

**A Study of Motivations amongst Contemporary Trainee Counsellors for
Pursuing a Career in Psychotherapy**

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Abstract

The aim of this study is to discover what the motivations are of trainee counsellors and psychotherapists for wanting a career in psychotherapy. The research was carried out in the form of an 8 question survey which was sent to a population of 3rd and 4th year psychotherapy students who had commenced working with clients. 30 responses were received. A thematic analysis of the motivations was carried out. The most popular motivation was found to be altruism followed by personal development, an interest in the subject, a desire for further education, a desire for a career change and positive experience of personal therapy. Questions were asked about significant life events and personal therapy experiences to decipher if these had an impact on the participant's decision to become a therapist. Of those who had experienced personal therapy prior to their counsellor training 60% report it as being a factor in their career choice. 90% of participants reported experiencing at least one significant life event which influenced their decision. Such experiences include childhood difficulties, addiction, mental health issues within the family or origin or personal experience and loss.

Introduction

This research aims to discover what are the genuine motivations amongst contemporary trainees in Ireland for embarking on a career as a counsellor and/or psychotherapist. Currently there is a distinct lack of research on this topic, particularly in the Irish context. Furthermore during the researcher's 4 years of counsellor training this topic has not arisen nor has there been any encouragement by the trainers to question ones motivation. For a profession that is so concerned with the genesis of human behaviour and emotions and the unconscious it is surprising that more attention is not paid to what draws people to a career described by Freud (1937) as the "*impossible profession*" (cited by Bager-Charleson, 2010). As Sussman (1992) points out, psychotherapy has a lot to say about the "*unconscious factors in the choice of occupation*" (quoted by Bager-Charleson, 2010, p13) and yet, it would appear, very little to say about those which motivate its own practitioners. The dearth of discussion on this topic within the available research and within training programmes indicates that this is an area that could potentially benefit from wider consideration within the profession.

Although largely considered a rewarding and fulfilling career, there are many challenges and difficulties in becoming and being a counsellor or psychotherapist in Ireland. Some of these difficulties include the length and expense of the training and post-accreditation process, potential burn out or vicarious traumatising, a lack of feedback around client work or evaluation and the impact on the family of the therapist.

1. Training and Accreditation Process

The training to become a counsellor or psychotherapist in Ireland is long and expensive. To gain accreditation with the Irish Association of Counselling and Psychotherapy (IACP), one

of the largest representing bodies, the trainee must complete at least 2 years of core training although most training courses last 3-4 years. As the majority of courses are part-time the student is fully liable for the tuition fees, likewise with any post graduate training. Once graduated from an approved course requirements for accreditation include 450 post-graduate client hours over a 2 year period (See Appendix 1). Even once accreditation is attained, the fact remains that counselling and psychotherapy in Ireland is an unregulated profession. This means that there are no minimum statutory requirements for a person to be able to call themselves a counsellor or psychotherapist. In 2007 a number of psychotherapy accrediting bodies including IACP, ACCORD and IAHIP submitted to government a proposal for industry regulations to be given statutory status. Almost 5 years later statutory status is no closer to being granted and while Government recognition is lacking it will remain difficult to gain employment in the Health Service Executive without further training, involving more time and expense.

2. Burn Out

In addition to the training practicalities, the profession requires the individual to undergo a continuous process of self-development. While many occupations require further training, reading and acquisition of knowledge and skills, the counsellor has the added obligation of maintaining awareness of and attending to their own personal process. This involves demonstrating self-care, maintaining constant awareness of their counter-transference and dealing with any issues via personal therapy or supervision that might impinge on their work with clients. The therapist's greatest tool is him or herself which includes his or her attitudes and feelings which are more important even than her theoretical orientation or techniques (Rogers,1961) and if they are "*haunted by unresolved and disavowed psychological or emotional issues, he or she becomes less able to help clients face their own threatening or*

hostile emotional areas” (Zeddies,1999) While the decision to enter the profession denotes an acceptance of this obligation, it does make the vulnerability and honesty required to fulfil it any easier.

Where therapists do experience stress or other emotional upheavals they are ethically obliged (as per IAHIP code of ethics) to assess their ability to work with clients fully and congruently, and where necessary cease until able to recommence.

8.2 Psychotherapists should not practise when their professional judgement is impaired by excessive stress caused by factors such as drugs, alcohol, and illness. Where they become aware of personal problems that may affect their competence they shall seek appropriate professional assistance to determine whether they should limit, suspend or terminate their professional activity.

Where in private practice, this may have practical and financial implications that could potentially damage ones practice, a consideration that is not present in many other occupations where “personal problems” are not accepted or seen as a barrier to working.

As a therapist, one cannot fully prepare herself for what she may encounter. The willingness to make themselves open to hearing all manner of pain and suffering makes the psychotherapist an anomaly amongst society which generally “*avoid extensive contact with troubled individuals*” (Norcross and Farber, 2005). Chessick (1978) says therapists must listen and be fully present to patients who are almost “*always in pain, often emotionally demanding, hostile, depressed*” (quoted by Zur, 1994). With repeated exposure to such material comes the risk of vicarious traumatization and “*compassion fatigue*” as discussed by Figley (2002). Compassion fatigue encompasses the “*costs of caring, empathy, and emotional*

investment in helping the suffering” (Figley 2002) and is in addition to the ‘burnout’ that is often spoken about within the profession. There is also the “*physical and psychic isolation*” (Sussman, 1995) which is characteristic of clinical work to be considered.

Furthermore the need for confidentiality regarding clients and therefore personal challenges relating to clients where they arise further isolates the therapist. Farber’s 1983 study found that this isolation and loneliness coupled with the emotionally draining nature of the work meant that many of the therapists surveyed felt their ability to be “*genuine, spontaneous and comfortable with non-mental health professionals or friends*” was stunted (quoted by Zur, 1994).

3. Impact on the Family

Apart from the well documented dangers and strains of practising on the therapist themselves, there is also a distinct and serious impact made on their family. Zur’s 1994 article looked at this topic in detail. He cites many examples of therapist specific behaviours that have a negative impact on the family. He describes how therapist’s sensitivity to domestic issues can be impaired when comparing them to those of their clients. Labelling and diagnosing of family members can cause an internalisation and adoption of the prescribed label into their self-image and psyche (Zur, 1994). Unsolicited interpretations of family member’s relationships or dreams can lead to self-consciousness, doubts about their own perceptions and a dulling of spontaneity (Zur, 1994). Some family members experience jealousy of the time, attention and full acceptance their therapist parents or partners give to clients, especially if they do not feel they are treated in the same manner (Zur, 1994). While it could be argued that all people are effected to some degree by the professional persuasion of their parents or partner, the psychologically damaging nature of the effects mentioned are very specific to

psychotherapists and so this can legitimately be considered another challenge posed by a career in psychotherapy.

4. Lack of Feedback

The altruistic benefits of practicing therapy are undeniable. However the nature of the therapeutic relationship is such that therapist is deprived of feedback on their performance, a standard part of profession and personal development within most occupations. Where clients do offer feedback, be it good or bad, the therapist must bear in mind unconscious factors such as transference, projection or idealisation of the therapist which may be at the root of this appraisal.

Certainly there are measures designed to assess a client's progress. The Beck Depression Inventory can be used to assess a client's level of depression and similar tools are available for the measurement of stress, anxiety and trauma. The clinical outcome in routine evaluation (CORE) is a self-evaluating form filled out by the client pre and post therapy designed to track psychological global distress and give an outcome analysis based on variances in the pre and post evaluation. These tools are certainly helpful in measuring a client's progress and efficiency of their therapy. However more abstract or psychodynamic issues can be difficult to assess using these methods. In many cases the complex nature of psychotherapeutic work "*rarely yields immediate, tangible, measurable results*" potentially leaves the therapist frustrated and full of self-doubt regarding their competencies (Zur, 1994). Freud (1973) referred to psychotherapy as "*one of the impossible professions on which one can be sure beforehand of achieving unsatisfying results*" (quoted by Bager-Charleson, 1994). However this is disputable as this aspect of the profession will not become clear until one has commenced client work rather than beforehand.

