

DUBLIN BUSINESS SCHOOL

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**A THERAPEUTIC RELATIONSHIP WITH A DIFFERENCE: AN EXPLORATION OF
THE THERAPISTS EXPERIENCE OF PROVIDING MANDATORY PERSONAL
THERAPY TO PSYCHOTHERAPY TRAINEES**

**THESIS SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS
FOR BACHELOR OF ARTS DEGREE (HONS) COUNSELLING
AND PSYCHOTHERAPY**

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19 APRIL 2013

If I am to facilitate the personal growth of others in relation to me, then I must grow, and while this is often painful it is also enriching - Carl Rogers

CONTENTS

CHAPTER 1: INTRODUCTION	6
1.1 Background	6
1.2 Objectives	7
CHAPTER 2: LITERATURE REVIEW	8
2.1 Introduction and Background	8
2.2 The aims of training therapy	8
2.3 The perceived benefits of personal therapy in training	10
2.4 Does making the personal therapy mandatory contaminate it?	12
2.5 The wounded helper	14
2.6 The therapeutic relationship: issues for therapists and trainees	15
2.7 Conclusion	17
CHAPTER 3: METHODOLOGY	18
3.1 Introduction	18
3.2 Sample / Participants	19
3.3 Method of data collection	20
3.4 Method of data analysis	21
3.5 Researcher Reflexivity	21
3.6 Ethical Considerations	22
CHAPTER 4: FINDINGS	23
4.1 Introduction	23
4.2 Why are you here? Why am I here?	23
4.2.1 Client, trainee or future therapist?	23
4.2.2 Aims of trainee therapy	23
4.2.3 Motivation in therapy	24

4.2.4 The Mandatory Requirement	24
4.3 Do the training components help or hinder the therapeutic process?	25
4.3.1 Another layer to negotiate	25
4.3.2 Theory and knowledge can complicate the process	25
4.3.3 Impact of experiential learning and assessments	26
4.4 Other pressures on trainees individual process	26
4.4.1 Emotionally normal trainees	26
4.4.2 Personal therapy - support or burden?	27
4.4.3 Are trainees harder on themselves than other clients?	27
4.5 Other pressures on therapists working with trainees	27
4.5.1 Pressure to model and under scrutiny	27
4.5.2 Therapist's responsibility for the profession	28
4.5.3 What experience should therapists ideally have to work with trainees?	28
CHAPTER 5: DISCUSSION	29
5.1 A therapeutic relationship with a difference	29
5.2 The aims of the training therapy	30
5.3 How the training components impact on personal therapy?.....	32
5.4 Issues for the therapist providing therapy to trainees	34
5.5 Limitations	35
CHAPTER 6: CONCLUSION	36
CHAPTER 7: REFERENCES	37
CHAPTER 8: APPENDICES	43

ACKNOWLEDGEMENTS

My sincere thanks to the therapists who gave their time and valued input to this research project and made it possible. This was very much appreciated.

To My Supervisor Mary Bartley

Thank you for being so approachable, supportive and for having a sense of humour!

To My Family and Friends

Thank you for making the last four years so possible. You all supported me in your individual ways and I could not have done it without you.

To My Parents

Thank you for letting me be and helping my dream to come true.

To My Husband Peter

Thank you for your relentless support, patience, interest and above all your belief in me over the four years. You never once complained and I could not have done it without you.

To My Son Joseph

Thanks for being YOU (hope that's not too cheesy!!). I will treasure the memories of you doing your homework at one end of the table while I got on with my work at the other end. It was a very special time we shared. You make everything worthwhile.

ABSTRACT

Personal therapy in training is generally considered essential for psychotherapy practice and is often a mandatory requirement of the training. Studies suggest it is a beneficial process to go through, however, this is generally measured in terms of outcomes for clients. Very little research exists looking at the specific challenges to the therapeutic relationship and process of trainees in therapy. This qualitative study explored the experience of therapists providing training therapy to trainees and their perception of such challenges. Semi-structured interviews were carried out with five therapists. An inductive thematic analysis was performed which identified key themes in relation to the specific demands on the therapeutic relationship when working with trainees as opposed to non-trainees. The findings are discussed and highlight areas of concern in relation to the unique issues for both the trainee and therapist. The results show that trainees' experience specific challenges in their therapy that emanate from the training they are participating in such as, the mandatory aspect of therapy, pressure to progress in therapy and the challenge of integrating theory and knowledge and the experiential aspects of the training. The therapist has specific challenges in relation to pressure to model, being under scrutiny and increased responsibility for future therapists. Recommendations are made for future studies so as we can better understand the outcomes of training therapy for trainees as they navigate their way through the dual process of personal therapy and psychotherapy training.

Keywords: Psychotherapy, training therapy, personal therapy, therapy outcomes, trainee psychotherapists, mandatory therapy.

CHAPTER 1: INTRODUCTION

1.1 Background:

Psychotherapy training is complex and includes skill acquisition, theoretical orientations, feelings of competency and challenges for personal growth. The training experience itself, however, has received very little attention in research over the last two decades as reported by Ronnestad and Ladany (2006). This thesis will focus on the therapist's perception of the training impact on the therapeutic relationship and process on a trainee in a mandatory therapy relationship.

Historically there have been several rationales given in numerous research papers for mandatory therapy during the training of therapists as seen in the work of Glass, 1986; Grimmer and Tribe 2001; Macaskill and Macaskill 1992; Norcross 1988/2005; Orlinsky 1999/2004/2011. Norcross (2005) concluded from his comprehensive review of the research, that the evidence is too weak to insist on personal therapy, but he does support the view a variety of individually tailored personal development exercises including personal therapy should be engaged with. For some time now, the accredited training courses in Ireland have a requirement for a minimum number of personal therapy hours to be completed before trainees being eligible for registration and accreditation. For example, the Irish Association for Counsellor's and Psychotherapists (IACP) stipulate a minimum of 50 hours. The research to date however has focused on the benefits of mandatory therapy for therapists in relation to the outcome for clients but little attention has been given to the challenges of the training therapy for the trainee and therapist and to the therapeutic outcome for the trainees themselves.

This research thesis will explore the psychotherapists' perceptions of the unique and specific challenges of personal therapy for psychotherapy trainees and the therapists providing such therapy. Consideration will be given to i) the aims of the training therapy, ii) the impact of the training components on the therapeutic relationship and process, iii) the impact of the experiential nature of the training on the therapeutic relationship and process and iv) specific challenges for the therapists in providing therapy to trainees. This research will provide valuable data to both trainees and therapists working with trainees and also to the training institutions and accrediting bodies involved in the training of psychotherapists. Its findings will help, support and maximise the personal therapeutic efficacy and overall training experience for trainees in Ireland as they navigate their way through this dual processes.

1.2 Objective

Aim: This study seeks to acquire a better understanding of therapists' perceptions of issues in providing mandatory therapy to trainees in relation to how the training impacts on the relationship and on the trainee's personal therapeutic process.

