et al. (1999) study counselling psychologists supported the usefulness of personal therapy and many reported that mandatory requirements of 40 hours of personal therapy were not adequate. Yalom (2002) argued that therapists should be encouraged to engage with personal therapy in various points of their professional careers especially when personal circumstances or practice issues require them to. Since both early and later personal experiences have been found to influence professional work, it is paramount that therapists process and reflect upon their experiences in an effort of transforming personal experiences into learning (Ronnestad and Skovholt, 2001).
According to Crittenden (2000) the self is never fully formed, it is not a stable construct but always in the process of becoming. In the therapeutic relationship through the process of adjusting to clients’ needs and by promoting their growth, the therapist’s self has the potential to grow as well (Crittenden, 2000). Through the engagement with the profession of counselling psychology, participants enter an on-going journey of transformation and self-formation which is reflected in their emergent professional development and therapeutic competency. This is accomplished via the relational experiences of being in the therapeutic encounter as practitioners and as clients which enables them to negotiate their professional identity in finding their own way of practicing. When individuals establish a more coherent sense of self and have a higher certainty regarding their own self-views, the more they will succeed in the identity negotiation process (Swann, 2005). Spurling and Dryden (1989) described the process of becoming a psychotherapist as: “a journey towards wholeness” (p.198).

Martin (2011) challenges the concept of the wounded healer as it suggests that a wound is not an intrinsic part of human existence. The therapist equally struggles with the givens of human experience and recognising the effect of his own life crises on his self and his work is of paramount importance (Martin, 2011). Freud (1910) argued that: Every analyst's achievement is limited by what his own complexes and resistances permit” (p. 289). On the other hand, another view that the researcher subscribes to is found in Nietzsche’s contention: “Many cannot loosen their own chains and yet they are a redeemer for the friend” (Nietzsche, as cited in Yalom, 2002 p. 106). Miller and Baldwin (2000) argued that effective therapists, who are not prone to deny or disguise their own wounds, tend to have higher levels of integrated self-awareness. Consequently, openness to pain and being in touch with ones vulnerabilities are the keys to the ability to heal others (Wheeler, 2007).
6.4. Conclusion and Implications

Results from this study have contributed to our knowledge regarding the person of the counselling psychologist and the influence of his early family experiences on his practice. Analysis of the participants’ accounts presented the prevalence of adverse experiences in the counselling psychologists’ early family life where they needed to respond and “tune in” to other’s needs. These experiences have the potential to influence therapeutic practice both positively and negatively. The experience of working through and coping with early difficult experiences has been found to enhance reflexivity, awareness, empathy and emotional resilience in staying with and exploring the client’s struggles. Alternatively, these difficulties in early relationships, may present challenges within the therapeutic encounter triggered by clients that “hook into” counselling psychologists’ own issues and earlier histories. These challenges arise when seeing one’s self in the client and/or through the experience of re-living earlier experiences in the therapeutic encounter. These findings have not clearly emerged from previous studies.

Early and later experiences also influenced the participants’ professional identity and preferences in terms of orientation, work settings and specialisms. These finding gives credence to the conviction that one’s therapeutic orientation and professional identity should be in congruence with one’s personal self and philosophy (Fear and Woolfe, 2000).

It seems that early adverse experiences provide a strong motivation in entering the profession of counselling psychology as there is a need for self-healing and deriving meaning out of their experiences. Accordingly, the therapeutic encounter has been found to satisfy the practitioners own unmet psychological needs and to promote counselling psychologists’ self-development. Although it is well acknowledged that practitioners learn from their clients (e.g. Casement, 1989), the counselling psychologists in this study described the satisfaction of
their own unmet psychological needs through their client relationships. Perhaps it’s the degree that this satisfaction occurs and counselling psychologists’ awareness of it that warrants attention, as there is a danger of treating clients as self-objects (Kohut, 1977) and personal learning acting as detrimental to clients development. The issue of counselling psychologists’ personal developmental gains thus demands further research and consideration.