5. Motivations

Motivation is a process that “*influences direction, persistence and vigour of goal-directed behaviour*” (Bremner et al, 2009, p475). Within psychology there are a number of perspectives through which motivations are explored. There is the Darwinian human instinct theory of motivation which proposed that much of our motivation is based on inherited instinctual responses (Bremner et al, 2009). Walter Cannon’s concept of homeostasis suggested that a lack of physiological equilibrium in the body produced *drives* or internal tensions that we feel motivated to alleviate, for example thirst and hunger. Freud famously proposed his theory of the unconscious from whence much of our motivations arise. This is particularly pertinent as regards the motivations for wanting to become psychotherapists as much of the current research on the topic concurs that many of them are indeed unconscious, particularly at the early stages of training. (Norcross & Farber, 2005). Perhaps the most pervasive theory regarding motivation is that of Maslow’s Hierarchy of Needs. Maslow constructed a tiered structure of needs placing practical needs such as food, water and a place to live at the bottom followed by basic emotional needs like affection, approval and interaction. The positioning at the bottom of the hierarchy does not denote inferiority; rather it indicates the fundamental nature of these needs for survival. Once these basic needs have been satisfied the individual concentrates on self-actualization, our ultimate goal according to Maslow. This involves the desire to fulfil our human potential by stimulating ourselves “*mentally, artistically, emotionally and socially*” (Bremner et al, 2009, p478) for their “*intrinsic satisfaction*” rather than for an end gain.

More recent research by Deci and Ryan (1985; 2002) follows a similar thread. Their Self Determination theory focuses on the fulfilment of psychological needs: competence, autonomy and relatedness (cited by Bremner et al, 2009). Competence motivates the individual to acquire new skills and knowledge. Autonomy, as the name suggests propels us

to achieve greater freedom, independence and self-regulation. Relatedness is the need to form meaningful social relationships. Research by Deci & Ryan (2002) and Sheldon et al (2003) has shown that fulfilment of these needs can have a positive outcome on psychological wellbeing, happiness, worker performance and satisfaction, positive social relationships and sense of meaningfulness in life (cited Bremner et al, 2009).

Even with so much work, time, emotional energy and money expended to enter a profession that is not yet or may never be officially recognised and for which employment is extremely limited, the growing number of counselling training courses in Ireland in the last few years indicates a demand and an increasing number of people wanting a career in psychotherapy. This in itself infers that it is still being considered a worthwhile and feasible career. With so many challenges, it is important to ask the question ‘what motivates an individual to embark upon a career as a counsellor or psychotherapist?’ The seminal research on this topic was carried out by Henry, Sims, & Spray and published in their book ‘The Fifth Profession’ in 1971 (cited by Norcross & Farber 2005). These findings are now 40 years old and accordance with Corey & Corey and 1993 and Kottler, 2003 “*the topic of selecting psychotherapy as a career is seldom encountered in mental health journals and formal coursework*” (cited by Norcross & Farber 2005). This indicates a dearth of current research and highlights the need for such. It is hoped that the results provided by this thesis will stimulate more discussion on the topic within the profession locally and particularly amongst trainees, the benefit of which is discussed later.

Literature Review

Introduction

This study aims to discover what the motivations are of contemporary Irish students of counselling or psychotherapy for entering said profession. The profession of counselling in Ireland is beset with many obstacles including the non-regulation of the industry, lack of paid employment, an arduous accreditation process and the high cost and long duration of training. In addition to these practical impediments, the issues one encounters in the role of therapist can and do pose many personal and emotional challenges to the individual. The myriad of personal and practical barriers encountered by the 'would be' counsellor infers that there is a belief that the 'pay off' supersedes these drawbacks. The accession of an individual into the counselling profession necessitates and implies the acceptance of all that this entails. This includes a commitment to personal therapy and continuing professional and personal development. It also includes an acceptance of the exposure to trauma and intense distress and a willingness to work with these via a supportive, caring and professional relationship. The complexity of the commitments involved and indeed of the nature of psychotherapy in general means that the reasons for wanting a career in this field are likely to be as complex and numerous. It is hoped that this review of the existing literature on this topic will give provide insight into some of these reasons.

Although there exists little material on this topic, a number of themes can be identified. These are Narcissistic Needs, the Early Experience of Loss, Altruism, Unconscious Motivations and the notion of the 'Wounded Healer'.

1. Narcissistic Needs

The traditional definition of narcissism is that of a person with a pathological obsession with themselves to the exclusion of all contact with others. However in this context, narcissism encompasses the need of the therapist to be valued and accepted by the client. According to Winnicott the ego support provided by the ‘good enough’ mother kick starts “*a process of development that is personal and real*” Winnicott (1965, P24). A failure to achieve this can lead to an underdeveloped ego which manifests as shame, grandiosity and a craving for love and attention (Barnett, 2007). The status of “expert” often attributed to the counsellor along with the unrealistic and idealised view of the therapist by the client can bolster and compensate for the fragile ego. As a result the therapist “*may become self-sacrificing in order to avoid losing clients*” (Barnett, 2007) by for example relaxing boundaries or indulging in inappropriate self-disclosure. A study amongst trainee counselling psychologists carried out by Halewood & Tribe (2003) found that therapeutic work could be affected if the narcissism of the trainee was left unexamined (cited by Barnett, 2007). However our narcissistic needs and deficiencies tend to be unavailable to our immediate consciousness and so our awareness of this is, according to several researchers, of paramount importance (Guy, 1987; Sussman, 1992; Wosket, 1999; Wheeler, 2002) (cited by Barnett, 2007). While personal therapy, which is a requirement of psychotherapy training in Ireland, can help to uncover these issues it raises the question as to whether therapy should be conducted prior to commencement of training in order to prevent conflicts of interest from the very start of a therapist’s training or career. As pointed out by Wheeler (2002) “*the training is not a substitute for therapy*” (quoted by Barnett, 2007).

Zur (1994) references Maeder’s (1989) book on adult children of therapists who “equates” therapists with narcissists throughout and concludes that psychotherapy attracts people with a pre-existing “God complex” which is exacerbated by their work. Marmor (1953) also refers

to the therapist's "*sense of godhood*". He cites the "convenient excuse" whereby the therapist escapes culpability for unsuccessful therapy by blaming a client's 'resistance', a fact which leaves the psychotherapist's "*sense of omnipotence and superiority intact*" (quoted by Zur, 1994).

Narcissism also emerges in Guttman & Daniels' 2010 research which took the approach of assessing the benefits gained by therapists from their work with clients. The most popular areas of advantage were in 'narcissistic gains', 'vocational benefits' and 'improved relationships' with 'self-improvement', 'object relations' and 'fulfilment of needs' also emerging but with less significance and frequency. It is worth noting that the benefits reaped from facilitating therapy concur with those gleaned from being a client of therapy. This suggests that both parties gain therapeutically and this may be one of the unconscious motivations of the therapist.

2. Early Experience of Loss

In almost all of the literature on therapist motivations the theme of loss, particularly loss experienced in early life is present. Barnett's 2007 study revealed that all nine of her participants had experienced loss in various guises before the age of 20. She also cites well-known therapists such as Jung and Klein as examples of those whose personal stories are characterised by loss. The early loss of the mother and in some cases the emotional absence of the mother was reported by the majority of the participants. Common to all was a "*perceived lack*" of a confidant during childhood but conversely the experience of themselves being prescribed the role of confidant to others, a dynamic which summarises the therapeutic relationship. Other shared experiences include childhood loneliness and isolation and introversion (Barnett 2007). As Barnett points out, counselling is a "*solitary profession*" but also necessitates the "*opportunity for human contact*" suggesting perhaps that the loss of such

contact during childhood or even adulthood can be compensated for through work with clients. One participant's opinion that her wanting to become a therapist was due possibly to "*wanting to be sort of close in with someone...in that sort of role, to be important to someone*" (Barrett, 2007) appears to confirm this hypothesis.

3. Altruism

From much of the literature it would appear that the altruistic benefits are of great appeal to perspective counsellors and are also highly prized by more experienced practitioners. Carl Rogers (1962) himself reports of finding "*highly rewarding*" the acceptance and connection with another person (quoted by Bager-Charlson, 2010). He describes the hearing of a client "*deeply*" and unselfishly as a "*sparkling moment*" (quoted by Bager-Charlson, 2010) while Mander (2007) talks about the rewards that are "*few and far between*" but which when they do occur are so gratifying that "*the work is strengthened by the hope that more of this will happen*".

Despite the much espoused reason of "helping others" cited by counsellors at all levels in their career, there exists a reasonable amount of scepticism about altruism being a sufficient and / or entirely genuine reason for becoming a therapist. In their study Norcross & Farber (2005) state that "*even the most saintly among us*" are motivated by a melange of reasons "*some admirable and some less so*". Although they agree that the motivation to "help people" is a "*large incentive*", it is also an "*entirely conscious, socially desirable, and professionally acceptable*". This description implies that there is a safety in using this as a primary motivation as it avoids the stigma, embarrassment or criticism of others which other reasons may evoke. Furthermore they say the altruism motive is "incomplete" and put forward "self growth" and simple "chance" as alternative viable career determinants.

Sussman (1992) wrote about the “*dangers of deficient self-knowledge*” whereby no consideration is given to motives for the profession beyond altruism (quoted by Bager-Charlson, 2010). Freud (1973) referred to psychotherapy a profession “*in which one can be sure beforehand of achieving unsatisfying results*” (quoted by Bager-Charlson, 2010). Although this is perhaps somewhat overly pessimistic, it does give a sense of the challenging nature of therapeutic work. While the desire to help is honourable, the reality of the profession is such that consideration must be given where this is the only, or at least the only *conscious* motive so as to avoid disillusionment.

