



'The power of being seen': an interpretative phenomenological analysis of how experienced counselling psychologists describe the meaning and significance of personal therapy in clinical practice.

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'The power of being seen': an interpretative phenomenological analysis of how experienced counselling psychologists describe the meaning and significance of personal therapy in clinical practice.

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Abstract

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There is a widely-acknowledged lack of clarity in psychotherapeutic training about the role of personal therapy in developing practitioner competence. This paper presents part of a wider ongoing qualitative study exploring the role that a personal therapy plays in the clinical practice and training of experienced counselling psychologists. Results derived from an interpretative phenomenological analysis suggest that personal therapy is valued **mainly** as a means of enhancing reflectiveness within clinical work. Detailed examination of a subset of the data offers scope for exploring how this process may occur within therapy, and points to the potential significance of early attachment experiences in the development and amplification of participants' reflective capacities. A possible theoretical framework is proposed and implications for future research discussed.

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Introduction

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Counselling Psychology is a branch of psychological practice that is strongly influenced both by human science research as well as by all the main psychotherapeutic traditions. Whilst aligning itself with a 'scientist-practitioner' paradigm, which emphasises the importance of an empirical basis for theory and practice (Woolfe and Dryden, 1996), it also places a high value on the use of the self, and on understanding the interplay of subjective and intersubjective factors within the therapeutic relationship. These latter concerns have been the basis on which the training criterion of personal therapy has been established within counselling psychology. However, although personal therapy has traditionally played a central role within many counselling and psychotherapy training courses, as well as within psychoanalytic training institutions, counselling psychology's endorsement of a clear evidence-base for practice means that the role of expensive, time-consuming and emotionally demanding therapeutic work for trainees is increasingly questioned within the profession.

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This paper attempts to explore in detail the role played by personal therapy in the clinical practice of counselling psychologists. It draws on an intensive interpretative phenomenological analysis (IPA) of accounts from a small number of participants, aiming to develop a possible theoretical model that is grounded in and illustrated by verbatim extracts from the participants themselves. As is consistent with IPA studies, participants' accounts are foregrounded, and only subsequently linked to salient psychological research and literature. The following resume of some of the existing research in the field is therefore brief, and is offered mainly to contextualise the current study and to provide a rationale for its aims.

Literature review

Therapist surveys in general indicate high levels of participation in personal therapy (eg. Orlinsky et al 1999a; Pope and Tabachnik, 1994; Rothery, 1992; Williams, Coyle and Lyons, 1999;) and overall satisfaction with the experience (eg. Macaskill and Macaskill, 1992; Norcross et al, 1988). However, results from outcome studies examining the effects of personal therapy on clinical practice offer little clear evidence for its utility. In Greenberg and Staller's (1981) review, only two studies out of eight were found to support the contention that personal therapy increases therapeutic efficacy amongst practitioners (Guild, 1969; Kernberg, 1973). Macran and Shapiro's (1998) review of nine studies similarly concludes that neither receipt of personal therapy nor length of time in personal therapy positively relates to a wide range of client outcome measures. Some experimental studies have found increased empathy ratings in analysed therapists (Strupp (1955, 1973), and a greater preference for and willingness to use self-awareness as a tool in clinical work (McDevitt, 1987). However, other studies, examining within-session experiences of client and therapist, provide equivocal results with some results supporting the view that personal therapy enables the therapist to provide a warm, empathic therapeutic bond (eg. Peebles, 1980; Wogan and Norcross 1985) and others finding personal therapy correlates negatively with predictions of therapeutic alliance (Wheeler, 1991).

The methodological and conceptual limitations of the above types of research, as well the equivocal results, have been pointed out by a number of researchers (eg. Macran and Shapiro, 1998). Macran, Stiles and Smith (1999) argue against gathering simplistic 'press release' reports from therapists via the use of surveys. Similarly, Wiseman and Shefler (2001) suggest that *'the quantification of experience on Likert scales seems far too impoverished to describe the experience of personal therapy'* (p.131).

Recent qualitative studies have explored therapists' experiences of personal therapy, using a variety of methodologies. Several prominent themes have emerged, including: personal therapy helps therapists distinguish between their own and the clients' thoughts and feelings (Macran, Stiles and Smith, 1999); personal therapy is deemed essential to the therapist's ongoing process of individuation and ability to use the self (Wiseman and Shefler,2001); personal therapy is felt to be critical to the development of empathy (Murphy, 2005); and that while personal therapy may lead to a range of possible outcomes for individual therapists, it is not possible to assess the extent to which personal therapy may lead to actual changes in behaviour within therapy (Grimmer and Tribe (2001).

Critique and rationale for current study.

Qualitative research has been considered particularly appropriate where the field of interest in characterised by complexity, ambiguity and lack of prior theory and research (Richardson, 1996; McLeod, 1996b). The previously discussed literature identifies personal therapy as an extremely complex field of research with several researchers lamenting the lack of theoretical basis for work in the area:

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'a major inadequacy of research in this area is that [there is] very little explicit referral to any models or theories of how personal therapy might impact on therapists and their clients....One way of developing such a model is first to gain a detailed knowledge of how therapists feel personal therapy influenced their work' (Wiseman and Shefler, 2001, p.22).

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However, it is noticeable that existing qualitative research, in line with earlier quantitative attempts, has similarly failed to supply a much-needed theoretical framework to guide further research in the field. Chamberlain (2000) has made a general critique of qualitative studies, pointing out the focus on 'description at the expense of interpretation' (p.289) where qualitative researchers are often at risk of merely categorising and illustrating participants' accounts rather than developing 'provocative and insightful' (p.290) interpretations that could contribute to meaningful theory-building. This seems a justifiable criticism of the above research which, whilst certainly providing interesting perspectives on how individual therapists feel personal therapy has impacted on their personal and professional lives, neither synthesises the data into a coherent framework, nor links it to any of the relevant social, psychological or developmental literature.

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The current qualitative study therefore aims to build on previously published work that has already fully described, categorised and illustrated how therapists speak about their personal therapy. Focusing on the main research question: *'how do experienced counselling psychologists describe the meaning and significance of personal therapy in clinical practice,* it develops a detailed interpretation of participants' accounts in an effort to understand the way in which personal therapy impacts on clinical work. Overall, the study aims to progress towards a possible theoretical framework within which the function of personal therapy in the training of counselling psychologists can be understood, and future research planned.