Objectives:

- To explore the therapist's perception of how psychotherapy training impacts on the therapeutic relationship between therapists and trainees.
- To explore the aims of mandatory personal therapy for trainees.
- To explore therapists' understanding of the specific challenges psychotherapy training brings to the personal therapy process of psychotherapy trainees.
- To explore the specific challenges for the therapist working with the trainee in a psychotherapeutic relationship.

CHAPTER 2: LITERATURE REVIEW

2.1 Introduction & Background

Freud (1912) claimed that personal analysis was the main route to establishing a professional identity and that it formed the deepest and most rigorous part of anyone's clinical education. He established a tripartite model of training which included didactic teaching, supervision of the treatment of several patients and personal analysis. This is very similar to the model used by many training institutes and accrediting bodies today as reflected by the accreditation requirements of the IACP. Their requirements stipulate a minimum of one hundred hours of supervised individual client work during training, a minimum of four hundred and fifty course hours of staff-student contact, including skills, theory and self-development and a minimum of fifty hours of personal therapy during training (IACP, 2005). However, The British Association for Counsellors and Psychotherapists (BACAP) dropped the requirement for mandatory therapy in 2005 and replaced it with a requirement for evidence of personal development work. This was supported by Atkinson, (2006) who stated that it is “neither intellectually or ethically coherent” to insist trainees undergo personal therapy. This approach by BACAP also supports the earlier work of Hallide Smith et al., (1984) who regarded personal development as the most important aspect of training (Mearns and Thorne, (1988). Notwithstanding this change in the United Kingdom, mandatory therapy remains a cardinal principal for all Irish psychotherapy training institutions today.

2.2 The aims of training therapy

Jacobs (2011) tracks the debate in the literature on the differences and difficulties of personal therapy for trainee's contrasted with therapy for patients/clients. His research shows that during the late 1940's an equivalence between training analysis and the therapeutic analysis was assumed with the expectation that the trainee would become as psychologically healthy as the neurotic patient. He quotes “The analyst's first and foremost job ought then to be to make a patient out of the

analysand or, to put it in English, to make him suffer” (Nielsen, 1954, p.247). This approach clearly puts a very specific emphasis on the training therapy from the outset. While this is an old concept, the aims of training therapy are still not clear. There is no consensus in the literature as to what constitutes an appropriate training therapy and this has generated much debate (Jacobs, 2011; Mearns and Thorne, 2007; Norcross, 2005). The arguments in the literature persist between personal development or professional development being the main aim of the therapy. The success of such therapy is generally evaluated in relation to client outcome which implies the aim is more on professional development. Bergin and Garfield (2013) cite, Beutler, Machado and Neufeldt (1994) who argued that the reasons for engaging in personal therapy are diverse and that treatment outcomes should be viewed as only one of the many benefits. Rakea and Paley (2009) reviewed the work of Clark, 1986; Greenberg and Staller, 1981; Macaskill, 1988; Macran and Shapiro, 1998 and found the evidence linking personal therapy to subsequent therapeutic efficacy to be inconclusive. Therapeutic efficacy or treatment outcome for future clients is also the focus of more recent studies such as Bellows (2007) who looked at how personal therapy influences clinical practice and Rizq & Target (2008) who found little evidence in the earlier literature to support how personal therapy helps to develop practitioner competence. Cooper (2008) reviewed numerous research papers and also acknowledges that the research has yet to demonstrate a direct relationship between client outcomes and personal therapy for therapists. Orlinsky (2011) did a comprehensive review of the literature and concluded positive aspects of personal therapy in training in relation to enhancement of therapeutic skills and understanding one’s own problems however also concluded there was very little literature looking at possible dangers of personal therapy within training and career contexts in relation to health and ethical risks when personal therapy is mandated. He points out the “relative paucity of research into the possible negative impacts of personal therapy” (p 831) for trainees. His review of the literature also found personal therapy in training as serving two main purposes; i) to enhance professional development and relational capacities and ii) to increase the personal development capacities and well-being of the therapist. While these are generally

understood to be the aims of personal therapy in training, the evidence supporting this remains weak and Orlinsky makes this clear.

As stated, the literature currently focuses on the therapeutic outcome for the potential clients of future therapists (trainees) and not for the “approximately normal” (Orlinski, 2011) or “wounded helpers” (Barnett, 2007), in other words, the trainees themselves. This forces us to consider whether the aim of the training therapy is therapeutic or educational as posed in a report by a conference on Psychoanalytic Education and Research in 1974 (Jacobs, 2011 p. 433). Jacobs himself has questioned how, even where the aims can be clarified, we can know if they are of any value? He also asks how training institutes know whether the personal therapy for trainees is effective or not as all they are provided with is the duration and frequency of the therapy and indeed how they know whether or not the therapist providing the training is effective. By focusing in this study on the actual therapeutic relationship and process of trainees, it is hoped this thesis will go some way to provide additional insight and help broaden the discussion on this important topic.

2.3 The perceived benefits of personal therapy in training

Yalom (amongst many others) stated, “personal psychotherapy is the most important part of psychotherapy training” (Yalom, 2002, p. 40). This generally held belief is reflected in the literature which consistently shows an acceptance amongst the therapeutic community that personal therapy in training provides some positive attributes for therapists personally and for their therapeutic practice. Rothery (1992), (the only Irish study found in this review), found that over half of the forty clinical and counselling psychologists they surveyed considered personal therapy as the ideal choice for personal development. Orlinsky (2011) cites his study that surveyed 4000 therapists from different professions, orientations and career levels, where therapists were asked to rank (out of fourteen potential factors) positive and/or negative influences on their professional development.

The item “getting personal therapy, analysis or counseling” was rated as the third most important, below “experience in therapy with patients” and “getting formal supervision” (Orlinsky, Boermans, & Ronnestad, 2001). Norcross (2005) found positive benefits in relation to self-esteem, work functioning and socialisation, emotional expression and symptom severity. Grimmer and Tribe (2001) and Murphy (2005) had similar findings in relation to sense of self as a professional, reflexivity and socialisation. The studies of Moller, (2009); Rakea and Paley (2009); Rizq and Target (2007); Von Haenisch (2011) all support these rationale for training therapy which support the earlier findings of Macran and Shapiro (1998). Such benefits range from increased self-awareness, enhancing therapist’s ability to separate their own issues from their clients, experience of being a client, learning therapeutic techniques and being helpful in managing stressful aspects of clinical work. Moller, (2009) looked at trainee perceptions of personal therapy at the beginning of their training and found “Personal therapy helps me to be a better practitioner” to be a main theme. Rakea and Paley (2009) found personal therapy should be an integral part of training as a therapist and this was also the finding of Oteiza (2010). Again, we can see all of these benefits are related to professional development in terms of client outcomes and no consideration is given to the therapeutic outcome for the trainee in the training therapy.