Findings from this study have significant implications for the training and practice of counselling psychology. Results from this investigation emphasise the importance of self-care, as practitioners are individuals who possibly had their own needs neglected when growing up and have thus learned that responding to others needs is more important that attending to their own. This can potentially lead to burn-out and a variety of psychological difficulties with implications for their therapeutic competency, and as a result, their clients’ well-being. As such, engagement with personal development activities and personal therapy should be encouraged throughout the counselling psychologists’ career.

Individuals involved in the training of counselling psychology should be aware of the ways the practitioner’s early experiences may influence their practice and encourage their students early in their training to engage with these questions and interrogate their histories and motivations regarding their decision to enter this profession. This spirit of openness and reflectiveness should start from “home” and be modelled by those involved in the training of counselling psychologists. Trainers should be willing to present themselves as human and often vulnerable individuals and not as perfect, superhuman individuals unaffected by life’s traumas. We should not forget that what differentiates counselling psychology from other forms of applied psychology is its primacy on self-reflectivity and its personal philosophy
which represents a shift from one-person psychology to an intersubjective psychology, where the emphasis is on what happens in between the therapist and client (Milton, et al., 2010). Counselling psychology views both participants of the therapeutic encounter as equals. It recognises that both, are enriched, influenced and changed by the encounter. We should practice what we preach by normalising emotional distress among counselling psychologists and eradicate any stigma attached to it. This will reinforce the value of openness and reflectivity in terms of personal wounds and their impact on practice, and will more likely encourage individuals to seek support when issues arise, so difficulties are processed and harm towards clients is minimised.

Results from this study also call for an even stringent provision of internal supervision throughout training in order to monitor for unethical behaviours. And lastly, this study has highlighted the importance of personal therapy in dealing with personal issues and cultivating analytic thinking and general therapeutic competency. The 40 hours of mandatory personal therapy advocated by the British Psychological Society (BPS) for those training to be counselling psychologists are not adequate to deal with, and process the practitioners own issues and to facilitate awareness and a reflective attitude. Some training institutions require their counselling psychology students to undertake further hours of personal therapy (e.g. 90) but the majority adhere to BPS requirements, demanding the minimum requisite. Findings highlighted that practitioners may satisfy their own unmet psychological needs through their client relationships. Personal therapy has shown to be of reparative nature and has the potential to enable counselling psychologists to process repressed affect and to enhance therapeutic competency and awareness. Current regulations should be reconsidered in light of current findings.
This broad research question identified various issues which necessitate further research to extend these findings and contribute to knowledge. Additional qualitative, exploratory research is needed to further our understanding regarding how counselling psychologists’ early experiences influence their practice. A possible topic for investigation is how, if at all, counselling psychologists grow and develop through the therapeutic interaction? We need to expand our knowledge of the nature and quality of these developmental gains. Additional research should also explore further how counselling psychologists’ own histories facilitate clients’ therapeutic process and more importantly how they hinder clients’ progress. We have an ethical responsibility to understand how we obstruct our clients’ process, as we are above all engaged in relationships with our clients’. Further research offers the possibility of raising awareness and developing our knowledge regarding the professional practice issues raised by this research endeavour.

6.5. Evaluation and Critique

Findings from this study did not aim for generalisations but to provide an understanding of the studied phenomenon. It is acknowledged that the theoretical framework constructed by interpreting the participants accounts, does not represent prior realities but a social constructed “reality” of a particular, time, perspective, context and interpretation (Charmaz, 2006). This suggests that another researcher of a different time and with different theoretical interests could have interpreted the data differently. As a result of a qualitative research this study makes no claims on the validity or reliability of the findings. However, according to Charmaz (2006) the findings of a grounded theory study should be evaluated by taking into account four criteria: credibility; originality; resonance and usefulness.

