A PSYCHOTHERAPEUTIC EXPLORATION OF THE IMPACT OF

PERSONAL THERAPY ON TRAINEE THERAPISTS

By

Christine Boal

The thesis is submitted to the Quality and Qualifications Ireland (QQI) for the degree of MA

in Psychotherapy from Dublin Business School, School of Arts

July 2015

Supervised by Dr Gráinne Donohue

ABSTRACT

Personal therapy for trainee therapists is not always mandatory within psychotherapy and counselling training courses or for membership of the accrediting organisations, therefore some trainees may never choose to engage in this. A large amount of the literature and research carried out into the effects of personal therapy on professional and personal outcomes asserts that it is beneficial, if not crucial to the practicing therapist as it increases the self- awareness needed for healthy attunement to the client's and the therapist's needs and vulnerabilities. Most of the available research into the impact of personal therapy is with practicing therapists, mainly from a counselling psychology modality. This research explores the impact of personal therapy in training, through a detailed literature review and by qualitatively analysing three trainee integrative/ humanistic therapists using interpretive phenomenological analysis. The three main themes which emerged from the interviewees making sense of their experience were very interesting and rich. These included the trainee's experiences of the impact of the 'cost' (not simply financial) of personal therapy, ending the beneficial personal therapeutic work through fear of deeper relational contact- uncovering and dependence, and finally, the circular parallel process relating to the impact of external factors on the use of personal therapy.

ACKNOWLEDGEMENTS

CONTENTS

CHAPTER ONE

1.1 INTRODUCTION

Over the years there has been an increase in the number of therapy training courses which may be attributed to the growing sense of despair within the self and society where no matter how damaging we know our actions to be at times, we continue to replicate these in patterns.

The Presencing Institute (P.I) (2015) describes the 'disconnect' that humans have with the self and nature, self and other, and the self and self. This disconnect is quickly increasing in the world which is concerning, as it manifests in mental health problems including depression and burnout which in turn manifests into society's ills, problems with our planet and the economy. The World Health Organisation state that in 2002, more than double the amount of people died by suicide as did in wars (Presencing Institute, 2015). This is an alarming statistic which perhaps may have in some way influenced the increasing number of people deciding to join the counselling and psychotherapy industry. This also raises the question of a therapist's own conscious and unconscious dis-connect and inner despair; should the trainee therapist be supported to explore this phenomenon before they can support the client to do the same?

The literature reviewed indicates a majority of counselling and psychotherapy courses having some requirements for trainees to engage in personal therapy. The duration and type of personal therapy which the trainee is required to undertake may depend on the modality of the therapy they hope to deliver. Each of the diverse models of therapy will attach varying levels of importance to the therapist having personal therapy while training and when practicing. It may be widely acknowledged that those training in the analytic and

psychodynamic theoretical schools, may have to engage with longer term and more in-depth and uncovering personal therapy while those training with the cognitive behavioural model do not have to partake in any personal therapy (Rizq, 2011) There are also some who believe that personal therapy should only happen if the therapist's clinical work is being severely impaired, whereas others believe that therapy should not be given unless the therapist has entered into their own therapy (Geller, Norcross and Orlinskey, 2005, p.220)

It would seem that some organisations will place more importance on personal therapy and the benefits for this. An example of this would be the various training organisations in the UK and Ireland who offer integrative and humanistic counselling and psychotherapy training and qualify students to be integrative therapists upon completion either with a diploma or a degree; all are qualified to work with clients as integrative therapists regardless of the type of qualification. The various courses have different durations from 2 years to four years and each course has differing requirements for mandatory personal therapy. This ranges from 20 hours up to 80 hours and above with some courses having zero personal therapy requirement.

The professional member organisations and accrediting bodies require differing levels of personal therapy for a trainee and practicing therapist in order to gain accreditation for example, the British Association for Counselling and Psychotherapy (BACP) indicates that personal therapy can be used to meet criteria for accreditation as a therapist including professional development and self-awareness however this is *not* a requirement. BACP also indicates that personal therapy is not required for their membership or accreditation as a trainee therapist, unless it is a course requirement (BACP, 2012)

The United Kingdom Council for Psychotherapy (UKCP) believe that psychotherapists should have personal therapy that is of the same frequency, orientation and duration that they offer to clients and that many of its member organisations also require minimum personal therapy hours (UKCP 2012). In contrast, The Irish Association for Counselling and Psychotherapy (IACP), require a minimum of 50 hours personal therapy for accreditation during the training (IACP, 2012).

Psychotherapy training may be identified as longer and more intensive looking at more in-depth models of working, including psychodynamic and psychoanalysis however this does not mean that a counselling course need not be similar. In fact, much of the research carried out in this area has found that personal therapy can really benefit the trainee, as a study carried out by Grimmer & Tribe (2001) found. Research was carried out with recently qualified counselling psychologists who had a mandatory 40 hours personal therapy as part of their training. The results concluded that it was highly beneficial due to validation of the success of the therapeutic process, increased ability to separate the client's issues from one's own and a greater positive sense of self. However, like much of the available literature on the research into the impact of personal therapy, this study interviewed qualified counselling psychologists. The shortage of research into the qualitative impact of personal therapy on *trainee* therapists with an integrative/ humanistic training intensified the researcher's curiosity and drive to complete this psychotherapeutic exploration into the impact of personal therapy on trainee therapists.

1.2 AIMS AND OBJECTIVES

This research has a clear aim of carrying out a psychotherapeutic exploration of the impact of personal therapy on trainee therapists. It aims to gain insight into their experience of their personal therapy and how/ if this has impacted on any areas of their lives including professionally, internally and socially/ relationally.

It begins with the literature review which aims to explore the impact through examination of some of the literature available including the diverse writings and studies by those who are influential in this field. It will present a psychotherapeutic exploration of the impact of personal therapy on trainee therapists. It will give a deeper exploration of the conscious and potential unconscious experiences of trainee's personal therapy experiences by interviewing three trainee therapists, and analysing this via the rich lens of Interpretative Phenomenological Analysis (IPA)

The study also aims to highlight any areas that may require further research, assessment or development which may be of benefit to the trainee therapists, course directors and those bodies who provide accreditations to counsellors and therapists. Through a study of the impact of personal therapy, an increased awareness of the importance/ non importance of personal therapy for the trainee will also arise. It is hoped the study will fill some of the current gaps identified in research into this arena.

The following list summarises the key objectives

- Carry out an extensive literature review, including examining any similar relevant research and its conclusions.

- Exploration of the trainee's experience of personal and social impacts as well as the impact on their work with clients and on their training.

- Explore possible advantages and disadvantages of personal therapy.

- Contribute to the limited research into the area (filing the current gaps) and offering new findings and recommendations which may support those directors of courses and accrediting bodies when deciding on required mandatory personal therapy for trainee's, within an integrative therapy training.

- To contribute to any existing theories.

This study will look at many different schools of therapy (integrative and humanistic for interviews) and will use the generic term, therapist to incorporate all schools and models of therapy.

CHAPTER TWO: LITERATURE REVIEW

It seems virtually impossible to have undergone personal therapy oneself without emerging with heightened appreciation for the interpersonal relationship and the vulnerability felt by patients

(Geller, Norcross and Orlinskey, 2005, p.223)

2.1 INTRODUCTION

A theoretical qualitative approach has been used to examine some of the relevant literature relating to the impact of personal therapy on the trainee therapist. The literature has been gathered from a variety of books, journals and web sites with the dates of the research ranging from 1937-2013. Counselling and psychotherapy are used interchangeably and the term 'therapy' is used to describe both.

The literature review has six sections; firstly, it will explore the (2.2) historical beginnings and then move on to look at transference, (2.3) countertransference and personal therapy, (2.4) capacity for containment and emotional regulation, (2.5) therapists personal characteristics in relation to how personal therapy is experienced, (2.6) personal therapy for psychotherapy and counselling training courses and for practicing therapists: for and against finishing with the (2.7) conclusion.

2.2 HISTORICAL BEGINNINGS

Many modalities of therapy are based on belief in and use of the unconscious with the workings of transference and countertransference informing their work. Freud (1937-1939) largely emphasised the importance of the analyst's personal analysis, seeing this as essential and as giving the ideal qualifications necessary for the profession. Freud (1937-1939), like

many other analysts and psychotherapists working with the unconscious, believed that not only was it important but crucial for the analyst to be in personal analysis, in order to explore their own unconscious and countertransference as a method of informing the work with the client;

> …But where and how is the poor wretch to acquire the ideal qualifications which he will need in this profession? The answer is in an analysis of himself, with which his preparation for his future activity begins (p.246)

Freud (1911-1913) describes the analyst as needing to have the capacity to tune their own unconscious 'like a receptive organ' to that of the patient's unconscious (P. 115). Bollas (1987) believed that the therapist has to look for the patient in the self in order to find the patient (p.202).

2.3 TRANSFERENCE, COUNTERTRANSFERENCE AND PERSONAL THERAPY

Heiman (1950) in a paper on counter-transference stated that one of the aims of the analysts' personal analysis was to promote the ability to tolerate the feelings which are stirred within from the therapeutic relationship and not to expel them out into the relationship as the client does. Heiman also describes witnessing beginner analysts ignoring the stirred up feelings and repressing them out of fear. O'Brien and Houston (2007) describe transference feelings being used to inform the work of the therapist in that they can gain insight and understanding into the clients' unconscious ways of relating and feeling in the world. The management of this transference by the therapist will largely influence the outcome of the therapy, the awareness and management of this can be supported through personal therapy. Watkins (1989) also

describes the importance of being able to deal with the transference feelings in the relationship and states that when this does not happen appropriately, it commonly gives rise to unsuccessful treatment (as cited in O'Brien and Houston, 2007 p. 149).

The importance of the awareness of transference is highlighted by many other psychotherapists and authors. Jacobs (2010) describes the importance of the psychodynamic therapist's personal therapy as it impacts upon the client relationship and outcome. The transference is described as vital and beneficial in the therapy however depending on how the therapist reacts to this is important as a negative reaction in the therapists countertransference can impede the relationship. Personal therapy supports the therapist with their own transference and countertransference problems, an example being an intense attachment due to the therapist liking and needing to be admired or feelings of anger or hate towards a client. A therapist working out of this framework without awareness of their feelings may not create an optimal space for therapeutic work happen. The countertransference may be productively used in the work if it is managed appropriately.

