

THE UNIVERSITY OF CALGARY

GOOD THERAPISTS: INFLUENTIAL LIFE EXPERIENCES  
AND THEIR  
CONTRIBUTION TO THERAPEUTIC HELPFULNESS

By  
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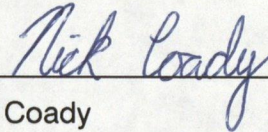
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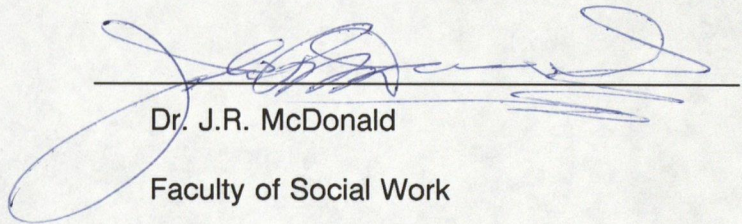
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The undersigned certify that they have read, and recommend to the Faculty of Graduate Studies for acceptance, a thesis entitled, Good Therapists: Influential Life Experiences and Their Contribution to Therapeutic Helpfulness submitted by Cyril Stanley Wolgien in partial fulfillment of the requirements for the degree of Master of Social Work.



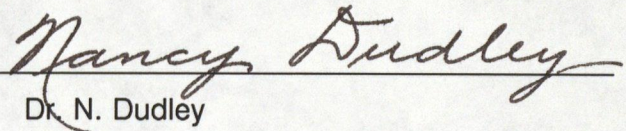
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## ABSTRACT

The primary aim of this qualitative study was to explore the personal and professional experiences that good therapists believe have contributed to their effectiveness. To facilitate exploration of this topic, the study had the additional, secondary aim of studying the ways in which good therapists believe they are helpful to clients.

The study's sample consisted of eight clinicians who were judged by knowledgeable colleagues to fit a generally accepted description of a good therapist. Each participant was interviewed on two separate occasions by the researcher. The purpose of the first interview was to establish rapport with participants and to familiarize them with the aims of the study. This interview also served to gain socio-demographical historical information. The second interview focused on therapists' descriptions of how they were helpful to clients and of the personal and professional experiences that contributed to their therapeutic ability. Taylor and Bogdan's (1984) guidelines for qualitative analysis were employed by the researcher to analyze the participants' responses to the study questions.

Five themes, encompassing a total of forty one more specific categories, emerged from the participants' responses regarding their helpfulness to clients. The general themes of therapist helpfulness included (a) apply personal/professional qualities of self, (b) emphasize development of therapeutic relationship, (c) focus on client's resourcefulness, (d) attentive to role of self, and (e) employ therapeutic strategies and interventions. The themes and categories of therapist helpfulness focused primarily on relationship-oriented factors. In general therapists emphasized the integration

of personal and professional self and an empowering, non-expert centered approach to helping.

With regard to the exploration of personal experiences that contributed to therapist helpfulness four themes, encompassing sixteen more specific categories, emerged from the data. The themes regarding therapists' personal experiences were (a) family of origin, (b) adult personal exigencies, (c) marital/parental, and (d) cultural context. Therapists' descriptions of how they had learned from facing and dealing with difficult/challenging experiences within each of the experience theme areas were most striking.

Three themes, encompassing eleven specific categories, emerged with regard to formative professional experiences. These were (a) interaction with clients, (b) ongoing professional learning/education, and (c) academic training. The first theme, in this area, which highlights how therapists learn from their clients, was particularly emphasized by the participants.

Categories within each of the themes are discussed in detail. Limitations of the study and implications for practice and further research are addressed.

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## DEDICATION

To Leanna (Rabbit), Carissa (Rook), and Rachael (Rach), who continue to teach me, by example, how to live life to its fullest.

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## CHAPTER ONE

### INTRODUCTION

#### Introduction

The primary aim of this study was to explore the personal and professional experiences that good therapists believe have contributed to their effectiveness. To facilitate exploration of this topic, the study had the additional, secondary aim of studying the ways in which good therapists believe they are helpful to clients. This study addressed these two questions to a small sample of good therapists and utilized a qualitative approach for data analysis. Initially, in individual interviews, the researcher inquired about participants' ideas of the ways in which they were helpful to clients. In metaphorical language this was the tip of the iceberg, that which may be more readily apparent. The remaining step in this progressive process was to attempt an indepth understanding of experiences that contributed to the development of therapist helpfulness. This search below the "surface" involved asking the participants to discuss personal and professional experiences that they believed had helped to shape their ability to be helpful to clients. The sequential focus on the ways that therapists are helpful and then on the experiences that have developed these abilities was an attempt to create a picture in context.

#### Theoretical Context

There are several factors that likely interact to affect therapy outcome. Different writers have argued that the following factors are important: the client, the client-therapist relationship, the therapist, and therapy

interventions/techniques (Alexander, Barton, Schiavo, & Parsons, 1976; Luborsky, McLellan, Woody, O'Brien, & Auerbach, 1985; Strupp, 1958).

Research on therapist variables has not been prominent in the last decade (Beutler, Crago, & Arizmendi, 1986). McConaughy (1987) has suggested that there has been a move away from emphasizing the contribution of the therapist since the 1960s. She also has noted that the majority of studies in this area have not moved beyond a surface level. Barrett and Wright (1984) observed that the therapist variable was increasingly interesting for research now that many therapeutic models are becoming more integrated. Recently, a number of reasons to encourage the study of the therapist factor in therapy outcomes have emerged.

First, the phenomenon of nonsignificant outcome differences among a variety of conceptually different therapies has been well-established (Garfield & Bergin, 1986). This suggests that common factors rather than specific factors such as therapeutic techniques, are the main therapeutic ingredients of psychotherapy (Lambert, Shapiro, & Bergin, 1986).

Second, cumulative research findings have established the association between relationship factors (i.e., client-centered relationship conditions and the concept of the therapeutic alliance) and client outcome in all types of therapy (Lambert et al., 1986). This suggests that client-therapist relationship factors are the most important of the factors that are common to different therapies.

Third, although early research on the therapeutic alliance suggested that the client's contribution to the therapeutic relationship was the critical variable,

recent studies (Luborsky et al., 1985; Rounsaville et al., 1987; Windholz & Silberschatz, 1988) have shown that therapist contributions to the alliance are equally good or better predictors of outcome. These studies suggest that general factors such as therapist contributions to the relationship, therapist psychological health, and therapist interest in helping are powerful predictors of outcome.

The current empirically-validated interest in non-specific factors such as the therapeutic alliance and therapist well-being has close parallels to the emphasis of client-centered theorists and researchers from the not too distant past. Truax and Mitchell (1971) emphasized "the therapist-as-person before the therapist-as-expert or therapist-as-technician" (p. 341). It is the writer's intention to investigate the therapist as a person rather than focusing on his or her knowledge or technical expertise alone. This fits with an emphasis on "the commonality that psychotherapy has with other aspects of life.... the therapist as a viable human being engaged in a terribly human endeavor" (Truax and Mitchell, p. 341).

More recently, McConaughy (1987) has also suggested that "the therapist as a person is the instrument of primary influence in the therapy enterprise" (p. 303). Similarly, Lammert (1986) has suggested that "the personal issues and perspectives" (p. 369) of the therapist affect the client and the therapeutic relationship. It is clear that exploring the therapist as a person is a useful and important effort. McConaughy argues that more intensive studies of "therapist character, personal development, and interpersonal style are essential if we are to understand how it is that the personality of the therapist makes its imprint" (p.

311). McConnaughy also suggests that studies of "successful" therapists may be particularly useful in this regard. She believes that the "clinical richness" (p. 311) of information available from this group of therapists may help to draw out factors that contribute to effective therapy. Thus, along these lines of thinking, the intent of this study was to conduct an indepth exploration of how good therapists are helpful and of experiences that have contributed to their ability to be helpful.

## CHAPTER TWO

### SURVEY OF RELATED LITERATURE

#### Introduction

In accord with the two major foci of the study, this chapter is divided into two main sections. First, literature regarding therapist effectiveness will be examined. Second, literature concerning therapists' experiences that help to develop effectiveness will be reviewed. In the section on therapist helpfulness there are three headings: (a) the therapeutic relationship, (b) therapeutic interventions, and (c) characteristics of therapists. In the section on therapist experiences there are two headings: (a) personal experiences, and (b) professional experiences.

In reviewing the literature on therapist helpfulness and the personal and professional experiences that contribute to it, it is important to note that psychotherapists come from several professional disciplines. Henry, Sims, and Spray (1971) refer to psychotherapists as the fifth profession. According to these authors this profession is made up of people who have had varied training and backgrounds. They are social workers, psychologists, psychiatrists, and psychoanalysts. The writer would add nursing as another discipline that is increasingly involved in the field of therapy (Haber, 1989). Although the majority of the literature that is reviewed in this chapter is written by psychologists, social workers are well-represented in the studies cited (Thomlison, 1984). For instance, in Deutsch's (1985) study nearly half the therapists had social work training.



In reviewing the literature, it is evident that varying views exist with regard to the credibility of different research methodologies. For example, in their review, Orlinsky and Howard (1986) chose to focus on quantitative studies, which decidedly limited the number of articles which were examined. Similarly, in another major review, Beutler et al. (1986) chose to put the strongest emphasis on "experimental studies, followed in order by contrasting comparison and naturalistic investigations" (p. 259-260). The quantitative emphasis is somewhat disconcerting in light of the fact that some of the pertinent variables seem rather difficult to quantify. The writer attempted to bring together a cross-section of theoretical, naturalistic, and empirical studies to examine topics relevant to the present study.