42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 **Methodology**

Interpretative phenomenological analysis (IPA) (Smith and Osborn 2003) is a form of phenomenological inquiry which aims to explore in detail participants' personal experiences or lifeworld. The choice of IPA as methodology for this study was based on the requirement for an idiographic approach, in which the centrality and meaning of participants' subjective experiences of personal therapy could be explored and engaged with.

Smith has pointed out that IPA may be described as inductive as there is no attempt to test a pre-determined hypothesis: *'the aim is to explore, flexibly and in detail, an area of concern'* (Smith, 2003 p.53). It is also thought to be interrogative in its capacity to contribute to and question existing psychological research. Thus the results of an IPA analysis can be placed within the context of relevant psychological literature and research, and may illuminate as well as constructively critique previous findings. These two positions were considered particularly salient in the context of the current study as there was no set hypothesis prior to undertaking the research, but it was hoped that any themes and concerns emerging from the data could be subsequently examined in the light of literature and research deemed appropriate to the material.

Selection and recruitment of participants.

IPA is now increasingly characterised by purposive homogeneous sampling, using small numbers of participants selected for their ability to illuminate specific research questions or areas (Smith and Osborne, 2003). Of interest to the current study was a group of senior professional counselling

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psychologists within the British Psychological Society's Division of Counselling Psychology who had extensive experience in training and accreditation. It was considered that these individuals would be likely to have strong views on the role of personal therapy in training and its role in clinical practice. It was also likely, given the pluralistic philosophy of counselling psychology, and the variety of theoretical models represented by individuals within the Division, that there would be both convergent and divergent opinions, beliefs and experiences of and about personal therapy in training and professional practice.

After initial contact was made with two senior members of the Division of Counselling Psychology, a process of 'snowball' or chain referral sampling (eg. Patton, 1990) subsequently generated a list of potential participants each of whom had over 10 years' professional experience. Some of those on the list were mentioned by more than one other person and these multiply-recommended individuals were contacted first either by e-mail or by telephone and invited to take part. Overall, 11 individuals were invited to participate: all but two agreed.

Description of participants and researchers.

Nine chartered counselling psychologists took part. There were three men and six women, with ages ranging from 42 to 65 years. All were white Caucasian. All of these experienced professionals had training in counselling and psychotherapy prior to the inception of the Division of Counselling Psychology, and several now held either Practitioner Doctorates or PhDs.

The length of time participants had spent in individual personal therapy ranged from 15 months to 14 years. Theoretical orientation and modalities were varied, including gestalt, humanistic and psychoanalytic therapies; some had additional experiences of groupwork. Participants' clinical experience included both private practice and NHS work.

The main researcher (Rizq), a chartered counselling psychologist specializing in psychotherapy had several years' experience in clinical work and teaching from a mainly psychoanalytic perspective. The second researcher, (Target) a clinical psychologist and psychoanalyst, had extensive experience in clinical work, teaching and research.

Data collection: interview preparation and procedure.

Given the personal and intimate nature of the material, the use of semi-structured interview was considered the most appropriate form of data collection (see Brock and Wearden's 2006). An interview schedule was designed, following guidelines offered by Smith (1995) and Smith and Osborne (2003) and included: personal and professional background, including training experiences; personal therapy experiences; views on personal therapy within current training; and participant background information.

Each participant was given a description of the study's aim and procedures and asked to read, complete and sign a consent form prior to starting the interview. This included agreeing to examine interview transcripts subsequently for material that might violate confidentiality in the case of published verbatim extracts. Biographical information and professional details were then collected. Interviews lasted 1-2 hours and were audiotaped and transcribed verbatim.

Analysis and validity checks.

After each interview, participants were all sent a copy of the transcript and invited to check the accuracy of its contents; each participant was also invited to make any changes they felt necessary to ensure confidentiality. Several minor amendments were made to the transcripts following some participants' comments; these included deleting certain passages, comments or personal details. The subsequent analysis of transcripts followed a procedure suggested by Smith, 1995; Smith, Jarman and Osborne, 1999).

The first step of the analysis involved a detailed reading and rereading of the transcripts, along with the audiotapes. This was to gain an understanding of the ideas and feelings expressed by participants. At this stage, salient topics, ideas, feelings and potential labels were generated and noted on each

transcript. The next stage involved clustering of similar topics or ideas together into themes, and, in this way, a list of themes for each transcript was produced.

At this stage, an extended letter, documenting the identified themes along with illustrative excerpts and some preliminary hypotheses, was offered to each participant as a form of ensuring 'testimonial validity' (Stiles, 1993). Six of the nine participants accepted the invitation to read and comment on the preliminary analysis. All concurred with the themes generated and all commented on the accuracy of the thematic analysis emerging from the interview. A small number of changes were made to two of the summaries to incorporate additional information given during the feedback stage.

An additional validity check was carried out by independent quality audit, in which an independent researcher, who was not part of the research project, audited the process for two of the transcripts whose participants had chosen *not* to participate in the feedback process. This audit involved a re-analysis of the first stage of the analysis described above, in order to generate themes for comparison with those emerging from the analysis and given in the summary feedback letters. From the perspective of qualitative research, this audit was not conducted in order to ensure the accuracy or 'truth' of the initial analysis, but rather to ensure that the '*account produced is credible and justified in terms of the data collected*' (Smith, 2003 p. 235). The auditor concurred that the themes offered and discussed in the feedback summaries were warranted on the basis of the transcripts.

The next stage involved a comparison of themes across the corpus of transcripts as a whole; the generation of a consolidated list of themes for the sample was then made. A smaller number of higher order or 'master' themes emerged after a process of integrating, or making connections between the themes; these reflected overarching ideas common to all the subset of themes contained within them. This was an iterative process, in which the emerging master themes were constantly checked and cross-linked with participants' accounts to ensure each was clearly represented in the data. The master-list of themes for the sample was also discussed with an independent researcher and revised or elaborated where disagreements or new ideas were introduced.

During the main stage of the analysis, it was important for the research to focus directly on the themes and links emerging from participants' accounts rather than trying to ensure accounts fitted any pre-existing theoretical perspective. However, in the discussion, a more formal theoretical position, incorporating attachment-related and developmental literature, is tentatively invoked as one possible way of organising and making sense of the emerging analysis.

Results.