2.4 CAPACITY FOR CONTAINMENT AND EMOTIONAL REGULATION

Many theorists believe that it is in the early interactions and attachment between the baby and primary carer, which lay the patterns of defences used in adulthood. Our defences are what protect us when we feel anxiety and fear, the baby feels this regularly with the threat of annihilation due to the total dependence felt.

Bion (1962, 1970) (as cited in Nolan, 2002) describes the importance of the mother being in a state of 'reverie' to the child meaning she can 'allow in' the infant's anxieties and terrors

(especially in the early infant, non-verbal years), containing and detoxifying and processing this overwhelming affect. This means being able to contain and tolerate what this evokes in her without this annihilating her. The toxicity and overwhelm is held and processed by mother but it has to be given back to the child in a way that can allow for and give meaning to the child. This then allows the child to start building the foundations for thinking for self as a separate person. If mother is not able to provide such attunement, and even punishes the child for the distress, the child can feel a 'nameless dread'. In therapeutic work, Nolan (2002) cites picking up these primitive pre-verbal feelings as being a crucial element of the countertransference work (p.12)

The therapist is in a position to allow for the clients projective identification in the co-created relationship where they can receive the non-verbal distress and process this in order to help the client make meaning in a more coherent way, by using their countertransference to inform. If there is a lack of awareness in this area, there is the potential for the countertransference of anger and frustration to be acted upon by the therapist which could create a negative therapeutic reaction. If a mother cannot tolerate what is evoked in her by the child's emotional state (due to her own difficulties with tolerating emotion and mentalisation) and therefore dismisses this by ignoring or suppression, this type of avoidant strategy is likely to be employed by the child when trying to modulate their emotions which is mirroring the defences used by the parent (Wallin, 2007, p.50). It is therefore difficult for the child to know how to do anything else but what it sees and feels in the mirror of the primary carer (largely unconsciously). It will be difficult for the therapist to provide anything different to what they have received themselves in their early care system, unless they have completed dynamic reparative work on such areas.

Many aims of therapy are to support clients to integrate split off and fragmented feelings and emotions which had to be defended against for fear of overwhelm. It is in the early life that

the patterns of defences are set in place via this inter-regulatory system and it would seem that unless there is a deeper 'felt sense' of this within the self, it will be difficult to provide this to the client.

The term 'felt sense' relates to the unconscious elements that are hard to name but when experienced, are viscerally known. A baby learns only to show the feelings that get a positive response from mother; they will regulate their behaviour through anticipating the response (Van der Kolk, 2005) and therefore unconsciously suppress the others. The baby may learn to split off from these un-met feelings as this is what the mother does to her own. This can be re-enacted in a therapeutic relationship if the therapist does not have the deeper awareness and reparative work completed to a good enough level.

According to Wallin (2007), the ability to mentalize is important for integration of implicit and explicit fragmentation experience through dissociation. It is the therapists ability for metallization which allows the client to develop it.

Rizq and Target (2008) explore the evidence of 'the Wounded Healer' and cite that for many therapists, they are attracted to the profession due to experiences of lack and trauma in early life which leaves a want for understating and repair. The repair and subsequent increased ability for reflexivity may be attributed to a successful personal therapy process through an unconscious want for self-healing. This in turn can be provided to the client. This correlates with Dryden's (1996) opinion of personal therapy and its' impact on the client work, 'the therapist can only go as far with the patient as he can go himself' (p. 386). In other words, the

trainee must be able to search and work through their own unconscious and internal wounding in order to support the client to do this.

2.5 THERAPISTS PERSONAL CHARACTERISTICS IN RELATION TO HOW PERSONAL THERAPY IS EXPERIENCED

Rizq (2011) carried out research to explore how the personal characteristics of a therapist may influence how the personal therapy is experienced within a psychotherapeutic training. The data collected examined the experience of personal therapy and the attachment status of the trainee. The results showed that out of the 12 UK psychologists (from different orientations such as psychoanalytic and cognitive-behavioural) qualitatively interviewed, those who were more securely attached looked forward to the personal therapy and were able to use the therapy and therapist to make large positive change in their life. They were also able to challenge unhelpful and abusive therapists and move to another therapist when needed. The insecurely attached therapists on the other hand were more resistant to attend personal therapy and suspicious of the therapist throughout. They felt frustration at being asked to complete the mandatory therapy and highlighted a perceived negative feeling of power imbalance and in-equality between the therapist and the self and felt disempowered and disturbed by the personal therapy requirement (p. 179).

> …securely attached therapists are likely to possess alliance-enhancing characteristics (e.g. warmth, sensitivity) and therefore better able to create the atmosphere of security that Bowlby (1980) viewed as a prerequisite for productive therapeutic work
>
> (Obegi and Berant, 2008 as cited in Rizq, 2011, pp. 466)

The therapist will be exposed to significant emotional distress, anger, rejection, anxiety and hatred. Personal therapy offers the chance to support survival and resilience to these intense emotions by exploring their own (some unconscious) vulnerabilities which can be triggered (Dryden, Strawbridge & Woolfe, (2003).

2.6 PERSONAL THERAPY FOR PSYCHOTHERAPY AND COUNSELLING TRAINING COURSES AND FOR PRACTICING THERAPISTS: FOR AND AGAINST

Yalom (2003) describes personal therapy as being the most important aspect of psychotherapy training and deems the therapist's self as the most valuable instrument for the work. The therapist must be in touch with their own dark/ shadow side and the many different human wishes and impulses which exist in all human beings. He describes the mandatory hours for a trainee therapist as only starting the process of self exploration, which is crucial to the work as a therapist. This invaluable process is life long and personal therapy should be as in depth and as long as possible with the trainee being able to experience all of the complex elements of therapy from the patients seat. Yalom posits this as helping the trainee to gain the inner strength to deal with the complexities of the patients and the self, to explore their own blind spots, to work on their own neurotic issues, to accept feedback, to see the self as others do and to value how they impact upon others (p.40-43).

Susan Howard (2010), a Psychoanalytic Psychotherapist, author and Consultant Clinical Psychologist works as a trainer in this area and states when training clinical psychologists, that there are differences in those who have personal therapy and those who do not when it comes to working with clients; those trainees not engaged in personal therapy are more likely to have increased anxiety. Their clients can be damaged in the session if they become very distressed which can cause reduced ability to assist the clients experiencing of tough emotion as the therapist can feel at fault. The opposite can exist with those who have personal therapy as they have awareness and experience of strong emotion, and can tolerate and contain this. The therapists own therapy can support them to be able to recognise when the client's issues are triggering the therapist to 'rework' their own past and therefore know when they are experiencing difficulties and to get help with this (p.13-17).

Another view is that personal therapy can give rise to positive self- reflection which is beneficial to the clinical work of the therapist. Ronnestad and Skovholt (2013) for example, explore how stagnation can happen to the developing therapist and state if the therapist does not engage in adequate self- reflection, this can lead to premature closure and disengagement with clients. Research carried out by Rake & Paley (2009) suggests that many studies show therapists who have personal therapy report it as being beneficial however there are few which show how this impacts on professional development and practice. This qualitative research study was carried out with eight practicing therapists using semi-structured interviews and IPA and explored how their experiences of personal therapy influenced their therapeutic practice. The study concluded that the personal therapy was seen as an important and powerful experience which saw benefits professionally and personally with the emotional impact of the therapy stimulating personal and professional robustness. This sense of

robustness may in turn allow the client to feel safer and trust that the therapist is able to contain and hear what they need to say.

McLeod (2009) states that many therapists while training require personal therapy as well as academic and research elements however, comparative studies carried out between highly trained therapists and counsellors with more limited training, showed there were minimal differences in how effective either training was. McLeod in review of literature, states other researchers as having concluded that a highly trained therapist will do better with varied caseload and complex clients, than a therapist with minimal training but does not directly link this with personal therapy. Ronnestad & Ladanny (2006) state that several authors of literature into personal therapy and client impact suggest that personal therapy has no distinct positive or negative effect on client outcome however it seems that this type of research can be hard to measure. Palmer & Varma (1997) assertively states that this type of research can be 'shallow and simplistic and often does not use real clients or therapists' and states the personal therapy of the trainee is the primary most important influence on any therapist (p.125)

Wheeler (1991) on the other hand challenges the assumption that personal therapy should be essential to the training of counsellors. Research was carried out with several therapists, measuring the therapeutic alliance in relation to length of training, orientation, supervision and personal therapy. The results suggested that there was a negative correlation between the amount of personal therapy undertaken by the counsellor and the measure of the therapeutic alliance achieved with their client and further suggests that personal therapy was negatively correlated with client outcome (p. 1). Many trainee therapists may describe the cost of personal therapy as an added financial pressure which can cause stress on top of the anxiety

of engaging in the personal work. Many training programmes do not include personal therapy in the course fees and according to Churchill (2007) this financial pressure has stopped some form applying to analytic training in America, defining this as an 'economic class barrier' (p.5-6).

The impact of personal therapy as a personal choice or as a mandatory element should not be overlooked. McLeod (2009) states the potential for 'tension' in relation to the commitment to personal therapy when it is prescribed as part of a training rather than voluntary. Also, if a trainee becomes heavily absorbed in their own therapy, they may have lees capacity to be available to the client. Furthermore, there is the potential for bias in many of the research which highlights positive impacts of personal therapy according to Jacobs (2011). This is due to many therapists and trainees having spent a lot of money and time, therefore of course they want to have something positive to say about it. Jacobs describes gaining a lot of benefits from his personal therapy while training as an analyst because it was a personal choice, not mandatory which meant he was much less defended against the process.

Not all trainee and practicing therapists will have a positive experience of personal therapy. A survey of 800 psychologists carried out by Pope and Tabachnik (1994), found that 22% of those involved in personal therapy found it to be harmful citing experiences such as incompetent therapists, sexual advances by the therapist and emotional abuse.