#### Therapist Helpfulness

Strupp (1958) observed that therapy is "characterized not only by its techniques, but also by the personal relationship" (p. 34) between therapist and client. In fact, there has been a longstanding and intense debate in the field of psychotherapy regarding the relative importance of specific (technique) and non-specific (relationship) variables. This debate is similar to the old social work debate between the diagnostic and functional schools as to whether social workers should emphasize theory and technique or relationship (Coady, 1991). In addition to relationship and technique factors the writer has included a review of a third category of helpfulness variables. This category has been conceptualized as characteristics of the therapist. The personality of the therapist is the focus of this section. Aspects such as therapists' emotional health and their values and beliefs are discussed. Current understanding of the

relative significance of these three groupings of factors is summarized after a survey of related literature on these three sections.

### Therapeutic Relationship

Therapist-offered conditions. A well-known and significant perspective that spoke to the importance of relationship attitudes was developed by Rogers (1957). In his client-centered framework he indicated that necessary and sufficient conditions for client change included therapist congruence, empathy, and unconditional positive regard. Rogers defined congruence as a therapist being "freely and deeply himself, with his actual experience accurately represented by his awareness of himself" (p. 97). Empathy was defined as sensing "the client's private world as if it were your own, but without ever losing the 'as if' quality" (p. 99). Unconditional positive regard refers to the "warm acceptance of each aspect of the client's experience as being a part of that client" (p. 98).

These conditions for change have been the rallying point upon which many studies have focused and there is still debate within the field around the interpretation of the empirical findings. On the positive side, after completing a review of related literature Patterson (1984) concluded that "the evidence for the necessity, if not the sufficiency, of the therapist conditions of accurate empathy, respect, or warmth, and therapeutic genuineness is incontrovertible" (p. 437). More recently, in their empirical study, Lafferty, Beutler, and Crago (1989) found evidence which supported the importance of empathy for successful therapy. In Lammert's (1986) treatise she added intuition to empathy as an essential factor in the therapeutic process.

On a more cautious note Beutler et al. (1986) noted that accurate ways of rating the above therapist conditions have not been developed. They also commented on the difficulty that existed in attempting to define each of these conditions. This has made it difficult to examine the importance of these therapeutic conditions. Parloff, Waskow, and Wolfe (1978) and Beutler et al. agreed that the evidence was becoming increasingly unclear as to the necessity and sufficiency of empathy, warmth, and genuineness. They suggested that there may be more intricacy to the relationships involved in effective treatment.

Therapeutic alliance. Beutler et al. (1986) indicated that research attention has shifted from focusing on therapist-offered conditions to considering the client-therapist interaction, because of the growing awareness that the therapist is not the only factor in therapy. Over the last dozen years or so there has been an increasing amount of theoretical interest in and empirical research on the concept of the therapeutic alliance. This concept has been defined as “the observable ability of the therapist and patient to work together in a realistic collaborative relationship based on mutual respect, liking, trust, and commitment to the work of treatment” (Foreman & Marmar, 1985, p. 922). This and similar concepts such as Orlinsky and Howard’s (1986) “therapeutic bond” have transformed Rogers’ therapist conditions from “traits of individual therapist behavior into bilateral characteristics of the relationship per se” (Orlinsky & Howard, p. 313). Orlinsky and Howard pointed out, in their review of the literature, that the therapeutic alliance or bond was noted to have a consistently strong positive correlation with good therapeutic outcomes. In a similar vein,

Luborsky et al. (1985) believed that "the therapist's ability to form an alliance is possibly the most crucial determinant of his effectiveness" (p. 610). Although Ryan and Gizynski's (1971) empirical study focused on a particular type of behavior one of their findings was strongly in agreement with the above researchers. Repeatedly they found that "the interpersonal relationship between the therapist and patient was in and of itself therapeutically efficacious" (p. 8).

As mentioned above, Orlinsky and Howard's (1986) concept of the therapeutic bond is similar to that of the alliance. In an earlier review Orlinsky and Howard (1978) suggested three central traits of the therapeutic bond. The first was role-investment, which referred to "intense and effective investment of energy in relationship roles" (p. 317) by both therapist and client. The second characteristic was empathic resonance. This related to the "good personal contact, the solid grounding in one another" (p. 317). The last trait was mutual affirmation. Orlinsky and Howard (1978) referred to this as "acceptance and encouragement of independence, that can be challenging as well as supportive out of concern and respect for the other person's basic interests and autonomy" (p. 317). Orlinsky and Howard's (1986) review of research found that these three traits had a significant, positive association with client outcome. Role-investment, which refers to factors such as engagement, was found to play a significant role in therapy. When both therapist and client were "engaged" in the process better outcomes were noted. An empathically resonant relationship between client and therapist was found to be strongly related to a good

outcome. The third trait, mutual affirmation of therapist and client, was found to have a highly significant positive relationship with client outcome.

Recently Goldner (1991) has reinforced and elaborated upon the mutuality of therapy which the therapeutic alliance and bond concepts have stressed. She states, "each attempts to recognize the other's subjectivity, and to accept that the other exists with a separate and equivalent centre of gravity" (p. 103). She goes on to say that it "is not a matter of whose speech silences whom, but where all voices get a hearing" (p. 103).

Worker-client relationship. Social work was once considered to be a leading force regarding the significance of relationship skills in therapy. Early in the social work discipline Richmond (cited in Proctor, 1982) conceptualized casework as the investigation and utilization of social relationships. Since Richmond, other social work authors have referred to the relationship as the "soul" (Biestek, cited in Proctor), and the "heart" (Perlman, cited in Proctor) of social work intervention.

Noting the importance of the therapeutic relationship, Maluccio (1979) interviewed social workers and clients with regard to their views on the client-worker relationship. His findings emphasized the significance of the worker's personality as well as the importance of relationship variables such as warmth and empathy.

Shulman (1978) conducted a study of social work practice skills. He noted that the model upon which he based his study emphasized the contribution of client-therapist interaction to "the development of a working relationship" (p. 274). He believed that this relationship was a necessary starting point for

effective helping. His study examined specific skills that clients judged to be important. Shulman found that "sharing personal thoughts and feelings" (p. 278) was a worker skill that was rated highly by clients. Another skill which was highly valued by clients was understanding client feelings. Although social work has largely neglected the empirical study of relationships, it is clear that the findings of Maluccio (1979) and Shulman reinforce those in the psychotherapy research.

### Therapeutic Interventions

Interventions refer to those procedures which are deliberately considered and implemented in therapy (Orlinsky & Howard, 1986). Beutler et al. (1986) note that technical procedures are intimately related to theoretical philosophies, which they place on a continuum "ranging from affective sensitivity (e.g., emotive/expressive) to cognitive awareness (interpretive/educational)" (p. 293).

Strong (1968) suggests that the techniques which a therapist employs are dependent upon "his diagnosis of the problem, the facilities available, his own expertise, and his guiding theoretical model. He may use interpretation, suggestion, advice, urging, information, homework assignments, reinforcement, role playing, modeling, behavioral enactment and practice, and other techniques" (p. 223). It is clear that one's therapeutic approach does influence one's views about techniques. For example, Rogers (1957), who valued warmth and genuineness, viewed techniques of various therapeutic approaches as "relatively unimportant except to the extent that they serve as channels for fulfilling one of the conditions" (p. 102).



Therapist self-disclosure. One of the ways in which therapists can be instrumental in therapy is by their description of themselves or their personal experiences to their clients (Orlinsky & Howard, 1986). This presentation on the part of therapists is referred to as therapeutic self-disclosure. Guy (1987) argued for the essential importance of self-disclosure in successful therapy. He stated, "Regardless of the theoretical orientation employed, patients need to know that the therapist is alive, vulnerable, and affected by life events, and yet able to survive and live a meaningful life" (p. 195). Palombo (1987), in his treatise, also believed that self-disclosure could be a useful intervention. He thought that both the therapeutic process as well as the therapeutic relationship were developed further through therapist self-disclosure. In a theoretical paper, Sankowsky (1989) saw therapist self-disclosure as a way of correcting client self-blame wherein the client might take responsibility for feelings in therapy that may be related to the therapist's issues.

Mathews' (1988) qualitative survey of therapists' use of self-disclosure found that there were fundamental disagreements among therapists with regard to self-disclosure. Some were strongly in favor of it while others did not value it. In their empirical study of self-disclosure, Donley, Horan, and DeShong (1989) found that self-disclosure was not particularly helpful. Alexander et al. (1976), in examining therapist characteristics and families of delinquents, did not find a strong association between therapist self-disclosure and client outcome. These findings are reflective of Orlinsky and Howard's (1986) review of empirical studies. Orlinsky and Howard found that self-disclosure was occasionally useful but not considered generally to be a powerful therapeutic intervention.

Reflection. Reflection is a technique which is employed to clarify client statements and to encourage further exploration of certain topics raised by the client (Orlinsky & Howard, 1986). Orlinsky and Howard cited Rounsaville, Weissman, and Prusoff (1981) who did not find a relationship between reflection, as measured by therapists, and client outcome. Elliott, Barker, Caskey, and Pistrang (1982), cited in Orlinsky and Howard, uncovered a similar finding. In their review of the few articles on reflection, Orlinsky and Howard found that reflection was neither helpful nor harmful.

