

DUBLIN BUSINESS SCHOOL

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“WE ARE ALL OBJECT SEEKING”

PRIMARY MOTIVATIONS OF TRAINEE PSYCHOTHERAPISTS

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

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25TH APRIL 2014

“Our wounds are often the openings into the best and most beautiful part of us.”

— David Richo

TABLE OF CONTENTS

ACKNOWLEDGEMENTS.....	5
ABSTRACT.....	6
CHAPTER 1: INTRODUCTION.....	7
1.1 Background.....	7
1.2 Aims and Objectives.....	8
CHAPTER 2: BACKGROUND.....	9
2.1 Introduction.....	9
2.2 The Wish to Feel Real.....	9
2.3 Family Background.....	9
2.4 The Wounded Healer.....	12
2.5 The Wish to Help Others.....	17
2.6 Conclusion.....	18
CHAPTER 3: METHODOLOGY.....	19
3.1 Research Strategy and Design.....	19
3.2 Analysis.....	20
3.3 Sample.....	20
3.4 Procedure.....	21
3.5 Ethical Considerations.....	21
CHAPTER 4: FINDINGS.....	23
4.1 Introduction.....	23
4.2 Master Themes.....	23
4.2.1 The Desire for Authenticity.....	23
4.2.2 The Fantasy of the Helping Relationship.....	24

4.2.3	The Motivation to Continue Training.....	25
4.2.4	The Wounded Healer.....	26
4.2.5	Personal Therapy.....	29
CHAPTER 5:	DISCUSSION.....	31
5.1	Introduction.....	31
5.2	The Desire For Authenticity.....	31
5.3	The Fantasy of the Helping Relationship.....	32
5.4	The Motivation to Continue Training.....	33
5.5	The Wounded Healer.....	33
5.6	Personal Therapy.....	35
5.7	Strengths and Limitations.....	36
5.8	Recommendations for Further Research.....	36
5.9	Conclusion.....	37
	REFERENCES.....	38
	APPENDIX 1: INTERVIEW QUESTIONS	41
	APPENDIX 2: INTERVIEW CONSENT FORM	42

ACKNOWLEDGMENTS

I would like to sincerely thank my supervisor Siobáin O'Donnell for her support throughout this entire process. Your patience and attention to detail were invaluable to me.

Niamh, my rock, what would I do without you? Thank you for always being there for me.

Colin, I thank you for your words of encouragement.

To my parents, Carmel and PJ, without whom, none of this would be possible. No words could express my gratitude for your love and support throughout the years.

To my girls: Laura, Lia, Leanne and Doireann for putting up with the tears and the tantrums.

To Alan, thank you for keeping me sane.

Last but not least, I would also like to express my extreme gratitude to all of the participants who took part in this research study. Their open and honest experiences allowed me to explore this research topic.

ABSTRACT

The purpose of this research was to explore the primary motivations of trainee psychotherapists. Firstly, this study explored the initial motivation to train as a psychotherapist. Secondly, it investigated whether the initial motivation to train was subject to change over the course of time. Finally, the study sought to acquire an insight into the impact of training on the individual. A qualitative design was chosen as a methodology because this method aided the investigation of the meaning found by those who chose to train as a psychotherapist and how this meaning changed over the course of training. Particular attention was paid to the participants' experiences and feelings about the archetype of the wounded healer, family background, the desire to help others and personal therapy. The sample utilised consisted of three female participants who were in their final year of a post graduate psychotherapy qualification with the same training institution. Data was gathered using semi-structured interviews and this method was consistent with existing research design. The interviews were transcribed and interpretative phenomenological analysis was applied as a method to explore in detail how the participants were making sense of their decision to enter training and how, or if, this had changed over time. This type of analysis attempts to explore personal experience and is concentrated upon the individual's personal account and experience of an object or event. In general, the findings of this research were reflective of the existing literature. The idea of the wounded healer was accepted and understood to be a significant motivation to train. Personal therapy was considered an essential element of training. A recommendation was made to compare the findings of this study to the experience of a participant who attended a course where the personal therapy element of training was not mandatory.

CHAPTER 1: INTRODUCTION

1.1 Background

When Freud (1914-1916) first founded psychotherapy, the psychoanalyst was in a position of power and knowledge in the therapeutic relationship. The patient went to the psychoanalyst in order to be cured of their mental illness or distress. Over the years, the theory and position of the therapist has changed, where a more equal and co-created relationship is understood to exist between therapist and client. The therapist can learn equally as much from the client as the client can learn from the therapist (Casement, 1985).

According to O'Morain (2012), Ireland has experienced rapid growth in the number of psychotherapists over the past thirty years. The Irish public's attitude towards psychotherapy has changed too. While no national statistics exist on the number of psychotherapists practising in Ireland, a submission by The Psychological Therapies Forum (2008) gave a combined total membership of over five thousand therapists to self regulatory bodies. This figure does not include therapists who are not accredited to a particular body. These figures illustrate the shift which has occurred in Irish culture in relation to the current social acceptance of psychotherapy for both the therapist and the client. Where in the past, members of a community would look to their local priest for psychological help in times of distress, there now exists a desire to seek help from a professionally trained psychotherapist. In response to this demand there has been a surge in numbers of those who chose to enter psychotherapy training and in the number of new training institutions which have become established.

There exists a fascinating body of research, regarding the reasons why one would choose to train as a psychotherapist. The idea of the “wounded healer” (Miller, 1997) is echoed in much of the research available historically on the subject. Hammon (2001) addresses the “five wounds” which therapists may be attempting to heal, either consciously or unconsciously, by entering into a career in psychotherapy. These he lists as follows: The Capacity to Believe; The Capacity to Imagine; The Capacity for Concern; The Capacity to be Alone; and The Capacity of Object Usage. Maeder (1989) has suggested that therapists attempt to fill their own inner emotional void via their work. They seek personal validation and emotional intimacy via their therapeutic interaction with clients. Sussman (1992) conducted a series of semi-structured interviews with psychotherapists that provided a number of motivations, including the wish to feel affirmed by others and the desire to feel intimately connected to others.