Some may view Wampold's (2001, p.202) belief in the essence of therapy as being embodied in the therapist as offering a framework of omnipotence. However if the success of the therapy is highly related to the 'person of the therapist' (not the approach used) and their ability to be in relationship and build the alliance, then it would seem indubitable that this

would involve the therapist engaging in their own personal therapy. It is estimated that 5-10 percent of people will deteriorate in therapy which rises to 10-15 percent for those with substance abuse problems (Cooper, 2012, p. 25). Twenty percent of people in a recent study indicated that their therapy contained aspects which were detrimental (Levy et al., 1996, as cited in Cooper, 2008). This can highlight the importance of understanding that therapy is not suited to all individuals but also indicates the importance of appropriate training and supervision for the therapists to avoid re-traumatisation and harmful practice (Levy et al., 1996, as cited in Cooper, 2008, p. 25).

Greenspan & Kulish (1985) report lower client dropout rates for therapists with personal therapy. Macran and Shapiro (1998) discuss a review of studies on therapists from different orientations showing that personal therapy positively increased ability to show empathy, warmth, genuineness and countertransference awareness which may all support the therapeutic alliance with the client. Personal therapy was also accepted as an important tool to recognising and working with therapist's countertransference which helps in the prevention of burnout for practitioners. Rizq (2011) suggests that the research over the last decade has seen a move from whether personal therapy influences client work, to how it influences this, focussing on the process rather than the outcome and exploring the subjective understandings of the therapists rather than objective outcomes. It would seem that qualitative measurements rather than the quantitative, is more appropriate to this kind of research due to the complex mechanisms of the therapy process.

Grimmer & Tribe (2001) carried out qualitative research with recently qualified and trainee counselling psychologists to explore views of mandatory 40 hours minimum, personal therapy. The outcome suggested that personal therapy lead to professed positive results

relating to professional development. The participants who did not have previous experience of personal therapy felt a sense of validation of therapy as an effective therapeutic intervention. Other outcomes included the ability to separate the client's issues and their own, support during difficult times, positive sense of the self as a professional, greater understanding of the centrality of the therapeutic relationship to effect change and were able to offer a more equal power balance within the client and therapist relationship. Participants also reported a heightened appreciation for ethics within the relationship stating that they would do onto others as they would have done onto the self (p. 292). This study also states that through the literature available in this area, there are recurring rationales for personal therapy. Some of these include the therapist being able to understand the interpersonal needs and responses of their clients, through experiencing these themselves. The therapist as a client can receive support for their own emotional stressors which may be inherent in the type of work which may reduce 'burn out', however it is also suggested that having personal therapy while training can negatively affect client outcome as the trainee is engrossed in their own emotional confusion/ process. This may however also be understood as a positive element as the trainee is working through their own processes which may support the separation of their own issues and needs with that of the client and possibly support them to get in touch with some of the reasons they have chosen that field of work, and help them to question if it is an appropriate field of work for them.

Macran et al, (1999) as cited in Cooper (2008) states the following as positive elements relating the therapists own therapy and would seem naturally indicative to trainee therapists;

- Therapist taking care of the self

- Knowing what it feels like to have therapy

- Gaining experience of a role model

- Separation of own and clients feelings

- Knowledge and education of the writing reflex (not jumping in to fix the client)

- Learning what not to do.

Grimmer & Tribe (2001) also state that personal therapy improves mental and emotional functioning of the therapist and discusses Garfield and Bergin's (1971) suggestion that less disturbed therapists secure greater positive change in their clients.

There has been an increase in the amount of brief therapy available especially within the NHS, usually taking the form of a Cognitive Behavioural Approach. The training for this model of working often does not include personal therapy as a requirement and some may believe personal therapy is not needed due to the work not requiring depth with the client. Bor & Watts (2011) believe that personal therapy for the brief therapist is still very important suggesting that building the therapeutic alliance is crucial with the counsellor's ability to do this being enhanced through their own therapy. The client is more likely to question whether the therapist has the inner resources to support them to cope with what can happen when they endeavour to change as opposed to wondering if the therapist has the appropriate technique and tool to use, "Will you be able to cope with their fear, their anger and their desire" (p. 263)

The therapist, no matter what their orientation will need the inner resources to cope with the challenges their client faces. Yalom (2003) quotes, "Above all the therapist must be prepared to go wherever the patient goes" (p. 35), if they are not in touch with and accepting of their own dark sides, their socially unacceptable thoughts and feelings, then how does this permit the client to bring theirs into the room.

2.7 CONCLUSION

There is vast literature which highlights the positive impact of personal therapy on trainee's and practicing therapists with modalities such as psychoanalysis having a long standing tradition of a training analysis. It is apparent from the literature discussed that the experience of personal therapy is individual and is due in part to the trainee's attachment framework. This has an impact on whether they view and experience the mandatory therapy as a punitive or as a positive support. However this also has to allow for those who have unprofessional and damaging therapists (Pope and Tabachnik, 1994). This in itself gives rise to curiosity into the training and personal therapy of those practicing in unhelpful and damaging ways- they cannot be considered in isolation from the training undertook. It is apparent that for some, personal therapy as a mandatory requirement may leave the trainee in a highly defended position as opposed to entering this by choice. This may therefore impact on the successfulness of the therapy.

CHAPTER THREE: METHODOLOGY

3.1 INTRODUCTION

The research is a psychotherapeutic exploration of the effect of personal therapy on trainee therapists. This chapter aims to inform the reader of the research method of data collection design, recruitment, method of data analysis and ethics.

3.2 METHODOLOGY

A qualitative approach was most suited to the research due to the nature of exploration of the interviewee's experience. Cooper (2008) describes qualitative research as a non-number based method. Instead, it focuses on the perceptions, observations and language (p.8). Qualitative research uses the relationship between the interviewer and interviewee to facilitate descriptions, meanings and interpretations of the participant's experiences (McLeod, 2009, p. 584).

This study sought to gain understandings of the participants' specific phenomenological experience in relation to effects of their mandatory personal therapy in training. Phenomenology may be described as the philosophical approach to the study of experience (Smith, Flowers & Larkin, 2009. p. 11).The research will require a qualitative approach in order to support descriptions, understandings and interpretations of the participants' experiences. This research used Interpretive Phenomenological Analysis (IPA) in order to understand how the participant makes sense of their experience and exploration of the meanings it holds for them (Smith, Flowers & Larkin, 2009).

IPA works mainly with open ended questions and is idiographic. This allows the individual to explore and interpret their own lived experiences in their world and examine how this is made sense of. The researcher is/ was as much involved as the participant with the process, incorporating their sense of what the participant is saying which could be described as double hermeneutic/ two stage interpretation. IPA was chosen as the most effective technique as it allows for the understanding of people as complex, supports the whole experience of language, emotion, feelings, affect, cognition, behaviour and allows for the connections between all of these in making sense of the experience (Smith & Osborn, 2007). IPA also allows for creativity, subjectivity and inter-subjectivity. It identifies the emergence of master and cluster themes from the transcripts so that they can be translated into sequenced descriptions. This subjective approach to research is therefore very appropriate to the psychotherapeutic field when rich in-depth data is required and to this specific research being proposed.

3.3 SAMPLING & RECRUITMENT

In order to allow for more detailed qualitative explorations of individual participant's experiences, discrepancies, similarities and themes etc. (Smith & Osborn, 2007), three participants were interviewed. The research had originally set out to interview four participants, two from a training which had a personal therapy mandatory requirement of 20 hours for the duration of the training and two from a course with 80 hours of mandatory therapy. This had to be reconsidered due to the very poor and disappointing uptake of the invite (despite a great deal of energy to connect to this group) to those students completing a

20 hours mandatory therapy. The IPA recommended sample size is three participants (Smith et al, 2009)

Three participants were interviewed. They were all in their last year of training as integrative/ humanistic therapists. All of the courses also gave training in psychodynamic modes of working. Two of the interviewee's courses had afour year duration and one had a 2 year duration. All interviewee's courses offered an integrative training, qualifying students as integrative therapists. All courses had a specified number of mandatory personal therapy hours as a training requirement.

Demographic of sample

Pseudonym	Age	Mandatory number of personal therapy hours as determined by the course	Duration of course
Majella	45-60	80	4 years
Joanne	30-45	20	2 years
Fiona	30-35	80	4 years

Other courses which offered different orientations of training or 'purist' approaches such as psychoanalysis, Gestalt or Cognitive Behavioural etc. were not chosen due to their more purist nature. Interest in the specific integrative and humanistic tradition was due being openly influenced by various modalities and parent theories.

There were several criteria in place for those invited to the research. The participants all had to be in their final year of a humanistic and integrative training and working with clients. They had to have an unspecified number of mandatory personal therapy hours to complete as part of their training course. The participants were all recruited via email, please see Appendix A for a copy of the invite. A consent form (Appendix B) was also thoroughly read and signed before each interview. All interviewees recorded their consent to record their interviews.

3.4 METHOD OF DATA COLLECTION

Semi structured interviews which were most suited to allowing for a rich and comprehensive account of their experience. This also allows for the researcher to use her own skills to open and unfold particular areas without rigidity. McLeod (2003) states the semi structured interview as being 'highly effective when the researcher feels able to anticipate in advance the area into which she intends to enquire' (p. 74) This qualitative semi- structured interview allows for the participants life- world, meaning presuppositionless, focused, personal experience, interpersonal processes, change and sensitivity (McLeod, 2003, p.75).

The interviews happened face to face and in quiet and confidential spaces where participants and researcher felt safe to explore their experiences. The questions used were open ended (see Appendix C) and often did not require a rigid following due to the open, empathetic and creative space created

3.5 METHOD OF DATA ANALYSIS

Following the Interpretative Phonological Analysis approach to data collection and analysis, the researcher captured the experiences of the participants via semi structured interviews which organically unfolded to give rich layered data.

The interviews were transcribed with the researcher, engrossed in these, read and listened repeatedly. The transcriptions were paragraph coded and anonymised. The reading of the transcripts started with an intellectual listening ear then through repeatedly reading, grew a more reflective and detailed analysis. This allowed themes to emerge and to be identified and selected. The themes came from similarities and differentiations in the interviewee's data which allowed clusters to be formed (Smith & Osborne, 2008).

The transcripts and following theme administration of the interviews were all completed independently of each other to reduce enmeshment. All themes were continuously checked and evidenced from the transcriptions as with the researchers analysis of same. Verbatim vignettes were selected for the research paper to show the evidence of the themes.