Interpretation. Interpretation is seen as an attempt to clarify the meaning of a statement or experience (Orlinsky & Howard, 1986). Orlinsky and Howard found that half of the studies they reviewed showed a positive association between interpretation and therapeutic outcome; however, almost the same number of studies also showed no relationship or negative correlation between interpretation and outcome. Orlinsky and Howard concluded that this technique was not consistently effective or ineffective. They assumed that this factor was either developed or neutralized in relation to other factors. Orlinsky and Howard speculated that some other factor in therapy either helped or hindered therapeutic interpretation.

Confrontation. Orlinsky and Howard (1986) refer to confrontation as a "directly meaningful experience" (p. 324). Often this occurs when the therapist gives feedback directly to the client. It also may occur when the client is encouraged to use an approach, such as a Gestalt manoeuvre, to confront self. Although there were only a few empirical studies regarding confrontation, the

findings were consistent across these articles. Orlinsky and Howard's search led them to conclude that confrontation can be a powerful form of intervention.

Content focus. Content focus refers to that which may be emphasized within a therapy session. This may include such aspects as affect, "here and now" emphasis, and client transference issues. In their review of the literature Beutler et al. (1986) found that therapy processes and therapeutic relationships could be enhanced when clients were confronted with their feelings and were actively engaged at an emotional level. They also noted that many studies stressed the usefulness of procedures which focused on client affect as opposed to those with a cognitive emphasis. Beutler et al. pointed out, however, that this positive influence, which was noticed in therapeutic processes, was not evident in terms of therapeutic outcomes.

Orlinsky & Howard (1986), who focused on therapeutic outcome, suggested that focusing on client affect "is sometimes but not always helpful" (p. 325). This same conclusion was reached with regard to focusing on client transference.

A focus on the "here and now" was judged to be less helpful. The studies that Orlinsky and Howard (1986) examined showed either no significant relationship or pointed to a negative association between a "here and now" focus and outcome.

Exploration. Exploration interventions refer to therapist questions both for the purpose of gathering information as well as to get clients to consider specific parts of their experience (Orlinsky & Howard, 1986). In the studies that these authors reviewed, results were split with approximately half showing positive

associations between exploration and client outcome and the other half showing no relationship. Orlinsky & Howard summed up the findings by commenting that exploratory questions were often considered useful but not consistently so. Again the authors suggested an interactional pattern between this technique and other factors.

Support. Support refers to the encouragement that a therapist provides to clients Orlinsky & Howard (1986) found a clear majority of studies as indicating no relationship between support and client outcome. Only a few empirical studies noted a positive correlation between this intervention and outcome. They summarized support as being occasionally but not consistently helpful.

Therapist directiveness. This technique refers to therapists directing client's "attention, action, or thought" (Beutler et al., 1986, p. 288). Advice giving by a therapist would be considered as a major part of therapist directiveness. Advice refers to comments, suggestions, and/or statements that indicate therapist preference for a particular course of action for the client. Sloane, Staples, Cristol, Yorkston, and Whipple (1975) found no association between therapist advice and client outcome. Rounsaville et al., cited in Orlinsky and Howard (1986), found a negative association between this technique and client outcome. Orlinsky and Howard were cautious in their conclusions because there were few studies in this area. They did say that giving advice did not appear to be helpful in therapy.

Beutler et al. (1986) indicated that therapist directiveness appeared to have impact in therapy when considered in conjunction with other variables. They focused particularly on the role of client variables in influencing

directiveness. For example, Beutler et al. cited Baker, who believed that clients “with external attributions of control” (p. 289) were positively influenced by directive therapists.

### Characteristics of the Therapist

Personality patterns. McConaughy (1987) argued that the therapist’s self was more influential than the theoretical orientation or techniques employed. Further, she remarked that “the person of the therapist determines the quality of the treatment that is offered to a client” (p.309). Lammert (1986) agreed by his statement that if therapists were knowledgeable about their own processes then they would likely be more attuned to client processes. The implication in this comment is that therapists would become more effective in their therapeutic work as they learned more about themselves.

From an empirical perspective, an examination of the impact of the therapist’s personality has not provided conclusive results. Beutler et al. (1986) closed their review of the research on this factor by suggesting that there was probably no “single dimension of personality or personality similarity” (p. 271) which facilitated or inhibited therapy effectiveness. Barrett and Wright (1984), who also reviewed literature on therapist personality, indicated that this variable had been difficult to measure. They believed that this difficulty may be due to the lack of development in theory and measurement of personality. These authors cited Hogan, Desoto, and Solano who said that viewing the human personality as too complex to describe in a few “concepts or dimensions may be the counsel of wisdom or the counsel of despair” (p.368).

Emotional well-being. Garfield and Bergin (1971) found that therapist personal adjustment, using the MMPI, was positively related to therapy outcome. In an indepth study of two therapists and their work with adolescents Ricks (1974) observed that the most effective therapist ("Supershrink") was more comfortable with adolescent affect and was also more resilient as a person. Similarly, Badalamenti (1984) postulated that a therapist needed to be "already actualized" (p. 120) in the area that the client needed assistance with. (For a complete discussion of this issue see section on "personal therapy" later in this chapter.)

Attitudes and values. Strong's (1968) article on the interpersonal influence process in therapy, noted that therapist attitudes and values had an influence upon the client. He believed that as therapists enhanced their credibility and attractiveness, that the client was more likely to be influenced in the direction of change. In Beutler et al.'s (1986) review of the literature it was noted that many authors urged therapists to consider their attitudes and religious values as well as those of their clients. Barrett and Wright (1984) indicated that clients often ask therapists about their religious values; however, the authors go on to say that there is no empirical base upon which the impact of therapists' religious values upon therapy can be measured. They suggest that this variable seems to be important both from an expert's point of view as well as from conventional wisdom. In a similar vein, Haber's (1989) treatise stated that one needed to be aware of "his or her own feelings, beliefs, and attitudes and how they may influence the therapeutic process" (p. 89).



Gender and sex. Gender is “one’s biological identification” (p. 263), while sex refers to subjective factors such as sexual attitudes and selected roles (Beutler et al.,1986). These reviewers noted a tremendous increase in gender research in recent years. Beutler et al.’s summary of this research was that only a modest association was observed between gender and therapeutic process and change. Further the authors stated that as stereotypical sexual attitudes become fewer, the impact of gender upon outcome becomes more complex. Their overall finding was that first, female therapists and then therapists of the client’s gender encouraged treatment benefit, particularly if the clinicians present “a nonstereotypic sexual viewpoint” (p. 265) in encouraging treatment benefit. They noted, however, that treatment outcomes were less consistently influenced by gender and role identities. Beutler et al. stated that possibly egalitarianism “rather than sexual attitudes or gender roles themselves” (p.265) encouraged client change.

### Summary

It is clear, according to the literature, that relationship factors have an overriding importance for therapeutic effectiveness. The ability to collaborate, based on the respect, trust, and commitment that both the client and therapist bring to the therapy setting is essential.

On the other hand the evidence linking therapeutic interventions and therapy outcome, to date, is weak overall. The only intervention to indicate a strong correlation with outcome was confrontation. In many instances the empirical literature suggests that interventions may actually work in concert with other, presently unknown variables (Orlinsky & Howard, 1986).

Although relationship factors have a much stronger association with outcome than techniques, this does not mean that the latter are unimportant. Orlinsky and Howard (1986) suggest that relationship variables can have a "double-barreled" effect as compared to interventions. They argue that a good therapeutic relationship may not only enhance therapy outcome directly but also may be a precondition for a client's openness to certain interventions. Thus, "It is not surprising that simple categorical behaviors, such as reflection, advice, and interpretation, have no consistent association with therapeutic outcome when they are considered independently of the quality and content of the interpersonal process" (Coady, 1991, p. 258-259). It may be that therapeutic techniques need the assistance of a warm, human relationship in order to be helpful and that it is important to synthesize the study of technique and relationship factors.

A review of the literature on "characteristics of therapists" does not conclusively indicate the influence of these characteristics in therapy. However, this does not necessarily mean that the therapist's characteristics are not significant, as was also noted in the case of therapeutic techniques. The difficulty appears to be in developing some way of measuring these characteristics (Barrett & Wright, 1984). It seems that therapist characteristics need to be examined further because conventional wisdom would say that such factors are significant, particularly given the impact that they are likely to have on the therapeutic relationship. Lambert et al. (1986) concluded that clients would benefit if they were in therapy with "skillful, wise, and stable therapists" (p. 201).

## Therapist Experiences

### Introduction

Strupp (1958) suggested that “the therapist himself, his background, attitudes, experiences, and personality must be put under the microscope for careful scrutiny and analysis” (p. 34). Three decades later, McConaughy (1987) has continued to emphasize the need for study in this area: “Studies of therapist character, personal development, and interpersonal style are essential if we are to understand how it is that the personality of the therapist makes its imprint” (p. 311). In this section the literature on experiences that may contribute to therapeutic effectiveness will be closely examined. In addition, some literature concerning experiences that may negatively influence therapeutic ability will be considered. This approach is taken because of the paucity of material which positively correlates therapist experiences and therapeutic helpfulness. Discussion of the negative impact of experiences gives some picture of the potential impact of experiences upon therapy and, at times, suggests what experiences might be helpful.

In the literature review the researcher examined what had been written about the importance of therapists’ experiences in both the personal and professional arenas. Personal experiences refer to experiences that are outside therapy practice. These experiences are often similar to those of people in general and are not particular to therapists. Professional experiences, on the other hand, are therapy-specific. The literature in the area of experiences is noticeably sparser than literature which addresses therapist helpfulness. Empirical studies are minimal and most articles that address

experiences, particularly personal experiences, are theoretical or naturalistic in orientation and approach.