1.2 Aims and Objectives

The aim of this study is firstly to seek a better understanding of the following; what motivates the individual to train as a psychotherapist? Secondly this study seeks to ascertain; how does this motivation change over the course of training? What is the impact of training on the individual?

In attempting to answer these questions, this study will explore the archetype of the wounded healer (Miller, 1997), the impact of training over time and the meaning found in psychotherapeutic work. It is intended to do this by exploring, with participants, any challenges they encountered in training and how this compared to their expectations prior to commencing training.

CHAPTER 2: BACKGROUND

2.1 Introduction

The literature review utilised in this study focuses, to a large extent, on a body of work which exists surrounding the archetype of the wounded healer. This archetype refers to healing power, which manifests itself in the healers own wounds and in the extent to which they have understood their own recovery process (Zerubavel & Wright 2012). These wounds can facilitate empathy with the client, where the counter transference is used appropriately as a tool by the therapist in furthering the client's recovery (Gelso & Hayes, 2007).

2.2 The Wish to Feel Real

One motivation identified, for those who choose to train as a psychotherapist, is the therapist's wish to feel real. Winnicott (1967) found a relationship between emotional well-being and a sense of feeling real. This sense of feeling real, he stated, came about through awareness of danger, of feeling unreal, or of a false self. The realness Winnicott (1967) talks about is closely related to mindfulness and to becoming aware of the desires and fears that lie in the unconscious. The decision to embark on a career in psychotherapy offers the opportunity, not only to feel real, but also to feel alive, creative, spontaneous and playful. It is important to note that if the trainee therapist does not achieve these milestones, then the sense of feeling real and indeed the five wounds which Hammon (2001) describes, will not be satisfied. This study intended to address this concept. It was a significant motivating factor in choosing this topic and in the questions it intended to address.

2.3 Family Background

Henry, Sims and Spray (1971, 1973) suggested that mothers of future therapists are typically loving, but also either overprotective or dominantly aggressive. Roe and Lunneborg (1990) indicated that those who work a caring profession, such as psychotherapy, tend to come from overprotective parents. Maeder (1989) hypothesised that therapists are attracted to the position of authority, the dependence of the client upon them and the hope of healing themselves through healing others.

According to a paper published in 2005 by Farber, Manevich, Metzger and Saypol, there is a consistent yet speculative theme in clinical literature on this topic. Its contention is that a large number of therapists felt isolated, sad, hurt or alone in their childhood and chose a career in psychotherapy as a means to fulfil emotional voids experienced in childhood.

Miller (1997) states that therapists are often found to have come from stressful home environments, where their emotional needs were not being fulfilled. Miller makes specific reference to future therapists who, she states, typically have narcissistic mothers and therefore have mastered the art of reading the signals of others in order to stay connected emotionally.

Sussman (1992) also linked therapist's choice of profession to narcissistic needs. The therapist gains psychical fulfilment when clients put them on a pedestal, in a position of power, and idolises them.

According to Barnett (2007), those who apply for training often present as resilient or with no problems of significance, yet over the course of training, early or past traumas tend to manifest themselves. Nine interviews with therapists, carried out by Barnett (2007), identified themes of early loss, deprivation and narcissistic needs. Each of the nine interviewees had experienced some type of loss before they reached twenty years of age. The interviewer

found that absent fathers had led to the loss of an emotionally present mother due, in most cases, to depression. These findings contrast significantly to a study carried out by Norcross and Guy in 1989, where fathers were found to play an active role in the lives of, and have a positive influence on, the therapists involved in that particular piece of research. Four of the therapists interviewed by Barnett (2007) had experienced feelings of abandonment and rejection due to either attending boarding school or not living at home during school. Interestingly, the interviewees in this study had experienced a loss of intimacy, in that they felt there was no one available to listen to them, or in whom they could trust.

In a study by Rizq and Target (2010), adult attachment interviews (AAI) and personal therapy interviews were carried out on twelve trainee therapists. The results showed that half of the interviewees had insecure feelings with regard to attachment and that most of those who took part in the study had taken on a care-giving role to a physically or mentally ill and in some cases abusive, family member from an early age. Two participants in the study were found to have earned secure attachment and scored highly in their reflective functioning. This indicated their ability to reflect on and work through difficult childhood experiences, such as care-giving roles. Those with insecure attachments scored markedly lower in their reflective functioning, suggesting that these participants struggled more with power roles within the therapeutic relationship. These participants spoke of feelings of powerlessness during their childhood and experienced difficulties in relation to trust and conflict in their personal therapy during training.

Richard (2012) states her belief that she chose a career in psychotherapy in order to heal herself and to give to others the emotional contact which was missing from her own life. Her work is driven by a desire to understand, be understood and to engage with others at a deep

emotional level. She describes the journey of growth as a difficult and lengthy one, for both therapist and client, in which trauma is repeated and played out. She emphasises the need for both failures and successes to occur within the therapeutic work, in order for this growth to take place. Thus, the desire and opportunity to heal one self can be used as a driving force to help the therapist through periods of difficulty, particularly when they feel stuck and hopeless in their work with a client.

2.4 The Wounded Healer

Hammon (2001) describes five wounds, calling them developmental arrests, which therapists may be attempting to address, either consciously or unconsciously, by choosing a career in psychotherapy. These developmental wounds are discussed in terms of capacities, which were created in early life. Hammon's paper draws heavily on the work of D.W. Winnicott. The Capacity to Believe refers to the therapist's ability, or lack of ability, to deal with the unknown. The therapist's role demands the ability to tolerate uncertainty and indeed paradox. Ultimately this refers to the therapist's belief in the power of the therapeutic process. The Capacity to Imagine refers to the therapist's ability to use their imagination in order to see and hear beyond what is being presented to them by the client. These imaginative capacities appear first in early infancy. Within the creative world of the imagination, lies the capacity for healing for both therapists and client. In early life, the infant must learn to distinguish themselves from the other. In doing so, the infant then gains the capacity for concern; and the realisation that it is possible to love and hate the same person. Hammon (2001) contends that a lot of therapists choose a career in psychotherapy in an attempt to achieve the capacity for concern, where the therapist has experienced the ruthlessness and hate of a parental figure in their own childhood.