Credibility: This study took place over three years so there was prolonged involvement with the subject of inquiry. Data collection and analysis was carried out in different periods
throughout the research process, ensuing immersion with the data. The emerging categories were persistently compared with the data and observations. Two participants were enlisted as co-researchers to enhance the quality of this study in the final stages of the analysis, which led to the modification of some categories. Reflexivity was addressed throughout the research process ensuring transparency. Big chunks of the participants’ accounts were included in the results section to allow the reader to form an independent evaluation and understand the researcher’s interpretations. However, the analysis was carried out from only one researcher, the same that conducted the interviews. Thus, interpretations of the participants’ accounts commenced even before transcribing the interviews.

Originality: Exploring counselling psychologists’ perceptions on their early family experiences and influence on their practice is a creative and original study addressing an important and under researched topic. The categories constructed offer an understanding regarding counselling psychologists’ motivations and experiences and their influence on practice. The researcher’s theoretical interests as a practitioner and researcher (e.g. Blumer, 1969; Winnicott, 1965) led to the identification of a central psychological process and the construction of the theoretical framework: “Counselling Psychologists’ Self-Formation: Entering a Process of on-going Transformation”, which offers a fresh conceptual interpretation of the data. Findings also extend and challenge current ideas regarding counselling psychologists’ professional identity, reinforcing the inter-dependency of personal and professional development and its influence on professional practice.

Resonance: the construction of the main categories attempted to capture the essence of the studied phenomenon and both the implicit and explicit meanings of the participants’ accounts, through interpretation. Findings are relevant to the world of those studied and offer opportunities for reflection and discussion, promoting insight.
Usefulness: Results are useful to counselling psychologists; practitioners can make sense out of the results by interpreting them according to their own perspective. The underlying processes identified, negotiation and on-going development, are useful ideas in psychology that can spark and encourage further research regarding the practitioners’ personal/professional development. Additionally, findings contribute to our understanding of how the practitioners’ early experiences both facilitate and hinder their clients’ therapeutic process, encouraging ethical reflective practice.

6.5.1 Contextual factors influencing the study findings

The constructivist grounded theory method takes into account that the research process and analysis is influenced by contextual factors such as place, time, specific situation and relationships and takes a reflexive stance in considering possible influences on the findings (Charmaz, 2006).

The researcher was part of the social group that she was investigating as she is herself training to become a counselling psychologist. It was perceived that this position might have eased acceptance from the participants and aided rapport and the gathering of richer data. On the other hand being part of the world that one is investigating, means that one can get lost in the world in between. Identification with their stories did occur when at times the researcher saw parts of herself and her own story mirrored in the participants accounts. This was accompanied from emotional reactions that were subsequently identified and questioned by engaging in reflexive exercises. Reflexive writing enabled the researcher to become more aware of how her own experiences influenced interpretations of the participants’ accounts, and to manage, as much as possible, the imposition of her own subjective experiences.

Furthermore, the interviews took place both at Whiteland’s College and the participants’ work environments. Although the following observation is entirely subjective, it deserves
attention. When interviews took place at the participants working environments’ the participants were less likely to disclose personal information and discuss extensively about their early experiences and its influence on their practice. Interviews took place during their lunch breaks and interviewees avoided going into details regarding the nature of their early experiences or providing specific experiences from their practice. Also these interviews were of more formal nature. This is perhaps because participants were aware that after the interview finished they had to return to their professional roles conversing as normal with colleagues, thus needed to maintain a stable emotional stance. They were perhaps taking care of themselves which of course coincides with ethical considerations. However, interviews that took place at Whiteland’s College were perceived as more relaxed and open ended and participants were more likely to engage with the research question in depth in a self-reflective dialogue with minimal prompts, which yield richer data. This deserves consideration when planning future research data gathering procedures.