#### a) Personal Experiences

Norcross and Prochaska (1986) summed up the literature in this area when they commented, "Few studies have systematically investigated the person of the psychotherapist *qua* person outside his or her professional world" (p. 113). Similarly, Truax and Mitchell (1971) argued that the therapy field had been isolated too long from the potential utilization of personal experiences. They suggested that therapists needed to look at situations outside therapy to see what made them effective interpersonally and then apply these insights to their in-therapy performance. They concluded, "We are not saying that psychotherapy is nothing more than being a friend, a husband, or a father, but that these roles have some basic similarities to the role of the psychotherapist" (p. 341). Guy (1987) suggested that therapist's personal life experiences have a significant impact on clients' lives and upon the therapy process. Garfield (1987) concurred in emphasizing the potential positive effect that therapist's personal experiences may have upon clients.

Kirschenbaum (1979) noted that Carl Rogers' ideas came primarily from personal experience. Stolorow and Atwood (1979) described several prominent therapists and the influence of personal experiences upon them. Included in this list were Freud, Jung, and Reich. According to Stolorow and Atwood, Freud's early relationship with his mother and his ensuing thoughts and feelings influenced his theoretical ideas. In Jung's case the authors suggested that his mother's stay in a sanitarium was one of the key experiences

which affected his theoretical views. Reich's mother's death, in his childhood, was seen by Stolorow and Atwood as having an impact on Reich's thoughts about life and sexuality. Another prominent figure, Minuchin (1974), a family therapist, noted that the therapist is similar to clients in the sense of being human. The result is that the client and the therapist have common experiences. Minuchin goes on to say that these experiences could be used to develop a sense of similarity between the therapist and client. Norcross and Prochaska (1986) also viewed life experience as enlarging "the psychotherapist's knowledge of change" (p.111) and prioritizing "coping strategies" (p. 111).

#### Early Childhood and Family Experiences

Although reference to the importance of therapists' family of origin experiences in the literature are not frequent and are often of a general nature, there are enough references in this area to merit consideration. In Garfield's (1987) article on therapist self-disclosure he commented that "early family experiences" (p. 58) possibly led to the therapist holding back his or her needs and reactions in therapy and led to focusing strictly on the client. Essentially he believed that some of these experiences may have been detrimental because the therapist had learned to "hide" him/herself.

In another article that focused on family of origin issues, the author (Anonymous, 1978) noted that she decided to work on her own family of origin concerns. As a child she said she was overly responsible and she felt that she was doing the mothering in her family. As an adult she believed she needed to "differentiate" herself from family of origin members, which she proceeded to do.

As she became “independent” of her family members she was able to develop more effective relationships with families in therapy. In particular, the author noted that she did not become triangulated with mothers and daughters in therapy, thereby allowing them to work through their own issues.

In Haber’s (1989) theoretical paper, she described some clinical examples of her work. In one particular case she found that she was thinking phrases, in regards to a client, that her father often directed at her. As a child the message was that she “should be able to take care of” (p. 95) herself. After realizing what she was doing with the client, Haber employed her new found knowledge to assist her in understanding her client in a more helpful way.

Poal and Weisz (1989) focused specifically on the impact of childhood experiences. They had a sample of forty therapists who completed the Child Behavior Checklist, as if they were children again. Then the researchers gave the same checklist to parents of children before and after therapy. Poal and Weisz found that therapists who had many “problems as children may be better able to empathize with and assist the youngsters they treat than are therapists who had a more pacific, problem-free childhood” (p. 205). These authors go on to say their findings seem to indicate that it is not dealing with specific problems but rather the general experience in facing and working through childhood problems that encourages therapist effectiveness. In Steiner’s (1978) survey of factors influencing psychotherapists’ choice of therapeutic orientation, she noted one therapist who believed she possessed a special understanding of adolescents and young adults because of her difficult experiences during late adolescence.

### Intimate Relationship Experiences

In a questionnaire of social work students and practitioners, Bradmiller (1978) examined their use of self-disclosure with clients. Of particular interest was her consideration of the impact of gender and marital status on self-disclosure. On the basis of her findings she suggested that married social workers may have an advantage over single workers because they can refer to their experiences with their partners and children in working with marital and family issues.

Guy (1987) suggested that therapists without "sufficient love relationships" (p. 145) have little to give to clients. He believed that this lack would be noticed by clients irregardless of the therapist's clinical expertise. His premise was that the experiential factor was as important as the instructional component of therapy and that clients would likely sense a therapist's emotional hurt.

### Personal Crises

"Albert Schweitzer once observed that having known the pain, we are better able to understand and assist others so afflicted" (Norcross and Prochaska, 1986, p. 112). The implication in this statement, in the case of therapists, is that their difficult personal crises become helpful in working with others facing crises of their own.

Divorce. In the case of a therapist's divorce, when the separation experience was considered to be healthy, Pappas (1989), in her theoretical discussion, thought that the therapist might develop "a more differentiated, responsive self which can enhance work" (p. 513). She stated that such therapists might develop a keener sense of listening. In instances where the

therapist returned to work before the grieving was complete she believed that there was a danger of therapists reliving some of their experiences through their clients.

Illness. Chernin (1976) described his own example where his illness had been therapeutic for the client. By becoming ill the therapist "lost his sense of omnipotence" (p. 1328) and became closer to his client. Chernin (1976) also gave an example of another therapist who became ill during the course of therapy. The result was that the client began to respond, something which had not occurred before. This second therapist believed that at crisis points "people are less defended" (p. 1328) and that breakthroughs, which might otherwise require extended periods of work, might occur more easily.

Singer (cited in Givelber & Simon, 1981) shared some facts about his wife's illness with clients. He found that it gave clients a chance to be compassionate with him. He believed that this was a growth-promoting experience for clients because they were in a position to provide some support for their therapist.

Examples of negative influence of illness on therapy have also been noted in the literature. In Little's (cited in Givelber and Simon, 1981) personal case report, he found it difficult to talk to clients about his heart attack for fear of losing the clients, as well as worrying about his own fragility. In a similar vein, Endler (1982) recounted his experience with depression in his book entitled, "Holiday of Darkness." Clearly his depression led to his being unable to be helpful with colleagues and clients.



Death. Lewis (1982) wrote about his experiences with four friends who were dying. He believed that his experiences with these friends enabled him to assist certain groups of clients. He found that his work with unhappy successful middle-aged men and women benefited from having explored themes around the meaning of life and of time running out with his dying friends. These themes, which were explored with dying friends, were themes that these unhappy clients were struggling with as well. He also found that the feelings of loss which might occur for both client and therapist when terminating long-term therapy were similar to feelings of loss which occurred with dying friends. Lewis was able to consider feelings and issues at therapy termination because of his contact with dying friends.

Through their own personal experiences with deaths of family members, Givelber and Simon (1981) decided to interview other therapists who had similar experiences. They observed that some of the interviewed therapists experienced a positive result from their mourning. These therapists "found that the practice of psychotherapy is life-affirming, that the suffering deepens one's ability to listen, and that one responds to a loss in a patient's life in a keener and more sensitive way" (p. 149). Givelber and Simon believe that working through their losses has helped them personally as well as professionally. These authors also noted that some therapists return to work before their grieving is complete. In these instances the therapist needs to be aware of his/her state of being and the possible impact upon clients.

Rodman, cited in Givelber and Simon (1981), wrote about his wife when she was dying. He believed that telling his clients about his wife's situation "was necessary, and, for most of his patients, useful" (p. 142).

In cases where clients are seriously thinking about suicide, Lewis (1982) believed that his experiences with dying friends assisted him in exploring the possibility of death through which fears of abandonment could be examined.

### Personal Therapy

Peebles (1980) completed an empirical study on personal therapy and its relation to empathy, warmth, and genuineness. In her findings Peebles indicated that personal therapy was associated with therapist effectiveness. She concluded, "that the therapist who makes efforts to 'know himself' will be the one who is more finely attuned to the nature of his work" (p. 261). In her theoretical paper, Glass (1986) added that the therapist became more empathic toward clients by having considered his or her own personal dynamics. Fox, Strum, and Walters (1984) employed an empirical approach to look at the perceptions of therapists who revealed that they had been in therapy themselves. These authors found that clients viewed therapy more positively when the therapist indicated she or he had also received personal therapy. In MacDevitt's (1987) empirical study of psychologists he found that personal therapy led to "greater professionally relevant self-awareness" (p. 701) along with better functioning as a professional. In a survey of psychologists, one of the factors Prochaska and Norcross (1983) considered was personal therapy. They learned that these professionals valued personal therapy in their therapeutic work.

There appear to be differences between therapists' view of personal therapy and empirical research findings. As noted above and found in other articles (Buckley, Karasu, & Charles, 1981; Guild, cited in Beutler et al., 1986) therapists tend to believe that there is value in personal therapy. Reviews of articles that emphasize an empirical focus, however, have tended to indicate that there is no clear evidence which supports the importance of personal therapy for therapy process and outcome (Barrett & Wright, 1984; Beutler et al.; Greenberg & Staller, 1981; Parloff et al., 1978). Some studies (e.g., Garfield and Bergin, 1971) have found that the amount of personal therapy received by therapists was negatively related to outcome.

There are some difficulties in considering and examining the influence of personal therapy. Beutler et al. (1986) noted that this issue is tainted by factors such as the effectiveness of the personal therapy and "how disturbed the therapist remains" (p. 272). They continued on to say "the fact that some therapists seek treatment while others do not may reflect important differences in self-confidence, faith in psychotherapy, or motivation" (p. 272).