Five master themes emerged from an analysis of the data from the nine participants, with thirteen sub-themes identified. The five master-themes included: personal therapy provides an arena for intense self-experiences; personal therapy establishes self-other boundaries; personal therapy an arena for professional learning; personal therapy integral to training; and the significance of self-reflexivity. Each of these master-themes contained a variety of subthemes. (*For table of themes and subthemes, see Appendix A*).

Whilst all the master themes by definition included material that emerged strongly from participants, (eg. the master theme of 'personal therapy provides an arena for intense self-experience' included the varying ways in which all participants described sometimes very powerful feelings of attachment to their therapists), for reasons of space, the current discussion will focus on two specific master-themes: *personal therapy establishes self-other boundaries*; and *the significance of self-reflexivity*.

The choice of these two themes for discussion was not made solely on the basis of the amount of data generated any more than were other themes identified during the analysis. The richness and quality of the data, the clarity of participants' descriptions

and the psychological significance of the data to participants were all factors in the designation of themes. However, it should be noted that the selection of a specific subset of the data necessarily omits clarification of other prominent themes and participant material: a wider discussion of the data set is currently in preparation as part of a PhD thesis. **In the following discussion, all names and identifying details have been changed to protect confidentiality.**

Master theme: Personal therapy establishes self-other boundaries.

A warm and trusting relationship with the therapist appeared to provide a backdrop to the way participants' personal therapy seemed to help them to become aware of, tolerate and reflect on different aspects of themselves. It seemed as if previously unknown, or unwanted parts of the self became seen, amplified and were given substance and significance – firstly by the therapist, and then by the participants themselves, promoting a sense of wholeness. The experience of being seen by the therapist and becoming able, in turn, to see oneself, appeared to play a significant role in developing a more integrated, three-dimensional sense of self; this enabled participants to more clearly distinguish their own issues from those of their clients. In this way, personal therapy appeared to delineate, clarify and establish a psychological boundary between self and other.

- *Subtheme 1. Seeing the client in the self: recovering, acknowledging and tolerating all aspects of the self.*

The significance of seeing and being seen was spoken about by all participants from whose accounts the value of being able to reflect on the self and others emerged. The first extract conveys Barbara's sense of the positive significance of being seen by her therapist. This appears to be an essentially passive experience; the quality she brings out here is the experience of receiving unconditional acceptance – there's 'no deal, nothing you have to do':

But I think there's some quality of being seen that's, that was so important for me. [] That's the core of the stuff that I work, is actually being seen. And the power of being seen. That really taught me what we're about as therapists. We don't have to do things or, you know, we don't need endless homework and endless stuff and all these bits and pieces. It may be supporting something, but actually the piece is the experience of being seen; the experience of feeling that connection, with no pressure at all, there's no deal, nothing you have to do, no response, nobody to look after, it's just to be seen. And I think that really that quality and a quality of being sat alongside, is another quality which for me has been immensely important. 18:603-18

For Anne, however, being seen constitutes being 'scrutinised'. Here she describes the experience of going to a new therapist after her own retired: it is clear that she feels unsafe and she decides to leave:

It was like her ears weren't on the same thing. They weren't as big or on as long a stalk. She wasn't as perceptive. She wasn't as sensitive. She was quite... I had the feeling she was trying to kind of clock me into some longer-term meeting. I felt she was trying to envelop me. And she also talked about kind of... there's things in your...like...childhood things to work on. And OK, I know I've got childhood things to work on, quite a few of them, but there was a sense that, I felt...scrutinised. I thought: oh, I'm not going there. I went a few times, hoping I would feel differently. I didn't. 26:852-60

Chris describes how he initially found the experience of being a client difficult. Implicit in his account is the sense that, as an already professional counsellor, he finds it difficult to 'see' himself through the eyes of his therapist: a 'change of hats' seems to suggest a sudden, faintly ridiculous, change of perspective. Indeed, in the following extract, he is now embarrassed in 'looking back on it' and seeing himself struggling with the dilemma:

It was difficult for me at first. Because, although I was 'doing' counselling, and I'd done a 3 year diploma in counselling and done experiential groups, personal development groups, becoming a client in therapy was actually something I found very hard at first. [] I think it was the...em...change in roles, changing hats. And looking back on it, I feel quite embarrassed about that difficulty (laughs) 4:133-141

For others, it was the particular aspects of themselves that the therapist saw in them that appeared to be significant. Peter was able to contact an aggressive side of himself through his therapist's interest and willingness to engage with it:

I used, or therapy ended up being used for, cos I don't think I decided to use it in this way, to really explore and embrace my aggressiveness or my aggressive capacity. [] You know, I did the looking after in the family, I didn't really rebel: when I rebelled, I wrote my mum a nice letter. Or if I shouted at my brother, my dad would get really cross.. like. 'you're the one who's not allowed to shout'. So...[] I think her, sort of, everydayness about it, interest in it, meant I could bear to be interested in it both to think about it and to test it out. 13:437-456

It seems that participants are all describing the experience of what it feels like to be seen as a client 'in the eyes of the therapist'. This appears to be a predominantly positive experience and a reflecting lens through which some participants became able to see and accept parts of themselves. However, the potential for 'being scrutinised' is also apparent, where participants felt acutely aware of and sensitive to the therapist's invading or ridiculing eye.

- **Subtheme 2.** *Seeing the self in the client: distinguishing between self and client issues*

Being seen and acknowledged by the therapist appeared, for many participants, to be the template by which they became able to 'see' and empathise with their clients. For some participants, this involved an ability to see aspects of themselves in their clients, and engage productively with this. Peter, for instance, speaks about now being able to perceive hidden aggression in a client: aggression manifest 'in a passive kind of way'.

I've got a client now who's really quite aggressive.... but in a passive kind of way. And I can be quite welcoming of that. I guess supervision is partly to do with it as well, but the actual tolerating and the actual interest, well it isn't in bad relationships, this is just relating, let's think about that, has come a lot from therapy. 16:540-4

Implicit here is the idea that, through his own therapist's ability to see and engage with an aggressive aspect of himself, her 'interest in it' as described earlier above, Peter is now able to identify with a more benign view of his client's aggression. This seems to relate to the previous extract describing how his own therapy was essentially used to 'explore and embrace' his own aggressiveness. It has now transformed into a tolerable, even interesting, aspect of relating, something that can be reflected on ('let's think about that') rather than merely being something 'bad'.