3.6 ETHICAL CONSIDERATIONS

All of the participants were given information on the research topic, the method of data collection being used and any possible risks in taking part. They were provided with written consent forms which indicated the voluntary nature of participation and subsequent rights to choose what they disclose or to leave the research interviews or process at any stage.

There was potential for emotional arousal through identification with difficult personal material. The participants were supported through de-briefing exercises at the end of the interviews where they were supported to safely go back into their daily structure, making sure they were associated to the here and now experience. Further therapeutic support was not considered to be necessary by the participants.

Participants were provided with information about confidentiality (written and verbal briefings) and the steps taken to adhere to this as far as reasonably possible with opportunities to express any of their further ideas on how this could be enhanced. Confidentiality practicalities included the use of pseudonyms on all documentation and transcripts with only the researcher having access to the transcripts which were stored on her personal computer, encrypted with password protection (only known to the researcher). Some of the identifiable information was anonymised on the transcripts and therefore the vignettes however no experiential information was changed.

The researcher worked rigorously with experienced supervisors in order to increase awareness and management of potential biases and to remain open to all evidences and interpretations which may contradict any assumptions. This supervision also supported the structuring of the interviews in order to avoid potential manipulative questioning, leading questioning and over empathetic questioning.

The research was passed by the DBS ethics committee.

CHAPTER FOUR: FINDINGS

4.1   INTRODUCTION

Three trainee therapists Joanne, Fiona and Majella were interviewed for this psychotherapeutic exploration of the impact of personal therapy on trainee therapists. The interviewees have been given pseudonyms for anonymity. Their interviews were transcribed and opulently analysed using Interpretative Phenomenological Analysis (IPA) which revealed the following three main themes;

4.2 THE 'COST' OF PERSONAL THERAPY

4.3 ENDING THE BENEFICIAL PERSONAL THERAPEUTIC WORK; FEAR OF DEEPER RELATIONAL CONTACT, UNCOVERING AND DEPENDENCE

4.4 THE CIRCULAR PARALLEL PROCESS- IMPACT OF EXTERNAL FACTORS ON THE USE OF PERSONAL THERAPY

In this section, the themes are presented in depth with extracted paragraphs from the original transcribed interviews. The selected excerpts from the interviews are labelled with the initial of the interviewees name and the paragraph number, for example, F13 for Fiona, paragraph 13.

4.2 THE COST OF PERSONAL THERAPY

The monetary cost of engaging in personal therapy in training has been documented in the literature review and has been viewed by some as creating a class barrier, discouraging some from applying to train as a therapist. Two of the trainees made reference to the monetary cost

of therapy as an added pressure with the cost of supervision and cited that even though they were informed about the mandatory personal therapy and supervision before starting their training, it still 'took them by surprise'. The two participants with weekly personal therapy for three years expressed concerns and anger about this. When talking about the 'cost' of personal therapy, this evoked intense anger in Majella

> M9 "I had an awareness that therapy was part of it, I suppose what really hit me most was em, there was therapy and there was supervision- I don't feel that it was outlined clearly enough that on top of… the fees are, per year, your also going to have supervision expenses….. we are just coming to the end of it here now and as a family we have had to make huge sacrifices to get to here, had I known while looking at the course prospectus that this was going to be the case, I would have said absolutely no way could we manage that- yea so it did take me by surprise"

In the words of the researcher, the 'true cost' of personal therapy seems predominant. The 'true cost' has come from hearing the participants talk about the cost to them and their family in terms of the economic cost however due to other statements made and the emotional resonance left with the researcher, the researcher held in mind intense thoughts about the emotional and physical cost of the training and the personal therapy, not just financial.

Majella exhibited a fragmented view of her personal therapy which gave the researcher a sense of an unintegrated experience with split polar opposites, splitting the good and the bad.

> M19
> … "I thought if it hadn't have been part of the course it would have just been an indulgence you know for me to go and spend that money every week on myself , I couldn't have actually considered doing that but because it was part of the course, I had to do it and in some ways it was a great excuse for me"

Throughout her interview, Majella describes the personal therapy element as allowing her to develop into a 'good enough therapist' and about the wonderful gift of a therapeutic relationship to which the researcher felt was 'all good', describing therapy as a 'beautiful dance', 'fluid', 'beautiful to watch this creative relationship' and 'feeling understood'. It is possible that talking about the financial costs allowed expression of the shadow side of therapy. For example, in the following paragraph Majella expresses her anger through a lower deeper tone of voice and the researcher wondered about a sense of internal agony to which she was defended against exploring further in the interview.

M4

… I kind of expected the therapy end of it- my own personal therapy- I expected that to be a walk in the park, I expected that to be the easy bit and I expected to really struggle with the academics and boy did I get a land, you know when I was triggered I thought my god this was not what I thought it was going to be you know, I thought this was going to be very very hard academic learning supported with a bit of therapy on the side but you know the personal process really became the big part"

The interviewees were happy to talk about the financial cost of personal therapy in training. There were many benefits of the therapy described however there was resistance to exploring the internal and external costs/ worth, penalty to self and others and what was uncovered and agonising in Majella's 'walk in the park'. The words used may describe shock and trauma that happens when we 'get a land' and maybe Majella was shocked about her own wounded trauma history.

M67

… "I knew there would be a cost of therapy and then when supervision was added on top I went- holy shit- how am I going to find this when we are already at capacity you know then the ripples, everything else that has to be cut back and that impacts all of my family, it's just not me, so that- I thought oh for god's sake this is just a money pit and to be very honest, combine that then with but then I have a big problem with that in third year we are sent out to see students, oh- to see clients as students and under our student insurance we cannot be paid for the work we do, That after two years of training- in any other profession where there is an apprenticeship you know there is some financial recognition for the work that one does but in this profession, it's almost like we are the bottom feeders, you know there is other therapist who are making money on students, and then there is a part- I suppose my rose tinted glasses came off very very quickly because it went from being a profession in my eyes to being an industry that fed on the various levels….of a student"

This glimpse of something of the more challenging part of Majella's journey was also described towards the end of the interview as she described 'already being at capacity' which may refer to internal emotional and physical capacity with a fear of adding further to this in third year, when starting with clients. A fear of how she would be able to hold and contain clients, self and family. When Majella stated 'just a money pit' the researcher had an image of hole or ditch which may relate to something of Majella's internal existential void which may feel very anxious to be consciously in touch with.

Fiona stated that she was aware of the mandatory personal therapy element in training but not of the financial cost of this. Fiona stated she could not start the therapy until her second year due to her financial situation however this may have been related to not feeling the internal emotional resources and structures were strong enough to embark on an uncovering process which would create fear of breakdown and overwhelm.

F8

… "Before I started the course, I read that it was a part of it em.. I didn't know about the cost of it, I didn't realise what an undertaking it would be financially"

F10

… "Oh its huge, the financial impact, knowing , I mean let's put aside for a moment that fact that the therapy has been life changing and I wouldn't change it for anything but financially its huge- especially when you couple it with the cost of supervision over the past two years, I think I am not alone in saying and that most people in my year would say if they had known about the financial side of it they may not have taken on the course"

In relation to the cost of therapy, Fiona used the word 'undertaking' which left the researcher curious about what had been taken from underneath, taken from a deeper place. This could relate to something being taken from the unconscious life, and the challenging cost of this when brought into consciousness. Fiona describes being 'shocked' at the 'financial cost' when she started into the personal therapeutic process having delayed starting it.

F20

… "The pressure was I suppose- to really understand the material on the course, you have to go through your own process….people were saying that therapy is so useful at the minute with everything that we are learning on the course, so I did feel a little bit behind in that aspect, I also then, towards the end of year one…half year through year one, I got pregnant so they advised me not to start the course before I had the baby and I didn't have the baby until two weeks into year two so I was quite late starting therapy"

Giving birth physically may have seemed less overwhelming than working towards an emotional re-birth in the psyche and having an attachment with her baby may have felt less

threatening than forming an attachment to a therapist which was subsequently avoided for a time.

In contrast, the position held by Joanne in relation to the 'financial cost' was indifferent. The 6 months of personal therapy attended, which was above the required 20 hours over two years seemed to the researcher to not have much 'cost' associated which potentially relates to the level and depth of the therapeutic journey which will be further explore through the next theme.

4.3 ENDING THE BENEFICIAL PERSONAL THERAPEUTIC WORK!-FEAR OF DEEPER RELATIONAL CONTACT, UNCOVERING AND DEPENDENCE

All of the interviewees stated their personal therapy as being beneficial to their work as therapists and that it has in part changed their lives for the better and impacted positively on their client work.

F20	…"it gives you a fuller understanding of what it entails and the difficulty of sitting feeling vulnerable with someone and the sensitivity around that as well… it helps in that as well with the empathy of what someone else is going through as you are sitting in their place and walking in their shoes…before therapy you know I would have thought I behave the way I do because I am right, I wouldn't have had a deeper concept of I feel, I would not have explored this much, It would have been impossible for me to sit with a client"

M73

   … "the big thing is that we can hold the client because we are modelling something, we have sat in that chair, we have been the soldier, its' not the issues, not even that you can completely understand how they are feeling but I have an experience of that process, that struggle, the fear of change and not wanting to change and that is a major impact."

J28

   … "I think it was gaining an understanding of how you process stuff, I don't know- to me I don't think I could be the counsellor I am without the personal therapy, I mean I do feel that strongly about it, I learnt more in personal therapy than I learnt in the course"

The three segments above were just some of the interviewee's cited impacts of personal therapy. However, information largely contradicts Joanne's choice to end the therapy after 6 months and Majella and Fiona's choice to end very soon, when the course is finished- when it is no longer mandatory. This suggests that maybe there are deeper more unconscious reasons as to why the personal therapy must have a more imminent ending and why longer term personal therapy is not an option at this time. Perhaps Majella gave some insight into the internal fight of exploring one's own internal life in relationship with another when she described herself as being a 'soldier' in the seat of the client, the researcher was left wondering, what war was fought with the inner self.

Joanne described being in personal therapy for one year before starting her counselling training which took place 2 years before starting her course and she felt this was probably enough for her. She describes her thoughts about entering into her mandatory therapy at the beginning of the training.