4. Unconscious Motivations

The nature of counselling means that the therapist is exposed to all manner of distress, suffering and upsetting material. While the general population usually tries to “*avoid extensive contact with troubled individuals*” (Norcross and Farber, 2005) therapists deliberately enter a profession where this is the norm. Motivations of altruism and the desire to understand human behaviour are routinely given as reasons for this work but what has become apparent from the existing research on this topic is that in fact, we are not always aware of what *truly* motivates us.

A study carried on of volunteers with Rape Crises Centre volunteers (whose duties include face to face and phone counselling) strongly supports the unconscious motivations theory. Several of the eight female volunteers maintained that they were drawn to this particular type of work merely by chance rather than a conscious decision (Rath, 2008). However during the course of the study many of the women revealed that they had been victim to sexual assault and “*spoke of their survivor status as increasing their level of understanding and enhancing counselling practice*” (Rath, 2008). They also commented how becoming a Rape Centre Counsellor was “*a positive late step in their own healing process*” (Rath, 2008). This stark

contradiction highlights the obvious unconscious attraction of such work to women for whom it provided therapy and healing in itself.

Marston (1984) proposes that “*psychotherapists are motivated by contact, discovery, fame, fortune, growth, healing, power, and/or vicarious experience*”. Although many psychotherapists may not recognise or be willing to accept the more controversial of these ‘incentives’, this is one of the few studies that actually names some potential unconscious motivations. Another interesting and relevant point made is that “*the therapist's primary frustration is the difficulty in obtaining adequate positive feedback for good work*” (Marston, 1984). The therapeutic relationship is such that a therapist cannot rely on a client for genuine or constructive criticism. This renders the therapist largely self-reliant in terms of assessing their progress and development. This raises the question about whether the self-monitoring or the lack of direct feedback or criticism is an unconscious attraction to the profession, particularly for those whose fragile ego cannot assimilate criticism of any kind.

Guilt is another theme that emerges from Barnett’s (2007) study. She found that unconscious guilt relating to the mother in particular was common amongst almost all therapists interviewed. She references Searles (1999) who suggested that the need to repair childhood experiences for example, may “*lead to a desire to heal*”, an experience felt by one participant who believed one unconscious motivation for her being a therapist was an act of reparation of early childhood experience (Barnett, 2007). Brown (2005) (cited by Barnett, 2007) suggests a tendency amongst children of troubled families to become therapists in order to “*put Humpty Dumpty back together again*” again suggesting a reparative aim.

5. Wounded Healer

The notion of the ‘wounded healer’ is ubiquitous in the literature of psychotherapy, regardless of the angle or issue in question. The impact of the woundedness of the therapist

on his work appears to be viewed in both positive and negative ways. Miller (1997) warns of the need to gain from clients the lost love from parents whom “*we were once compelled to gratify at the cost of our own emotional development*”. Furthermore he suggests that the ability to engage fully with the client and the “*acute sensibility, empathy, responsiveness*” required to do so indicate that the therapist, as a child, “*probably used to fulfil other people’s need and repress his own*” (cited by Bager-Charlson, 2010). Murphy and Halgin (1995) looked at the motivations of clinical and social psychologists. They found that those in clinical practice were more influenced in their career choice by “*experiences of psychological distress in themselves and in their families of origin*” and “*desires to resolve personal problem*” than their social psychologist colleagues.

Cain (2000) questions whether therapists who have not been ‘wounded’ in some way are at a disadvantage by way of their lack of “*personal experience with mental illness and the healing process*” (quoted by Barnett, 2007). However Burton and Topham (1997) (cited by Barnett, 2007) suggest that it is what is done with the ‘woundedness’ that is important, from which it can be inferred that a healing, resolution or acceptance of it *must* be done attained in order for it to be beneficial to the therapist.

Sussman (2007) claims that “*an important determinant of the desire to practice psychotherapy involves the attempt to come to terms with one’s own psychological conflicts*” (cited by Bambling et al, 2009). A study carried out by Bager-Charlson (2010) seems to confirm the influence personal experience has on an individual’s motive to train as a therapist. Her study found that 75% of 238 participants when asked about their motivations referred to “*personal experiences, largely dominated by some type of crises*”.

The compulsory nature of personal therapy for trainee therapists in the majority of counselling courses in Ireland is particularly interesting in the context of the wounded healer.

By enrolling in a training course the trainee implicitly accepts this stipulation. Therefore it could be argued, as by Mander that some trainees chose to enter training as it provides a “*legitimate chance*” to go to therapy and that the training then becomes a “*therapeutic experience in itself*” (Mander, 2007).

Conclusion

From his review of the literature, it is clear that the motivations for entering a career in counselling or psychotherapy are indeed numerous, sometimes conflicting and often unconscious. The motivations of some can be “*naïve and misinformed*” according to Bambling, Sheehan & Richardson (2009). However they cite Geldard and Geldard (2009) and their view that motivations are not necessarily important but that it is nonetheless beneficial for therapists have some insight into them in order to prevent their client’s needs being overshadowed by their own. Farber et al (2005) article examines the literature available on motivations and influences “common to most psychotherapists” and also highlights how understanding their motivations can be useful in their work. These points suggest that further exploration of their career choice would benefit the therapist and their work with clients.

However in Holt and Luborsky’s 1958 study (cited by Norcross & Farber, 2005) it was found that in many cases the therapists did not fully understand what prompted their career choice until much later on in their career, a view corroborated by Barnett (2007). Hogan (1964) (cited by Hill et al, 2007) suggested that trainees at the beginning of their client work have “*little insight into their motivations*”. It is hoped that this study will prompt the trainees in the sample group to give this matter some consideration at this early stage in their career and reap the benefits from that.

Methodology

Aim: This research dissertation aims to discover what the motivations of trainee counsellors and psychotherapists are for becoming a counsellor or psychotherapist.

Participants: Participants were chosen from a population of 3rd and 4th year students of counselling and psychotherapy. The majority of students were studying in Dublin Business School while the remainder were studying at PCI College and Target Counselling. Students at this stage of their training were specifically chosen as client work generally begins in the 3rd year of training. Accession to the 3rd year of training denotes a commitment to the profession and an intention to continue with this work. Students who had not commenced client work or who were at the early stages of their training were not, for the purpose of this study, considered to be ‘trainee’ counsellors or psychotherapists. The sample participants comprised of 21 females and 9 males and ranged in age from 28 to 57.

Design: A questionnaire consisting of eight questions was constructed using the Survey Monkey online survey tool (see Appendix 2 for questionnaire). The first question asked the participants their age and sex to build a biographical profile of the sample. The remaining questions asked were designed to decipher the participant’s motivations for becoming counsellors or psychotherapists. Participants were asked to rank their motivations in order of influence of their decision. Further questions were designed to uncover unconscious motivations or those of which previously the individual had no awareness. This entailed asking participants about their personal life experience, any experience of counselling and the gratifying elements of their work with clients. All bar the first question were open questions. An alternative option considered was to provide a list of possible answers from which the participant could choose. This was decided against as the researcher wanted to stimulate some deliberation within the participant as to their answers, particularly in relation to their

motivations. It was felt that prescribing potential answers would not encourage the participant to question their motives which the researcher wanted to be as honest and genuine as possible.

Procedure: A list of potential participants was compiled using contacts obtained by the researcher. A unique link to the survey was emailed to each participant individually. The email explained the purpose of the questionnaire and confirmed that answers would remain anonymous and confidential. The unique link sent to each person was not returned with the answered survey so the responses could not be traced back to the participant, hence ensuring anonymity. Responses were collated and each individual question analysed statistically initially and expressed using pie charts. Where deemed appropriate a thematic analysis was also carried out. The method of enquiry was chosen as, in accordance with previous studies including the most extensive study to date by Henry, Sims, and Spray (1971, 1973) (cited by Zur, 1994) have shown the nature of motivations for engaging in counselling work tend to be plentiful and complex. Therefore standard specific reasons may be hard to identify but a themed analysis gives a good overview of the general reasons for wanting to enter the psychotherapy profession.

Ethical considerations: Consideration was given to possible ethical infringements that may arise and it is believed that no such infringements did occur. Participants were beyond the age of consent, willingly took part in the questionnaire and were assured their responses would remain anonymous and confidential. Questionnaire responses were collated using a password protected Survey Monkey account before being transferred on to a USB key via a spreadsheet, also password protected.