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Whilst Peter became able to acknowledge and tolerate a known but repudiated aspect of himself, Alice felt she had been able reconnect with, experience, express and develop parts of herself that she had never been aware of in the first place. As the following excerpt illustrates, this experience of recovering 'lost' parts of the self seems to give her a psychological 'map' or inner representation of her own internal world that enables her to imagine, stay with and courageously remain present in clients' internal worlds. The implication here seems to be twofold: she now understands, through experience, that, like herself, clients too may have unknown, or unthought of aspects of themselves that they need to explore: and that her internal 'map' or representation of all areas of her inner self is what enables her to reflect on – rather than 'get lost' in – clients' 'dangerous internal space':

because I had entered...lost spaces of myself...not that I expect every client to enter lost spaces of themselves, but because I had entered that, I was then with no fear, if a client entered lost spaces of themselves. I didn't get lost in their internal space, because I had a map of my own internal space and I knew that it was possible to stay with somebody, within profound – and dangerous, I would say, - internal space, let's call it that – cos I can't think of another way of calling it! (laughs). I knew it was possible to do that – I had no fear of being with clients when they...chose to...enter those spaces within themselves. And I was able to...recall my own experiences of such spaces and inform - that informed my own process as a therapist, if you like. 25:957-69

For Barbara, the passive experience of 'being seen' by the therapist, described earlier in the analysis, subsequently becomes translated into a much more active – and painful – ability to 'see', tolerate and bear aspects of herself in another. She offers the example in her personal life of the break-up of a long-standing relationship after which she tried to cope with supporting her children. Allowing herself to see - and bear seeing - aspects of her partner (and by extension here, perhaps, her failed relationship with him) in her own children is particularly – 'excruciatingly' - hard; that experience subsequently becomes a crucial factor in understanding how to support couples whose own relationships are under strain. She recalls her own therapist saying at the time:

'Your task is not to do anything at all; your task is to look at the kids and see in them the part that represents your husband. And allow them to have it and don't do anything about it.' Huge, as a meditation, absolutely huge. I was, you know, sick with actually trying to stay with that. Now that's been extremely helpful for me supporting people endlessly breaking up their relationships. This idea of what you... it's actually taught me some of that work about as therapists our task is to sit with the client and look at things that are very hard to look at. Excruciatingly hard to look at. 26:881-888

She uses the visual metaphor elsewhere in another extract, by pointing out that without her personal therapy she would, quite literally, be 'going round blind':

Well, I don't think I could do my clinical work without all of that. Because I wouldn't have...The sort of clinical work I do, is clinical work where I use all of myself in the service of the bulk of work. So it's the sort of clinical work where I rely utterly on the information I get from my body... or sensations as well as feelings - as well as the thinking capacity. Now to work like that, I've got to know what's going on for me, otherwise how do I sort it? I'd be going round blind. 23:775-81

The capacity to see the self in the client for many participants led to difficulties in clearly distinguishing between their own and their clients' problems. Sarah spoke about the time she became 'too close' to a client whose issues closely paralleled her own:

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I've had clients where I've felt very close to them. I had a female client who was going through... relationship breakdowns, and trying to do her best, and sort out her children and trying to work and so on.. and I felt very close to her, very empathic and very you know, a lot of these things I've been through myself, and it's been very close, and I think I was in danger probably, looking back on it, of being too close, and not maintaining a kind of distance from it. And it triggered up you know, the kinds of things I'd been through myself in the past. So my own issues, I suppose one would say, were not fully resolved myself in that they were starting to spill over into that situation with the client. 17:548-57

- **Subtheme 3.** *Kinship with clients*

A capacity to imaginatively identify with clients, whilst retaining a clear distinction between their own and their clients' issues appeared to promote in participants a sense of kinship and equality with their clients. Many felt that becoming a client themselves was central to understanding and empathically identifying with others' experiences and problems.

Rachel spoke about personal therapy's role in helping her to imagine and connect with her clients' experiences:

So, it's increased my capacity to imagine more vividly, what people are experiencing, make connections between what they're experiencing and what my experience is. 20:673-5

Imagining and connecting with others' experiences, central to the therapeutic project, was discussed by a further two participants in a wider context. Both these participants felt that personal therapy played a role in ensuring a connection with their humanity, so that, whatever their professional role as therapist, they remained aware of and connected to their own personal issues. Anne, for example, felt the experiential aspect of her therapy – 'you're actually in it' - meant that she could not simply remain on the sidelines and observe others; she was now ineluctably involved:

It tied me in...to... I suppose it tied me in... in many ways I thought it ties me into... the human race (laughs). Because this is like... it's not sitting observing, you're actually in it. And being a member of, part of being a person: 'this is what happens'. 13:426-30

This sense of a shared humanity, or kinship, with clients, was articulated very movingly by Sarah. In contrast to her earlier account of becoming 'too close' to her client, here she is able empathically to identify with the client whilst retaining sufficient psychological distance to see and appreciate important differences between their experiences. Like Barbara's account earlier, avoiding the 'expert' role is central here:

I think being aware of the fact that I've been in some of those places myself and I'm not different from clients – we're different, yes, in lots of ways and lots of those are meaningful ways, but as human beings I'm not different, and I've had many of the same struggles as my clients have had myself. And even if I haven't had those particular struggles, I know what it's like to feel lost and not be able to find a way out. And to be... so distressed and depressed to contemplate suicide because that seemed the only thing to do. So I've been in some of the bad places that clients can be in and I think that that...helps... to keep you at a level where you're not going to be dictating to them, or being an expert, or being anything other than, you know, we're all in this world, trying to get through and survive this as best we can...14:458-69

Master theme: The significance of self-reflexivity.

Most participants spontaneously spoke about a reflective aspect of themselves which they raised in the context of their early experiences, or in relation to the interview itself. What emerged from several participants' accounts was a long-standing search for meaning, evident from early childhood, as well as their creation of new meanings derived from discussing their experiences of personal therapy during the interview.