### Summary

As noted earlier, there has been little research with regard to the impact of many of the personal experiences which therapists face. Guy (1987) remarked that therapists "do indeed fall victim to mental illness, suicide, substance abuse, sexual misconduct, spouse and child abuse, and a host of other tragic expressions of emotional impairment" (p. 237). Obviously therapists are influenced by experiences that people in general are subject to. From the literature, it would appear that it is important to understand that therapists face

many difficult experiences. In fact it appears that the majority of personal experience literature centered on difficult issues for therapists. It seems that there is a need to continue to consider how these experiences may become useful both personally and also in the therapeutic process.

Guy (1987) asks how it is that some therapists are exceptional while others are just ordinary. He suggests:

For a few individuals, it seems to be an almost innate characteristic, as though the capacity to care and empathize in a healthy, balanced fashion is woven into the very fabric of their being. For others, it appears to be an acquired trait, perhaps resulting from life experiences that expand personal horizons beyond the immediate concerns of self, such as that which may accompany the healing of deep personal wounds by way of a meaningful relationship or profound religious experience. Whatever the source, the result is an ability to care for both self and others, neglecting neither, enabling the fully integrated practitioner to maintain a sense of perspective which sees beyond immediate concerns to more ultimate issues (p. 294).

#### b) Professional Experiences

Professional experiences refers to experiences that are therapy specific. Included in this section are education, supervision, post-graduate courses, and clinical experience. These are components which are often considered when researchers are interested in understanding what experiences are important in developing effective therapeutic intervention.

### Professional Education and Training

Norcross and Prochaska (1983) found, in their consideration of therapists' theoretical orientation, that graduate training was rated quite highly. It appeared, though, that formal educational experiences were not as relevant for therapists who had been in the field twenty to thirty years. It is quite likely that as therapists are in the "field" longer they look to other experiences as being more influential in the formulation of their therapeutic approach. Norcross and Prochaska (1983) also observed that undergraduate training was considered to be less influential than "formal educational experiences" (p. 201) such as graduate training and internships. A final point was that the women in the sample were generally influenced more by postgraduate training and internship experiences than were the male participants. This finding may suggest that female therapists are more willing to be influenced by other sources. In another study by Norcross and Prochaska (1986), however, it was pointed out that clinical training was one of two major factors (the other factor being life experience) that "surely enlarge the psychotherapist's knowledge of change and prioritize coping strategies" (p. 113).

In contrast to studies cited above, Rachelson and Clance (1980), in a survey of psychologists, found that therapists rated their graduate training as a helpful but small part of the learning possibilities available to them. As these authors stated, "clearly, graduate school training is not seen as providing the most significant contribution to being a psychotherapist" (p. 266). In this same vein, the finding that untrained paraprofessionals are often as effective as highly educated, trained professionals (Berman & Norton, 1985; Lambert et al., 1986),

suggests that professional education and training may not be as important as commonly thought.

Beutler et al. (1986) concluded that one's professional discipline (i.e., psychology, psychiatry, social work, etc.) may influence a client's perception of the therapist, but it does not appear to be a major factor in treatment outcome. Of interest to social workers is a study by Orlinsky and Howard (cited in Beutler et al.) which noted that social workers tended to be more directive and employed more of a problem focused approach as compared to psychologists and psychiatrists. When differences in client outcome were noted in this study, social workers tended to be favored as more helpful.

#### Supervision

Henry et al. (1971), through a combination of interviews and surveys, questioned over 4,000 therapists about their personal and professional lives. In their study they found that therapists mentioned supervision as "the single most important experience" (p. 150) in their training. Supervision referred to circumstances where an individual was responsible for training another, in relation to a particular focus. The quality of the supervisory relationship appears to be an important intervening variable, however, Dodenhoff (cited in Matarazzo & Patterson, 1986) found that trainees "who are strongly attracted to their supervisors are more effective at the end of the practicum than those who are less strongly attracted" (p.828).

### Clinical Experience

Clinical experience includes client contact and related experiences such as case conferencing. Although clinical experience does not address specific experiences it represents a general category of experience for therapists.

Probably the most renowned individual to discuss the effect of experiences with clients on therapists was Carl Rogers. In his book about Carl Rogers, Kirschenbaum (1979) indicated that Rogers emphasized the usefulness of his experiences in counselling. Guy (1987) continued in a similar vein when he spoke about the therapist being deeply affected by clients. He believed that the therapist need not be uncomfortable with the knowledge that clients may be important sources of "caring and satisfaction" (p. 295). In Rachelson and Clance's (1980) survey the majority of therapists noted "practice in the field" (p. 266) as a critical therapist learning experience.

In their study of psychotherapy and behavior therapy, Sloane, Staples, Christol, Yorkston, and Whipple (1975) found that experienced and inexperienced therapists had the same treatment outcomes. However as these authors noted, the experience levels of their participants were notably higher than those in other studies. For example, two of the least experienced therapists had seen about three hundred clients in the preceding six years.

In Auerbach and Johnson's (1977) review they said the idea that experienced therapists had better results in therapy did not get the "unequivocal support" (p. 99) which they had expected. In an empirical study of counselors, Heppner and Heesacker (1983) drew a similar conclusion to Auerbach and Johnson. Heppner and Heesacker found that higher experience levels did not

mean better treatment outcomes. One concern which they had about the study was the possibility that therapy outcome could be "confounded by the non-random assignment of clients to counselors" (p. 37). In other words it could be that the more experienced therapists were given the more difficult client cases.

Lambert et al. (1986) reviewed literature which considered the impact of clinical experience. They noted that most literature regarding clinical experiences had not compared inexperienced and highly experienced therapists. They stated that correlational data did not demonstrate an important relationship between experience and therapy outcome. Lambert et al. qualify this statement by commenting that "experience levels were compared across studies rather than within studies, and comparisons often were between inexperienced and slightly experienced clinicians" (p. 174).

In Beutler et al.'s (1986) review of the literature, they cited Stein and Lambert (1984) as drawing the conclusion that "experience exerts a complex effect that is most observable either on psychotherapy processes, early treatment gains, or dropout rates" (p.287). Beutler et al. believed that although therapists' clinical experience might benefit the therapeutic process, clinical experience was not as clearly influential in therapy outcome.

As for many of the variables considered thus far, the impact of clinical experience is hard to assess given the multitude of interacting variables concerned and the fact that some variables are difficult to quantify. The writer agrees with McConaughy's (1987) general belief that, "it is through formal training and the practice of therapy, and through their own efforts toward personal development as well, that therapists learn to believe in themselves



enough to be able to function as effective models of identification for their clients" (p. 311).

### Summary

It appears that there has been considerable difficulty in attempting to isolate professional experience variables and discern with certainty which experiences contribute to effective therapy. As Strupp (1977) suggested, any attempt to separate out the therapist from other factors such as the client, therapy itself, or the therapeutic context is problematic. There appears to be a continuous call from the literature to examine more specific professional experiences which may lead to the development of "successful" therapists. Although there is still a great deal of tentativeness regarding influential professional experiences it seems that the experiences reviewed continue to be important ones to consider.

## CHAPTER THREE

### METHODOLOGY

This chapter outlines the methodology chosen and the methodological steps taken in the study. Initially positivistic and phenomenological approaches to research are described. The rationale for the choice of a qualitative methodology follows. The writer's interest in the phenomena studied is described. The data collection process is then explained. Ethical considerations are noted. The final section of the chapter presents a close look at the data analysis procedures.

#### Positivistic and Phenomenological Perspectives

Taylor and Bogdan (1984) state that in the social sciences there are two broad theoretical perspectives that confront researchers in their choice of methodology. These are the positivistic and the phenomenological perspectives. In the positivistic tradition one seeks facts or causes of phenomena (Taylor and Bogdan). Thus, hypotheses about cause and effect relationships are often tested using quantitative statistical analyses (Epstein, 1988; Van Hesteren, 1986). In the phenomenological tradition, the researcher is interested in understanding the participant's frame of reference. The "phenomenologist strives for what Max Weber (1968) called *verstehen*, understanding on a personal level the motives and beliefs behind people's actions" (Taylor & Bogdan, p.2). This understanding is sought through qualitative methodologies, which produce descriptive data (Taylor & Bogdan).

### Rationale for Qualitative Methodology

Qualitative research is considered to be inductive in the sense that the researcher develops understanding and awareness from the data instead of attempting to prove or disprove theories or hypotheses (Taylor & Bogdan, 1984). The insights that occur must happen through the researcher's attempts to put aside personal beliefs and values. There is no search for absolute truth but for understanding from the participants' point of view. This methodology attempts to consider people in a holistic fashion as opposed to reducing them to variables. As a consequence, this approach is viewed as having a strong humanistic focus. From a scientific perspective, qualitative methodologists emphasize validity in their research. Essentially they are concerned with a close connection between the data and what actually is said and done by the group under study.

In McConaughy's (1987) consideration of therapist variables, she suggested that "new methodologies" (p. 311) were needed to learn about "these clinically palpable but empirically elusive phenomena" (p. 311). Her concern was that many studies have examined only particular therapist behaviors and have not gone beyond a surface level. In the relatively uncharted waters of understanding the ways in which therapists are helpful and the influence of therapist experiences on therapy it seems necessary to begin by developing an intimate familiarity with these topics. A methodology which employs an inductive approach is essential to initiate this acquaintance. Taylor and Bogdan (1984) note that an inductive approach develops "concepts, insights, and understanding from patterns in the data" (p. 5). Only after the

development of description and theory may there be occasion to test hypotheses, which is what the positivistic research tradition addresses. On the basis that description of the phenomena is a necessary first step, a qualitative methodology was chosen for this study. Van Hesteren (1986) points out that the qualitative option is a particularly promising approach for counselling research.