J42

… "do I really need to go into anything else or do I need this so I went back with an openness but also with an unsurity I suppose"

Joanne may have been unconsciously describing her ambivalence of engaging in therapy again and the researcher was curious about her fears. These fears may have been confirmed later in the interview when she described why this second 6 months of therapy, with the same therapist, came to an end. When Joanne described the end of her therapy while in training she felt it was just the right time to end. It was difficult for Joanne to explore this at a deeper level and she remained logical and cognitive in her explanations. Her voice became stern and louder and the researcher felt 'told off' or to 'back off'. It was apparent to the researcher that when the therapy reached a deeper level of intense feeling (as did the interview), it was potentially overwhelming as it brought up difficult emotions around loss and grief.

J60

… "what brought it to an end- I suppose it would have been the loss of my Granda, and the stuff that brought up and journeying through that for a bit with my counsellor, but I don't know what exactly brought it to an end, I just felt it was time"

The researcher asked Joanne about her initiated connection to the death of her grandparent and the end of the therapy as there was a sense that any deeper emotional contact with the therapist may have to endure loss and pain and any further uncovering of unconscious processes seemed uncontainable.

J62

… " it just felt right, I was always very aware of not coming dependant on it

but that comes down to the fact that I am so independent yea so it did come down to that, It was kind of like Im not sure if I need this and how much work am I actually doing now is therapeutic..

J66

… "I guess it was just coming to the endings of stuff that we had been journeying through and yes we could have hoked and poked about and found something else but yea, I kind of just didn't feel like I needed to do that"

J70

… " it was more, am I just coming here for the sake of coming here and not because there is stuff that I need professional help with"

Joanne could have been questioning why she was putting herself in this position to potentially feel these difficult emotions and questioning the relationship with the therapist. Joanne also describes one of her trainers stating that as a therapist, 'you can only take a client as far as you have gone yourself in therapy' (J82), this may indicate that Joanne only wants to work with clients to a certain degree of depth due to the finishing of her own personal work.

Joanne described some of the challenge's of personal therapy through a description of what it is like to be a therapist; 'you don't know what is going to come as a therapist into the room with a client' (J86). This can hold fear and anxiety for a client and as Joanne has also been a client, this was maybe part of the difficulty with continuing the personal therapeutic journey.

Fiona also gives insight into the challenges within her personal therapy. This could relate to her decision to finish personal therapy. The fear of the unknown in therapy ('surprises') as a client, seems powerful. Uncovering may feel too threatening to the psyche and therefore Fiona may feel the need to control this by ending it.

F24

…" It was much more difficult than I thought it would be, much more difficult, em and hard and uncomfortable, I didn't like going and I was happy to have it done em… and I think when you ask were there any surprises- I knew there was things that I hadn't dealt with there was a big piece around grief that I hadn't delt with so I knew going into that what I would be looking at and how that affected my life afterwards"

Potential further insight into the fear of emotional overwhelm is given by Fiona when she talked about her clients difficulties. It seemed that she needed to feel grounded control of her own emotional regulation. She also describes using personal therapy to support with her containment and self-care however has decided to end this.

F60

… " it was very very overwhelming, and I have a couple of clients who have severe mental health issues in the sense that you don't know what it going to come into the room, and I remember at that time sitting with one particular client and he seemed like he was showing signs of going into psychosis again and feeling I cannot take anything more, I cannot hold this client, if he is going to come in telling me severe stuff that I really need to be all there for him and hold him and figure out what to do with that and how to help him because its more than holding at that point when people have severe problems, em, and I remember thinking this is something, I can't… if I am not okay in myself and my anxiety is not under control or my life and feelings are not under control, how can I possibly sit with someone who has severe issues and is looking for help"

and

F26

… "I had to do it for the course, If I hadn't of done the course and it wasn't mandatory, I probably would have run away from it"

F60

… "therapy wasn't the life saver but it was part of the self care"

Fiona may be describing in some form, her ambivalence to the personal therapeutic relationship with her own therapist; it seemed she was able to seek care from the therapist when feeling overwhelmed by issues with clients and family however when these 'crises' are less intense, there is a 'huge pressure' felt to explore her unconscious in a deeper more uncovering way which is possibly too anxiety provoking which she does not need- as described is the next vignette.

F62

… " I think I am at place where I don't need to be going weekly anymore, once the course finishes and I finish off my hours, its going to take a huge pressure off my life so I think I wont really need therapy for the moment but I am open to it in the future"

Fiona is conflicted about her feelings on personal therapy as she describes finishing, yet in another section of the interview she states that it is essential to be in personal therapy from year one (… "Em I think it is essential, should be from year one, its essential, it is so helpful to be able to integrate what you are leaning") (F44) however she delayed starting her personal therapy as much as possible. This shows some of the ambivalence that comes with changing some of the internal structures that have been in place for many years.

Majella described an experiential process group as part of the course as being very safe, trusting, containing and holding. Majella in fact relates most of her 'reparative' work to the process group which leaves a question around fear of the more intimate space of personal

therapy. Majella does in fact describe herself as having had an avoidant attachment style, 'I

have an avoidant attachment style… it took me a long time to engage in therapy (p62).

M19

… "some people who were very keen to share and perhaps use the space as a
therapeutic space and you know what that was absolutely brilliant because we
held it and it was part of our group and I think all the groups were different
but it was ….I might know something so private and so intimate about a
person's life yet I didn't know if they were married, single, where they lived,
worked, you know it's a very strange way to get to know someone, to know
that really deep hidden side so you get to see someone from the inside out
rather from the outside moving inwards, it is a deeper relationship"

Majella describes how personal therapy has played a part in increasing her capacity for the

good and bad aspects of life.

M45

… " I don't have the same defences, I don't need as much to push stuff away,
I have more of an openness and more of a capacity to embrace more of life-
all of life, both the positive and the negative, I suppose I could say that I
experience greater happiness and I experience greater sadness because I allow
myself to but its not an uncontrollable piece, its very much I can do this, I can
allow this- its probably the down side but it's the balance, its like a seesaw
effect- the more you allow in, the more is in your environment to possibly
trigger you, I don't know if that makes sense or if I am actually phrasing it
right."

Majella may be trying to make sense of some of her own experience of the challenges in

exploring the self, sadness may play a role in not wanting to carry on with personal therapy

after the course ends, maybe a fear of overwhelm, what may come up next when she is more

vulnerable and open to the experience, it gives a sense of flood gates, that once opened they

are hard to close and when there is one change made, one has to experience the loss of the older familiar part.

4.4 THE CIRCULAR PARALLEL PROCESS- IMPACT OF EXTERNAL FACTORS ON THE USE OF PERSONAL THERAPY

All of the interviewees were guided on the mandatory hours as part of the course and all cited conscious influences on how to use their personal therapy from their peers, trainers on the course and accrediting organisations. It is apparent in this finding that the impact cannot be seen in isolation and that there are also unconscious influences from these external elements. Just as Majella cited the ripple effect of the personal therapy on her life and relationships (' I'm already at capacity, you know then the ripples, everything else that has to be cut back and that impacts all of my family') (M67), it would seem important to count the 'ripple influence' of the conscious and unconscious external influences from trainers, lecturers, and accrediting bodies. Majella described the mandatory element of personal therapy as weekly for 4 years.

> M2
>
> The first two years are more geared towards, I think its two things really- I think it's actually triggering all your own issues, well certainly that was my experience of it- I was triggered in every single class…. and I don't know if it was so much the material or the way it was set out in the module and the lecturer we had you know she said all the way through that its my job to get you all into therapy by the end of first year, I know you don't need to be in therapy until second year but I want you all in therapy'

and

M41

… "there was always that thing in college 'bring it to therapy' from the lecturers, and I did, you know if you had said anything- they would say, 'maybe bring that to therapy' it was kind of, you need to look at that, and absolutely I did"

Fiona stated feeling under pressure from peers and lecturers in her first year to engage in personal therapy, they felt it would be more beneficial for her self-awareness, reflection and integration (F20). This would have taken her over and above the mandatory 80 hours for the duration of the course. Fiona in different parts of her interview describes an emphasis from the college trainers, to engage in experiential groups which disrupt more unconscious relational processes which she explored in personal therapy.

F30

"in college they have you doing group work and that kind of thing which can trigger a lot and bring up a lot and I would take that to therapy"

Majella and Fiona were much more articulate in describing the impact of personal therapy on many areas of their lives and talked much more in depth about a deeper relational contact with clients.

Joanne described her course as having a faith based element where there would be a bible reading before the lecture based work. This related to the module they would be studying and picked by the trainer. Joanne describes her trainer as having a more indifferent attitude to her 20 hours mandatory personal therapy hours due to Joanne having had one year's therapy 18 months before starting the training and explores the mandatory hours as different, depending on where her course is studied.

J18   …"because I had had so much personal therapy before hand, I kind of thought….well what am I going to talk about (laugh) to be honest- do I really need this and in fairness they thought I probably didn't need it"

J14   …"No, the Dublin on, they have to do 50 hours, I think it all depends on what place you want to be accredited with, the actual course itself doesn't set a boundary or anything its flexible where you want to be accredited with, I am not sure about Scotland but I know to study in Dublin, its 50 hours"

I15   …" **So you think the hours difference is related to the accreditation bodies and what they ask for**"

J16   …" Yes, it's what they ask and expect you to have"

J78   …" Em, we had to start (personal therapy) it before we started our placement now I don't know if that was advised or just set in stone and we start working with clients in our last year"

It is apparent that the college may set the mandatory hours as a requirement of the accrediting bodies. In her interview, Joanne holds a split difference in her mandatory therapy as opposed to her chosen therapy before training, she described her difficulty with the intensity of her personal therapy and the connection this had with the ending, another parallel process emerged.