- **Subtheme 1.** *Early experience and the search for meaning.*

Almost all participants discussed their awareness of a reflective element in themselves, present in several cases from very early childhood. This seemed to stem from an overriding, often quite conscious awareness of the desire to understand and make sense of issues, difficulties or early relationships. Barbara said about herself:

I think I was quite a ...reflective sort of character and...my family had a sort of reflective angle as well, you know, so there was a lot of wondering about what was going on, and so on, and there was that sort of feeling around. But there was a lot to reflect on in my background, you see. 1:16-20

As a child, Alice had adopted the role of carer to an alcoholic father whose premature death had a profoundly traumatic impact on her. However, in retrospect, she feels it was also the occasion of her wanting to know and understand herself:

And... when I was 14, he died. Very suddenly. I'd spent a long time off school looking after him, because he'd become really...I'd have said now, reflecting back on it, terminally alcoholic, but I didn't know that when I was 13 years old...[] And that is the real...beginning key to my...wanting to know...about everything. 1:25-37

Peter too had also adopted a caring role within his family. It is interesting that this position as emotional regulator is one that he both '*feel[s] good about*' and one that '*produced a lot of anxiety at the time*'. It is the latter feeling that triggers his first episode of personal therapy:

I grew up looking after the family. I was the one who could most successfully mediate the family's emotional regulation. They weren't majorly out of control or majorly whatever...but I was the one who could manage my mum, my dad, my brother...[] But particularly during my adolescence, they were in a difficult position, so I was the one who ended up having to be the regulator so I think that was influential, knowing that I could do that and survive and feel good about it. It produced a lot of anxiety at the time, and so I went into therapy for the first time as a student... 1:8-17

For Clare, there was an early awareness of social problems, sponsoring a sensitivity to moral and political issues in her background and environment:

But certainly there's a very strong social justice...and moral and social philosophy kind of element. That's kind of...that certainly comes from way back in the journey. 2:44-49.

Rachel was clear that her professional interest in social justice issues within psychotherapy stemmed from the early loss of a close family member; she poignantly recalls her mother's emotional withdrawal at the time, and her own reaction as a very young child:

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3 *But I think that my mother must have become emotionally unavailable – because she was in a dreadful*
4 *state after he died. [] It was at this point I became addicted to books [] Books became an emotional*
5 *prop 17:566-76*

7 The same participant elsewhere explains her feelings of injustice:

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10 *He died and I didn't. So there was nothing very explicit, but I think I've always felt I'm the wrong one*
11 *to have survived. To cut a long story short, I then failed my 11-plus...so...everybody said I should have*
12 *passed it, so a tremendous sense of personal injustice... So I think my kind of... personal commitment*
13 *relating to social justice and inequality are rooted in these experiences... 17:548-53*

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15 One participant in particular was able to articulate with great clarity, honesty and
16 rawness how wanting to understand his experiences of great loneliness and emotional
17 isolation from his parents in childhood sponsored an ability to reflect on himself and
18 others.

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21 *You know, where does empathy come from? I think it comes from the fact that you're curious about*
22 *yourself. And you're curious about yourself because there's something about yourself you don't*
23 *understand. [...you have to stand outside yourself, don't you? You have to put yourself in your own*
24 *shoes and to be 'as if'. I used to ask myself: 'why's such a nice person like me having such a horrible*
25 *life?' 'Why does nobody like me?' You know... And so, I was having to stand outside myself a bit. And*
26 *that's the base of empathy. You can't be the other person; you have to be 'as if' the other person, and*
27 *stand outside. I suppose the paradox is, that if you stand outside, then in some way you're distancing*
28 *yourself; you're having to accept a sort of boundary. Bob, 31:1039-54*

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30 Bob had earlier shared with me his struggle to articulate how he had experienced his
31 mother's emotional distance as a child:

32
33 *I had this image of her: it was like seeing her through this frosted glass, this opaque glass. I can see the*
34 *image now (gestures).*

35
36 *R. The outlines not clear...*

37
38 *You know the toilet? The frosted glass?*

39
40 *R. Mmm!*

41
42 *Well, she was the other side of the frosted glass. I couldn't...I couldn't... think of anything... I couldn't*
43 *put into words what I, sort of, experienced about her, what I felt about her. 7:222-233*

44
45 Looking at this excerpt in a little more detail, it seems as if Bob's feeling of curiosity
46 about himself is based on a perceived lack of understanding and mirroring from his
47 family: it is almost as if he has internalised something of the struggle to see through
48 the 'frosted glass' in the latter account. His childhood experience of the distant,
49 enigmatic figure of his mother seems to have crystallised into a subsequent rather
50 distanced relational stance; perhaps an echo of his experience of straining to see his
51 mother on 'the other side of the frosted glass', in a frustrated attempt to understand
52 and to be understood. The glass can here be thought of as a metaphor for 'a sort of
53 boundary' – an opaque boundary – between self and other; it is this internalised
54 experience of opacity that seems to sponsor his awareness of the sheer effort involved
55 in understanding others' mental states:

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59 *I've had to make the effort to learn about what was going on in me, so somehow I'm able to transfer*
60 *that skill into trying to make the effort into learning about what's going on in somebody else.*
32:1063-66

However, it was interesting that this participant was also aware of how this early struggle may have impacted on his experience of personal therapy. In the excerpt below, he suggests there is a part of himself he ‘never gave’ in therapy.

I think that if I went...maybe I'll get involved in therapy again at some point, but I think I'd probably get more out of it – not more out of it, but something different out of it, because I'm more aware of that bit of me that stood back; I think held back. I think it was present in my therapy. There was always a bit of myself I never gave. 25:839-43

One possible way of understanding this is that Bob's ‘holding back’ in therapy ensures that it now becomes his therapist's turn to have to make the effort to understand him; perhaps therapy here becomes the occasion for someone else to struggle with a lonely sense of opaqueness and distance. In this situation, an early experience of emotional isolation emerges as a significant factor in understanding this participant's subjective experience of, and ability to use, personal therapy.

- **Subtheme 2. Coherence and generativity.**

For several participants, the experience of the interview itself became the occasion for reworking their memories of personal therapy. Many participants spontaneously commented that the interview had helped them to put their thoughts about personal therapy into a more coherent narrative. Three offered the view that the interview had, in this respect, been ‘a bit like therapy’.