The Capacity to be Alone refers to the therapist's ability to be alone within the therapeutic relationship. Clients will often project their feelings, for example feelings of anger or sadness, onto the therapist. It is the therapist's capacity to be alone in this experience which will determine how well they engage with their client and the therapeutic process.

The Capacity of Object Usage refers to the developmental stage one reaches when one's relationships with the object world are no longer controlled or influenced by projections. Psychotherapy training allows for further growth in understanding one's own splitting, projection and projective identification.

Mander (2004) emphasises the need to look for "the helper in the patient" and "the patient in the helper" when interviewing applicants. The author suggests that there are some similarities between the initial assessment of a client entering psychotherapy and the interview for a candidate wishing to enter psychotherapy training. In both situations there is an individual who wishes to engage with a process which involves education and transformation of the self. The client is at a point where difficult emotions and feelings are preventing them from functioning normally and which they require assistance to deal with. The candidate is driven by a wish to help the client cope with these difficult emotions and feelings by providing a space where they can be processed. The client must demonstrate an ability to engage with the therapist and enter into a therapeutic relationship which will encourage self reflection and better ways to cope with overwhelming feelings. The candidate must demonstrate the ability to reflect on themselves and their capacity for empathy, both of which would come from their own traumatic life experiences. The candidate's capacity for empathy with the client is limited to the degree to which they have reflected on their own experience of what the client is currently going through. A common motive for those entering psychotherapy training is to give to their clients that which they, or their caregiver, did not give them. The desire to help

others can often come from an unconscious desire to revisit with another a loss or lack from early childhood, which resonates with the therapist (Mander, 2004). According to Casement (1985), the therapist will find echoes of, and differing aspects to, their own history, from the history of their client, which thus allows for a great deal of learning from the patient.

A quantitative study carried out by Orlinsky and Ronnestad in 2005 showed that most therapists in the sample were aware of the link between their choice of career in psychotherapy and their own experience of personal distress. The idea of the wounded healer suggests that by experiencing personal struggles, the therapist becomes more psychologically aware and therefore can have a better understanding of their client's struggles.

According to Norcross and Farber (2005) the motives to train are not always conscious to the candidate. The notion of helping people is examined from a deeper perspective in this piece of work. It suggests that there must be something to gain in the process of helping others and that here, unconscious motives could be found. It is suggested that in healing others, the therapists use the therapeutic alliance to also heal themselves. Their choice of career allows for a particularly special relationship, which is more intimate than some other caring professions, and which allows for a dual healing process to occur. Psychotherapists are often criticised for being too concerned with pathology as opposed to health. However, in the author's experience, there are only a small number of practitioners who are preoccupied with their own difficulties to the extent that it is to the detriment of their clients. Indeed the therapist's belief in the healing power of the therapeutic relationship may encourage the client to mirror the therapist's experience. This type of interaction can only hinder the therapeutic relationship if the therapist expects the client to match the pace of, and level of dedication to, their own healing experience (Norcross & Farber, 2005).

Stone (2008) states that traditionally, there is an emphasis on creating and holding professional boundaries between therapist and client as opposed to allowing for a dual suffering to occur in the work. Stone (2008) notes that the idea that love and compassion within the therapeutic space, can change the therapist as much as the client, has existed historically for many years. The vulnerabilities that will emerge, as a result of the wound in the healer, allow for the activation of healing in the client and indeed again in the therapist. The power of this type of engagement, both positive and negative, is recognised by the therapist. This paper alludes to a belief held by alternative healers that love is a vessel through which healing energy can be channelled from a universal source, through the healer to the client.

MacCulloch and Shattell (2009) describe an experience of entering training without any awareness or insight into the existence of woundedness. On reflection, the motivation to train is suggested as recognition that there is some part of one which requires healing, and directs one towards a profession in which this healing could take place. This profession offered a hope that this deep internal struggle could somehow be supported and understood. The training included an element of personal work in which it was accepted that the trainee would have personal struggles to work through. Thus there appears to be a conscious or unconscious calling for some who are wounded towards a caring profession, where there is the opportunity to experience a feeling of well-being and spiritual fulfilment. Working with others psychopathologies leads one to a greater insight into one's own psychopathologies and to the opportunity to experience another's journey of recovery. There is an onus on the practitioner to attend to any possible wounds and to work through those wounds to a

sufficient level, in order for their experience to benefit, rather than hinder, the work with their clients.

Weingarten (2010) concluded that therapists who have experienced trauma in their own lives have many skills to offer the client who has experienced trauma and also that the therapist has much to learn from the client. However, it is a long process and requires both parties to be brave and patient with the difficulties they encounter along the way. She states that if both therapist and client can tolerate this exceptionally painful, yet wonderfully precious process, they will learn that this pain too shall change and pass. She describes how as a therapist “I offer what I have wanted to have offered to me” in relation to her own experiences of trauma. This “offering” relates to the benefits of her own self-reflection, creating a safe and comfortable space and room for the client to flourish. She calls this practice “reasonable hope” and describes it as a style of therapy which is focussed on exploring what is happening in the present, rather than attempting to achieve future goals.