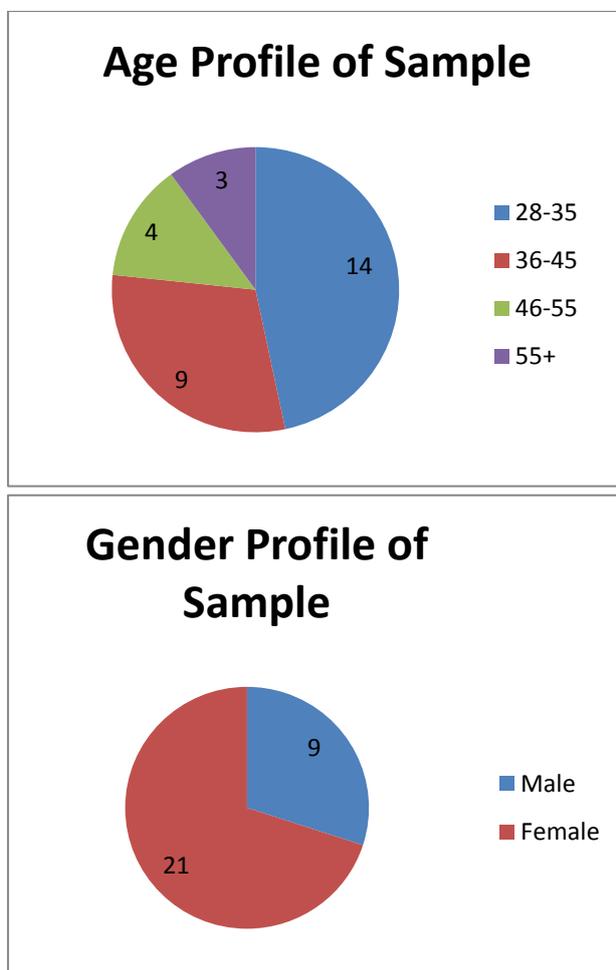
Limitations: The biggest limitation to the methodology used for this research is that many of the motivations are considered to be to be at least partially unconscious (Norcross &Farber,

2005). Therefore without deep exploration it would be difficult to access the motivations at this level. In order to help overcome this problem, questions were asked about the participants' personal history, experience of counselling and rewarding aspects of their client work to stimulate some deeper reflection on what motivates them.

Results

Trainee counsellors and psychotherapists were asked to complete a questionnaire regarding their motivations for entering said profession. Participants were asked to rank their motivations in order of influence of their decision along with other questions designed to uncover unconscious motivations or those of which previously the individual had no awareness. The responses to each question have been analysed quantitatively and, where necessary, qualitatively.

1. Gender and Age Profile

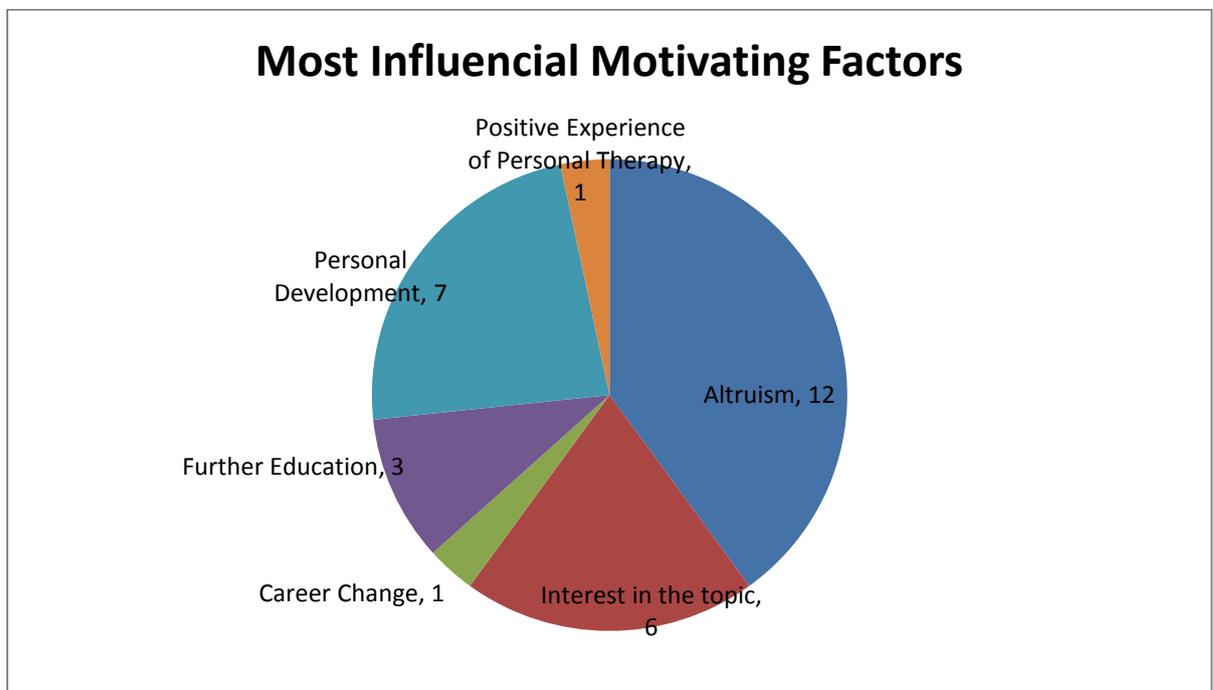


2. What motivated you to become a counsellor? Please enter your motivating factors in the boxes below in order of influence on your decision, 1 being the most important motivating factor.

As the motivating factors listed are very personal and specific to each participant, they will be measured using themes identified by the researcher. The themes that emerged from the responses were altruism, personal development, interest in the subject, desire to change career and the desire to further one's education.

Pie Chart 1

Pie Chart 1 shows a breakdown of the most popular motives given.

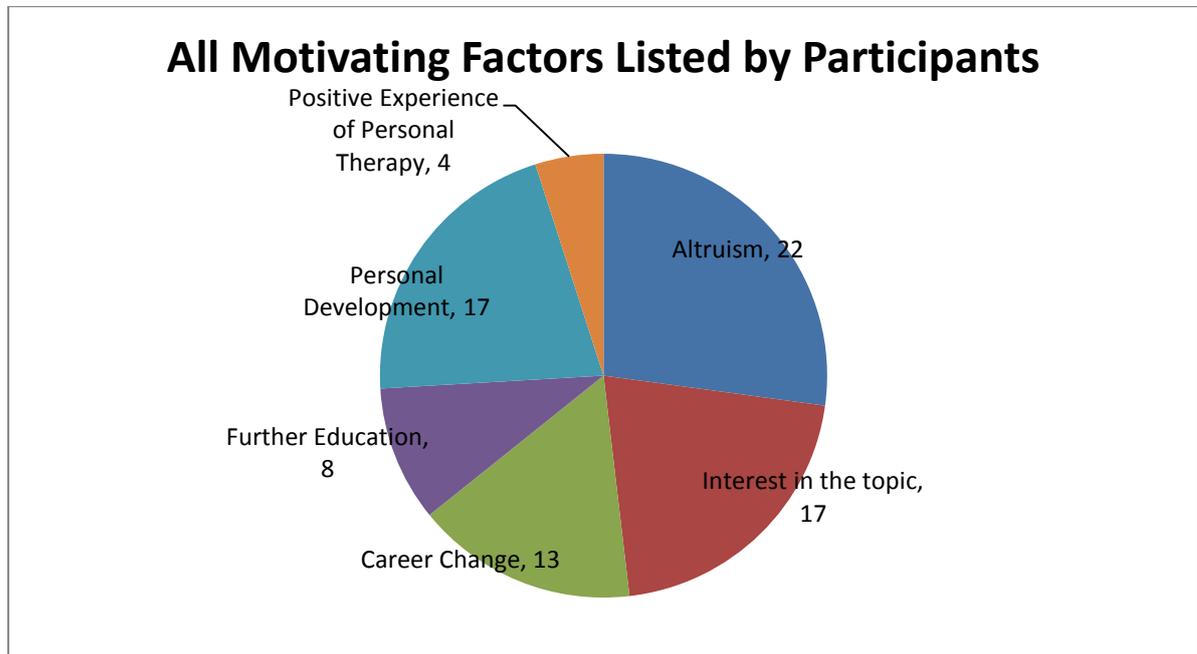


Statistical Analysis

The most popular motivating factor given for becoming a counsellor was altruism with 40%. The desire for personal development came in second with 23% followed closely by an interest in the subject with 20%. The desire for further education was cited by 10% of the sample while the desire for a career change and a positive experience of personal therapy both came in with 3%.

Pie Chart 2

Pie Chart 2 shows a breakdown of ALL motives listed by all participants.



Statistical Analysis

Taking into account all motivations listed by the participants, altruism remains the most popular factor given 27%. The desire for personal development and an interest in the subject now come in joint second with 21% each. The desire for a career change was cited by 16% of participants as one of their motivating factors with the desire for further education listed by 10% and finally a positive experience of personal therapy was given by 5% of the sample.