Bob points out that our discussion about his experience of personal therapy has:

...helped codify it for me, actually, some of my experiences, and make sense of it. 34:1131-2

For Rachel, the interview becomes a vehicle for a ‘more rounded sense of self’. Here she describes the way in which the intersubjective context of the interview – ‘someone helping me to construct my story’ – sponsors another version, a more rounded version, of who she is:

What this kind of exercise does, is make you bring out... actually, it's a very good example of the importance of personal therapy. Because it brings together all the interconnectedness of all the separate little bits of thinking and experience in a particular way. [] And it comes out in the interaction, more easily than if I sat down and tried to write about it [] And there's something about the prompting that helps that...having a good listener who asks intelligent questions, isn't it? [] Sensitive questions. Someone helping me to construct my story. So, in a sense, this experience is a good illustration of the importance of personal therapy. Because it's another example of how we construct an articulated personal narrative – which isn't ‘the truth’ – but gives you a more rounded version of who you are, where you stand.... 29:948-78

From a wider organisational perspective, Alice suggested that individuals' experiences of and reflections on personal therapy had had a generative effect on the creation and identity of the Division of Counselling Psychology as a whole. Rather as Rachel describes the significance of interaction in the development of a coherent self-identity, Alice describes the role of communication and interaction between individuals in the development and identity of the *profession*. For her, it seems as if the profession of counselling psychology itself was born out of the intense crucible individuals' shared experiences within personal therapy:

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We're trying to create something almost out of nothing. So it has to come out of the individuals who are creating...And I guess it was that sort of sense of creating something from our own personal experiences... and being able to discuss and share that, again in this unboundaried way – cos a lot of us had had a lot of personal therapy, in the early days, a lot of us had had a lot of personal therapy.[] So there was a lot to share. A lot to bring out to from what eventually formed. 45:1494-53

Discussion.

For reasons of space, the preceding analysis has included only a small subset of the total data collected, and omits reference to a number of other themes and issues, such as participants' views on the role of personal therapy within current counselling psychology training programmes in the UK. However, results from the two themes presented appear to highlight two overall findings. Firstly, that participants valued personal therapy as a means of developing their reflective capacities and amplifying an ability to think about all aspects of themselves in relation to their clients; benefits they deemed essential to empathic clinical practice. Secondly, that the development of a reflective aspect of the self in early childhood appeared to be embedded within the need to understand difficulties in family relationships or within the social environment. The emergence of this latter theme and the freedom to follow an unanticipated aspect of participants' experiences during interview (cf. Smith 1999) proved to be a particular advantage of using IPA in the current study.

How can we conceptualise the relationship between these two themes? To do this, we need to examine results in the light of existing psychological theory and research that could help frame these findings, and further our understanding of how participants learn to become reflective practitioners. Possible candidate theories, such as social learning theory (Bandura, 1977) and experiential learning theory (Kolb et al 2001), whilst offering a potential framework for addressing issues of how participants develop reflectiveness within personal therapy - in terms of observation and modelling (social learning theory) or by transformation and distillation of concrete experiences into abstract concepts (experiential learning theory) – were initially considered, but did not seem adequately to conceptualise the role of early childhood and relational experiences emerging as significant in the current study.

Another candidate theory, Fonagy and Target's (1996) model of mentalisation, is tentatively proposed as potentially relevant to understanding results. In this model, derived from developmental and attachment-related research (eg. Main 1991), the child's capacity to reflect on mental states in the self and other emerges from and is indexed by the status of the attachment relationship with the caregiver, in whose mind the developing child's feeling states are represented, reflected and given meaning. Following work on metacognitive monitoring by Main (1991), Fonagy and Target (1996) and Target and Fonagy (1996) distinguish between two types of mental functioning – 'psychic equivalence' and 'pretend' modes - thought to be characteristic of the young child. The developmental task in achieving a mentalising, or reflective stance, is for the child to link these two modes of functioning so that internal feelings, thoughts and subjective experiences can be recognised as representations of, rather than identical with, reality. This integration is promoted by the caregiver's stance, in whose mind the child's thoughts and feelings are represented and reflected back.

Pertinent to the analysis presented here is the crucial notion of *being seen by another*:

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'Understanding the nature of the mental world cannot be done alone, it requires discovery and recognition of the self in the eye of the other' (Target and Fonagy, 1996 p.460-1).

Whilst the inductive premise of IPA means that there was no prior attempt to theorise about the possible role of mentalisation in participants' experiences of personal therapy, the above theory closely parallels the central experience of being 'seen' by the therapist: an experience that appeared to underpin participants' developing capacity to 'see', identify and empathise with their clients. The interpretations offered in the unfolding analysis suggest that it may be the experience of being 'held in mind' by a therapist that is the primary vehicle through which parts of the self come to be represented – even permitted - in participants' minds. Subsequently, it is possible to distinguish a developmental trajectory, whereby participants appear to shift from a sometimes over-close identification with clients, into whom they projected and saw these aspects of themselves, to a sense of empathy and kinship where the identification was based on an ability to more clearly distinguish their own issues from those of their clients. However, there is a sense in many of their accounts of the starting point of 'being seen' by the therapist which appears to anchor the tension between 'seeing the client in the self' and 'seeing the self in the client'. In the light of the model under discussion, perhaps this is best conceptualised as participants' largely implicit sense of having been the object of their therapist's benevolent attention, which, in turn, enables them to imaginatively and empathically identify with their clients *whilst* retaining a connection with their own problems and issues, ensuring a sense of kinship and therapeutic humility. In this way, sensitivity to the client role, a commonly reported benefit of personal therapy reported in the literature (eg Grimmer and Tribe, 2001) may be seen at least partly as the eventual outcome of a complex process of cross-identifications that underpins subsequent empathic clinical practice.

Target and Fonagy's (1996) developmental model goes on to propose that personal therapy – specifically psychoanalysis – promotes and facilitates the patient's capacity for mentalisation, primarily via transference interpretations. However, it is interesting to note that none of the participants in the current study had undergone a psychoanalysis, though four had experience of psychoanalytic psychotherapy; others had experience of group, gestalt, humanistic and various integrative forms of personal therapy. This lends some credence to the view that perhaps *all* forms of therapy may offer a common route to developing a reflective capacity insofar as they provide the opportunity for intense emotional involvement with the therapist's mind, a mind in which the individual can see reflected various aspects of the self, and through which authentic self-experience can be acknowledged, represented and subsequently reflected upon. Of course, without a prospective study to determine whether therapists actually develop a superior capacity for mentalisation, or ability to understand the mental states of their patients as a result of personal therapy, no strong claims can be made. However, the data from participants' accounts suggests that they *attributed* the growth of a reflective capacity in no small part to their personal therapy, and that this capacity was felt to make a significant contribution to their clinical work *independently* of theoretical orientation.