Zerubavel and Wright (2012) have stated that there is an inconsistent response from psychologists in relation to wounded healers. This in turn has an impact on the wounded healer’s decision on whether to disclose their trauma or not. It is proposed in this paper, that judgements around the impact of the healers woundedness can differ, taking into account the following: firstly, the features of the trauma and any social taboos associated with the type of trauma, and secondly; the degree to which the individual has worked through and resolved their trauma. This is a vital element in the understanding of the vastly different responses to wounded healers by psychologists. The metaphor of a physical scar is used to denote the degree to which the wounded healer has resolved or worked through their trauma. The scar, therefore, can be seen as the impact the trauma has left upon the individual. This would

include how they deal with feeling traumatised and cope with anxiety. It would also include their response to being emotionally evoked and how they wear their emotional difficulties physically. The metaphor of the physical wound is used to describe how one would treat and care for the wound. This would involve regular cleaning, check-ups and the protection of the wound from infection, yet also giving the wound enough exposure in order to heal fully. The trauma can be characterised by the nature, severity and time span of the trauma. It is suggested that the social stigma attached to the type of trauma the individual has experienced will also have an impact on the level of difficulty encountered upon disclosure, as well as the response received from their colleagues. It is noted that while professional colleagues may not share the view associated with the social stigma attached to the particular trauma of their client, they may well share this view in relation to the wounded healer (Zerubavel and Wright, 2012).

2.5 The Wish to Help Others

A study by Henry, Sims and Spray (1971) showed that the most common motivations to work in a caring profession were the desire to help and understand people, and through this, the desire to help and understand oneself. In a study among psychologists, the highest rated source of career satisfaction was found to be in the promoting of growth in clients by Stevanovic and Rupert in 2004.

According to Farber et al. (2005), studies in this area have produced a common theme; that therapists obtain most satisfaction from the feeling that they are making a difference, and can be of help to their clients. Farber et al. (2005) cites Burton (1972) who describes how the founder of person-centred therapy, Carl Rogers, expressed his desire to have an impact and for his work to count. Another attraction to a career in psychotherapy is the freedom to be as

authentic and real in the relationship as possible. Unlike other jobs, where a particular image must be maintained, the work of the therapist encourages the real self to be present with the client. This creates a relationship that is experienced as both intimate and healing (Farber et al., 2005).

Ritz (2006) emphasises the need for personal engagement of trainee psychotherapists in all aspects of training including both academic and clinical. She alludes to a preconceived notion of those who enter training, in that they will learn a theoretical framework which will explain or account for all psychopathologies of their future clients or indeed all the phenomena of life. Therefore the desire to sustain a career as a therapist should be driven equally as much by emotional development as academic achievement. Trainees require emotional support from their training institution in coming to terms with the reality that such an explanation does not exist. Instead they are encouraged to focus on developing their ability to reflect on themselves. Ritz (2006) also alludes to how often the initial motivation to train can change over the course of training, when certain idealisations of the intended career are not met.

2.6 Conclusion

This study aimed to determine not only what motivates an individual to enter training, but also to identify if this motivation changes throughout the years of training, and how the process of training impacts on the individual. While there is a considerable amount of research available regarding the reasons why therapists choose this career, there appears to be less research on how these initial motivations might change upon engagement with elements of training, such as personal therapy and clinical placement. The objective of this study is to add to the existing research and to gain a better understanding of the topic for future reference.

CHAPTER 3: METHODODOLOGY

3.1 Research Strategy and Design

This study explored the reasons why the participants chose to enter psychotherapy training. It examined their personal experiences and reflections in relation to this decision. The most appropriate method for this style of research was a qualitative approach. This method was deemed more appropriate than a quantitative approach, which is concerned with measuring a subject using a number of specific variables and would not allow for a more in depth understanding of the topic. Qualitative research has been described by McLeod (2001) as a way of looking at the meaning people use, in order to make sense of their experiences. This method aided the investigation of the meaning found by those who chose to train as a psychotherapist and how this meaning changed over the course of training. Qualitative research allows individuals to voice their own personal experience with the phenomenon under study and as such, the type of data collection used in this study required flexibility. It is for this reason that semi-structured interviewing was believed to be the most useful and appropriate. It allowed the interview to be more open and malleable, creating deeper and more authentic responses from both the participant and the interviewer. This was ideal for trainee psychotherapists, whose work involves being aware and in touch with their emotions. A series of open ended questions were used to explore the topic with the participants. The interview allowed for a safe environment, where the participant could describe their experience in their own time and in detail, something that would not be possible using quantitative data collection methods, such as a questionnaire. Semi-structured interviewing also allowed for the modification of questions, in light of the participant's responses, and encouraged the foundation of trust and rapport.

3.2 Analysis

Interpretive Phenomenological Analysis was applied as a method to explore in detail how the participants were making sense of their decision to enter training and how, or if, this had changed over time. This type of analysis attempts to explore personal experience and is concentrated upon the individual's personal account and experience of an object or event.

The aim of this analysis is not to gain definitive answers to specific questions but rather to gain a sense of each individual participant's world (Smith, Larkin and Flowers, 2009).

Interpretive Phenomenological Analysis was most suited to this study due to the nature of psychotherapeutic training, which is a dynamic process. An active role was required by all who are involved in this research process, where the participants were trying to make sense of their experience and the researcher was further interpreting the participants meaning from that experience. This type of analysis is usually concerned with a small number of participants and aims to reveal some insight into the experience of those participants.

Comparisons were made between each participant's experience and any emerging themes were noted. This was carried out by analysing each interview transcript using systematic, qualitative analysis. The next step involved writing a narrative account, which detailed the interpretation of each transcript, with verbatim extracts of each interview to support these interpretations.

3.3 Sample

Interpretive Phenomenological Analysis works through purposive sampling with a closely defined group. Three participants, who were in their final year of post graduate psychotherapy training, were selected. An email was sent to all final year trainees, inviting them to participate in the study. Three trainees were then randomly selected from the total responses received. Final year post graduate trainees were specifically chosen, in order to

gain further insight into not only the initial motivation to become a therapist, but also if this motivation changed over the course of training. The impact of training on each trainee was assessed. One training institution was selected in order to compare how similar training might impact differently on each participant and also to ascertain how each participant made sense of their experience in the same training institute.