Grimmer and Tribe (2001) in their exploratory review of the literature, found most of the benefits reported to be perceived benefits as opposed to actual benefits. Macran and Shapiro (1998) showed that studies looking into the effects of therapy failed to highlight any benefits of personal therapy for trainees and the actual effect this had on client outcomes (Murphy, 2005). Orlinsky, Norcross, Ronnestad and Wiseman (2005) found studies of personal therapy and treatment outcome to be of poor quality as they were not randomised or controlled, had small sample sizes and used crude assessments of client outcomes. Wigg (2011) also found only indirect evidence through self-reporting by therapists, of improved skills and well-being impacting positively on client outcomes.

To this end, the evidence that supports the benefits of the more positive aspects of personal therapy in training remain weak.

2.4 Does making the personal therapy mandatory contaminate it? (Jacobs, 2011)

Uncertain though the evidence is, it remains a commonplace perception and practice that personal therapy during training has positive personal and professional benefits. McLeod (1993) claimed, however, that the compulsory nature of therapy for trainees and the lack of choice militates against its potential efficacy. Thorne and Dryden (1991) also raised concerns in relation to the compulsory nature of therapy rendering it to be a less productive therapy. Cabanas and Bosworth (2006) ask whether personal therapy is any more than a rite of passage, something that is done because it must be done? Rakea and Paley (2009) found agreement amongst the participants in their study, that, the obligatory nature of the training therapy had a negative effects on the therapy process. They found the value of the therapy to be minimised and enforced destabilising effects for the relatively healthy trainees. Personal psychotherapy according to Rogers (1961) is a process of “self-actualisation”. However, Yalom tells us “...self-actualisation ...can never be attained via deliberate, self-conscious pursuit” (Yalom, 1970, p. 15). This however, is the task of the trainee in personal therapy, to, deliberately and self-consciously pursue self-actualisation. As already identified, this ‘journey’ is a mandatory requirement in many instances and is undertaken by the trainee in the knowledge that their struggles, progress and development in their therapy will be assessed in relation to professional suitability through reflective writings and feedback interviews in their training institutions. This is a factor that is likely to have unique implications in the terms of pressure it may add for the trainee’s in their therapeutic process and relationship.

Grimmer and Tribe (2001) found in their review of the literature that mandatory personal therapy was positive in terms of professional development, however they also concluded that personal therapy had not been reliably demonstrated to benefit therapists in relation to their mental health or

to change the nature of therapeutic interactions that necessarily lead to better outcomes with clients (Greenberg and Staller, 1981; Clark, 1986; Macaskill, 1988; Macran and Shapiro, 1998). They also found that when demands on the trainee were high, personal therapy could increase rather than reduce the stress levels. Their findings also showed trainees prioritised client work, supervision and completion of academic work over personal therapy which is supported by Orlinsky (2011).

Grimmer and Tribe (2001) also identified their most significant findings to be the effect related to socialisation experiences in relation to modeling and validation of the therapy itself. This leads them to ask the question of whether such experiences might be better acquired through less financially and emotionally demanding means? They also highlighted that some studies found personal therapy in the early stages of training to have a negative impact on client outcomes based on the trainee's personal emotional preoccupation and turmoil (Strupp, 1958; 1973; Garfield and Bergin, 1971; Greenberg and Staller, 1981; Macran and Shapiro, 1998). Rizq and Target (2007/2008) found negative effects for trainees in relation to financial costs, pressure through time and the emotional demands it puts on trainees in addition to their academic requirements. These negative findings support the earlier findings of Macaskill (1988). Von Haenisch (2011) also found pressure was experienced in relation to the mandatory aspect, time and finances. This study also reported resentment to be of concern as previous therapy hours were ignored and the therapy felt repetitive. These findings supported the earlier findings of Macran and Shapiro (1998); Rizq and Target (2008) and Moller (2009). Skovholt and Ronnestadt (2003) described the challenges faced by student counsellors as "hardships" and Grimmer (2001, p. 280) wrote that personal therapy "... can become a significant emotional burden for the trainee". Kumari (2009) reported many instances where her respondents perceived personal therapy as an additional source of stress and asks how would therapists react to 'normal' clients if they were reporting their therapy was increasing their stress? This is another unique factor for the trainee/therapist relationship.

2.5 The wounded helper

Trainees (in general) initially attend personal therapy as it is a course requirement and without a specific issue to explore and this in itself “differentiates the experience of the trainee from the majority of clients” (Grimmer and Tribe, 2001). However, Barnett (2007) explores the unconscious motivations of those who choose to train and work as psychotherapists and counsellors and states that in her experience, applicants commonly express a desire to “help and understand” others often with very little awareness of the origins of that desire. She found that applicants for counsellor training often present themselves as “strong and without significant problems” (Barnett, 2007, p. 258), in other words as ‘normal students’ yet further exploration revealed a troubled personal history. Two main themes emerged from her study around loss and deprivation in early life and failure of carers to meet the normal narcissistic needs of childhood. Barnett concludes her paper with a warning around the need for therapists in training to get in touch with the shadow side of their altruism as otherwise there is a risk of the therapist being “...just too nice for any real change to occur” (p. 269). Sussman (1992) warns therapists of the overuse of unconditional positive regard in an effort to maintain an idealised transference and to compensate for inner feelings of inferiority if such issues are not explored in personal therapy. To this end, we can conclude that many who choose to train as therapists or counsellors (or indeed the other ‘helping professions’) are in fact not ‘normal’ but “...at least approximately normal” (Orlinski, 2011, p. 839). The unique situation for the trainee, however, is the fact that they often have no awareness that they have a ‘shadow side’ unlike other clients who present with issues that emanate from this part of their personality or present with dissatisfaction or dysfunction in their lives. Hence the trainee may be engaging in therapy from a different and possibly more challenging starting point. Jacobs (2011, p. 431) cites several training analysts who observed that training analysis is less effective with these so-called “normal students” than it is with the so-called “sick’ students” (Eisler, 1953; Gitelson, 1948; Knight, 1953; Sachs, 1947). If trainees believe they are ‘normal’ they may experience “enforced destabilising effects”(Rakea and Paley, 2009). This very fact underscores the

importance of evaluating the therapeutic outcome for the trainee participating in mandatory training therapy.

2.6 The therapeutic relationship: issues for therapists and trainees

The therapist's understanding of the psychotherapeutic relationship with trainees cannot be considered without giving some attention to the literature in relation to the therapeutic relationship itself. Kahn (2001, p. 1) asks "why study the relationship" and discovered that "...the relationship is the therapy". Many have written that the relationship is more critical to the therapeutic outcome than theory, approaches or skills (Casement, 2006; Rogers, 1961; Yalom, 2002). Merton Gill (1982) identified the need to help clients to become increasingly aware of their feelings towards the therapist to help clients to see how their old attitudes determine their interpretation of the events of therapy. He believed that in order for the relationship to become truly therapeutic an effective therapist must demonstrate the utmost respect for the client, a genuine interest in the client's experience of the relationship and an unflinching non-defensiveness in response to the experience (Khan, 2001). Taber et al (2011) claims that a crucial component for predicting positive therapeutic outcome for clients lies in the quality of the working alliance and cites the work of Horvath & Symonds, 1991; Martin, Garske, & Davis, 2000 in this regard. He also cites, Horvath & Bedi, (2002) who found, the effect of the working alliance on therapeutic outcome to transcend the theoretical orientation of therapists. Kumari (2009) looked at the impact of personal therapy on trainees' personal and professional development and found that respondents learned more about the significance of the therapeutic relationship in their personal therapy and that this became a central component of the whole experience of the training therapy. However, she also found some participants believed that the mandatory element of personal therapy influenced the relationship they had with their therapists, which limited the impact of the whole experience. King (2010) looked at the dilemmas for therapists in actually providing therapy to trainees and found the main issues to be around clinical dilemmas in relation to the therapeutic task and personal dilemmas for