But what of the significance of early attachment experiences that emerged from participants' accounts? In line with much of the literature on therapists' early lives (eg. Glickhauf-Hughes and Mehlman, 1995; Racusin et al, 1981; Storr, 1979), several

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3 participants described adopting the role of carer within the family. In many cases, too,
4 they spontaneously referred to a reflective part of themselves that seemed to be
5 embedded within the need to understand difficulties in relationships within the family
6 or their immediate social environment. Following Main et al's (1985) work on
7 narrative coherence of individuals' accounts of early attachment relationships, Fonagy
8 et al (1991) have suggested that the underlying coherence of such narratives in
9 adulthood derives from individuals' uninterrupted view of themselves, their
10 psychological states and their capacity to see the self and others as thinking, feeling,
11 wanting beings. This capacity – operationalised as 'reflective self-function' - in turn is
12 thought to be rooted in, and indexed by, the nature, quality and status of early
13 attachment experiences.
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18 However, with regard to the second theme, it is clear that, for some participants, it
19 was precisely the *lack* of mirroring that sponsored the desire, perhaps the need, to
20 reflect on the self. Whilst the implications of Fonagy and Target's (1997) work
21 suggest that an individual's reflective function may be compromised in varying ways
22 by anxious, avoidant or disorganised attachment, some participants' accounts –
23 illustrated most clearly perhaps in Rachel and Bob's accounts – suggest that it is a
24 failure of empathic mirroring that promoted a curiosity about the self and a
25 subsequent reflective capacity they deemed essential in their clinical work. For
26 instance, Bob's moving account above of his struggle to see his mother through the
27 '*frosted glass*' suggests that it was the quite literally interrupted view of himself –
28 interrupted, that is, by the cumulative experience of his mother's emotional aloofness
29 and distance – that proved central to the development of an effortful attempt to
30 understand his own and others' minds. Rachel herself links the experience of her
31 mother's emotional withdrawal, and herself being '*the wrong one to have survived*'
32 with her subsequent psychotherapeutic interest in social justice issues. Whilst there
33 was no attempt to empirically measure attachment status in the current study, it does
34 appear that certain early attachment experiences for these participants are implicated
35 in the compensatory development, rather than the failure, of self-reflexivity.
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40 How can we conceptualise this finding? Main et al. (1985) has shown that some
41 adults, despite experiences of rejection in childhood, nonetheless develop an ability to
42 reflect on such experiences and demonstrate coherent attachment narratives: these
43 'earned secure' adults were, in West's (1997) words, 'able to bootstrap themselves
44 from within' (p.21), albeit showing vulnerability to future depressive symptomatology
45 (eg. Pearson et al. 1994). This anneals with Storr's (1979) argument that therapists are
46 often attracted to the profession due to an early sensitivity to the feelings of others
47 that may be due to the child's anxiety not to distress one or another (depressed)
48 parents. The 'wounded healer' literature (eg. Mander, 2004; Samuels, 1986) goes on
49 to suggest that professional training, particularly personal therapy, may provide a
50 form of self-healing for such individuals (Menninger, 1957). This could mean that
51 participants' early experiences of lack of mirroring and empathy may partly have been
52 the emotional backdrop to their decision to train as counselling psychologists, and to
53 enter a profession in which they may have felt they could at last receive the emotional
54 mirroring that they had not sufficiently received in childhood. This would argue that
55 participants' self-reflexivity may have, in part at least, been retrospectively developed
56 and constructed on the basis of a successful personal therapy in which aspects of
57 themselves had been seen and understood 'in the eye of the other'; allowing
58 participants subsequently to reflect on and understand themselves and, in turn, their
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3 clients. It should also be noted that that these seasoned professionals' self-awareness
4 could have been informed by their own psychological knowledge in this area, which
5 may retrospectively, however, implicitly, have shaped both their subjective
6 experience and their accounts during interview. However, the exact role of attachment
7 status, particularly the notion of 'earned security' (Pearson et al, 1994; Phelps et al,
8 1997; Paley et al. 1999) in sponsoring or attenuating participants' motivation and
9 capacity for self-reflexivity, and the extent to which this is augmented within personal
10 therapy is clearly the topic of a further study.
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14 As interviewer, I (Rizq) also became very aware that participants varied widely in the
15 extent to which they were willing and able to reflect on their experiences in personal
16 therapy, and indeed on the interview process itself. Whilst I felt that I had been able to
17 establish a good degree of rapport with most participants – an emotional affinity that I
18 felt was certainly underpinned by my role as an insight-oriented fellow counselling
19 psychologist with a favourable experience of personal therapy – I found myself
20 denoting variations in participants' disposition to share experiences as an informal
21 index during the interview of a self-reflexivity that subsequently emerged as a central
22 feature both of early childhood experiences and within their personal therapy. This
23 was an ongoing, barely conscious intersubjective feature of each interview, and may
24 well have impacted on the extent to which I felt confident in exploring specific
25 aspects of participants' experiences, or whether I felt I needed to refrain from probing
26 certain areas. However, the sub-theme of coherence and generativity focuses on the
27 way in which, for some participants, the intersubjective experience of the interview
28 itself certainly seemed to provide an opportunity for a narrative re-working of their
29 experiences in personal therapy, as Rachel's account shows earlier. Her account of the
30 interview strikingly parallels Holmes' (1993) notion of 'autobiographical
31 competence' in which the therapist – and indeed, Rachel's experience of myself as
32 interviewer - plays an important role in co-constructing narratives with the client. The
33 joint construction of a new version of the client's life *'is a model for an internal
34 observing ego (or self-reflexive self) that can listen to and modulate feelings'*
35 (Holmes: 1993, p. 86).
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41 **Critical considerations.**

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43 Bearing in mind the very specific group of participants selected for this study, it is
44 necessary to question how applicable this framework is likely to be to counselling
45 psychologists in general. The professional seniority of participants meant that most of
46 their experience spanned the profession's entire period since its inception as a
47 Division of the British Psychological Society in 1994, and most had trained under
48 very different circumstances from those experienced by trainee counselling
49 psychologists today. It is therefore important to bear in mind that their views, whilst
50 representative of what may be considered an elite subset within the BPS, might not be
51 considered representative of the profession as a whole.
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56 It could, of course, be argued that these participants were likely from the start to be
57 biased in favour of personal therapy. Indeed, Macaskill (1999) points out that those
58 who have invested considerable time, emotional energy and money in obtaining
59 personal therapy are likely to be predisposed to evaluate its outcome positively, or
60 risk significant cognitive dissonance. However, I felt that this potential for bias was
significantly offset by the richness and depth of participants' accounts, indexing in