I90   …" **So can you say anything about your experience of finding a therapist** "

J93   …" I had been advised by a friend that this had been a great counselling service, go here so that's how I found her and just went back to the same person for the mandatory personal therapy, it never dawned on me to find a different therapist, em I don't even know if I would have considered it but I think as well, she had done the same course as me which was quite interesting"

J93   … "it was only when I went back for the mandatory therapy as I was doing this course and told her this did she say this was the course that I did"

Joanne described finishing her 'mandatory' therapy as it got too intense and became 'un-therapeutic' (as described previously). If her therapist completed the same training course as Joanne, there may be a parallel process of difficulty in containing and tolerating intense feelings and identification and use of the 'stuckness' to explore the therapeutic relationship and move the work into something deeper and using the stuckness to explore the relational dynamic and possible transference. The researchers reflexive experience of interviewing Joanne adds a further parallel to this finding as the researcher often felt like an interrogator, that she was 'poking and hoking' which left the researcher feeling guilty and 'told off' by

41

Joanne at times; Joanne's defences were very heightened. The distance between Joanne and the researcher was far in terms of physical seating (chosen by Joanne) and Joanne's physical presentation in terms of weight may also be considered as another layer to defend against her early fragile internal life. Joanne describes her sense of the 'stuckness' which ended the therapeutic work and the researcher wondered if the emotional resonance felt was parallel to her personal therapy work and relationship with her therapist;

> J66   … "I guess it was just coming to the endings of stuff that we had been journeying through and yes we could have hoked and poked about and found something else but yea, I kind of just didn't feel like I needed to do that"

Several references are made by Joanne in her interview about journeying with a client, "you can only take your client as far as you have gone in personal therapy, and it kind of really struck me" (J82). Joanne found it more difficult to express and articulate the impact of her personal therapy with much depth and the researcher had to ask many questions to try and unfold her sense of her experiences. There was a sense of impatience from Joanne that the researcher should know what she was thinking or trying to express. There was a lack of energy and reciprocal contact from Joanne. This may relate to an early lack of reciprocal unconscious contact and meeting of needs from the primary carer through the pre-verbal stage of development.

Majella and Fiona cited the experiential process groups and the personal therapy as deepening their ability for relational contact with all others including clients. They were much more able to talk in depth about the impact and the researcher felt this was due to the influence from the college around the importance of personal therapy which was mandatory

for three years as opposed to Joanne's 20 hours over two years. The researcher's reflexive experience of interviewing Majella contained an awareness that she found it difficult to explore any of the shadow side to therapeutic work and this may parallel what it is like for her as a therapist with her own clients and as a client in therapy. The researcher interpreted this awareness/ sense by the emotional resonance left which included disbelief and feeling disconnected from the described 'beauty' of therapy. The organising of the interview and the environment it took place was all controlled by Majella and the researcher felt this was due to a need for all elements to be safe, contained and controlled, where no shadows parts could be visible.

4.5   SUMMARY

The research findings show how individually multifaceted the personal therapy process can be. It highlighted the well documents 'benefits' of personal therapy to the trainee however this seemed to come at an individual cost to each participant depending on the depth reached of their personal work. The selection of verbatims shows the complexity of this process to each individual and the unconscious processes which can be present. The excitingly rich data given by the participants and the findings extracted are further discussed in the next chapter.

CHAPTER FIVE: DISCUSSION

This chapter explores and discusses the findings and the relevant literature which relates to each theme within the overall aim of exploring the impact of personal therapy on trainee therapists.

5.1 THE COST OF PERSONAL THERAPY

The frustration around the financial cost of the therapy was apparent for mainly two of the interviewees. Majella and Fiona's courses were longer in duration than Joanne's and therefore were more expensive. Their mandatory personal therapy was weekly for three years which some may feel can be a financially expensive route to become a therapist. Churchill (2007) has cited the financial pressure as stopping some from training as therapists which require mandatory therapy, especially analytic trainings. This has been described as giving rise to a class barrier which contains an element of unjustness. Although financial cost is a reality in any study the described financial 'COST' may be a signifier/ route to expressing the cost to self and others when going through a therapeutic process. It was apparent that all of the interviewees were very aware of the mandatory therapy before starting yet stated they were 'taken by surprise' at the 'cost'. Majella was most vocal and angry at the 'cost' which may indicate that she had a deeper level of internal change and contact with her inner life through her therapy process. When there are internal shifts this affects how we relate to the self and the other therefore it will affect how she relates to her family.

According to McLeod (2009), the impact of personal therapy when it is mandatory should not be overlooked as the trainee can become heavily absorbed in their own therapy giving rise to less capacity for containing the intensity of the client. The deeper and more unconscious internal costs associated with the personal therapy for the interviewees can be evidenced by Majella citing that she was 'already at capacity…the ripples…everything else that has to be cut back…and that impacts all of the family' (M67). Bion (1962, 1970) states that a mother needs to be in a state of 'reverie' in order to provide containment and detoxifying of anxiety and overwhelm. It is important for a therapist to be in the position to offer this to the client and Majella seemed to describe her fear of not being able to provide this as she was already at capacity.

Majella describes her anger very clearly at the 'cost' and perhaps she is angry for the loss of her previous internal structures and ways of relating as her relationship's with others has changed. The blaming of the industry and the college for the financial 'cost' may be a defence against the ownership of making these choices and changes herself and the subsequent meaning of this.

Most of the literature cites positive impacts of personal therapy but this should also be held with the difficulty of the shadow side. It may be an enriching process but though this there has to be a connection to the intensely primitive aggressive, deeper and darker wounding's that are present and get acted out by all, to varying degrees.

Associations with money may be relevant to this theme as the researcher held in mind the question of what it may be like for the these interviewees to be paying for their needs to be met, for love care and attention from the therapist which could give rise to great frustration and confusions. There may also be unconscious questions for Majella and Fiona about how

much she gives of herself to the work and personal therapy- is it worth what she receives in return.

Fiona's fear of entering into therapy and subsequent postponing of this highlights the fear of contact with the inner shadow parts of the unconscious life. The unconscious life in precisely that for reasons such as it is difficult to bear, so of course any exploration into this will provoke great anxiety and hit on the defences in place for its protection.

Fiona's initial defences to the personal therapeutic process may have been in order to build the capacity and resources to cope with any deconstruction of the psyche and bring some of the unconscious anxiety into consciousness. Her pregnancy stopped her entering therapy at the required time as advised by her trainers (fear of negative emotions harming the baby) which may have, potentially giving more time for building the internal resources needed to embark on a potentially deconstructing and uncovering process. However it is possible that therapy could have been started as the initial work of building the relationship and resources needs to take place primarily. It may be that the trainers were unconsciously colluding with Fiona's fear. This also highlighted Fiona's ambivalence to therapy as she chose a course which required this element of personal work, yet she was not quite prepared for it. When there is an early attachment style which my hold ambivalence the adult may strongly seek connection and change however it is also the very thing they fear due to unmet needs/ rejection. This leaves an internal conflict, at a deep level, the person may know that their survival style which holds the defences, is not working as solidly as it once did but the fear of not having this or it being deconstructed in any way may feel too frightening. This is until the psyche has the capacity to hold and manage the affect in a way that doesn't feel overwhelming (Heller, 2012).

5.2 ENDING THE BENEFICIAL PERSONAL THERAPEUTIC WORK; FEAR OF DEEPER RELATIONAL CONTACT, UNCOVERING AND DEPENDENCE

The findings from the research showed that all of the interviewees had difficulty with remaining in therapy after the required amount of hours had been completed, despite the vast benefits cited. The evidence suggests that this is due to some of the deeper unconscious defences and anxieties of carrying on with the intensity of the work and therapeutic relationship as it was seen by Fiona as containing a weight of pressure.

Joanne describes her difficulty with intense feelings in the therapy in relation to the ending of this. She expressed her need for independence through the fear of dependence and the researcher was left curious about an unmet stage of early development where soothing had to come from the self as mother was unavailable emotionally. Again, the researcher was led to Bion's (1962, 1970) theory of mother/ other needing to be in a state of reverie. It is possible that Joanne needed this from therapy in order to tolerate and manage the fear of dependence and the intense emotions which this brought up for her. Further questions arose for the researcher into the transference and countertransference which may have attributed to the ending. This relates to Heiman's (1950) concerns into the therapists ability to tolerate difficult feelings and not to repress these due to fear.

Within an attachment framework, it may be more difficult for the adult with these early experiences to care seek and form a more intimate attachment due to fear of loss. Perhaps Majella gave some insight into the internal fight of exploring one's own internal life in relationship with another when she described herself as being a 'soldier' in the seat of the client. This gave the sense that a war was fought, which potentially an internal war of shifts and change to the defences and structure of the psyche. The researcher considered this in

connection to the Presencing Institutes postulations of the disconnect present in society which has potentially contributed to the WHO calculation of double number of suicide deaths in 2002 than those killed in war. Majella describing the self as a soldier may also have a connection to joining an army of therapists to fight the war of dis-connect and its manifestations. Of course, there is a sense of aggression in this language and can be coupled with her anger on the 'Cost' of therapy, gives insight into the fear of the intimate relational contact and therefore giving rise to the energy to end her therapy.

Majella described herself as having an avoidant attachment style which she connected to the difficult in connecting deeply in personal therapy. As evidenced in the literature review, Rizq (2011) cites those trainee counselling psychologists who were more insecurely attached were more likely to be resistant in attending personal therapy.

Bowlby (1980) identifies the importance of the therapist's ability to provide an atmosphere of security for the success of the work. There may be different levels of depth of security needed in order to provide the space of deeper exploration and the identification of the shadow parts of the self. The evidence suggests that this secure base needs to come from within the therapist in order to provide a safe space for the client. Joanne described her ethos in relation to therapy which she stated was derived from her trainer as, 'you can only take a client as far as you have gone yourself in therapy' (J82).

Rizq and Target's (2008) explore data of the 'Wounded Healer' states that many therapists are attracted to the profession due to want to understand the early trauma and have repair of this. This relates to personal therapy as a requirement or as personal choice as trainee therapists may unconsciously and consciously choose a course which they can enter into this repair as part of the course so that they are engaging in it as 'part of the course', which can omit the deeper vulnerability and want for the meeting of emotional needs.

Yalom (2003) states the personal therapy as only starting the process of self exploration however none of the interviewees cited further guidance from the trainers on continuation with personal therapy. This leads to the next theme which includes the exploration of the influence of trainers on the use of personal therapy.

As discussed, the literature names the importance of the therapist's capacity for containment and toleration of intensely difficult emotions which can be through an unconscious pre-verbal communication. This can be repaired or increased through a successful therapeutic relationship in personal therapy. The literature did assume that all trainees who come to the profession will have varying degrees of internal despair and wounding which the need for some reparation of this is what attracts us to the courses which have a personal therapy mandate.