the therapist in relation to the trainees. The clinical dilemmas included the mandatory requirement of the therapy for trainees (resistance and defensiveness) boundaries (particularly if the therapist also had a role within the training organisation) and ethics, (in relation to confidentiality and fitness of trainee to practice). Personal dilemmas included pressure to model, sense of responsibility, therapeutic narcissism (risk to their professional reputation and fears of professional exposure), neurotic countertransference reactions, feelings of competitiveness (tolerating envious attacks and challenges to personal integrity) and over-use of self. If we consider these dilemmas in relation to the importance of the therapeutic relationship and alliance as illustrated by Khan 2001 and Taber 2011, we see further unique challenges to the therapeutic process for the trainee and therapist.

One of the main problems with the foregoing literature, however, is that it fails to consider the possible impact of the experiential nature of the training and the impact of the theory and knowledge acquired by the trainee on their therapeutic process and relationship. The experiential factors include process groups, group supervision, role playing and being part of a wider group who are participating in personal therapy. Such experiences and sharing of life events and emotions may trigger issues for trainees in a very unique and direct way. The impact of the theory, knowledge and insight to the therapeutic relationship that trainees acquire must also be considered in relation to what is brought to the therapeutic process. Rakea and Paley (2009) however reported that participants valued the process of personal therapy as a means of linking up theoretical knowledge with an actual experience of the same therapeutic approach and described this as being significant. However, there is limited literature examining the experiential training of psychotherapists as reported by Pascual-Leone, Wolfe and O'Connor (2012).

If we consider all of the above pressures (modelling, professional exposure, fitness to practise and boundaries for therapists, theory, knowledge, experiential learning, mandatory therapy for the trainee) on the relationship between a trainee and therapist, we can see many differentiating factors between the relationship with the trainee and the majority of clients. This study will attempt to further explore these factors.

2.7 Conclusion

King (2011) reflects on personal therapy as an essential part of many training programmes despite research not demonstrating its efficacy and despite how little is known about the difficulties inherent in providing a training therapy. This view supports the findings of Beutler, Malik, & Alimohamed, 2004; Ronnestad & Ladany, 2006. Kumari (2009) found that despite significant stress being reported by her participants in relation to mandatory therapy, all (eight) participants believed personal therapy should be mandatory. She also suggests some changes in current course requirements would help ease the substantial pressure that there is on trainees at present. As Khan tells us, “To become a therapist is to take on an awesome responsibility for facing oneself” (Khan, 1991; 40) and as we can see from the research presented here, it is the unique challenges this poses to the therapeutic process of trainees that requires further exploration.

The studies reviewed have primarily reflected the experiences of psychotherapists and clinical psychologists from the United Kingdom and a smaller number studies from the USA and Canada. Very little research has been done in this area from an Irish perspective with Rothery (1992) being the only study found, although there were contributions from Trinity College Dublin to Orlinsky’s (2011) paper on “Utilization of Personal Therapy by Psychotherapists: A Practice -Friendly Review and a New Study”. The research proposed here will provide new data from an Irish perspective given the challenging views and changing protocols in the UK.

CHAPTER 3: METHODOLOGY

3.1 Introduction

This study was undertaken to examine the views of psychotherapists working with trainee psychotherapists in a therapeutic setting. The study aims to identify, examine and provide insight to therapist's perceptions of specific challenges for trainees and therapists in the therapeutic relationship and process for the trainee. This descriptive research project was designed in such a way that themes and patterns could be identified and organised and a deeper understanding could be gained of the critical factors shaping the trainee therapist's experience of personal therapy. It is hoped this study will provide new insights for psychotherapists and psychotherapy training institutions in Ireland and provoke a re-assessment of the role of personal therapy in psychotherapy training and the specific challenges of the current model.

A qualitative research method was utilised which sought to answer open-ended questions using the participants own experiences and perspectives. There was no fixed hypothesis or clear agenda, rather an exploration of a wide variety of issues in relation to emotional, psychological, financial and social impact of training therapy on the trainee and the therapist. This more exploratory strategy aims to provide richer and more detailed data-set than might be possible from traditional quantitative methods. The interpretative nature of the approach accepts that the researcher plays a central role.

“The fundamental goal of qualitative investigation is to uncover and illuminate what things mean to people” (McLeod, 2003, 73) and to this end, a semi-structured style of interview was adopted. This style of interview ensures a compromise between a structured and unstructured format. The participants in the study were given the opportunity to express verbally their views, understandings and experiences of the psychotherapeutic relationship between themselves and the trainees. They

were also able to express their perceptions and opinions of factors that may impact on the trainees psychotherapeutic process. According to Patton (2002) the main intention of an interview is to gain an understanding of the thought processes of the interviewee and to discover what is in their mind. One of the strengths of interviews in comparison to a questionnaire (which also considered) is that a rapport can be established between the interviewer and the respondent and mutual trust can be gained, something which is not always possible when using quantitative methods (Coolican, 2001). My research question determined my choice of qualitative research over quantitative as participants were not constrained by the facts and figures of quantitative study research and a qualitative approach allowed for a more in-depth understanding of human experience.

3.2 Sample/Participants

The researcher decided to interview therapists rather than trainees for this study as trainees could only provide information on one side of the experience of personal therapy. Therapists could however perceive 'unique' challenges for trainees based on their experience in providing therapy to both trainees and non trainees. As this is a qualitative study and the main focus of the analysis is on a small number of therapists (five) the notion of representativeness did not apply as it would in other studies (McLeod, 2003, p 31). However, to gain as broad an understanding of experience as possible, participants were selected from across Dublin, who worked with trainees from a variety of training institutions. This ensured that any emerging themes exist across the board and can not be attributed to the ethos of trainees from a specific training college. None of the participants were personally known to the interviewer who herself was a final year trainee at the time of the interviews. The therapists were recruited through a snowball sampling strategy (Patton, 1990). This sampling technique involves starting with one or two people and then being introduced by them "to other members of the relevant population" (McLeod, 2003, p. 30).