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3 many cases an emotional engagement with the topic and a willingness to share and
4 discuss what emerged as very personal, often intimate and sometimes painful details,
5 recollections and experiences. As mentioned above, this engagement could well have
6 been at least partly the outcome of what seemed to be an implicit level of
7 understanding between participants and myself as a fellow counselling psychologist,
8 that their privileged accounts would be treated respectfully and ethically. Conversely,
9 such an implicit understanding, if true, might also be seen as leading to a potentially
10 collusive relationship between us, legitimising and perpetuating the professional
11 'party line' with regard to personal therapy, rather than challenging its role and status.
12 Whilst I did not feel this was the case, it is certainly true that, despite canvassing for
13 as wide a range of opinions as possible, there was a notable dearth of negative views
14 on personal therapy which would have been interesting to examine in the light of the
15 current analysis. Similarly, whilst counselling psychologists from all theoretical
16 orientations had been sought, none of the participants in the study either received or
17 offered therapy from a behavioural, or cognitive-behavioural perspective, so it was
18 not possible to adduce the perceived role of personal therapy for practitioners offering
19 a non insight oriented therapy. Clearly it would be interesting to explore the
20 experiences of counselling psychologists who received an insight-oriented personal
21 therapy whilst practising in a predominantly directive (eg. cognitive-behavioural)
22 model of therapy.
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Conclusions and future directions.

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30 The framework under consideration here makes no claims to generalisability: it
31 emerges from and is grounded in a detailed exploration of a small number of
32 experienced counselling psychologists' subjective accounts of personal therapy, and
33 different themes might well have been found with a different group of respondents,
34 or, indeed, with different researchers. The act of selecting, amplifying, interpreting
35 and theorising about participants' accounts is inevitably shaped by researchers'
36 subjectivity and professional interests; the transformation here of 'participant stories'
37 into 'research stories' (Denzin, 1989) has implicitly highlighted our own professional
38 preoccupation, as psychoanalytically-oriented practitioner-researchers, with
39 developing – and developing theories of - self-understanding. Whilst this professional
40 commitment was clearly shared by participants, there has been an unavoidable tension
41 between privileging their subjective views of the various ways in which personal
42 therapy may help develop reflectiveness, and the shift in perspective required for us to
43 adopt an interpretive position consistent with our academic and experiential
44 knowledge (cf. Hoskins and Stoltz, 2006). However, it is hoped that the relational,
45 collaborative values of qualitative research have been honoured within the research
46 relationship created with participants during the project, and have been enacted by
47 participants' ongoing role in reading and commenting on the various stages of
48 analysis, including the current paper.
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54 The data presented here offers scope for concluding that participants valued personal
55 therapy primarily as a means of developing the ability to reflect on the self. Being
56 seen by the therapist appeared to form the foundation for participants' capacity to
57 tolerate aspects of themselves; this in turn was felt to be the basis of an identification
58 with clients and the capacity to distinguish between self and client issues, leading to
59 more effective, empathic work. Although the attachment-related literature indicates
60 that security of attachment both indexes and sponsors the capacity to consider self and

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3 others in psychological terms, some participants' accounts suggest that a lack or even
4 absence of early emotional mirroring in childhood actually promoted a need or desire
5 to reflect on the self. Whilst recognising that the parameters of the study did not
6 permit assessment of participants' attachment status, one possible way of
7 understanding results is that participants may have been motivated to seek out a
8 profession and a training in which they could receive the empathic mirroring they
9 appeared to lack in early childhood. Their experiences during training of 'being seen'
10 by a therapist in this way may retrospectively have organised their interview accounts
11 of a reflective aspect of themselves that they had been aware of since childhood.
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15 The study has attempted to move beyond simple description and categorisation of
16 salient themes to situate participants' accounts within a possible developmental
17 framework that is consistent with and illuminated by the subjective phenomenology
18 of participants' experiences. We hope that the use of existing theory in this way has
19 sponsored a detailed interpretation of the data that respects the integrity of the
20 individual, rather than one which categorises, predicts or co-opts experience through
21 reductive theoretical orientations. However, it is important to consider the
22 implications of this putative framework for future research in the field. If the
23 development of a pre-existing reflective capacity is at least part of the benefit to be
24 derived from personal therapy, there are a number of further questions that follow on
25 from the current study: how do early attachment and relational experiences mediate
26 counselling psychologist' subjective experiences of personal therapy? Might certain
27 attachment experiences hinder, preclude or favour the development and amplification
28 of a reflective function in personal therapy? How do differing levels of reflectiveness
29 affect counselling psychologists' motivation and capacity to use personal therapy in
30 client work?
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35 A further qualitative study exploring these issues is forthcoming on the basis that the
36 potential significance of therapists' background and early attachment experiences may
37 go some way towards explaining the extensive literature documenting the significance
38 of the therapist's own emotional and relational characteristics in distinguishing
39 successful therapy (eg. Dozier et al 2001; Tayber and McClure, 2000; Wampold,
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Appendix A:**List of master-themes and sub-themes.**

<u>Master themes</u>	<u>Subthemes</u>
<ul style="list-style-type: none"> • Personal therapy provides an arena for intense self-experiences 	<ul style="list-style-type: none"> • <i>Attachment to the therapist</i> • <i>Feeling and being real</i> • <i>Safety, power, boundaries</i>
<ul style="list-style-type: none"> • Personal therapy establishes self-other boundaries 	<ul style="list-style-type: none"> • <i>Seeing the client in the self</i> • <i>Seeing the self in the client</i> • <i>Kinship with clients</i>
<ul style="list-style-type: none"> • Personal therapy an arena for professional learning 	<ul style="list-style-type: none"> • <i>Therapist as professional role model</i> • <i>Emotional resilience</i>
<ul style="list-style-type: none"> • Personal therapy integral to training 	<ul style="list-style-type: none"> • <i>Reflection, self-awareness, courageous self-reference</i> • <i>Mandatory vs. free choice</i> • <i>Definition vs. limitation</i>
<ul style="list-style-type: none"> • Significance of self-reflexivity 	<ul style="list-style-type: none"> • <i>Early experience and the search for meaning</i> • <i>Coherence, generativity</i>

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