Another issue that can be perceived as a limitation of this study is the fact that the majority of the participants were female (9:1). However, a report from the BPS (2007) reviewing various research sources regarding the demographic characteristics of applied psychologists, concluded the psychology workforce is predominantly female. This perhaps the reason that expressed interest for participation resulted in the interviews of a mainly female sample. We cannot assume that the gender of participants necessarily influenced the findings’ more than any other influence of the participants unique characteristics such as sociocultural background or temperament. Nonetheless, theory and research have postulated that women as compared to men have greater levels of general awareness and particularly with regards to accessing their emotions (Snyder, McDermott, Leibowitz, & Cheavens, 2000). Additionally, a study investigating professional psychologists’ career sustaining behaviours found that although results exhibited considerable similarities between male and female psychologists’
behaviours, they found that women were more likely to engage in behaviours such as personal therapy, discussing work related difficulties, and participating in continuing development activities (Stevanovic and Rupert, 2004). This perhaps explains the reason that women were more interested in reflecting on this subject. Another possible explanation is that individuals that expressed interest to take part in the study did so because it resonated with their own difficult experiences and were interested on reflecting on them, rather than being representative of counselling psychologists’ identity. Even through this study is not interested in such claims of generalisation; perhaps further research could use a more equally balanced sample of participants of both genders to monitor for any gender differences with regards to the research question.

6.5.2. Methodological critique

The ultimate goal of grounded theory, espoused in this study, is the construction of an abstract theoretical understanding regarding the studied phenomenon (Charmaz, 2006). But what are the different understandings of the notion of theory within grounded theory’s different epistemic locations? Charmaz (2006) differentiates between the objectivist grounded theory and the constructivist grounded theory and argues that Glaser and Strauss’ (1976) and Strauss and Corbin’s (1998), version of grounded theory are both immersed in positivistic notions of reality and language, as they expect that rigorous application of grounded theory’s method will enable the researcher to discover objective facts and a theoretical explanation. Objectivist grounded theory is aligned to positivistic ideas as it does not recognise the influence of the researcher on data gathering and analysis or the relationship between participant and researcher (Charmaz, 2006).

On the other hand constructivist grounded theory identifies with the interpretive definitions of theory that underline understanding rather than explanation and emphasise process and
relationships rather than structure (Charmaz, 2006). Constructivist grounded theory, acknowledges the role of the researcher’s subjectivity in interpreting data, that grounded theories are social constructions and that the relationship of researcher and participant influences the construction of data, in their collaborative effort of co-creating meanings (Charmaz, 2006).

Charmaz’s (2006) constructivist version makes no claims for generalisation and appreciates the contextual inherent limitations of any constructed “theory”. However, some issues emerge when one engages with this method. The researcher felt that grounded theory places much emphasis in following detailed procedures which are time consuming. Also, that it was difficult at times to honour the participants’ experiences, as grounded theory procedures demanded fragmentation of those experiences by separating them into conceptual categories. Accordingly others have criticised grounded theory on wasting energy on meticulous coding techniques (Alvesson, and Skoldberg, 2000). Robrecht (1995) argues that grounded theory’s sampling procedures providing elaborate ways of examining the data, may possibly distract attention from actually looking at the data.

Additionally the idea of saturation is problematic. Grounded theory guidelines advise to discontinue sampling when reaching theoretical saturation, that is, when data and analysis cease to produce new categories and concepts (Strauss and Corbin 1998) and when analysis no longer stimulates new ideas and insights (Charmaz, 2006). The researcher’s experience of utilising this method is that theoretical saturation is an artificial concept, although one can reach a point of deciding that adequate depth has been achieved to support the fittingness of the constructed theory and categories in reflecting the participants experiences, one can always continue to develop new ideas with regards to the findings and pursue new insights. Rennie (2000) recognises that theory development is part of a creative complex process and that the theory is always open to further interpretation. Saturation is problematic, since
knowing when to stop analysing is difficult (Watson, 1999). Dey (1999) challenges the notion of saturation all together and instead argues for *theoretical sufficiency*. He contends that categories are not *saturated* from the data but rather categories can be seen as *suggested* by the data (Dey, 1999). When researchers treat methods as recipes they raise concerns regarding the sufficiency of their explorations and depth of their observations and interpretations (Charmaz, 2006). From the experience and engagement in the research process, the researcher came to support Dey’s (1999) argument, as theories are not static or stable entities but always susceptible to change and modifications.