3.4 Procedure

An email of invitation was sent to all trainees, explaining the nature of the study and what was required of those who wished to participate. After randomly selecting three trainees from the responses received, further emails were exchanged with each selected trainee arranging the date, time and location of each interview. All interviews took place in a private, reserved meeting room, located in the college. Each trainee was given an information sheet upon arrival. This, along with an interview guide is attached as appendices. This provided information on the interviewer. It indicated the purpose of the study and requested a signature of their consent to participate. A Huawei smart phone was used to record each interview. Interviews were then transcribed in full at a later date.

3.5 Ethical Issues

Information was given to the participants in this study which contained all of the following: the topic of research; the methods which the researcher intends to employ; their rights as study participants; the possible advantages and disadvantages of taking part. Particular attention was paid to outlining the participant's right to choose what to respond to during the interview and to withdraw later if they so desired. This information was presented to the participant prior to the interview taking place, allowing time for any concerns to be addressed.

Due to the highly personal and sensitive nature of the topic, and the data collection method chosen, participants were informed of the purpose and procedure of the interview style in advance.

The anonymity of this study's participants was prioritised. Pseudonyms were used on all documents in order to protect participant's identity. This sufficiently protected the participant's identity without losing the meaning in their responses. All recordings were stored on a memory stick, which was stored in a locked cabinet. Participants were made aware of their option to read the report upon completion and their right to withdraw from the study at any time.

CHAPTER 4: FINDINGS

4.1 Introduction

The purpose of this chapter is to present the findings, following interpretive phenomenological analysis of the data gathered, from three semi structured interviews. All three participants were female and in their final year of post graduate psychotherapy training. Five master themes were identified and outlined. The findings were presented in a narrative style, and vignettes from the transcripts were used to illustrate the most significant master themes which were identified from the data.

4.2 Master Themes

4.2.1 The Desire for Authenticity

All three participants in this study agreed with the body of research which suggests that those who enter psychotherapy training are seeking to become more authentic. The first participant felt that this related to the process of getting to know oneself better and gaining a better understanding of oneself as a result of this:

“as regards to knowing myself, there has been a huge.....like more insight and awareness of myself and you know I suppose a struggle to get to that point...”

This participant also worked within a corporate environment throughout training and reflected on the lack of authenticity in that working environment in comparison to the psychotherapy working environment.

The second participant previously worked as a teacher, but found herself more in the role of a counsellor, rather than a teacher, with her students the majority of the time. This motivated her to move to a more authentic career, one that she felt was more true to who she really was:

“I suppose the word authenticity comes to mind... ..I really feel that it has steered me to a more.....stronger sense of self and that “to your own self be true” that kind of idea of you know yeah.....coming into your own existence”

Participant three described how she had always been uncomfortable with anything which wasn't real or authentic, such as the false self, or the deception of others. She had also worked within a corporate environment and this experience consolidated further her motivations to train:

“I worked in a kind of more corporate setting and I really just didn't like it at all. I just felt like the whole job was.....not important. I didn't think that I was making any kind of difference...”

4.2.2 The Fantasy of the Helping Relationship

All three participants spoke of their desire to help others as being a factor in their decision to enter training. Participant one had been in personal therapy for a number of years before entering training, and wished to be a part of the helping process which she had experienced from her own therapeutic relationship with her therapist:

“And I suppose I went through that emotional corrective moment and I felt it was amazing and I just thought, oh my God you know? Like even just to be able to give that to someone else you know? That was the first kind of you know motivation...”

Participant two said that she always had the desire to encourage and help others to become the best that they could possibly be. She became aware of this desire to help others in her teaching career and realised it was something she was good at. This awareness motivated her to gain more skills by entering training:

“I value mental health and sort of issues around being the best you can be. I would have worked with students with a lot of difficult situations so I think helping people would be something that comes naturally”

Participant three spoke of her desire to help others by meeting people in a very intimate and special way, and of creating a close relationship, which could only be compared to that of a partner or family member:

“You are meeting people who are, you know in many ways are, you know, your partner or your friend or family.....in a really kind of like, hopefully in some way honest and truthful and I don't know I just.....different, yeah unique and kind of very prized and kind of special way, and yeah I suppose that was what I was looking for going into it...”

4.2.3 The Motivation to Continue Training

Participant one described how she thoroughly enjoyed the first two years of her training, and this led to her decision to continue with post graduate study. She spoke of the many personal difficulties she experienced during the latter part of her training including nursing her then ill mother who subsequently passed away and the stress of juggling a full-time job along with studying for a post graduate qualification throughout this emotional turmoil. This however, she explained, only motivated her further to remain in training and pursue a career in psychotherapy. The participant became tearful and distressed upon recalling this difficult time in her training. She found it difficult to hold the engagement and eye contact of the interviewer:

“... juggling college, juggling work, juggling everything.....it was extremely tough and you know it has even blown into this year as well.....yeah so that's been.....it's been.....you know and I am still...I don't know...but it just gives me, you know, the

motivation to do this....and you know it's not down playing what happened with my mother but you know it's just going to be more and more motivation..."

Participant two found that her experience of training was an extremely positive but challenging one. Similarly to participant one, she also really enjoyed the first two years of training. She felt motivated and eager to pursue a post graduate qualification:

"I think I may have been curious in the beginning but as the training progressed I got a stronger desire to kind of get into the work....hence the decision to enter the masters after the higher diploma."

Participant three spoke of how her curious and inquisitive nature of people and their behaviour played a large role in keeping her motivated to continue training. After completing a degree in psychology she realised that the parts of the course which she enjoyed the most were those which related to mental health and working with people with mental health issues. She much preferred these aspects than the conduct of research. They gave her the motivation to enter psychotherapy training where she found all of the parts of the previous course she had enjoyed were being taught and explored in far greater detail:

"...I do remember the first few weeks almost this kind of dream like it was really I don't know.....just really different and it was like everything that I had liked in stuff that I had done before, all the aspects of things that I thought, oh I really like this bit, it was like loads of that, it was almost like a drug like oh my God I love this..."