The purpose of the research was explained to each psychotherapist over the phone and an invitation was extended to participate in an interview. An email was sent to each of them with a brief outline of the study and a copy of the informed consent. Five therapists participated in the research study. Each participant was required to have a minimum of five years post-qualification experience and to be accredited to one of the main accrediting bodies for psychotherapy in Ireland. All participants in fact had more than five years experience. All except one participant had undergone a humanistic training, and the fifth trained initially as a family therapist and subsequently in Gestalt and Body orientated psychotherapy and works from an integrative perspective. She is accredited to the Irish Council of Psychotherapists (ICP), three are accredited to the Irish Association for Humanistic and Integrative Psychotherapy (IAHIP) and one is accredited to the Irish Association for Counsellors and Psychotherapists (IACP). All of the therapists place an emphasis on the therapist-client relationship as a vehicle for therapeutic outcome (Norcross, 2002). While therapeutic outcome was not a concern of this study, the relational aspect was considered important as the study focused on the therapists and trainee relationship. It is, however, well recognised that the quality of the therapeutic relationship is closely associated with therapeutic outcomes (Cooper, 2011, p 125). All of the therapists are approved supervisors; one is currently involved in training trainees, one was a trainer in the past and one facilitates a trainee process group so to this end they were able to bring other valuable perspectives to the trainee experiences. All of the participants were over forty-five years of age, four were female and one was male.

3.3 Method of data collection

Five semi-structured interviews were conducted following the methods of Skovholt and Ronnestad (1992) as cited by McLeod (2003, p. 74). These interviews were used to capture a rich and detailed understanding of the meanings of individual responses to specific questions. With the consent of the participants, the interviews were recorded using a dictaphone to capture the whole discussion. Each interview took approximately forty five minutes and contained a list of fifteen

formal, open-ended questions (Appendix A). The questions were based upon themes identified in the literature review. Additional questions were asked based on emerging topics during the interview. Prior to each interview a consent form was reviewed and signed by each participant (Appendix B).

3.4 Method of Data Analysis

The interviews were analysed using a thematic analysis (Braun & Clarke, 2006). This allowed for the analysis of the open-ended questions with multiple responses and enabled the reporting of patterns that emerged from the data. The verbatim transcripts of the interviews were thoroughly reviewed, read and reread to ensure a good sense of the interview and to enable an in-depth qualitative analysis of data to be completed. An inductive approach was applied in identifying, organising, categorising and coding themes as they emerged. Coding units were identified with the purpose of simplifying and focusing on particular themes and information. The themes were then systematically analysed in relation to the direct aims of the study.

3.5 Researcher Reflexivity

According to McLeod (2003) the depth of personal exploration and reflexivity that is undertaken by the researcher is a critical issue in qualitative research. The researcher's interest in this topic was two-fold. Firstly a curiosity as to how the therapeutic process would be without the insight gained from training and additional pressures from studying psychotherapy and secondly how therapists experience trainees in therapy as opposed to non-trainees and what if any differences there were.

3.6 Ethical Considerations

When inviting participants to take part in this research, each was informed as to the nature and purpose of the study and the potential length of the interview process. Confirmation was given that no specific trainee information would be requested and that participation would be anonymous. Each participant signed a consent form (Appendix B) prior to the interview, allowing the content of their interview to be used for the purpose of a research thesis. This ensured they understood what they were agreeing to before they actually agreed to it (Howitt, 2010). The consent form outlined the purpose of the study and guaranteed their anonymity. They were also advised that they could withdraw from the study at any time. Contact details were provided should the participants have had any queries. The transcriptions of each interview were coded by number and kept separately from the demographic details and all identifying features were obscured. Each participant was offered the opportunity to read the completed report.

CHAPTER 4: FINDINGS

4.1 Introduction

This chapter outlines the findings from the interviews carried out with the five therapists. The findings are arranged under various themes and sub-themes which are explored and substantiated by quotes from the therapists. Interviewees are noted as T1, T2, T3 etc and to further ensure anonymity these codes do not represent the order in which the interviews took place. The findings will now be presented as follows;

4.2 Why are you here? Why am I here?

4.2.1 Client, trainee or future therapist?

Therapists were asked how they related to trainees in therapy and responses differed somewhat. One therapist viewed the trainee as being a client and two, as clients but with a difference. T1 explained, “Primarily as a client with in the back of my mind that the therapy may be slightly different..”. Another (T4) said “it changed over the course of the therapy”. T5 stated, “...I would feel an added responsibility for trainees as they work towards being therapists themselves”. T3 viewed the trainee in therapy as a ‘trainee’,

Okay, I suppose I’m aware that they are a trainee, so that’s there, so to ignore it and just say they are a client without that, they usually have specific requirements around that....

A consistent theme emerged through the ongoing interviews revealing all of the therapists related to the trainees in therapy as ‘future therapists’.

4.2.2 Aims of trainee therapy

Four therapists felt the aim of the therapy for trainees was to ‘explore the self’ or ‘a journey of self discovery’. One therapist (T3) expressed the aim as being experiential, “sitting in the chair”. Two made reference to exploring for triggers, blocks and repressed material. Only one (T2) gave the

aim as being “to help them in living more fulfilled lives...”. When asked what they perceived the trainees understanding of the therapy to be, three out of five said ‘to explore the self’, one, ‘to explore the process’ and one stated “it was very individual”. Three also stated that for some the aim is to ‘tick a box’.

4.2.3 Motivation in therapy

Four of the participants believed trainees’ insight helped them to engage in the therapeutic process faster than would be experienced with non-trainees’. This was expressed through statements such as “an increased curiosity” (T5) and “eagerness to learn about themselves”(T2). T5’s response was typical as follows,

I suppose the trainees bring an awareness of their own process, they usually have an enthusiasm for self discovery and their own unique life experiences that brought them into the profession and this can drive their enthusiasm.

4.2.4 The Mandatory Requirement

Four therapists participated in mandatory personal therapy during their own training. One was qualified as a therapist before participating in personal therapy and one had participated in therapy prior to training and again during training. Four stated that training therapy is essential and this is reflected in what T5 said as follows;

Trainees need to become more capable of dealing with the demands of the work, to achieve a position of security within their profession and their own personal identity so as they can use their SELF in their work with their clients.

They all also acknowledged the difficulties that the mandatory element adds to the relationship and process. Three therapists believed it took longer to establish whether the trainee was really going to engage or if they were there just to fulfill the training requirement. Three also felt it took longer to develop trust and build the relationship. Three also stated that trainees start in a different place.

These sentiments are reflected by T1 as follows;

Maybe it's slightly different, so maybe it's a bit slower in some ways to get going, to form the relationship whereas a client who comes in crisis immediately comes for help for that piece...the student comes in not knowing what to expect really.

4.3 Do the training components help or hinder the therapeutic process?

4.3.1 Another layer to negotiate

All five therapists acknowledged that the relationship with a trainee was at least slightly different to that of a non-trainee and while in some instances the training motivates trainees in others it complicates the process. Three of the therapists believed the flow of the therapy was disturbed by the training elements. T3 stated

... I think it kind of gets in the way of what I consider a good flow in therapy... with a trainee there is another layer or another aspect to the work.

T5 similarly expressed

Theory and knowledge can interfere with the natural flow of the process...it is not as relaxed as with non trainees.