Motivations which did not fall under the themes as listed above include:

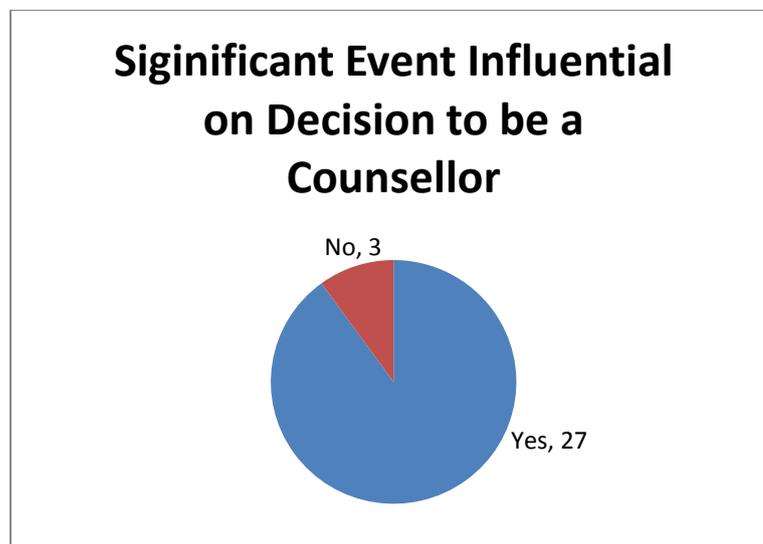
- *Conversations with other trainees made courses sound interesting*
- *Status*
- *Personal challenge*
- *Realised that I could be a good counsellor*
- *My need to be more than a stay at home Mum.*

Facilitating Factors

Some of the motivations given can be categorised as factors that facilitated entry to the counselling profession, rather than reasons for wanting to enter it. The following are examples of facilitating factors given:

- *Financially viable*
- *The timing was right*
- *I had more free time*

3. Has there been any significant events in your life that you feel have influenced your decision to become a counsellor? Please give details.

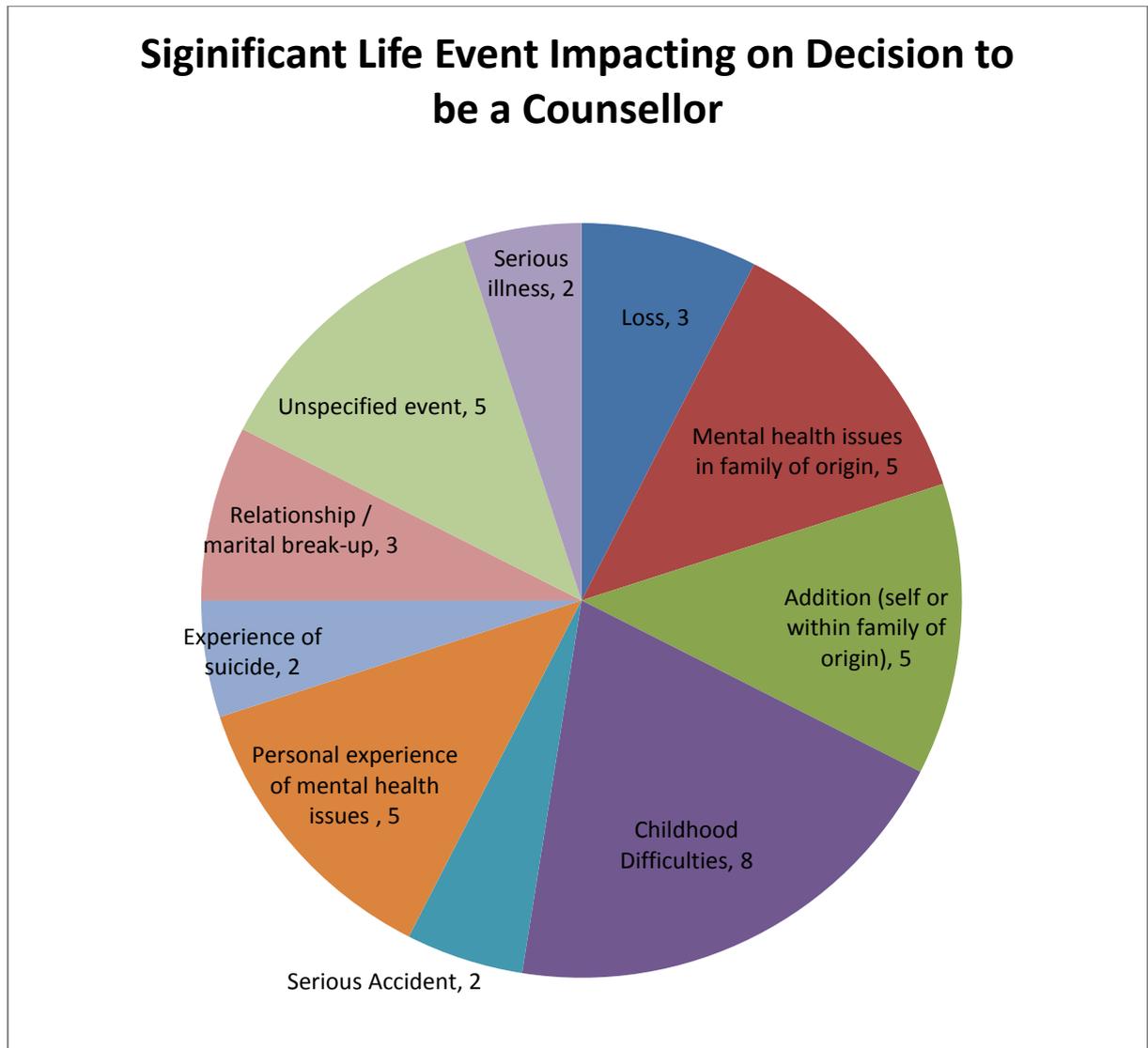


Statistical Analysis

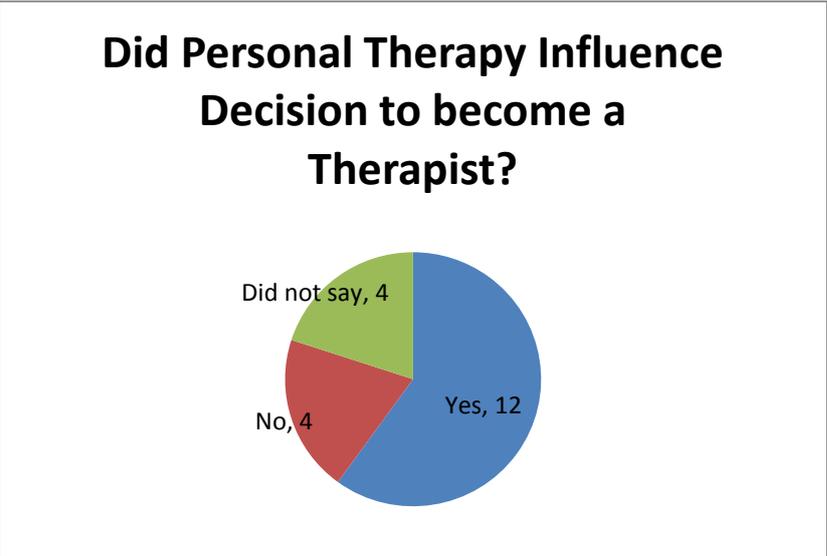
90% of participants said that they had experienced a significant life event that influenced their decision to become a therapist. Of those 30% reported having experienced more than one significant influential event. The events have been categorised by themes. The themes that emerged from analysis are loss, mental health issues in family of origin, personal experience of mental health issues, addiction (self or within family of origin), childhood difficulties, experience of suicide, relationship / marital break-up, serious accident, serious illness and unspecified events.

Pie Chart 3

Pie Chart 1 shows a breakdown of the influential significant events listed by participants.



4. Had you ever been to personal therapy prior to commencing your counselling training? If yes, has your experience as a client had any effect on your decision to become a counsellor? Please give details.