4.2.4 The Wounded Healer

Participant one was of the opinion that a lot of people who have worked through a trauma are drawn towards a career as a therapist. She had been in therapy for a number of years, during her early twenties, when she was experiencing symptoms of anorexia. The participant appeared quite anxious when she spoke of her illness. Her breathing changed, she appeared to

dissociate a little and then asked me to repeat the question. She felt that having worked through her illness in therapy that she had a greater capacity for empathy with clients:

“I think it brings you know...having gone through something significant...you do hold a bigger empathy towards clients...”

However, she also made reference to risks involved in working with clients who have had a similar experience to her own:

“...in doing a course like this you are afraid with an experience like that...you might identify too much with them and you know you have to be careful that you are being subjective with the client”

Her view was that everyone who enters psychotherapy training is bringing something with them, although not necessarily a trauma, but rather their life experience:

“...everyone has something...whether it is a trauma...not always but everyone is bringing something with them to this and is holding something to have that vested interest in this profession I think absolutely”

She made it clear, however, that the trainee therapist would need to have invested a significant amount of time working through any trauma, or previous issues, prior to training, in order to adequately engage with the training process.

Participant two spoke of how she did not like the term wounded healer and its connotations, when she first entered training. In fact the notion of the wounded healer made her quite uncomfortable. However, over the course of training, she came to understand and accept this idea:

“In the very beginning I didn’t like the idea of it but again four years into it...yes I would say that there is that aspect to this work that at some stage, you know, you don’t get through your goals in personal therapy without finding some wounds. I didn’t necessarily think I had them starting out...so maybe I have become a wounded

healer, or I am understanding myself more in that way...again starting into this no, I would have rejected it.”

She made reference to working through the wounds which she discovered during the personal therapy process and how this had been a positive experience and helped her to get through training:

“...I would certainly say that it has impacted but in a positive way. I suppose I know I have used it before...it’s like the rose bush, you have to hack it back and there is a lot of hacking back before the roses can come back again and I think that’s a good analogy of the personal process aspect to this training for me”

Participant three could relate to the term wounded healer and would agree that many people entering training are taking some type of a previous wound they have acquired with them:

“...a lot of people who enter training will probably have some sort of... some sort of a wound or some hurt like, I don’t think anybody doesn’t...”

She also discussed her views that it’s more than just about previous wounds, but also a personality type. She had always been quite sensitive both to her own and to others pain and was curious to figure out why she seemed to be more emotionally invested than others:

“...I suppose I have often thought about this myself...about myself...you know I might compare myself to other people I know and go, I wonder why I am more hurt or hold onto these hurts. So I don’t know if it’s a case of, for me personally, like it’s the sensitivity thing, it’s like I would be the type of person who is open to the level of experience on both ends of the spectrum so that you, you’re.... you know what I mean you’re more sensitive to your own pain, to other people’s pain and maybe you dwell on....maybe I would dwell on pieces more”

However she felt that it was this sensitivity that is her greatest asset, for her work as a therapist, as it allows for greater understanding of others pain.

4.2.5 Personal Therapy

All three participants agreed that personal therapy should be a mandatory part of training.

Only one of the three participants interviewed had been in personal therapy before entering training.

Participant one spoke of how it was quite a different experience to enter personal therapy as a student in comparison to when she had been in therapy before training. While she agreed that therapy should be mandatory for all trainees, she felt that the period of time spent in therapy could be lessened, if appropriate:

“...I think I would still have done it but I wouldn’t still be in therapy by now if it wasn’t mandatory... but I do think that everyone needs to do it at the same time, you know if you are going to see clients, you can’t be running in with all of your issues because then you could have the client there sitting in front of you and you could be like “yeah I had the same problem” you will find yourself offering...whatever your issues but....I mean that is just one scenario that could happen.”

Participant two felt that she gained a better understanding of herself through the process of personal therapy and that it had allowed her to get in touch with her more authentic self:

“I really feel that it has steered me to a more....stronger sense of self and that “to your own self be true” that kind of idea of you know yeah...coming into your own existence, being more authentic yes, that’s the sort of impact it’s had on me”

She had very strong views on the mandatory aspect of personal therapy for trainees, and how she would not feel right starting clinical practice without having experienced being the client herself first:

“...the personal therapy component for me is the very real aspect of my training that I can hold onto. I mean, I have the theory and I have the experience, but to actually be aware of my own process. I don’t feel that I would have a right to sit with the client

and expect my client to do the work if I haven't done it myself so...I hear myself saying this in a very definite way so yeah I do feel strongly about it. It doesn't just enhance the training, it's imperative for a better understanding of psychotherapy for me now."

Participant three experienced personal therapy as being a great support and resource during her training. She felt that there were times when she would have been at risk of discontinuing her training if she didn't have her personal therapy as an outlet to explore her feelings:

"It's been very supportive...I think if I didn't have it at different times it would have been very hard to continue because even though like I would be quite open to talking to plenty of people but you know it's my space, it's where I can go..."

She also felt strongly that the personal therapy aspect to training should be mandatory but understands the financial difficulties that can come with it:

"The fact that it's mandatory, I really agree with it to be honest. I don't know about how it's structured and set up because it is a massive cost but I think it's hard to expect someone to sit in front of you in that chair if you haven't done it. If you don't know what that's like..."

Feedback from the three participants indicated that the interview process was a useful way to reflect on their experience of training, and made room for further exploration as to their primary motivations for entering training.