Grounded theory has been considered to be of an inductive nature (Luca, 2009; Morse, 2001). This is because in contrast to deductive reasoning it starts with research questions rather than hypotheses (Morrow, 2007). However, the process of grounded theory analysis is actually neither deductive nor inductive, but best described as abductive reasoning (Rennie, 2000). The term abduction resulted from the translation of the Aristotelian notion of *apagoge*, which was initially introduced in 1597 by Julius Pacius (as cited in Reichertz, 2010). This was later adopted by Peirce (1965) to explain his theory of inference. Peirce (1965) saw deduction as redundant, since the understanding that emerges from it is already encompassed in its premises. He saw a combination of induction and abduction to be able to give rise to new understandings (Peirce, 1965). Abductive reasoning consists of the process of studying a phenomenon inductively and developing an explanatory hypothesis (abduction) through immersion in the subject of inquiry, and subsequently examining its usefulness inductively (Peirce, 1965). Abduction thus consists of an interaction of induction and abduction. Peirce (1903) perceived abduction as an interpretive creative process aiding the construction of theories (as cited in Psillos, 2009).

Grounded theory has an emergent design (Strauss and Corbin 1998) and it involves a continuous two-way dialectical procedure between the emergent data and the researcher’s
understanding and conceptualisation of the subject matter (Blumer, 1969). Rennie (2000) argued that abduction is what best describes the reasoning employed in grounded theory. Charmaz (2006) concurs, suggesting that grounded theory’s reasoning makes it an abductive method as we form theoretical explanations of the data and then check their usefulness or appropriateness through further data gathering. Abduction is always accepted tentatively and is subsequently assessed for its usefulness (Reichertz, 2010). Reichertz, (2010) also supports that this kind of reasoning is evident in grounded theory. The researcher’s experience of carrying out data analysis according to the guidelines of grounded theory enabled her to comprehend that it does not involve a process of pure induction and that abductive reasoning is in use. Rather than testing hypotheses, grounded theory starts with research questions and analyses data from the field (induction) to generate hypotheses (abduction) and then tests them against further data until a theory is developed in its full convolution. The construction of a category can be seen as a form of abduction, which is examined for its usefulness on subsequent or already gathered data through theoretical sampling, and either modified, subsumed within another category or rejected completely, depending on the researcher’s interpretations. Thus a combination of induction and abduction best describes grounded theory’s analytic reasoning. According to Reichertz (2010) an abductive idea does not reflect reality but is a mental construct, a “mental leap” or inference, resulting from our search for some kind of order.

But how does Peirce’s (1965) notion of abduction differ from Popper’s falsification (1979) theory? Popper (1979) critiqued induction and verification and argued that the development of knowledge is a result of a process of trial and error, where new guesses or hypotheses are produced creatively and tested subsequently deductively to confirm or reject/falsify them. In such a way there is a common thread between abduction and Popper’s hypothetico-deductive reasoning (Willig, 2001), as both paradigms are preoccupied with the construction of ideas or
hypotheses which are then examined for the usefulness. This resembles grounded theory’s analytic method and the process of theoretical sampling where constructed categories are further examined by gathering more data. However, even if there is a common thread between Popper’s and Peirce’s methods, in the basic use of testing abductive inferences, Popper’s (1969) method has been criticised because hypotheses are derived from existing theories and thus eliminate the possibility of obtaining new understandings or constructing new theories (as cited in Willig, 2001). In contrast in grounded theory there is a combination of inductive and abductive reasoning, hypotheses arise from inductive interpretations of the data gathered, rather than from pre-existing theories. Nevertheless, even though grounded theory constructs categories through inductive interpretation, the constructivist version recognises that theoretical interests and the researchers pre-understanding do influence interpretations and the findings of the study (Charmaz, 2006).