5. Regarding your client work, what aspects do you find most rewarding or fulfilling?

All 30 responses to this question come under the heading of altruistic benefits. From the altruistic benefits mentioned, a number of themes can be identified. 20 out of the 30 participants gave an answer which encompassed two or more of the themes below:

1. Relationship with the client

13 participants stated their relationship with their clients as being one of the most rewarding aspects of their work:

- *The interaction with the client and the sense that you are adding a fresh perspective to their presenting issues*
- *Connection with clients, feeling the relationship deepen and getting responses from your client that underline this connection.*

Within the relationship, the idea of being entrusted with the client's confidence was of particular interest to several participants:

- *Being able to offer them a safe environment at some of their most vulnerable times*
- *Being able and asked to hold the trust and safety for a client that they can't find elsewhere*
- *Having the privilege of listening to others peoples stories*
- *I find it very rewarding that people are willing to share their life experiences, both difficult and pleasurable with me.*
- *When a client shares something they have never shared before with me.*

2. Seeing positive changes in the client

15 participants offered seeing positive changes in their clients as a rewarding aspect of their work:

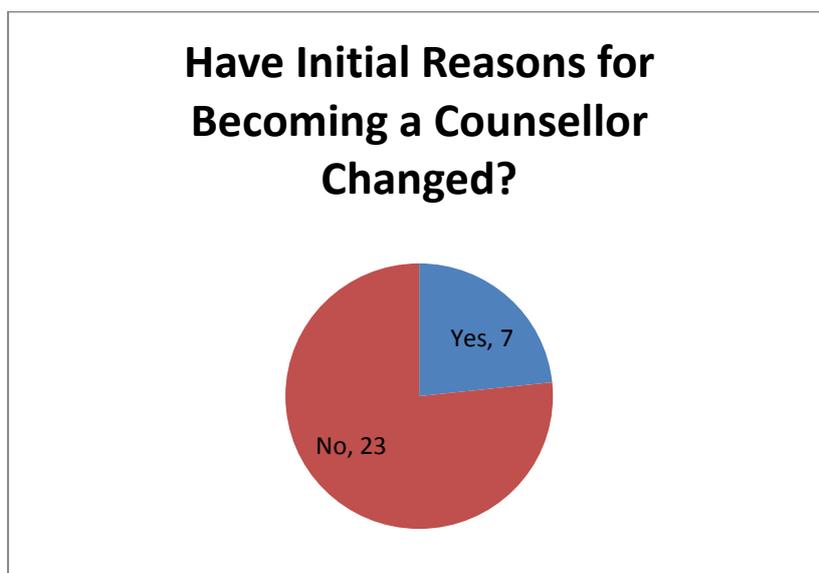
- *When the client returns a week later, confidence is boosted and morale raised. The most rewarding is when the client discovers a new truth about themselves through reflection.*
- *Seeing the positive changes in clients. The feelings of gratitude I get from that.*
- *Seeing progress in clients in taking on more wholesome views, attitudes, relational styles*
- *When after a number of sessions the client begins to look at things through a different pair of eyes. The penny dropping moment.*
- *Seeing another person self-actualise through the experience of the work - when they experience the change in themselves through participation in the process.*

3. Helping to effectuate change

Being complicit in effectuating change for the client was cited by 7 as at least one of the fulfilling aspects of their work.

- *Just being able to treat people as they deserve and not judge them so that they can gain confidence in themselves*
- *Sitting with them as they bear their sole and being able to hold the pain for them*
- *Being with someone on their journey and being of support to them.*
- *Seeing people learn about themselves and grow and to be part of the process.*

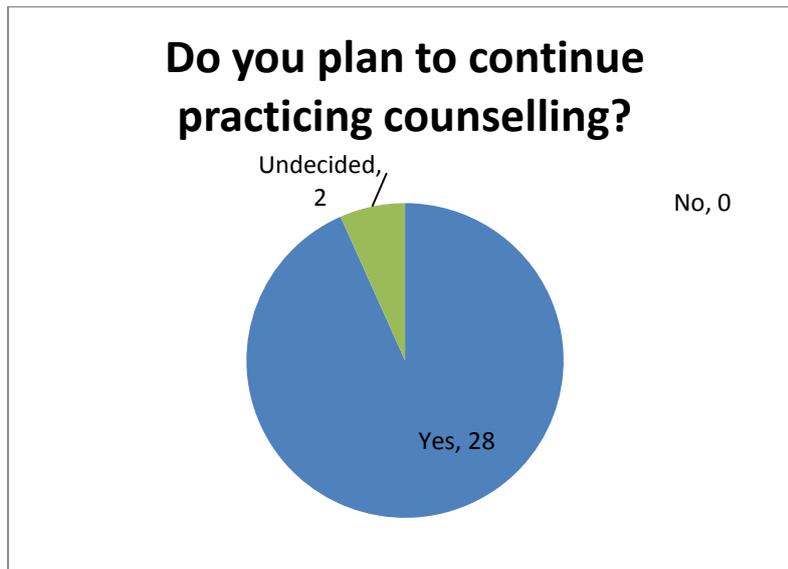
6. Are your initial reasons for becoming a counsellor still valid? Have they changed? If so, in what way? Please give details.



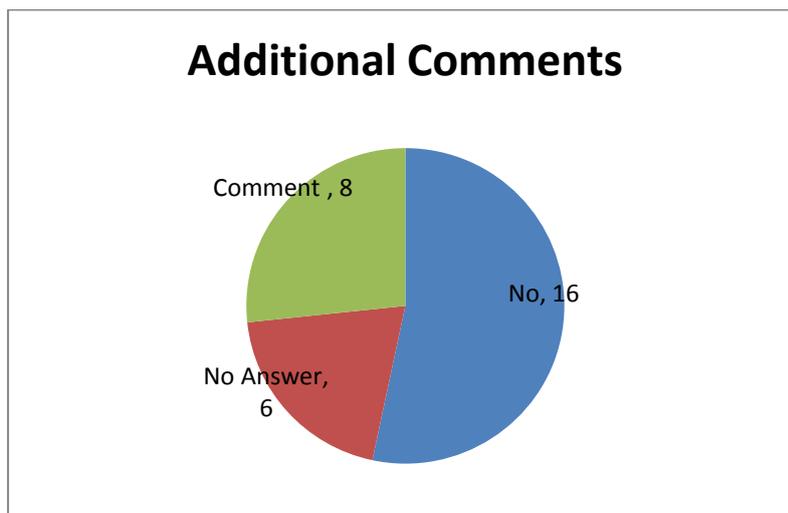
Out of the 30 participants who responded 19 qualified their answer with further comments. The following are examples of some of these comments:

- *Now it is more about the clients than me. I want to be a better therapist now, initially I wanted to be a better person*
- *Initial reasons are still valid. But now I also treasure more the personal development aspect.*
- *I think as I have gone on in the course the academic challenge has become more prominent, as if I need to prove myself. I also don't think I will work in the profession full time as I feel it would be too intense and take away the goodness for me.*
- *They are still valid however I think looking back I was most interested in healing myself.*
- *No, I think my understanding of what the counselling process would involve were slightly naive even after quite a lot of research. It is only by working in an area and really studying it that you can gain a true insight and understanding into the processes involved.*
- *On occasion I feel somewhat weighed down by a client and in this way was unaware of this when starting out as a counsellor. Also I am aware of self-care and the importance of it now.*

7. Do you plan to continue practicing counselling? Please give details.



8. Is there anything else that you feel is relevant as regards your motivations for becoming a counsellor? If so, please give details.



Some of the 'Additional Comments' made are as follows:

- *I think there should be an interview process before starting the course to discuss motivations and explain the course in more detail*
- *I feel that I should have thought more clearly about what was involved, cost, personal therapy, supervision etc.*
- *In my experience of counselling training there seems to be an abundant number of middle aged women, I feel there is a need for more male counsellors to whom male peers can relate to*

Discussion & Recommendations

Although the research on this topic is limited, the motivations listed by the 30 participants are largely consistent with those identified by the research that does exist. The survey carried out by Bager-Charleson (2010) surveyed 238 psychotherapists identified “own childhood” as the top reason followed by “later life crisis”, “interest in people”, “analytical investigation element”, “flexible working hours” and “other”. A lack of elaboration by participants in said study means that the motive of “own childhood” is largely left open to interpretation. The few who did elaborate on their childhood told of an array of experiences which they felt had influenced them most. Some reported growing up in “angry”, “dysfunctional” or “emotionally cold” families while others listed their being adoption or in foster care as a factor leading them to psychotherapeutic work. Some listed the presence of positive role models within the family as being an influential factor. When asked about influential life events the majority of participants in this survey referred to one or more incidents during their childhood. Unlike Bager-Charleson’s survey, all reported incidents were perceived and experienced as detrimental. Similar to the results of this survey, altruism was also listed as the most pervasive motive while all other motives are also common to both sets of research. The most popular reason for becoming a therapist was found to be altruism or the desire to help others, a finding matched by Norcross and Farber’s 2005 study. As previously mentioned however they are somewhat skeptical of this motive which they describe as “entirely conscious, socially desirable, and professionally acceptable”. Indeed they are not alone in their scepticism. The literature suggests that altruism is seen as the safe and easy option especially when other unconscious, perhaps more honest answers are deemed more revealing of personal deficiencies and issues. In an effort to deduce therapist motivations beyond altruism they propose two factors which from their experience are often instrumental in the choosing of this career. The first is the desire to self-heal and promote self-growth.