Taylor and Bogdan's (1984) approach to qualitative research was chosen as the specific methodology for this research project. Taylor and Bogdan note that their approach is concerned with developing indepth understanding of settings or people from the participants' view. The researcher seeks to understand the meaning that people give to their experiences. This emphasis on participants' views is closely tied to the focus of this research study in that therapists are invited to share their perspectives with regard to how they are helpful and how particular experiences have contributed to their therapeutic helpfulness.

The insights that are developed from this approach "are grounded in and developed from the data" (Taylor & Bogdan, 1984, p.129). This approach is similar to the grounded theory methodology of Glaser and Strauss (1967). One difference between the approaches, however, is that Glaser and Strauss stress the development of concepts and theories whereas Taylor and Bogdan emphasize "understanding the setting or people on their own terms" (p. 129). Taylor and Bogdan's approach fits the aim of this research project, which is to document therapists' description of their helpfulness and of the experiences that contributed to their ability to be helpful. The writer wanted to develop an awareness of what the participants viewed as important, with the idea that such

information might be useful in understanding helping strategies and factors that contribute to therapist ability.

### Orientation To and Interest in the Phenomenon

Orienting to a phenomena indicates a particular interest in an experience (Van Manen, 1990). Lofland and Lofland (1984) suggest that “we make problematic, in our own research, matters that are problematic in our lives” (p. 8). For several years the writer worked as a therapist in a small counselling agency. During this period, conversations with three colleagues in particular, and general interaction with clients challenged the writer to consider his role in the therapy process. The writer became curious about the patterns and themes in himself that appeared to inevitably influence interactions with clients. One important pattern concerned the writer’s personal and professional experiences. It was noticed that some difficult personal experiences contributed to broadening understanding of client situations and provided added dimensions to therapeutic interventions. When the writer entered masters level social work training he saw the opportunity to research this personal interest in the impact of therapists’ experiences on their ability to be helpful to clients in therapy. The researcher then began to familiarize himself with literature which focused on the influence of the therapist’s role in therapy.

### Development of Interviewing Methodology

Prior to study sample selection it was decided that the researcher should develop a tentative interview methodology and test it with a trial interview. The researcher developed the general strategy of contacting potential participants by phone to ascertain their willingness and then to interview each participant

twice. It was thought that it would be helpful to have an introductory interview before the main interview. Taylor and Bogdan (1984) note the importance of becoming acquainted with participants so one understands the meaning of their comments as well as to encourage an atmosphere where they feel free to talk.

Preliminary interview guidelines were developed for the first and second interviews in line with Lofland and Lofland's (1984) belief that interviews can be considered as guided conversations. Lofland and Lofland explain that:

A guide is not a tightly structured set of questions to be asked verbatim.... Rather, it is a list of things to be sure to ask about when talking to the person being interviewed.... You want interviewees to speak freely in their own terms about a set of concerns you bring to the interaction, plus whatever else they might introduce (p. 59).

Taylor and Bogdan (1984) agree that the interview guide is only there as a reminder for researcher questions. These authors also suggest that the early interviews give the researcher the opportunity to set the tone of the relationship with participants and also show the informants that the researcher is willing to learn from them. Thus the rationale for having a pre-study meeting with participants was to establish rapport (Bogdan & Biklen, 1982; Dudley, 1987; Taylor & Bogdan).

A potential non-study participant was identified by the researcher's thesis advisor. An individual was selected that had extensive experience as a therapist, but who was presently working in a teaching capacity. It was thought that this individual may be able to give some helpful suggestions toward

refining the methodology. The researcher then contacted this individual and obtained his agreement to be part of the pilot study.

The writer followed the same steps with this participant that were proposed to be employed with the study sample of good therapists. The difference was that this participant was aware that this was a non-study interview and that the writer wanted his suggestions and recommendations regarding the process and the content of the interview. Both interviews were held in his office. The initial interview involved asking for biographical information and explaining the purpose and procedures of the study. The main interview commenced with the audio equipment being switched on. It was decided to use a tape recorder because it would capture more than memory could retain (Taylor & Bogdan, 1984). This also allowed the researcher to concentrate on asking questions without having to remember exact details.

After these pilot interviews the writer reviewed both Igor's (pseudonym for this individual) comments and the writer's thoughts about the process. Igor suggested that instead of two interviews the historical questionnaire be incorporated at the beginning of the interview. Although the writer thought that his suggestion would be a time saver, there was concern about the lack of time to develop rapport prior to the second interview. Another comment was that, if there were to be two interviews, the questions that were the major focus of the study could begin to be addressed in the first interview. According to Igor this would allow time for participants to consider the questions further. He had begun to consider ideas in greater detail only at the end of the second interview. Igor's comment influenced the point at which the study questions

were given to participants. The researcher decided to give the study questions to participants in the prestudy meeting to give them time to ask for clarification regarding the questions and to allow them to reflect on the questions prior to the main interview. Igor also thought that more specific questions should be asked during the interview to focus on some areas that he did not believe were fully explored. The writer concurred with this suggestion and made revisions to the interview guidelines.

Another important aspect of the pilot study process was to transcribe the interview and to read it over carefully toward determining if the interview elicited the information that was desired. The researcher and his thesis advisor reviewed the transcript a number of times toward this end. One result of this process was the decision that the researcher needed to focus on therapist's helpfulness in general rather than to focus on particular clients of a therapist as a way of learning about therapist effectiveness. The latter seemed to be the case in the pilot study. Other recommendations which were implemented included asking for other instances of therapists' helpfulness, exploring comments further, and summarizing frequently. The advisor's comments were particularly helpful for the interviewing approach. Generally the writer was pleased with how the interview process had gone. The writer's concerns, however, revolved around being too general in the questioning, not looking closely enough at the impact of personal experiences, and thinking that the following interviews would need to look more generally at therapist helpfulness rather than focusing on particular cases. Employing a pilot study was very useful in refining the interview approach to the good therapists. The details of



the interviewing process and the final interview guidelines are presented in the "Procedures" sub-section of this chapter.

#### Definition and Selection of Good Therapist Sample

The aim was to obtain a sample of eight to ten "good therapists" for the study. This number of subjects is generally considered to be sufficient for eliciting recurrent themes (Dudley, 1987; Rennie, Phillips, & Quartaro, 1988). There was no discrimination as to the theoretical orientation and professional training of these therapists. There were two reasons for this approach. First, the diversity of therapists' orientation and training in the therapy field would hopefully be closely matched in the sample obtained. Secondly, empirical research suggests that theoretical or professional orientation are not important variables with regard to therapeutic effectiveness (Garfield & Bergin, 1986). The only inclusion criteria was that participants were identified as "good therapists" by their peers.

The researcher believed that utilizing a sample of good therapists would be more useful than interviewing therapists of unknown skill. It was thought that there would be a greater likelihood of receiving information that may be useful for the healthy development of therapists if one were to interview good therapists. McConnaughy (1987) also suggested the helpfulness of studies looking at good therapists.

The definition of a "good therapist" was developed from an article by McConnaughy (1987). She did an extensive search of the theoretical and empirical literature in her consideration of the "person of the therapist" (p. 303) McConnaughy noted that "there are overarching personality characteristics of

the therapist" (p. 303) that seem to affect therapeutic practice. In her review of theoretical literature she found that many articles stressed that the therapist should be "a personally well-developed individual" (p. 304) who was accepting of self and worked well in relationships. In McConaughy's review of empirical research there was a similar consensus regarding the significance "of the therapist's character and interpersonal style" (p.309) in therapy. The description of a "good therapist" that was used to identify participants for this study is presented in Appendix A.

In order to identify "good therapists" for the study, several experienced therapists who have reputations of being knowledgeable about the network of helping professionals in Calgary were contacted to determine their willingness in helping to refer the researcher to "good" therapists. This could be considered as a form of snowball sampling (Taylor & Bogdan, 1984). This method of identifying "good" therapists is supported by the fact that therapists are accurate predictors of the skill of fellow therapists (Holt & Luborsky, cited in Luborsky et al., 1985). Each of these identifiers were seen in person. In this meeting the identifiers were provided with the description of a "good therapist" (see Appendix A) upon which their selection was to be based. The identifiers were informed that the therapists did not have to be "high profile" individuals but should fit the definition of "good therapists." The researcher indicated that suggested participants would be told that they were referred on the identifier's recommendation and that they were deemed to fit the good therapist criteria developed for this study.

Five identifiers, including the researcher, were used to generate names of potential participants. A total of thirteen individuals were suggested as possible candidates for this study. One individual was mentioned by two different identifiers. The researcher randomly chose eight good therapists to contact from the list of thirteen potential participants. At least one possible candidate from each of the identifiers was selected and the researcher attempted to maintain a gender balance in the sample selection.

### Procedures

#### Initial Telephone Contact

The potential participants were initially telephoned by the researcher. They were informed that their names were volunteered by a colleague because they were considered to be an effective clinician. Some therapists had been told about the researcher's possible call and others were unfamiliar with the study. The purpose of the study was briefly outlined and the researcher asked the therapist if he or she would be interested in participating in the study. All eight potential participants agreed to be involved in the project.