It is of interest to the researcher to further understand what allows a potential collusion into a way of being that holds a defence in place (a defence which blocks a healthier way of relating) when it is the job of a therapist and arguably a trainer, college and accrediting body, to gently work with this for the benefit of the trainee therapist and their preceding clients, but only if they have the resources in pace to do so. It is therefore difficult to endorse a mandatory requirement of 20 hours or less due to the time it can take to build a relationship and the internal structures need to make deeper shifts and changes.

Of course it may be argued that not all trainee's will have a deeper early 'lack' or deficit in this early pre-verbal stage and not need this reparative work in order to work at this pre-verbal stage with clients however it would be extremely difficult to 'screen' who may need this due to the potential for high defences to have been set up.

5.3 THE CIRCULAR PARALLEL PROCESS- IMPACT OF EXTERNAL FACTORS ON THE USE OF PERSONAL THERAPY

The research found a 'ripple effect' from external influences such as the accrediting bodies, college trainers, the trainee's therapists therapist's and the trainee's peers. …. Several references are made by Joanne in her interview about journeying with a client; as a therapist, we can only take a client as far as we have gone ourselves (J82). This would seem to parallel her own therapist's difficulty with journeying further with Joanne, something intolerable and uncontainable for both as there is a sense of an amicable agreed ending. Joanne's description of her trainers indifference of her attending personal therapy means it is impossible to see therapy journey and its duration in isolation from the influence of the college and trainers which certainly does raise questions about their shadow side- what is uncontainable and intolerable about a longer, more uncovering personal therapeutic journey.

According to Joanne, her therapist completed the same course as her. Again, the potential ripple effects of the ability to take Joanne to a further inner depth of work may relate to the college's sense of indifference of this personal therapeutic journey. This connects to Van der Kolk's theory where baby may learn only to show the feelings that get a positive response from mother; they will regulate their behaviour through anticipating the response (Van der Kolk, 2005) and therefore unconsciously suppresses the others. The baby may learn to split off from these un-met feelings as this is what the mother does to her own. Joanne and her therapist may have unconsciously been unable to tolerate and contain the intensity.
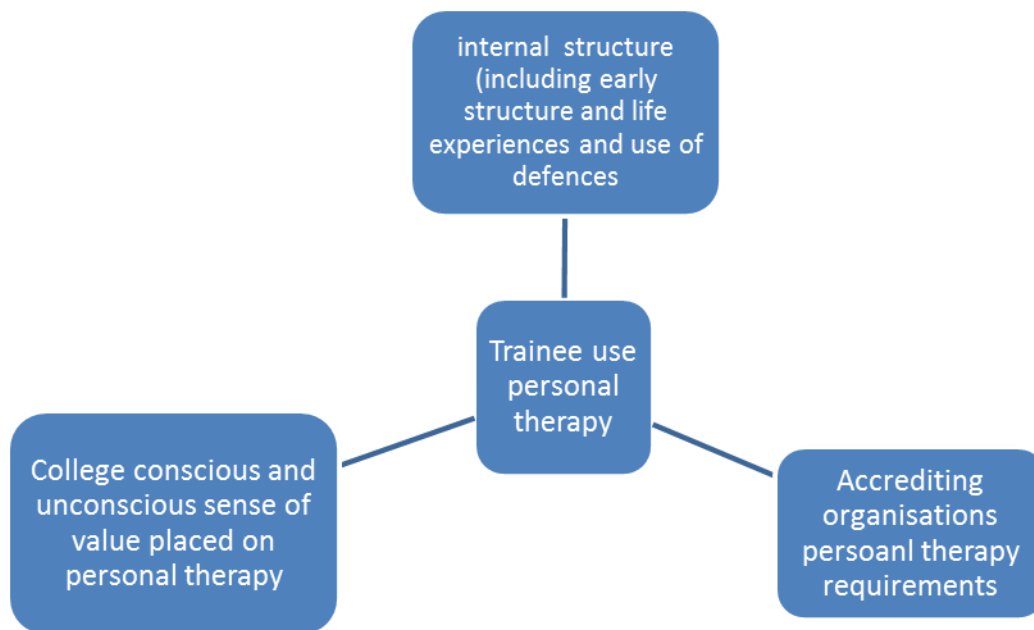
Having a faith element in training can indicate that there is some higher power that can influence our internal world for the better and offer comfort however this can affect the autonomy of an individual's empowerment to have power and choice which may feed a passivity. The researcher wondered about the unconscious relationship between this and the indifference felt towards therapy by the college. It indicates the potential for a belief that there is a higher power that allows the internal work and direction of life, therefore it's not so important that it is completed with a therapist.

It is apparent that there is the potential for a training course to set the mandatory hours as a requirement of the accrediting bodies, rather than it being about the value of the process of personal therapeutic work. This again, parallels the researcher's experience of Joanne's attitude of indifference about starting her therapy as part of her training and will influence her sense of not requiring any further depth of work on the self. This influence is further evidenced by Majella's reflection on her trainers as having cited that it was their job to trigger all their own issues and get them into therapy in the first year which she did and said she was triggered in every single class. This may be seen by some as sadistic and unhelpful but for others in the field, the only way to intuitively know how to work with a client, is to have done this to the self. Freud (1937-1939), saw this as the ideal and necessary arena to acquire qualifications necessary in the work (p.246).

In relation to McLeod's (2007) stated potential for 'tension' in the commitment to the process when the personal therapy is mandatory, it is also important to note that entering into therapy as part of a training is in fact voluntary on another level as the trainee can choose another route which does not involve personal therapy. Unconscious elements will ultimately be

involved when choosing a training, those who really do not want to carry out any personal exploratory work or a reduced level of this, will surely choose a course that fulfils this desire.

The following diagram shows the external influences on how personal therapy may be impacted by external influences:

internal structure (including early structure and life experiences and use of defences)

Trainee use personal therapy

College conscious and unconscious sense of value placed on personal therapy

Accrediting organisations persoanl therapy requireements

The interviews produced some very interesting and rich data into the individual impact of personal therapy to the interviewees. Just as the impact of personal therapy can not be separated from the influence of the college and institutions directions on this, the found themes cannot be separated from each other and are interlinked. An example being the felt inner cost of therapy- this was seen to have been impacted by the mandatory hours and how this is encouraged to be used by the college. Those interviewees who were largely encouraged by the college to engage at a deeper level for a longer period of time, described more difficulty with the 'cost' of this.

It makes great sense that we want to defend against anything that may threaten the uncovering and breaking down of these defences- that is until it is safe to do so which can be created through a healthy therapeutic relationship, however unless a therapist has this in place within the self, it is very difficult to comprehend how this can be provided to the client.

5.4 CONCLUSION

The research has fulfilled the aim of a psychotherapeutic exploration into the impact of personal therapy on trainee therapists. The literature review identified some of the research carried out into this area which mostly cites positive benefits of engaging in such personal work. There was less research into the more individual unconscious processes present within the impact of personal therapy.

The research concludes that every trainee is individual and will come to their desired course and with their own internal experiences, structures and attachment styles in place. They will come with their own subjective realities which will in turn give an individual experience of the impact of their own personal therapy which means the impact cannot be measured in isolation of all of their own internal history. This individual experience therefore makes it difficult for colleges to describe the 'cost' of the personal therapy journey to each person. Just as a baby is born into the world with its genetic coding and meeting of its environment, its potential unfolds and develops accordingly. The therapeutic space is no different, a client will come with their own structures and depending on the therapists own internal structures,

certain elements will unfold, develop and repair while other unconscious elements may be blocked or stuck. What these areas are seems to strongly relate to the depth of the personal work done by the therapist which is influenced by the trainers, colleges and accrediting bodies.

It may be that those trainees who do not engage in the longer term, deeper personal work, do not work to this depth with clients which for some clients will be exactly what they need at that time, where a more cognitive approach is best. However this does not seem to remove the responsibility present for a therapist to ensure that they are as aware as is possible at any point, of their own shadow parts and need for emotional reparation which may be acted out in the therapeutic space with their clients. This would surely not have a time limit of 20 hours or less.

Those courses with a duration of 2 years or less who also have a requirement of 20 hours or less for personal therapy may be a manifestation of the increased sense of despair as a human race with the need to create an army of therapists in quick succession to provide quick fixes to the disconnect and internal and external difficulties experienced.

5.5 LIMITATIONS

The researcher was aware that two of the participants had engaged in longer term therapy as part of her course and one with a shorter requirement. It may have been of interest to have interviewed another trainee with the shorter term requirements as this may have gave a different perspective of the shorter mandatory requirement. It is acknowledged by the

researcher that another trainee may have engaged longer in therapy and therefore had a different experience to report.

This may relate to the difficulties with recruiting those trainees who have a shorter course duration and 20 hours or less mandatory personal therapy requirement. The researcher contacted many course trainers, inviting their students and made contact directly to several students however this did not lead to successful recruitment.

The researcher is coming from a background and experience of 8 years of personal therapy with a strong psychodynamic influence. It will have created some bias in the findings and discussions and the research as a whole. The researchers own internal structure will have influenced how she made sense of the interviewees making sense of their experience. It will have influenced the interpretations of their experiences. No one theoretical perspective is 'the truth' and it is of course only the self that can fully explore what their truth is.

5.6 IMPLICATIONS AND FUTURE RESEARCH

The research has highlighted the many beneficial components to completion of personal therapy as a trainee therapist. The duration of the personal therapy will impact upon a trainee's ability to engage and look at deeper relational patterns and earlier structures which may hold difficult defences. These defences can be acted out in the therapeutic space (to varying degrees of harm) if not recognised. However it is also apparent that the training and personal therapeutic work of the trainee's therapists may also have a ripple effect on how they are able to use and engage in therapy. Some colleges have measures in place to advise

on therapists and have requirements they have to meet, but other colleges do not. The overall influence of how the colleges influence or encourage the trainee's to use the space certainly can encourage a deeper or a more cognitive level of personal therapy it may be useful for colleges, trainers and some accrediting bodies to revise their reasons (conscious and unconscious) for such low requirements for a trainee's personal therapy.