CHAPTER 5: DISCUSSION

5.1 Introduction

The purpose of this research was to discover the primary motivations of trainee psychotherapists, if their motivations could change over time, and the impact of training on the individual. In order to achieve this, interpretive phenomenological analysis was used to explore the meaning of a career in psychotherapy with three, final year, trainee psychotherapists. The five master themes which emerged from this data were discussed and compared with available literature on the topic.

5.2 The Desire for Authenticity

The responses from all three participants, regarding the desire to become more authentic indicate close similarities to findings of Winnicott (1967). A career in psychotherapy allows for an opportunity to get to know and embrace one's true self. The participants found the move to a more authentic self not only helpful to the work with clients, but also helped them to understand themselves at a far deeper level. According to Winnicott (1967) there is a relationship between emotional well-being and authenticity. Participant one emphasised the personal growth she had experienced as a result of training which helped her to gain valuable insight and awareness of herself and her abilities. Participant two found that the more she embraced her more authentic side, the more she could engage with the training, and as a result of this, feel her true self coming more into existence. Again, similarly to participant one, she emphasised the positive impact, that this more authentic way of living, had on her personal and professional life. Participant three shared her experience of working in the corporate world, to describe her move from what she considered to be a meaningless working environment, to one where she felt she could make a difference to the lives of others. This

allowed her to experience greater freedom to express her true feelings and bring more of her true self to her working environment as well as her personal life. This also has some resonance in the work of Farber et al. (2005), who found that one of the attractions of a career in psychotherapy is the freedom to be as real as possible in one's work. Where in other types of careers, a particular image might need to be maintained, the work of psychotherapy encourages authenticity in both therapist and client. This creates a relationship that is experienced as both intimate and healing (Farber et al., 2005).

5.3 The Fantasy of the Helping Relationship

The desire to help others was a significant theme in the data gathered from all three participants. This is indicative of the work of Henry, Sims and Spray (1971) who found that the most common motivations to work in a caring profession were; the desire to help and understand people and through this, the desire to help and understand oneself. Participant one had experienced the power of the therapeutic relationship to help her through her own previous struggles and wished to be a part of that helping process for another. Participant two already had some experience of helping others from her previous work as a teacher. She identified her ability to elicit the best performance possible from her pupils and found herself putting a lot of energy into helping her more vulnerable students. Participant three spoke of her desire to experience the special relationship which is involved in this particular helping profession. All of these responses mirror the findings of Farber et al. (2005) who found that therapists obtain most satisfaction from the feeling that they are making a difference and can be of help to their clients.

5.4 The Motivation to Continue Training

All three participants spoke of the impact of their initial years of training, particularly their engagement with the more experiential aspect of training, and how this encouraged and motivated them to continue. This has references in the work of Ritz (2006) who found that the desire to sustain a career as a psychotherapist should be driven equally as much by emotional development as by academic development. Participant one experienced many personal difficulties throughout her training, yet this did not deter her from continuing. On the contrary, the more pain she experienced, the more she engaged with the experiential aspect to training, and felt more motivated to carry on. The support from her trainer, supervisor and psychotherapist were an important factor here. Ritz (2006) states that trainees will require emotional support from their training institution in coming to terms with the reality that theory will not provide all the answers and need to be encouraged to focus on developing their ability to reflect on themselves. This appears to match participant one's experience. Participant two found that the more she engaged with training in the first two years, the more motivated she became and certain that this career path was the right one for her. Participant three found that the training met all of her expectations. She had previously described these expectations to be the parts of a psychology degree which she had enjoyed the most. This training represented all of these parts, but in greater detail. None of the three participants interviewed appeared to have experienced a shift in motivation, such as that described by Ritz (2006), where the initial motivation to train can change over time, when certain idealisations of the career are not met.

5.5 The Wounded Healer

The idea of the wounded healer was accepted by all three participants to greater or lesser degrees. Participant one had experienced significant difficulty as a result of an eating disorder

throughout her early twenties. She believed that her experience, having worked through her difficulties in psychotherapy, allowed her to have a greater capacity for empathy with her clients. The study carried out by Orlinsky and Ronnestad (2005) which showed that most therapists in the sample were aware of the link between their choice of career, and their experience of personal distress has some similar resonances. The wounded healer suggests that by experiencing personal struggles, the therapists becomes more psychologically aware and therefore can have a better understanding of their client's struggles (Orlinsky & Ronnestad, 2005). This participant highlighted the importance of working through the wound sufficiently before entering training, as well as being mindful of the wound during training, in order to avoid the danger of over-identifying and the risk of losing objectivity with clients. This can be found in the work of Zerubavel and Wright (2012) who use the metaphor of a physical wound and the scar it leaves behind when discussing the wounded healer. According to Zerubavel and Wright (2012) one should treat the wound by cleaning it regularly, having check-ups, protect the wound from infection but also give it enough exposure in order to heal fully.

Participant two rejected the idea of the wounded healer when she first entered training. However, over the course of training, and upon engagement with personal therapy, she accepted that there was a wounded aspect to the work. Her experience was one of becoming a wounded healer throughout the course of training rather than being aware that she was a wounded healer upon entering training. This resonates in the work of Norcross and Farber (2005) who state that the motives to train are not always conscious to the candidate; that in healing others, the therapists use the therapeutic alliance for personal healing. This response can be found in Barnett (2007) who states that those who apply for training often present as resilient, or with no problems of significance, but over the course of training earlier wounds come to light.

Participant three agreed that the trainee psychotherapist is often attempting to work through some type of previous hurt or wound. She also highlighted the relationship between the idea of the wounded healer and a particular personality type. She was always very sensitive to her own pain and the pain of others and wondered why she seemed to hold onto this, why she was vulnerable to this pain. However, she felt that it was this vulnerability, which became her greatest strength, in her work with clients. Stone (2008) explores this concept and states that the vulnerabilities that will emerge as a result of a wound in the healer, allow for the activation of healing in the client.