One therapist (T3) had done therapy before training and compared how different it felt to the training therapy as follows;

... yeah, not better, just different. It was just more optimal when it was chosen and had more of a relaxed feel to it. You didn't have to prove anything to anyone, I was going for myself, more private, whereas for trainees, it's like, well, what did you do at therapy, how's your therapy going?

4.3.2 Theory and knowledge can complicate the process

While three therapists stated that the impact is very individual, a consistent theme did emerge from four therapists in relation to resistance, defensiveness through 'intellectualisation' and trainees working at a more cognitive level. T2 claimed "...they can use it as a defense and talk about theory...they can lose the perspective on the self, and that is an important piece". T3 expressed "they can be a bit more heady". Similarly, T4 and T5 expressed how trainees can focus on the

theoretical piece to avoid feelings. T5 also stated how the theory and knowledge can bring trainees to a place too quickly “they may not be ready at an emotional level to deal with what’s coming up”.

4.3.3 Impact of experiential learning and assessments

All five therapists felt the experiential part of the training was helpful towards the trainees’ personal process in therapy. Three felt that issues were ‘triggered’ which provided rich material to work within the therapy setting. T1 said, “Yeah, it sparks off things, particularly a lot of family stuff ... and attachment...”. T2 similarly expressed that “it can accelerate their process because they are almost being forced to look at things”. It was acknowledged by two therapists that it can also complicate the process, as reflected by T3,

I think it often comes into the room, you know, what happened in process group...talking to peers, so it might accelerate things in some way as opposed to someone who wasn’t involved in training. In more cases than not it can complicate the process.

All five therapists reported that assessments put the therapeutic process under significant pressure. Statements were made such as “...that whole idea of ‘I need to be making progress...’”(T2) and similarly, “...the timeframe...it’s the expectation of where you should be at for the different assessments...”(T5).

It becomes a time issue and you know, ironically, it’s against all of the accreditation principles of humanistic psychotherapy, you know, proving and progress, process and getting to a particular place, shifting, we need to work on this issue, you know all that kind of stuff. (T3).

4.4 Other pressures on trainees’ individual process

4.4.1 Emotionally normal trainees...

Three of the therapists felt therapy may be more challenging for the ‘emotionally normal trainee’. T1 however stated, “I think it’s bullshit! I would absolutely think this is ridiculous” but also stated in relation to a different question that “trainees don’t expect to become emotionally involved in the process, they expect some abstract process”. However, three therapists felt it was harder for

trainees as they start in a different place and are initially confused by the process. This was reflected by (T5) who said;

I suppose, if they don't come with specific issues, there is the opportunity to eh, learn about their thoughts, feelings and behaviors and belief systems...with all of that they are going to have feelings and become a little less stable {laugh}...emotionally abnormal {laugh}.

4.4.2 Support or burden for trainee

Four therapists believed therapy to be both 'supportive' and 'stressful' for trainees while one referred to it only in stressful terms. Four therapists stressed the burden in terms of the financial cost, time and other stresses from the training as reflected in the following statement:

Yes, that is one thing that I see as very difficult for students, the amount of hours, a lot of them are working, fitting in supervision, client hours, personal therapy and group process. It's incredibly intense. I certainly see students as very burdened...just reeling from one thing to the next. (T4)

4.4.3 Are trainees harder on themselves than other clients?

Four of the therapists talked about the pressure trainees put themselves under to "be seen to be getting it right" (T5) and "to be seen to be progressing" (T2). T4 and T5 referred to how trainees compare themselves to other trainees and this can result in added pressure. T5 referred to her own experience in therapy as follows, "Yes, I put myself under pressure. In the group where everyone was at different levels, you would have questioned the level you were at". T3 claimed, "Trainees are definitely harder on themselves, in an unhelpful way to the process."

4.5 Other pressures on therapists working with trainees.

4.5.1 Pressure to model and under scrutiny

Four therapists expressed the notion of 'modeling' as a difference in working with trainees. T1 said, "I think the trainees monitor the therapist and there is a certain amount of modeling taking place". Similarly, T2 claimed, "One of the things I suppose trainees do is look at the therapist as a role model to see how they are in the chair with a client. This can be a pressure." T3 said, I've had

students say to me that they hope they can be like me as a therapist”. T4 spoke about the responsibility and said, “It's important to be a good role model for the students and I suppose I would feel that as an added responsibility”.

Two therapists expressed how they felt under scrutiny by the trainees. T5 stated simply “I feel the therapist is under scrutiny” and T3 said, “...Yeah, being judged, how are they going to perceive my style, Am I good enough”?

4.5.2 Therapists' responsibility for the profession

Four of the therapists alluded to the increased responsibility they feel towards trainees as they are future therapists. This was reflected in statements such as “I’m a gatekeeper for the profession” (T1) and similarly, “I feel an added responsibility for trainees as they are working towards being therapists themselves” (T5). T3 wondered “...are they going to be good for the profession”?

Three of the therapists made reference to the challenge of having nowhere to bring concerns regarding trainees that they feel may not be suitable for the profession. T2 and T5 spoke about trainees who switch therapists and manage to clock up hours without ever really doing the work. T5 said, “Well it’s challenging and a big responsibility I suppose. But, the biggest one I find is, that because of confidentiality there is nowhere to go with your concerns.”

4.5.3 What experience should therapists ideally have to work with trainees?

Three therapists felt a minimum of three years’ post-qualification experience was necessary before a therapist should provide therapy to a trainee. Three declared a need for the therapist to be grounded in themselves, and T4 claimed, “I wouldn’t go to a therapist myself as a trainee unless they had at least ten years’ experience, you know. That would be my cut-off”.

CHAPTER 5: DISCUSSION

This research has explored therapists' perception of the impact of psychotherapy training on the therapeutic relationship and process of trainees in mandatory therapy and provides insight and awareness into this unique relationship. The thematic analysis revealed a number of elements that address the objectives of this research and reflect what is currently in the literature and understudied on this topic. The first theme to be explored was the therapists' perception of the therapeutic relationship with trainees. Secondly, consideration was given to the aims of the therapy in light of the ambiguity that emerged in relation to this. Thirdly, the impact of the training components on the psychotherapy process were reviewed and the final significant theme to emerge was in relation to issues for the therapist in providing therapy to trainees. All of these will now be discussed in relation to the findings and the available literature.

5.1 A therapeutic relationship with a difference

The first objective of this study was to explore therapists' perception of how psychotherapy training impacts on the therapeutic relationship between therapists and trainees. The findings provide strong evidence suggesting an essential difference between the therapeutic relationship with trainees and non-trainee clients. In general terms this was expressed as the flow of therapy being different or as another layer to be negotiated in the relationship. These findings support the earlier findings of Grimmer and Tribe (2001) and Jacobs (2011). The results of this study show both positive and negative impacts on the therapeutic relationship in relation to trainee motivation and engagement and to the additional pressures the training puts on the relationship and process. One difference was reflected in how the theory and knowledge acquired and the mandatory element of the therapy can cause trainees to use intellectualisation as a defense mechanism which adds another challenge to the process and relationship. The experiential nature of the training was reported to motivate trainees through triggering issues, however, it was also found to increase the pressure trainees put on

themselves as they compare themselves to peers in training. Pressure in therapy was also noted in relation to training assessments. One therapist described this as "it's like another element to the relationship that isn't there with non-trainee clients"(T3). The therapists all commented on the intensity of psychotherapy training in relation to the demands on the trainee such as, the need to fulfill requirements in relation to hours for therapy, supervision and client work and assignments on top of working, attending college and the normal demands of daily living. The therapists felt that trainees were generally more stressed than non trainees.