Moreover, another criticism of grounded theory is that it overlooks the important role of the “double hermeneutic” (Luca, 2009). Sociologist Anthony Giddens (1976) distinguishes between the study of the natural and social world, arguing that the natural world involves a single level of interpretation as scientists construct theoretical ideas which have meaning that connects to other scientific terms in the field. However, he argues that the social sciences deal with the “double hermeneutic” that consists of two levels of interpretation (Giddens, 1976; as cited in Crotty, 1998). A researcher uses terms derived from the discipline of the social sciences to interpret the participants’ everyday language (Giddens, 1979, as cited in Crotty). The researcher brought to the study of counselling psychologists’ experiences her own understandings regarding the world around her and those derived from the field of psychology, and attempted to interpret the participants’ way of making meaning which is disclosed by the participants’ interpretation of their own experience. Hence, what is actually happening is that: “the participants are trying to make sense of their world; the researcher
trying to make sense of the participants trying to make sense of their world” (Smith & Osborn, 2003, p.51). Gadamer (1989) suggests that we all have our own prejudices from the social groups and traditions we interact and originate from, that form a precondition to any kind of understanding. Any kind of interpretation is made from our own prejudices, which we must attempt to make explicit (as cited in Mottier, 2005). We are thus engaged in a collaborative effort of constructing meaning out of an already interpreted experience, which implies that we cannot actually grasp the essence of the lived experience (Mottier, 2005). Blaikie (1993) argues that individuals collectively construct meanings and that they are already interpreted before the researcher engages with them (as cited in Crotty, 1998). Reflecting on the process of interpreting the participants’ interview data in exploring how their early experiences influence their practice, the researcher realised the impossibility of grasping any kind of actual lived experience and that the interpretive act involved, in the researcher’s opinion, a third level of interpretation or a “triple hermeneutic”. The participants have their own interpretations and meanings regarding their early experiences, and their training has altered their experience of their early experiences. They used theories from the discipline of psychology to explain their early experiences and how they influence their practice. Making sense was a theme that was used to describe their motivation to engage with this profession. Academic/theoretical training and the meaning making process of personal therapy has subsequently altered their experience of their experience, adding a third level of interpretation. The researcher, part of the world she is investigating, has her own implicit understanding regarding her subject of investigation informed by her theoretical interests and subjective experiences relevant to the world of those she is investigating, which form the spectacles by which she attempts to interpret her participants’ experience. So the researcher tries to interpret, through her own pre-understandings, the participants’ meaning making process of interpreting an already interpreted experience. And ironically, the resulting
product is the construction of theory, which involved at least three levels of interpretation. This reinforces the constructivist/interpretive nature of grounded theory (Ponterotto, 2005; Morrow and Smith, 2000) but also highlights its impossibility or inability of capturing any kind of experience.

Thomas and James (2006) critiqued grounded theory as denying mere understanding. Grounded theory as a term proclaims a certain kind of thinking which has been criticised to underestimate other kinds of understanding, as it assumes order where there is not (Thomas and James, 2006). Caputo (1987) argues that theories arise out of interpretations and are thus, never complete. Theories seek to capture a fracture of understanding but omit the ongoing and progressive developing nature of that they seek to understand (Caputo, 1987). Theories omit what in Heidegerian terms is explained as ‘Dasein’, the “being” engaged in the world (Heidegger, 1962), as any interpretation is temporal depending on context and circumstance. Caputo (1987) argues that the legitimacy of scientific theories is judged by: “their power to solve the puzzles with which the nature presents us, their power to control and predict phenomena” (p.221). However, one can argue that the constructivist revision of grounded theory (Charmaz, 2006) does not attest itself to represent anything else than a mere construction of reality, it considers context and acknowledges the processual nature of social life. Caputo (1987) asserts that change from one paradigmatic position does not result from a profound insight regarding nature but from a change in strategy, resulting from our need to stem the “flux” of the human condition. The concept of “flux” is used by Caputo (1987) to describe the inherent difficulty or ambiguity of human life that we often try to avoid by creating some kind of order where there is not. Grounded theory can be seen an attempt to make meaning and derive understanding out of a studied phenomenon. A search for meaning refers to a sense of coherence (Rufin, 1984), a significant human need motivated by our need to overcome the anxiety caused by the ambiguity and absurdity of human existence. Perhaps
the constructivist version of grounded theory is in search for a narrative and an understanding. Thomas and James (2006) support the usefulness of narratives, arguing that ultimately results from an inductive study are interpretations presented in a narrative (Thomas and James, 2006). However, they argued that “grounded theory” as a term denotes a position which leaves it open to various criticisms as it implies that mere understanding is not enough (Thomas and James, 2006).