#### Introductory Interview

A pre-study meeting was arranged between each therapist and the researcher. This meeting was arranged in a place that was chosen by the participant. Seven therapists chose their work setting and one arranged the home setting for the introductory interview.

Early in this meeting the researcher presented the criteria for good therapists. This allowed the participant to have a clear idea of the criteria upon which they had been selected. Then the writer gave the potential participant the

written agenda of questions (See Appendix B), which would be asked in the forthcoming interview. The researcher briefly explained what the interview would entail. During this meeting the researcher offered to answer any questions that the participant had regarding the research study. Taylor and Bogdan (1984) suggest that the researcher should be willing to indicate the motives and intentions behind the study. The participants were told that this was a descriptive study being completed for a thesis requirement and that there were no hypotheses being tested.

A consent form to participate in the study was reviewed with all participants (see Appendix C). A number of ethical considerations were clarified at this time. It was clearly stated that they could terminate their involvement at any point without any information being used in the research. Each therapist chose a pen name to encourage anonymity. This proved to be interesting and enjoyable as some therapists "toyed" with names. In most instances this activity helped to create a more relaxed and open atmosphere. It was also clarified that identifying information, both in the historical questionnaire and in the interviews, would be altered to safeguard anonymity. Participants were assured that all audio-tapes and transcripts were confidential and would be destroyed or returned, following the completion of the study. The response from all therapists was positive with regard to their interest and participation in the study.

The researcher also completed a brief historical questionnaire with each therapist (see Appendix D). This provided the basis for a description of the participant sample, which is presented in the results chapter.

At the conclusion of this meeting the researcher re-emphasized the possible usefulness of the researcher's written agenda in orienting the participant to the upcoming interview. The outline was to enable the participant to have more time to closely consider his/her helpfulness and those experiences that influenced his/her work prior to the interview. It was speculated that giving participants time to ponder the questions before the interview might enrich the material presented by the participant. The therapists were also informed that the researcher would audio-tape the next interview.

#### Journal

After meeting with each therapist the researcher kept a brief journal of his thoughts and feelings regarding the first interview. Initially the researcher noted how he felt about the first interview and then jotted down any ideas that came to mind. This was helpful in preparing for the main interview because the writer developed a beginning awareness of ways to approach the material to be considered in the upcoming interview.

#### Main Interview

The second interview occurred a week to ten days after the introductory interview and in all instances, except for one, these interviews were at the same location as the first interview. The second interviews were completed over a three week period. The interviews ranged in time from one and a half to two hours. Taylor and Bogdan, (1984) indicate that two hours provides enough time to explore topics in depth without risk of burn out.

Taylor & Bogdan (1984) state that the researcher usually begins a study with as few assumptions and presuppositions as possible. For those biases

that do exist it is more advantageous to confront and recognize them than to pretend they are not there (Van Manen, 1990). The researcher attempted to be aware of his assumptions and biases and occasionally consciously avoided directing discussion along certain lines of thought that would have been supportive of his orientation.

The researcher used an interview guide to assist questioning during this second interview (See Appendix E). The focus of the second interview was twofold. Initially the participants were asked, "what do you do, in your counselling, that you believe is helpful to your clients?" The second and predominant question was, "What are some of the personal and/or professional experiences that have contributed to your helpfulness to clients?" The first question was employed to orient the participants to only those experiences that had been helpful in their work. An attempt was made to have the flow of the interview resemble a normal conversation (Taylor & Bogdan, 1984). The researcher tried to stay away from firing staccato type questions at participants. The questions noted under each of the two main categories were designed to be probes (Taylor & Bogdan) to encourage more specific discussion of topics that the participants identified as relevant.

At the beginning of each interview the writer reiterated his intention to focus mostly on therapist experiences during the interview; however, it quickly became clear that the question regarding therapist helpfulness was given more attention than initially planned. Although the time frame for this question was greater than anticipated, it was decided to allow the participants to continue until there was an evident saturation of ideas of how they were helpful with

clients. The idea of viewing these interviews as guided conversations (Lofland & Lofland, 1984) prevented the researcher from becoming more directive in interviewing style. A more structured approach may have detracted from the relaxed, open atmosphere that seemed to contribute to therapist discussion of intimate aspects of themselves.

The information sheet that was given to the participants in the first meeting appeared to be marginally useful in preparing for this second interview. In some instances it was obvious that the participants had thought about the questions; however, in other cases it appeared that they may not have looked at it to any extent. Although it was difficult to readily observe a difference between those who did look at the question sheet and those who did not, the researcher believed that the exercise was worthwhile. At the close of each interview the writer said he would contact the participant within a few days to allow him or her the opportunity to peruse the transcript of the interview. The researcher wanted the therapists to play a part in what was included in the transcript. In this sense the therapists were considered to be co-researchers (Dudley, 1987).

After each of these interviews the writer made notes in a journal (Taylor & Bogdan, 1984) about his thoughts and feelings, as well as about possible themes, hunches, and interpretations. Taylor and Bogdan note the importance of keeping a journal in order to keep track of such thoughts. This journaling helped the writer to become aware of possible themes and interpretations. This documentation also assisted in refining some of the writer's techniques in subsequent interviews. Writing down some of the researcher's thoughts and feelings was helpful toward being more aware of possible biases and their

influence upon the interviewing process (Bogdan & Biklen, 1982; Spradley, 1980). In addition to the journal that was kept with each transcript, the researcher also began a log. The purpose of the log was similar to the journal except that comments here not only referred to individual cases but also to thoughts and feelings in general. Bogdan and Biklen strongly suggest that a researcher record thoughts and feelings. This approach was particularly useful later in the data analysis. Taylor and Bogdan note that data analysis is ongoing and includes the data collection phase. In the qualitative approach it is important to consider emerging ideas early in the process.

Within several hours of the second interview the writer was usually able to type the transcript of this meeting. Typing the transcript helped the researcher to become more familiar with the interview information. On one occasion, as the writer was transcribing, he became aware of the need to focus more on the experiences section. This type of information was noted in the log.

#### Participants' Review of Transcript

After typing the transcript the writer gave the participant the transcript to consider any additions or modifications to the information that they disclosed in our interview. The participants were requested to return the transcript within a week. Most of the transcripts were returned within a ten day period. A variety of responses emerged from the therapists in terms of editing. Some focused on grammatical corrections and appeared satisfied with the topics discussed during the interview; others added and/or deleted material based on their ideas of its relevance; and some made note of ideas that they thought needed to be emphasized. Generally the writer thinks this step was particularly useful from



the standpoint that the participants controlled the information to be worked with. Hopefully this process provided the therapists with a sense that their input was valuable.

### Data Analysis

Generally, the steps that the writer followed in data analysis were based on Taylor and Bogdan's (1984) guidelines; however, slight variations were made in keeping with Taylor and Bogdan's proviso that the researcher develops his or her particular way of analyzing the data.

Taylor and Bogdan (1984) suggest beginning intensive data analysis soon after data collection. This is to prevent losing contact with individuals in the event that the researcher needs additional participant input. In one instance it was necessary to get some clarification from a participant regarding certain comments. The data analysis was started shortly after all the transcripts were returned. The researcher did not want to bias any of the remaining interviews by commencing analysis before all the data was collected.

By the time intensive analysis began the writer had become very familiar with the content of the interviews. Taylor and Bogdan (1984) point out that one should know their data inside out by this time. Transcribing the interviews gave the researcher a great deal of familiarity with the material. The writer also went over the transcripts in detail again after the participants returned their transcripts. Taylor and Bogdan suggest that a researcher read over the data several times to become very familiar with it. This was the process that was followed in this study before intensive analysis began.

A computer was used extensively throughout the analysis. After the edited transcripts were received, the transcript data was placed in the right column of a two column word processing package. Each time the participant spoke her or his comment was then sequentially numbered. Bogdan and Biklen (1982) speak of numbering the pages of comments; however, in this research study it was easier to record a number for each comment. This helped later to quickly find particular statements. The transcript was read again and comments were written in the left column (see Appendix F). The writer looked for phrases and words that appeared to capture the therapist's meaning. These comments were written keeping in mind the focus of that particular section of the interview. For example, in the first section of the interview the question of therapist helpfulness was explored. The researcher focused on what kind of helping strategy was represented by participant comments, as he read through the transcript. These researcher comments were a mixture of "concrete concepts" (phrases in the subjects' own vocabularies) (Taylor & Bogdan, 1984, p. 133) and low-level abstractions (phrases in the researcher's vocabulary that captured what subjects seemed to be getting at). When the writer made inferences from the data this was done carefully, attempting to be mindful of the context of the particular topic but also of the overall climate of the interview. An example of a concrete concept is Carl's comment about providing a non-judgmental atmosphere for clients. His description was clearly conceptualized so the researcher took his comment almost verbatim and placed in the left column: "Providing a nonjudgmental atmosphere where clients can say what they need to and hear themselves say it."

A marking system to differentiate between the comments about helping strategies and experiences was used. If the comment was related to the participants' ideas about being helpful it was underlined. If the comment was related to a personal experience it was double underlined. Taylor and Bogdan (1984) state that all data should be coded. A hierarchy of themes or comments was not developed at this time; however, possible emerging patterns or themes were recorded in the log (Spradley, 1980). In addition to comments pertaining to "helpfulness" and "experiences," the researcher made comments about the possible connections between these concepts and jotted down any other thoughts that might be pertinent points for discussion of the findings.