5.2 The aims of training therapy

The data from this study overall, strongly supports the belief that while personal therapy for trainees is different, it is 'essential' prior to working with clients. The therapists all spoke of the necessity to become aware of personal vulnerabilities, to feel more secure in the self and in the work of the therapist and to be able to deal with the demands of the work. These findings support the similar findings in the research of Bellows (2007); Daw and Joseph (2007); Freud (1912); Grimmer and Tribe (2001); King (2010); Murphy (2005); Norcross (2005); Otezia (2010); Orlinsky (2011); Rothery (1992); Von Haenisch (2011). The data from these studies, however, are all concerned with the outcome for future clients and do not consider the therapeutic outcome for the trainee themselves and the finding in this study would support this weakness in the literature.

It is clear from this study that therapists relate in a very individual manner to trainees over the course of the therapy - as clients, trainees and as both. However, it is also evident from the data in general that all of the therapists relate to trainees as 'future therapists'. There is also strong evidence in the data showing the aim of the therapy as being "to explore the self" (consistent with Rogers (1961) idea of "self-actualisation"). This, however, is indirectly related by the therapists to the 'self' as a 'future therapist'. This finding would support the literature in relation to the ambiguity around the aim of the therapy for trainees (Jacobs 2011; Mearns and Throne 2007;

Norcross 2005). Is the aim educational rather than a therapeutic aim of “change and healing” (Rogers 1997, p. 38) or can it be both as proposed by Weissman and Scheffler, 2001)? If the aim of the therapy is not clear, consideration has to be given to what happens in “the in-betweenness- the space” between the client and therapist (Krug, 2009)? The data from this study shows that some of what happens in this space is that additional pressure is put on trainees as reflected in the following therapist statements: “I’d be more driven, really wanting them to work through an issue...” (T3); “I might challenge a little sooner...” (T1) and “...there is usually a need to take more risks with trainees...” (T5). This indirectly supports the findings in Jacobs (2011) literature review, to make the trainee “suffer” (Nielsen, 1954, p 247). This approach strongly contradicts Yalom's belief that “...self-actualisation ...can never be attained via deliberate, self-conscious pursuit” (Yalom, 1970, p. 15).

The data from this research also revealed that many trainees present in the belief that they have ‘no issues’ which supports the findings of Barnett (2007). The data also reveals that trainees can be taken by surprise by what comes up in therapy, that they are often confused and can ‘become a little less stable’ which supports the findings of Rakea and Paley (2009). The findings in relation to the aim of the therapy would support the work of Legg and Donati (2006) who emphasise the importance of clear aims for trainees so that trainees can approach their therapy with realistic expectations and a positive attitude. While Moller (2009) found the trainees in her study focused as much on the professional and training role of the therapy as on the personal development role, this study, revealed that the therapists put more emphasis on the professional and training role (future therapists) than on the personal role. However, it has to be acknowledged that the questions in this study mostly related to the therapy in relation to the training hence this may have contributed some bias in the responses. Such a finding would nonetheless imply that therapists also need to be clear on the aims of the therapy and definitive guidance from the training institutions and accrediting bodies would be useful. The ambivalence around the therapeutic outcome for the trainee is a

significant finding of this study which directly relates to the ambivalence around aims of the training therapy. This finding is consistent with the previous findings of Jacobs, 2011, Mearns and Thorne, 2007; Norcross, 2005). Consideration may need to be given to a possible period of pre-training therapy to work on the ‘self’ in relation to the ‘self’ (therapeutic and healing) and training therapy to work on the ‘self’ in relation to being a future therapist (educational), however further research would need to be done to confirm such a need.

5.3 How the training components impact on personal therapy?

The data from this study demonstrates both positive and negative impacts on trainees’ personal therapy as a result of the theory and knowledge and experiential elements (including assessments and mandatory therapy) of the training in which they are participating. While it is clear from the data that the training can have a strong motivational component for the personal therapy process, it is also apparent that it can complicate that process. All of the therapists interviewed spoke of the trainees being more eager and curious to learn about themselves which helped them to engage in the process more quickly. Therapists also perceived trainees as finding value in the process of personal therapy as a means of linking up theoretical knowledge from their training with the actual experience of being a client and indeed this was the personal experience of most of the therapists while participating in their own training therapy. This finding supports the work of Rakea and Paley (2009).

The data in the literature is, however, lacking in relation to the specific impact the theory and knowledge and the experiential elements of the training have on the trainees’ process and the therapeutic relationship. Perhaps future qualitative research could explore this further. There is data, however, showing how personal therapy can have negative implications for course participation, as discussed by Thorne and Dryden (1991). Negative outcomes of both a personal

nature and in terms of training were also reported by Macaskill and Mackaskill (1992) and Williams, Coyle and Lyons (1999).

The data from this study would support the findings of Moller (2009) in that personal therapy was supportive as the training itself can be unsettling for trainees. One of Moller's participants described how training can 'crumble' a trainee's personal structure and another who commented on how training can bring potentially life-changing issues or old traumas to the surface. Such experiences were also expressed by the therapists in this study in relation to issues that got triggered by the theory and knowledge and the experiential nature of the training. There was strong evidence particularly in relation to the pressures trainees put themselves under around assessments and comparing themselves to the progress they perceive other trainees to be making. Most therapists deemed personal therapy to be supportive of trainees' when such issues are triggered.

The findings in this study strongly support the literature in relation to the significant negative impact on the therapeutic relationship and process of trainees as a result of the mandatory requirement for therapy. The impacts were most seen in relation to developing trust, developing the relationship, increased resistance and use of intellectualisation as a coping mechanism and a general negative impact on the effectiveness of the therapy. These findings support the work of Kumari (2009); McLeod (1993); Rakea and Paley (2009) and Thorne and Dryden (1991). The findings of a 'tick box' mentality with some trainees supports the findings of Cabanas and Bosworth (2006) in relation to personal therapy sometimes being a rite of passage, something that is done because it must be done. The removal of choice and the voluntary aspect of participating in therapy was also raised as a concern "therapy is better entered into voluntarily, you know, then, you know, that there is a desire to self-discover" (T5).

The findings of this study were also significant regarding the additional stress the mandatory element puts on the trainee in relation to fulfilling the necessary requirements for hours, the financial burden and the issue of pressure on time. The demands on the trainees' time were revealed as a significant factor in relation to the course requirements, essay writing, assignments, group work, therapy hours, client hours and supervision hours. These findings are similar to the findings presented by Grimmer and Tribe (2001); Kumari (2009); Macskill (1988) Orlinsky (2011); Rizq and Target (2007/2008) and Skovholt and Ronnestdat (2003); and Von Haenisch (2011). This study also revealed that such time pressures can work against trainees in therapy as they have little time to process what comes up in therapy as they are "just reeling from one thing to the next" (T4).