5.6 Personal Therapy

All three participants agreed that personal therapy needed to be a mandatory element of training. According to Mander (2004) there are some similarities between the client entering therapy and the candidate entering psychotherapy training. Participant one did not agree with this idea and felt it wouldn't be appropriate if there were similarities between the two.

Participant two expressed strong views in relation to the personal therapy element of training. She felt that she would not have the right to sit in front of her client without having experienced being a client and doing that aspect of the work herself. Similar views are cited in Manders (2004) who states that the trainee's capacity for empathy with the client is limited to the degree to which they have reflected on their own personal experience of what the client is going through. Participant three described how the personal therapy element of training was significant in helping her to remain in training, even when she felt overwhelmed with the struggles that she faced. According to MacCulloch and Shattell (2009) training includes an element of personal work in which it is accepted that the trainee would have personal struggles to work through.

5.7 Strengths and Limitations

For the purposes of this study, qualitative methods were used to explore the main research questions. Interpretive phenomenological analysis was used to explore the meaning of a career in psychotherapy with three, final year, trainee psychotherapists. This type of analysis allowed for a more in-depth interview, where the interviewee had the freedom to explore the questions and rendered more personal and emotional responses, all of which were invaluable to this study. All three participants attended the same training institution which allowed for greater comparison of experience. However, this is a relatively small sample and may not accurately reflect the viewpoint of the majority of trainee psychotherapists. Additional use of focus groups may have yielded a more thorough understanding of their experience. Almost of necessity, the findings of a paper such as this one, must, almost inevitably, be indicative rather than comprehensive. However, the study benefited from the range of experience, knowledge and openness of the participants. They provided an insightful and deeper appreciation of the decision to enter psychotherapy training.

5.8 Recommendations for further research

The findings illustrate the importance of mandatory personal therapy during training. This element of training appeared to play a key role in the development of the trainee's personal and professional development. It might be useful to compare these findings to the experience of a participant who attended a course where the personal therapy element of training was not mandatory.

5.9 Conclusion

This study has provided a deeper understanding and insight into the decision to embark on a career in psychotherapy and in the impact of training on the individual. It has also reflected on their perceptions of, and attitudes towards, the notion of the wounded healer.

The findings of this study were quite reflective of the available literature and research. There were a number of key findings that this study highlighted. Of particular significance was the finding that all three participants strongly agreed with mandatory personal therapy as an element of training. This would appear to support the idea that a high percentage of those who choose to enter a career in psychotherapy have previously acquired wounds to work through and require the process of personal therapy in order to do so successfully.

The motivation to enter psychotherapy training appears on the surface to be a desire to help others. On further exploration another motivation, which was apparent in all three participants, was the desire to be more authentic. This desire to learn more about oneself and understand oneself better was a resounding theme throughout all three interviews and suggests that the desire to help others can often mask the true motivation of those in helping professions.

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APPENDIX 1: Interview Questions

Q1. Can you describe what first motivated you to enter psychotherapy training?

Q2. Has this motivation changed? If yes, in what way?

Q3. Can you describe any life experience which may have influenced your decision to enter training?

Q4. There is a body of research which suggests that those who enter psychotherapy training are seeking to become more authentic, how do you feel about this idea?

Q5. Many studies refer to a link between early trauma or negative childhood experiences and the decision to train as a therapist, what is your opinion of this link?

Q6. What is your understanding of the term “wounded healer”? How do you feel about the idea of the wounded healer?

Q7. What did you hope to achieve over the course of training?

Q8. How did your expectations of training match up the actual experience?

Q9. Can you describe your experience of clinical placement work? What were your expectations of the work and how did the experience match up to these expectations?

Q10. Some authors have suggested there are similarities between the client entering therapy and the student entering training, what are your thoughts on this?

Q11. How has the personal therapy element of training impacted on you?

How do you feel about the fact that this element of training is mandatory?

Have you ever been in personal therapy before training? If yes, what was this experience like?

Q12. What is your experience of the power struggle which can exist within the therapeutic relationship? How do you feel about the idea that the therapist is in a position of power?

Q13. Having completed your training, is there anything you would tell your pre-training self, if you could go back?

APPENDIX 2: INFORMATION FORM

My name is Orlagh Hester and I am currently undertaking a BA in Counselling and Psychotherapy at Dublin Business School. I am inviting you to take part in my research project which is concerned with “*The Primary Motivations of Trainee Psychotherapists*”. I will be exploring the views of those who are approaching the end of their training as a Psychotherapist.

What Is Involved?

I am looking for final year MA Psychotherapy students to participate in a short interview lasting no more than one hour. The interview will be recorded and transcribed. You can request a copy of this interview, once transcribed. (This process can be completed face to face or over the phone, whatever suits you best.)

Anonymity

Please note that the information from the interview that you provide will be shared among my colleagues and with anyone who wishes to read this thesis. However your personal information will remain anonymous and no one will be able to trace the information back to you. Your name will not be requested during the interview.

You can also freely withdraw from this research at any time. All information provided will be stored securely under the Data Protection Act. Please sign below if you give consent for the interview to occur and we can arrange a time and date that suits you.

If you would like to take part in this study or require further information about any aspect of it, please contact me by telephone at (087) 9841370 or by email at ohester@gmail.com

Thank you for your consideration

Orlagh Hester

DECLARATION

I have read this consent form and have had time to consider whether to take part in this study. I understand that my participation is voluntary (it is my choice) and that I am free to withdraw from the research at any time without disadvantage. I agree to take part in this research.

I understand that, as part of this research project, notes of my participation in the research will be made. I understand that my name will not be identified in any use of these records. I am voluntarily agreeing that any notes may be studied by the researcher for use in the research project and used in scientific publications.

Name of Participant (in block letters) _____

Signature _____ ² _____

Contact Details _____

Date / /2014

¹ If you have questions regarding your rights as a participant in this research, please contact Dr. Gráinne Donohue, Research Co-ordinator, Dept. of Psychotherapy, School of Arts, Dublin Business School grainne.donohue@dbs.ie