Nevertheless one needs to acknowledge grounded theory’s contribution to qualitative research. It has been recognised as being at the front of the qualitative revolution at an important point of the history of social science, by challenging the dominance and reliance on quantitative methods of inquiry, thus contributing to the legitimacy of qualitative modes of inquiry (Charmaz, 2006). Grounded theory does share some similarities with postmodernism, in its rejection of “grand narratives” and its emphasis on local and provisional knowledge rather a search for an external truth (Alvesson, and Skoldberg, 2000). Recent variations of grounded theory accept that there are multiple perspectives and equally valid realities and that grounded theory is of an interpretive nature (Luca, 2009; Mills, et al. 2006). Charmaz (2006) defines the constructivist version of grounded theory as characterised by understanding and interpretation rather than explanation. It also shares some common features with phenomenology as it values the participants’ perspective (Alvesson, and Skoldberg, 2000), which can be traced in its symbolic interactionist roots. The implication of symbolic interactionism in terms of methodology is that the researcher needs to strive to adopt the participants’ perspective (Psathas, 1973, as cited in Crotty, 1998).

The strength of the method lies in its ability of building theory in under investigated topics which encourages creative understandings of the studied phenomenon (Woolley, Butler, and Wampler, 2000), further research, reflection and discussion. Additionally, grounded theory procedures offer a way of examining relationships among concepts urging the researcher to
look at the data in different ways (Strauss and Corbin, 1998), which was particularly helpful for the researcher who was a novice qualitative researcher. And finally, what the researcher found as very useful in the interpretive research process of grounded theory was the emphasis it places on engaging in constant memoing throughout the research process (Charmaz, 2006). It aids reflexivity and provides an audit trail of the research analysis and conceptualisations of the researcher by noting hunches, ideas and feelings as the analysis progresses. This enabled the researcher to become more aware of her own assumptions and make more transparent the interpretive processes (Fassinger, 2005).

6.6. Reflexivity

As an undergraduate student I was trained in the positivistic notions of inquiry, where the verification of pre-set hypotheses through quantitative means of investigation was prized. Studying counselling psychology, with its emphasis on subjectivity and the primacy of individual experiences, was a huge shift that enabled me to appreciate the uniqueness and complexity of individual experiences and to consider the significance of a constructivist epistemology. I became interested in the way people construct meaning out of their experiences (Blumer, 1969) and realised that the qualitative mode of inquiry would be the most appropriate in researching and exploring counselling psychologists’ early family experiences and their influence on their practice. However, in the beginning phases of the research process, I struggled to think in qualitative terms because of my initial positivistic socialisation. For example, part of me wanted to remove myself from the research process and analysis as not to “pollute” the findings. I found this impossible and incongruous. Through an on-going struggle with conflicting paradigmatic ideas, I came to believe that my subjectivity is a tool for the construction of data, even though it was difficult to fully embrace it at times. This research endeavour enabled me to develop critical thinking and imbued a sense of suspicion and scepticism to any claims of absolute “truth” and knowledge. My own
philosophical paradigmatic location progressed from an adherence to modernistic ideas to the development of post-modernist thinking (Crotty, 1998).

Furthermore, in the process of researching the influence of counselling psychologists’ early family experiences on their practice, I was impelled as a counselling psychologist in training to consider the influence of my own experiences and personhood on my therapeutic encounter with the other. Through the research process and engagement with the participants’ accounts, I developed my reflective capacity and became more aware of the ways that my own subjectivity may facilitate and hinder my clients’ process. This research experience has been of outmost significance for my personal and subsequently my professional development as a reflective practitioner and researcher.
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