5.4 Issues for the therapist providing therapy to trainees

The data from this study strongly supports the data in the literature in relation to the additional pressures on the therapist providing therapy to trainees. The main issues that were revealed in the data were in relation to personal dilemmas for the therapists around 'pressure to model', 'being under scrutiny' and 'increased responsibility' and such findings support the work of King, 2010, Grimmer and Tribe 2001. These issues posed significant challenges for some of the therapists interviewed and indeed one said "that's the problem with taking trainees on, you couldn't have too many at one time" (T5). If we consider these dilemmas in relation to the importance of the therapeutic relationship and alliance as illustrated by Khan 2001 and Taber 2011, we can again see the unique challenges to the therapeutic relationship and process for the trainee and therapist. King also found issues in relation to professional dilemmas for the therapist such as the mandatory requirement of the therapy for trainees (resistance and defensiveness) boundaries (particularly if the therapist also had a role within the training organisation) and ethics (in relation to confidentiality and fitness of trainee to practice). All of these issues were also raised by therapists in this study. Fitness to practice was of particular concern and the fact that there was nowhere to bring such concerns. Two therapists raised the issue of trainees switching therapists and fulfilling their

obligation for doing the required number of hours without ever doing the work. This echoes some of the issues raised by Jacobs (2011) in relation to how do training institutes really know if the personal therapy for trainees is effective or not as all they are provided with is the duration and frequency of the therapy. Indeed how do they know if the therapist providing the training is effective?

King's (2010) study recommended that therapists should have a minimum of three years experience before working with trainees and this recommendation was supported by four of the five therapists interviewed in this study while the fifth said she herself would not go to a therapist unless they had at least ten years' experience.

5.5 Limitations

As a qualitative study with a small sample of five participants, interpretation of the findings and generalisation to a larger group can only be tentative. The therapists who participated were aware that they were being interviewed by a trainee in her final year of a BA (Hons) in psychotherapy who herself was participating in mandatory therapy. It is therefore possible that this knowledge may have biased responses. It is also worth noting that after the formal interviews were completed and the dictaphone was switched off, the researcher then gave more background information into her personal motivations for doing this research and some of the interviewees then provided some responses that showed a deeper understanding of some of the issues that emerged in the semi-structured interviews. This data was not included, however, as it was felt it had been biased by the researcher. Further research may address this by providing more focused questions. Another limitation to this study is possibly the researcher's lack of experience in doing research alongside the many and varied demands of a final year psychotherapy training as reflected in the findings.

CHAPTER 6: CONCLUSION

This paper offers an insight into therapists experience of providing therapy to psychotherapy trainees. The themes and theme clusters were not completely separate or independent which reflected the integrated, interconnected way in which participants organised their thoughts, feelings and experiences. The findings show trainees and therapists experience specific challenges in the therapy that emanate from the training. Such challenges include the mandatory aspect of the therapy, pressure to progress in therapy and the challenge of integrating theory and knowledge and the experiential aspects of the training. The therapist has specific challenges in relation to pressure to model, being under scrutiny and increased responsibility for future therapists. Participants agreed on key themes in relation to these issues such as the training components both motivating and complicating the therapeutic process of trainees, the extra burden that the therapy itself can be and how the flow of the relationship is different to that of the relationship of non trainees. Other issues that emerged and may require further exploration are as follows; the aims of the training therapy (personal or educational); therapeutic outcomes for trainees (wounded healers) as opposed to future clients and a better understanding of how the theory knowledge and experiential nature of the training impact on the therapeutic relationship and process. All of these factors play a role in the trainee therapist interactions and relationship more insight will support and maximise the personal therapeutic efficacy and overall training experience for trainees as they navigate their way through the dual process of personal therapy and psychotherapy training.

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APPENDICIES

Appendix A

Interview Consent Form

TITLE: A THERAPEUTIC PROCESS WITH A DIFFERENCE? AN EXPLORATION OF THE UNIQUE CHALLENGES TO THE PSYCHOTHERAPEUTIC PROCESS OF TRAINEES IN MANDATORY THERAPY, AS PERCEIVED BY THE THERAPIST.

This study intends to explore the experiences of counsellors and psychotherapists who provide personal therapy to trainee psychotherapists. This is part of my final year research project (BA Counselling and Psychotherapy) in Dublin Business School and is supervised by Mary Bartley.

The process involves a recorded interview which should take approximately 30 minutes. The questions relate to your experiences, views and perceptions on the possible unique challenges in providing personal therapy to trainee therapists.

You will not be identified in the results or in any part of the finished project, and all answers given will be kept anonymous. Under data protection the author is required to keep the transcripts from the interviews for a period of 5 years and they will be stored in a secure location during this time.

Participation in this study is completely voluntary, and you may stop the interview at any time, or withdraw your participation.

The purpose and process of this study has been explained to me, and I agree to Participate.

Participant's Signature: _____ Date: _____

Participant's Name in print: _____

Should you require any further information about the research, please contact Barbara Foley at bfoylemail@eircom.net, or 087 621 4063.

Appendix B

Questions for Therapists

- 1 How do you relate to trainees in therapy, as trainees or as clients or does this vary?
- 2 Do you experience trainees as bringing unique elements to their therapeutic relationship and process and if so please elaborate.
- 3 Do you find the insight trainees have into the therapeutic relationship from the theory and knowledge they acquire in training changes their therapeutic relationship in any way, and if so please elaborate?
- 4 How do you perceive the trainees process differs from non trainees, if at all?
- 5 How do you perceive the mandatory element of the therapy impacts on the trainees process and the therapeutic relationship, if at all?
- 6 Do you find trainees bring theoretical issues in relation to themselves or in general to their therapy and does this impact on their processing/integrating?
- 7 Do you perceive the experiential nature of the psychotherapeutic training (group process, role playing, etc) as influencing the trainees therapeutic process in any way?
- 8 Do you perceive the assessments processes (in the training institutes) for professional suitability influence trainees therapeutic process in any way?
- 9 Some are of the opinion (Rake and Paley, 2009) that, personal therapy is much more difficult and less effective for emotionally normal trainees how do you experience this in working with trainees?
- 10 Do you find any specific dilemmas in providing therapy to trainees?
- 11 What do you understand to be the aim of therapy for counseling/psychotherapy trainees?
- 12 What do you understand the trainees expectations/aims are for the therapy?
- 13 Grimmer (2005:280) wrote “it is a sad irony that personal therapy... can become a significant emotional burden for the trainee” . Do you perceive personal therapy as supportive towards trainees or does it cause additional stress?
- 14 Can you reflect on your personal experience as a trainee in therapy and comment on any of the issues raised that may be relevant?
- 15 King (2010) recommended that therapists have at least three years post qualification experience before working with trainees. What is your opinion?