They refer to the ‘wounded healer’, the healer whose weakness also has healing properties (Norcross & Farber, 2005). By employing healing properties through therapy, the therapist is promoting growth in others but also within herself. From examining the findings of this research this would certainly appear to be a significant factor with a fifth mentioning self-development as the main motivating factor in their career choice. Out of the participants who listed personal development as a motivation, 70% had previously attended personal therapy confirming that a large section of the sample in question fall into the category of wounded healer.

The second motive they propose is that of “chance” or to use Norcross and Farber’s Sir Walter Scott quote “*the happy combination of fortuitous circumstances*”. It could be argued that a degree of serendipity is influential in the selection of all careers which would appear to weaken the case for ‘chance’ being a valid motive particularly specific to counselling. However Norcross and Farber insist the telling by psychotherapists of “*unintended or accidental meetings*” which sparked an interest in their career is significant and relevant. Certainly this is something which is also present in the results. Participants spoke about chance encounters with trainee therapists having a significant impact on them; “*conversations with other trainees made courses sound interesting*”, “*co-worker influenced me through their learning*”, “*I had friends who were counsellors – seeing their growth and how much they enjoyed their work inspired me*”. Chance also manifested itself in the form of random experiences “*A child at school where I worked needed help, felt I didn’t have the skills to help*”. Although alluded to by a number of participants, the notion of chance as a motivation is one which appears to be less significant than others referred to nominally and specifically. One presumably happens upon chance encounters with people of all vocations without being enticed towards a similar occupation. As suggested by the researchers the road to a career

may be dependent on “*situational imperatives and personal proclivities*” (Norcross & Farber, 2005).

That many of the “genuine” reasons for entering counseling as a career are unconscious is heavily implied in much of the literature. The attendance of trainees at personal therapy can help to clarify those motives by making the unconscious conscious or at least increasing the self-awareness and congruency of the individual. Despite having already listed their motivations, when asked about influential life events some participants chose to expand on or revise earlier answers based on influential factors which emerged during reflection on the topic:

“Childhood experiences now upon reflection may have been a subconscious motivator but at the time it was purely about furthering my education”

“Yes, in retrospect my parents’ death had a fundamental effect on me. Particularly my father who had suffered long bouts of depression culminating in multiple breakdowns. Perhaps now, looking back I realise that this is the real reason other than the ones listed above which reflected what I knew at the time for entering the course”

Motives still valid? *“They are still valid; however I think looking back I was most interested in healing myself”*

Motives still valid? *“Yes and no. As I have described above I have since learned that there are other reasons for me entering the course including the re-evaluation of where my life was taking me”.*

The common theme amongst these additional answers is the insight gained by the trainees regarding their motivations during the course of their counseling training. As reflection on this subject is not a specific part of the training curriculum nor is it even addressed throughout, it is interesting and noteworthy that some participants have themselves managed to elucidate the genesis of their interest in this type of work. Exactly what brought them to this realisation e.g. personal therapy, the training itself or even the survey, is unclear.

40% listed a desire to change career as a motivation for becoming a counsellor. While the desire for a new career does not account for why the participant chose this specific career, this is interesting in light of the practical challenges for would-be therapists in Ireland today. This motive is also somewhat at odds with the future plans as given the majority of participants. Of the 28 people who plan to continue working in counselling, over half said that they plan to continue to practice on a part-time basis only with only two trainees planning to make it their full-time occupation. The lack of secured and paid employment for psychotherapists currently in Ireland may account for the reluctance to commit to a full career change. Nonetheless this apparent non-committal attitude would call into question just how instrumental or influential the prospect of THIS career really was for the 40% who listed it as a motive. However of the 13 claimed 'career change' as a reason for embarking on a career in psychotherapy three mentioned the flexibility of working hours and independence as a particular motive. This would concur to a degree with Henry et al (1971) (as referenced by Zur, 1994) which considers psychotherapists to be "*apparently restless*" and to a lesser extent as having a "*low tolerance for routine*".

Narcissism was another of the themes identified in the literature regarding this topic. Although this is considered one of the unconscious motivations and is therefore more difficult to identify via answers in the context of a survey it did appear to emerge in some form. Listed amongst some of the motivations given by participants which reflect a

narcissistic need include “*self-validation*”, “*status*”, “*I realised that I could be a good counsellor*” and “*my need to be more than a stay at home Mum*”. It is also apparent in that which some participants said they gained from being a counsellor. 23% felt that the involvement in helping to bring about change for the client was the facet of their work they found most rewarding. Although this “reward” is still predominantly client orientated, it does suggest that the validation of ones ego is a valid and attractive outcome of ones work as a counsellor.

A common denominator amongst those choosing to embark on a career in counselling appears to be the incidence of a significant life event which they consider instrumental in their career choice. A survey carried about by Bager-Charleson on 238 counsellors’s and psychotherapist’s motivations 75% referred to personal experiences, often in the form of some “crises” as being influential in their decision. This concurs with the results of this study which had a 90% rate for the same question.

The question regarding the most rewarding aspect of client work was designed to ascertain, in a general sense, if the participant’s motivations for being a counsellor were being sufficiently satisfied. In other words, are the needs that drove their decision to be a counsellor being fulfilled once they have actually become a counsellor? Where the outcome matches the original motivations, the sense of authenticity of motivation becomes more valid. All participants gave examples of how being of help to the client was most rewarding for them. This is largely consistent with the main motivation of altruism as stated by the majority of the sample which suggests that on the whole the participants are achieving that which they hoped to, a fact which Norcross and Farber (2005) consider important in terms of career choice “*When therapists feel fulfilled and healed by their work, their efforts on behalf of their clients are reinforced and their sense that they are truly in the right career is confirmed*”.

As previously mentioned, obtaining appraisal for one's work as a psychotherapist can be problematic. This is a view shared by Zur (1994) who postulates that "*psychotherapeutic work rarely yields immediate, tangible, measurable results*" which in turn leads to a "*low sense of efficacy*" leaving the therapist "*frustrated and full of self-doubt about their competence and effectiveness*". This element of client work has been experienced and recognised by some participants as the following quotes confirm:

"I did not expect client work to be so challenging, and that it is a major commitment"

"On occasions feel somewhat weighed down by a client and in this way was unaware of this when starting out as a counsellor".

However when questioned about the reward for client work the response was unanimously and emphatically positive and altruistically driven. Furthermore it was found that 28 out of 30 participants intend on continuing practicing as a counsellor. This suggests that although quite specific frustrations and challenges exist for counsellors, ultimately the benefits and satisfaction gleaned supersede the negative aspects. The power of the fulfilment of altruistic work is summed up nicely by Orlinsky (2005) who talks about the feeling of fulfilment provided by helping others as seeming to be "*reason enough to remain a psychotherapist—even if (as for me) one no longer needs to do so*".

By examining the results of the surveys completed, we gain some insight into the motivations of the sample group. However if these results are considered in conjunction with the psychological motivations identified earlier by Deci and Ryan (1985; 2002), that which the trainee obtains from their work as a counsellor begins to gain even more significance in terms of motivations. As previously explained Self-Determination Theory is a model of motivation based on the propensity to satisfy our need for autonomy, competency and relatedness and it

is the “*need satisfaction*” which “*energizes and directs people’s behaviour*” (Deci & Ryan, 2000, cited by Van den Broeck et al, 2010). Autonomy in this context refers to the desire for personal freedom and a sense of volition when carrying out an activity (deCharms, 1968 cited by Van den Broeck et al, 2010). Counselling is one occupation which allows an individual to achieve this through their work. As a counsellor one is bound ethically to their accrediting body. However theoretically, methodically and even professionally the individual is free to work as he or she pleases. They can choose which theory they follow, which training to do, which clients to take, when and where. In fact the ability of the counsellor to work autonomously is a requirement as well as an enhancement to their work. For a person wishing to obtain autonomy this would appear to be the perfect career choice. Just 10% of participants mentioned the flexibility and independence associated with this type of work as a motivation. However many more indicated their intention to work on a flexible or part-time basis which can be viewed as a manifestation of autonomy in itself.

Competence according to the Self Determination Theory is the need to engage with tasks which one finds challenging and stimulating and which “*test and extend one’s skills*” (Van den Broeck et al, 2010). Again this is a requirement of practicing psychotherapy. Aside from the initial educational requirements, practitioners are expected to build on their existing knowledge increase their repertoire of skills and tools by means of further reading, continued professional development and experiential learning. The IACP for example requires that members carry out 30 hours of CPD per year once accredited (IACP website, 2012).

Therefore that people choose counselling as a career denotes an inherent acceptance of the commitment of continual acquisition of experience and knowledge and a willingness to challenge oneself emotionally and intellectually. The fact that the desire to further one’s education accounts for 10% of the overall motives given suggest that the need to achieve ‘competency’ does exist within the same on a conscious level also.