The argument which denotes that personal therapy should be personal choice otherwise the trainee can be highly defended should also be revised due to this defence potentially holding something that could be a very useful piece of personal work for a trainee, if they are able to find the appropriate therapist to sensitively explore this.

REFERENCES

Bollas, C. (1987) *The shadow of the object: psychoanalysis of the unthought known*. London: Free Association Press.

Bor, R. and Watts, M.H. (eds.) (2011) *The trainee handbook : a guide for counselling and psychotherapy trainees*. 3rd edn. London: SAGE.

British Association for Counselling and Psychotherapy [BACP] (2012) *how much supervision should I be having?* Retrieved December 10th, 2012 from http//www.bacp.co.uk/student/faq.php

Churchill, C. (2007) *The social psychology of Shame in Psychoanalytic Training.* The candidate, 2(1), 1-9. Retrieved 23rd April 2013, from http://www.thecandidatejournal.org/journals/issue2/pdf/ChurchillVol2.pdf

Cooper, M. (2008) *Essential research findings in counselling and psychotherapy: the facts are friendly*. London: Sage.

Dale, S. (2011) The reluctant client, 22 (6). Retrieved December 17, 2012, from http//www.therapytoday.net/article/show/2593.

Dryden, W. (ed.) (1996) *Handbook of individual therapy*. New Ed edn. United Kingdom: Sage Publications.

Freud, S. and Strachey, J. (ed.) (2001) *Case history of Schreber, papers on technique and other works*. London: Vintage. (The standard edition of the complete psychological works of Sigmund Freud, Volume XII (1911-1913).

Freud, S., Strachey, J. (ed.) and Strachey, J. (tr.) (2001) *The standard edition of the complete psychological works of Sigmund Freud : Volume XXIII (1937-1939) : Moses and monotheism, an outline of psycho-analysis and other works / translated from the German under the general editorship of James Strachey ... [et al.]*. London: Vintage. (Standard edition of the complete psychological works of Sigmund Freud, Volume XXIII).

Furman, A. and Levy, S.T. (eds.) (2003) *Influential papers from the 1950s*. London: Karnac Books. (International journal of psychoanalysis key papers of the decades).

Geller, D., Norcross, J., Orlinsky, D. (Eds.).(2005). *The psychotherapists own psychotherapy: Patient and clinician perspectives*. New York: Oxford University Press, Inc.

Grimmer, A., & Tribe, R. (2001). *Counselling psychologists' perceptions of the impact of mandatory personal therapy on professional development—an exploratory study*. Counselling Psychology Quarterly, *14*(4), 287-301. doi:10.1080/09515070110101469

Heimann, Paula. (1950). On counter-transference. *International Journal of Psycho-Analysis*, 31, pp81-84

Heller, L & LaPierre (2012) *Healing developmental trauma: how early trauma affects self-regulation, self-image, and the capacity for relationship*. Berkeley, Calif.; Enfield North Atlantic; Publishers Group UK

Howard, S. (2010) *Skills in psychodynamic counselling and psychotherapy*. London: SAGE. (Skills in counselling and psychotherapy).

http://www.psychotherapy.org.uk/iqs/dbitemid.144/sfa.view/students_and_trainee_therapists_frequently_asked_questions.html

Irish Association for Counselling and Psychotherapy [IACP] (2012). *First time Accreditation.* Retrieved 10th December 2012, from http://www.iacp.ie/first-time-accreditation

Jacobs, M. (2010) *Psychodynamic counselling in action*. 4th edn. London: SAGE. (Counselling in action).

Jacobs. M. (2011). *The aims of personal therapy in training. Psychodynamic Practice*, 24(4). pp. 427-439.

Macran, S., & Shapiro, D. A. (1998). *The role of personal therapy for therapists: A review.* The British Journal of Medical Psychology, 71(1) 13-25. http://dx.doi.org/10.1111/j.2044-8341.1998.tb01364.x

McLeod, J. (2009) *An introduction to counselling*. 4th edn. Maidenhead: Open University Press

Nolan. P, & S. Inger (2002) *Object Relations and Integrative Psychotherapy: tradition & innovation in theory & practice*. London. Whurr Publishing.

O'Connor, C., & McQuaid, M. (2013) *Vicarious Traumatisation: What is it and what can we do about it?* The Irish Psychologist, 39(5), pp. 128-134.

Obegi, J., & Berant, E. (Eds). (2008) *Attachment theory and research in clinical work with adults*. NY: Guilford Press.

O'Brien, M., & Houston, G. (2007) *Integrative therapy : a practitioner's guide*. 2nd edn. London: SAGE.

Palmer, S. (ed.). & Varma, V. (1997) *The future of counselling and psychotherapy*. United Kingdom: Sage Publications.

Pope, K., & Tabachnik, B. (1994*) Therapists and patients: A national survey of psychologists' experiences, problems and beliefs*. Retrieved 23rd April 2013, from http://kspope.com/therapistas/research9.php#copy.

Presencing Institute. (P.I). Retrieved June 25, 2015 from https://www.presencing.com/ego-to-eco/3-divides

Rake, C., & Paley, G. (2009). *Personal therapy for psychotherapists: The impact on therapeutic practice. A qualitative study using interpretative phenomenological analysis*. *Psychodynamic Practice*, *15*(3), 275-294. doi:10.1080/14753630903024481

Rizq, R. (2011). *Personal therapy in psychotherapeutic training: Current research and future directions. Journal Of Contemporary Psychotherapy*, *41*(3), 175-185. doi:10.1007/s10879-010-9168-7

Rizq, R., & Target, M. (2008). *The Power of Being Seen: An interpretative analysis of how experienced counselling psychologists describe the significane of personal therapy in clinical practice.* Counselling Psychology Review, 24 (3/4) 3/4, pp.66-85.

Ronnestad, M., & Ladany, N. (2006). *The impact of psychotherapy training: Introduction to the special section.* Psychotherapy Research, *16*(3), 261-267. doi:10.1080/10503300600612241

Ronnestad, M., & Skovholt, T (2013) *The developing practitioner: Growth and stagnation of therapists and counsellors.* New York: Routledge.

Smith, J. A, & Osborn, M. (2008). *Interpretative Phenomenological Analysis*. In Smith, J. A *(Ed.), Qualitative psychology: A practical guide to research methods (pp.53-79).* Los Angeles: Sage.

Smith, JA, Flowers, P, Larkin, M (2009) *Interpretative phenomenological analysis: Theory, Method, Research.* London: Sage.

UK Council for Psychotherapy [UKCP] (2012). *Supervision, personal therapy and clinical practice*. Retrieved December 10th, 2012 from

Van der Kolk, B. A. (2005). *Developmental trauma Disorder*: *Toward a rational diagnosis for children with complex trauma histories.* Psychiatric Annals, 35 (5), 401-408

Wallin, David J. (2007) *Attachment in psychotherapy.* New York; London Guilford Press.

Wheeler, S. (1991). Personal therapy: *An essential aspect of counsellor training or a distraction from focusing on the client?.* International Journal for the Advancement of Counselling, 14(3), pp. 193-202.

Wiseman, H., & Egozi, S. (2006). *Personal therapy for Israeli school counsellors: Prevalence, parameters, and professional difficulties and burnout. Psychotherapy Research*, *16*(3), 332-347. doi:10.1080/10503300500532663

Yalom, I.D. (2003). *The gift of therapy: reflections on being a therapist*. London: Piatkus.

APPENDIX A

<u>Research Invitation</u>

Hello…

My name is Christine Boal and I am a student on the MA in Psychotherapy at Dublin Business School. I am currently undertaking research into the impact of personal therapy on trainee therapists and would like to invite you to participate.

I hope to interview several trainee therapists who are in their last year of an Integrative training and engaged in clinical practice as this will contribute invaluable information to the research.

The interviews would take a maximum of 45 min's and I will aim to facilitate these on a date, time and place which is to your convenience. The research has been passed by the ethics committee and will comply fully with all procedures in regards to anonymity.

I hope to schedule these interviews in soon and would really like to hear from you if you wish to know any more about this and have an interest in taking part. Please contact me via email or telephone;

Email: ****

Telephone:****

Many thanks

Christine Boal

APPENDIX B

CONSENT FORM

A Psychotherapeutic exploration of the impact of personal therapy on
trainee counsellors and therapists.

Please tick the appropriate answer.

I confirm that I have read and understood the Information Leaflet attached, and that I have had ample opportunity to ask questions all of which have been satisfactorily answered.

□**Yes** □**No**

I understand that my participation in this study is entirely **voluntary** and that I may withdraw at any time, without giving reason.

□**Yes** □**No**

I understand that my identity will remain confidential at all times. □**Yes** □**No**

I am aware of the potential risks of this research study. □**Yes** □**No**

I am aware that audio recordings will be made of sessions □**Yes** □**No**

I have been given a copy of the Information Leaflet and this Consent form for my records. □**Yes** □**No**

Participant _____ _____
        Signature and dated   Name in block capitals

To be completed by the Principal Investigator or his nominee.

I the undersigned, have taken the time to fully explained to the above participant the nature and purpose of this study in a manner that he/she could understand. We have discussed the risks involved, and have invited him/here to ask questions on any aspect of the study that concerned them.

_____ _____ _____
Signature   **Name in Block Capitals**   **Date**

APPENDIX C

<u>Interview Questions.</u>

1. Can you tell me about your training course and what brought you to this course?

   (the title, how many years, how many hours a week etc)

2. How did you become interested in training as a therapist?

3. Have there been any surprises on the course- things you hadn't expected from it?

4. Do you have any mandatory amount of personal therapy hours for the duration of the course?

5. How do you feel about having this mandatory requirement?

6. Did you have experience of personal therapy before starting your training?

7. Can you describe your experience of personal therapy?

8. Can you tell me about any ways in which your personal therapy may have impacted on your work with clients?

9. Why do you think the college have a mandatory requirement for personal therapy?

10. What is your experience of any college guidance for you to engage in personal therapy outside of the mandatory required hours?

11. What was your experience of finding a therapist ?

    (do the college support in this)

12. Last question: Is there anything you feel we may have missed out on, that you wish to add in?

Is it okay to contact you later if there were any clarification needed or any additional questions

yes ☐   No ☐