Relatedness refers to the tendency of individuals to ingratiate themselves with others in order to achieve unity and to give and receive care, love and affection. Similar to the previous two psychological needs, relatedness is an essential part of being a counsellor. In fact the therapeutic alliance between client and counsellor is considered to be the most significant element of therapy in terms of client progress and effectuating change. In order to forge a successful alliance with clients, the therapist must possess an innate propensity towards relatedness.

Recommendations

There is undoubted value in being aware of ones motives in life in a general sense. The more we understand our rationale for our behaviour and understand what drives us to makes the choices we do and what we aim to achieve with them, the more our self-awareness grows and we get a deeper sense of who we are and what we want from our lives. The career that we choose is important in this respect. For many a job is a means to an end, a chore or a necessity. For others it provides a sense of validation, satisfaction, reward, frustration and challenge amongst other things. From the existing literature and this research it would appear that a career in counselling encompasses all of these elements.

One of the themes consistent throughout the existing research is the lack of thought given to motivations pre, during or even post training. There are obvious drawbacks in this. One being that a person's perception of psychotherapy is found to be inaccurate or "slightly naïve" as one participant found, leaving them disillusioned and unfulfilled. Another is that the individual's motives are misguided. For example the desire to heal others may be a thinly disguised need to heal the self which without exploration may detract from the needs of the client.

Norcross and Farber (2005) believe that in the majority of cases the need for self-development and healing is usually “*balanced by a mature motive for altruism among mental health professionals*” and that “*only a relatively few clinicians are chronically preoccupied with their own struggles at the expense of their professional service to clients*”. In other words the therapists whose self-interest exceeds their obligation to their client is minimal. The results gleaned from this research would appear to corroborate that view. Although 57% listed personal development as a motive for becoming a counsellor, 100% stated altruism as the aspect of client work which they find most rewarding. This suggests that although there is something to be gained personally from counsellor training, ultimately the client and their progress is of primary concern.

Nonetheless there is it can be suggested merit in including some consideration of motives as part of the training process. According to Holt and Luborsky’s 1958 study (cited by Norcross & Farber, 2005), psychotherapists frequently report that they only recognize the reasons they chose their discipline well into their career or during the course of intensive personal therapy. It seems incongruous that an exploration of motives would be omitted from the training process, given the emphasis put on self-development and self-awareness. It would also appear to represent a missed opportunity for increasing ones understanding of oneself and so it would be a recommendation of this study to include or at least encourage the discussion during the training period.

The study carried out by Bager-Charleson et al (2010) proffer the concept of ‘reflexivity’ as a method of exploration of ones motives. Reflexivity which involves the “*revisiting, re-examining and re-searching one’s own motivations and strategies with other options in mind*” and how it encourages consideration of what we carry with us into our work “*in terms of our personal past, cultural values and belief*” (Bager-Charleson, 2010, P142). Part of the

counsellor's personal and professional development is a continual reflection on their methods, clients, goals etc. However she points out that unlike other helping professions, the mentioning or exploration of the concept of reflexivity in the literature is sparse. The following quote explains extols the significance of using reflexivity in a general sense:

“reflective practice work can become... socially and psychologically useful...It supports, demands even, practitioners thinking about values...values which underpin practice are rarely analysed and questioned” (Bolton, 2005 cited by Bager-Charleson, 2010).

An element of the values of the average counsellor that does appear to go unanalysed and unquestioned is what actually brings them to their work. One recommendation of this study would be to introduce reflexivity in the context of ones motives for their choice of career.

Conclusion

From the lack of literature, it is clear that little consideration is given to the topic of motivations regarding career choice within the psychotherapeutic community. Some of the drawbacks of this have been explored throughout this research and these exist in varying degrees of seriousness. The main danger of the unawareness of ones motives appears to be if the therapist's unconscious need for self-healing is so strong that it overshadows the needs of the client with obvious detrimental effect. However research, including this study, has shown that in most cases the primary concern is for the client with the personal development aspect being an auxiliary yet important by product. Nonetheless counsellors are in the business of exploration of the self and their motives for wanting a career in psychotherapy, whatever they may be are part of their story and deserve the attention that other aspects of their selves receive via therapy for example. The adage that a counsellor can only take the client as far as they have themselves gone in terms of self-exploration seems to confirm, if only on an anecdotal level, that by neglecting such an important aspect of ones journey, they may neglect a similarly important element of that of a client's.

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Appendix 1

Irish Association for Counselling and Psychotherapy

A Why Accreditation?

Accreditation helps to ensure that practitioners are appropriately qualified and work to recognised standards of professional competence. Accreditation also assures the client that the practitioner will work within an agreed ethical framework and code of practice.

B What Is Required To Apply For IACP Accreditation?

i Applications are accepted only from those resident and/or practising in the 32 counties of Ireland

ii An applicant must fulfil the criteria below:

- Be a fully paid up Member of IACP
- Accept and work within IACP's Code of Ethics and Practice
- Show serious commitment to ongoing professional and personal development (this could be indicated by participation in further courses, study, personal therapy and by attending workshops on counselling theory and practice)
- Submit completed IACP Application Form with necessary documentation and original certification

C An applicant must:

Have completed a Core Counselling Course, which is a minimum of at least two years full or part time duration, which satisfies the criteria for course recognition by IACP including the following:

- A minimum of 100 hours of supervised individual client work during core course (where training commenced prior to September 1995, only 50 hours client work is required)
- A minimum ratio of 1-8 supervision hours to client hours
- A minimum of 450 course hours of class contact, including skills, theory and self-development
- A detailed study of at least one major school of counselling/psychotherapy with an introduction to other schools/models of counselling/psychotherapy for comparison and contrast
- A minimum of 50 hours of personal therapy during training
- Assessment of applicants for suitability before being selected onto course
- Certification of having satisfactorily completed course

N.B. Courses may not be combined to make up a core course

D After training an applicant must:

- Have completed *450 hours of individual client work with evidence of one hour of supervision for every 10 hours of counselling, of which at least 75% must have been in one-to-one supervision. Supervision of these 450 hours of work must **not** be undertaken with a supervisor, who either supervised the applicant while a student during training, or was involved as a core trainer or assessor on the core course.
- Choose a Supervisor who is

- a) an IACP Accredited Supervisor
- b) a BACP Accredited Supervisor **or**
- c) an IAHIP Accredited Supervisor

- Supervision must take place at least once a month when the Counsellor / Psychotherapist is actively seeing or available to see clients
- Have been in ongoing supervision in Ireland with the same supervisor for one year immediately preceding application.
- Supervisor's report/ reports on all work covering the 450 hours must be submitted with Application.
- **This 450* hours of counselling must cover a variety of presenting problems**

As and from 31st March 2011 "That the timeframe between the successful completion of a Counselling/Psychotherapy Course and application for IACP accreditation be a minimum of 2 years and a maximum of 5 years. In special circumstances an applicant may apply in writing to have their application for accreditation considered where more than 5 years have elapsed, but this will be at the discretion of the Accreditation Committee"

- Applicants for Accreditation with validated appropriate training and supervision may submit couple counselling, family counselling or group counselling hours as 25% part of their post training 450 hours requirement. The other 75% of hours will be individual counselling.

It is at the discretion of the Accreditation Committee to invite any applicant for an interview as part of the accreditation process

E Non-Recognised Course criteria

If the core course is not an IACP recognised course, it is essential to include with the application the course brochure giving the course details, which show that its criteria are equivalent to the IACP current criteria for course recognition.

The details required of the applicant's core course include:

- Name of the course and the training organisation
- Starting and ending date of course
- Entry requirement for the course
- Qualifications of staff
- Number of hours of theory and skills training
- Number of contact hours on the course
- Number of supervised client hours as part of the course
- For client work a minimum of 1-8 ration of supervision hours to client hours
- Requirement of 50 hours personal therapy as part of the course.

Appendix 2

Personal Motivation Profile

This survey is designed to find out what are some of the motivations amongst people in counselling courses / trainee counsellors for entering counsellor training. This survey is completely confidential and will be used for research purposes only. Please answer all questions.

1. Please enter your age and gender

Age

Gender

2. What motivated you to become a counsellor? Please enter your motivating factors in the boxes below in order of influence on your decision, 1 being the most important motivating factor.

1

2

3

4

5

6

7

8

3. Has there been any significant events in your life that you feel have influenced your decision to become a counsellor? Please give details.

4. Had you ever been to personal therapy prior to starting your counselling course? If yes, has your experience as a client had any effect on your decision to become a counsellor? Please give details

Yes

No

5. Regarding your client work, what aspects do you find most rewarding or fulfilling?

6. Are your initial reasons for becoming a counsellor still valid? Have they changed? If so, in what way? Please give details.

7. Do you plan to continue practicing counselling? Please give details.

Yes

No

Undecided

8. Is there anything else that you feel is relevant as regards your motivations for becoming a counsellor? If so, please give details.