After thoroughly reviewing each transcript and making extensive comments in the left column, these concrete concepts and low level abstractions were copied and placed at the end of the transcript. At this point some comments which appeared to be relatively closely linked were placed together. However no titles were given to these grouped comments at this time. Following this the researcher began to sort the concrete concepts and low level abstractions from each transcript into categories (Taylor & Bogdan, 1984) in a new computer file. The two sections of helpfulness or experiences were primary. If the researcher had ideas about connections between experiences and helpfulness they were then placed in a third section labelled as "connections." Possible discussion comments and a miscellaneous section rounded out the general headings. Bogdan and Biklen (1982) state that one should search through the data for patterns and then put the words and phrases together to form coding categories. Taylor and Bogdan view this step as

moving “from description to interpretation and theory” (p. 133). Typologies or classification schemes for helpfulness and experiences began to be developed by sorting the comments (concrete concepts or low level abstractions) from each of the transcripts into like groupings. Tentative exploration and decision making was important at this stage. Taylor and Bogdan suggest that one should avoid developing a strong attachment to particular ideas too early in the process of analysis. In this sorting process, the researcher would look to see if a comment fit with other comments that had already been filed. If it did, these comments were grouped together. If the category seemed to bear some vague similarity to other groupings of comments it would be kept in the same general area of the file system. If a comment was not apparently similar to any others it was left by itself. Comments that appeared to belong to more than one particular category were placed in both and this was noted.

As this sorting process evolved, tentative names for categories of like comments were developed and often revised as they were either subdivided or amalgamated with others. If a comment did not appear to fit anywhere it was placed in a temporary “not sure where this belongs” section. The writer attempted to ensure that the developing analysis was not influenced by a particular core group or by an individual who could become the spokesperson for the group (Taylor & Bogdan, 1984).

The researcher had decided to begin to develop categories and themes initially from his perspective rather than relying on a review of the literature. The concern was that if the literature was searched extensively before beginning to develop some of the categories, that the writer’s ideas would be guided more by

the literature than by the information received from the therapists. Bogdan and Biklen (1982) state that a researcher can be blinded by approaches observed in the literature. They believe that one should attempt to distance one's self so as to develop one's own concepts or to further the work of others.

At this point of preliminary conceptualization in the data analysis process, the researcher then chose to step back from the data and return to a consideration of the literature. Earlier in the research process the literature was examined to develop some awareness of the material on therapist helpfulness and formative experiences and therefore to prepare the focus for the research; however, in this later stage of analysis consideration of the literature took on a different purpose. Taylor and Bogdan note that when engaging in intensive analysis one "should be familiar with the sociological literature and theoretical frameworks relevant to your research" (p.135).

After a reconsideration of the literature on therapist effectiveness and personal and professional experiences the researcher returned to developing the analysis further. The literature review now provided a backdrop upon which the writer could rely in further developing the analysis. The data file containing the organization of all the preliminary categories of concrete concepts and low level abstractions for helpfulness and experiences was printed. The "connections," "miscellaneous," and "discussion" sections were retained for future consideration, particularly with regard to the discussion section of the study.

It was decided that in order to refine and develop preliminary conceptualizations for helpfulness and experience categories it would be

helpful to arrange the initial categories and the concepts/abstractions that they encompassed on large 22" by 30" laminated sheets. The researcher realized that the computer file only allowed for small sections of the data to be seen at one time. The writer believed it would be more helpful to view an extensive number of comments together in the refinement and organization process of the data analysis. Category titles were written on post-it note pads and placed above the like-groupings of concrete concepts and low level abstractions. After reworking the categories the next step was to check to see what categories fit together and to develop themes for category groupings.

At this point the structure for the conceptual framework was complete. First, there were the two main sections of helpfulness and experiences. The experiences section was divided further into sub-sections of personal and professional experiences. Second, each of these sections encompassed several themes. Third, each theme contained a number of categories. Fourth, each category included a number of concrete concepts and low-level abstractions.

## CHAPTER FOUR

### RESULTS

The results in this chapter constitute a description of therapists' perceptions of (a) how they are therapeutically helpful and, (b) the personal and professional experiences that contributed to their effectiveness. This chapter is organized into three sections. The first section will describe the sample of good therapists. This will assist in developing a picture of the participants and may aid in a clearer contextual understanding of the results. The following section will address therapist helpfulness according to the conceptual scheme that the researcher developed from the data. In the remaining part of this chapter the conceptual scheme for the personal and professional experiences that therapists believed contributed to their effectiveness will be examined.

#### Description of Good Therapists

Seven of the eight participants worked full-time as therapists and the remaining therapist worked part-time. There was an equal number of female and male therapists. The years of experience in their professions ranged from twelve years to thirty-two years. Two therapists had thirty or more years of experience; two therapists were in the twenty to twenty-three year range of experience; and the remaining individuals had twelve to fifteen years of experience. The mean number of years of experience was twenty. One therapist had a bachelor of social work degree. Four had masters level social work degrees. One individual had a masters of science in counselling

psychology, another had a doctorate in religion and social psychology, and the remaining person was a psychiatrist.

Two therapists were involved in private practice, while another two therapists worked for family service agencies. Two were employed with interdisciplinary community clinics. The remaining two participants were involved in settings that emphasized teaching and clinical practice. Four therapists described their profession as social workers, while two were psychologists. Another participant described herself as a psychotherapist and the remaining participant described himself as a therapist.

The participants' description of their theoretical orientation varied considerably. The most common descriptor used by the therapists was "eclectic," with each person emphasizing something different. One therapist mentioned reevaluation counselling as an important aspect of her framework. Another referred to himself as a humanistic-existential eclectic. A third therapist referred to herself as being eclectic and a feminist. Another therapist saw herself as a feminist and also included systems theory and integrative body psychotherapy. A fifth therapist saw himself as leaning towards a family systems approach. The sixth included systemic, strategic, structural, and neurolinguistic programming in her orientation. The seventh viewed his orientation as narrative family therapy. The last therapist considered himself to be a mutualist and eco-systemic in his approach.

Individual and marital/couple therapy were the predominant forms of practice that these therapists were involved in. This was followed by a relatively strong involvement in family therapy. One individual also included group work



as part of his practice. The majority of the participants worked with client relationship issues including spousal and parent - child concerns. Affective disorders such as depression, and anxiety were noted to be common client issues. Abuse issues, including child abuse and adult survivors of abuse, were frequently noted as client issues by participants. One therapist noted sexual dysfunction as an area of work, while another identified working with adult children of alcoholics. At the time of the study all of the therapists were predominantly or exclusively involved with urban caseloads.

The therapists ranged in age from thirty nine to fifty seven, with the average age being forty-six. All were in spousal relationships with seven married and one living common-law. The shortest relationship span was four and a half years and the longest was thirty-three years. The relationship mean was seventeen years. The number of children in their present families ranged from none to seven. The therapists' families of origin also had a wide range in terms of number of siblings. The least number was two children and the largest number of children was seven. Three of the therapists were the youngest in their families. Another four were the second oldest, with one of these participants, a middle child. The remaining therapist was the oldest in his family.

The researcher's concern about some therapists being recognized via biographical data has led to a less personalized description of the therapists than might be preferred. A number of participants were particularly concerned about this possibility upon first meeting with the writer. In an effort to preserve anonymity participant pseudonyms are employed throughout the results

section. The pseudonyms are: Jody, Joleen Thompson, VJ Camus, Spooky, Patrick, Thomas Mann, Katharine, and Carl.

### Therapist Helpfulness

With regard to therapist helpfulness, the question asked of participants was, "What do you do, in your counselling, that you believe is helpful to your clients?" Five general themes regarding how therapists saw themselves as being helpful emerged from the data. As Spradley (1980) has noted, "Themes are assertions that have a high degree of generality" (p. 141). These headings are viewed as the underlying currents that existed throughout participants' stories. Each theme encompasses a number of different, but related categories of helpfulness (see Table 1).

In presenting the results, each of the five general themes will first be described briefly, then the categories within each of the themes will be discussed. In instances where a category was developed from the comments of one or two participants, this is noted. The remaining categories are developed from the comments of three or more therapists. The writer, however, usually limited the number of examples of participants' comments or low level abstractions, in the following text, to two or three examples to produce a descriptive picture without it becoming too unwieldy (see Appendix G for example of data).

Table 1  
Conceptualization of Results for Therapist Helpfulness

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Apply Personal/Professional Qualities of Self

Authentic/honest  
 Curious/interested  
 Intuitive/creative  
 Caring/empathic  
 Humorous  
 Non-impositional  
 Being present/listening intently  
 Non-judgmental

Emphasize Development of Therapeutic Relationship

Value relationship development with client  
 Encourage Collaboration  
 View therapy as a mutual growth process  
 Personally identify with client issues  
 View clients as equals  
 Discuss therapy parameters  
 View each client as unique  
 Develop an atmosphere of safety  
 Not making assumptions  
 Respect/accept client

Focus on Client's Resourcefulness

Resource-oriented view of client  
 Refrain from "fixing" client problems  
 Encourage client self-determination  
 Empower client  
 Help client develop self-awareness  
 Seek client feedback  
 Guided by client's timing

Attentive to Role of Self in Therapy

Focus on client issues versus personal agenda  
 Critically evaluate own impact  
 Limit own responsibility for client  
 Takes care of self outside therapy

Employ Therapeutic Strategies and Interventions

Utilize a Variety of Clinical Theories  
 Utilize a Variety of Therapeutic Techniques  
 Experiential/feeling focus  
 Explore influence of larger systems  
 Address priority issues before actualization issues  
 Directive in crisis situations  
 Abandon what is not working

Present ideas/suggestions tentatively  
Normalize client problems  
Use of self-disclosure  
View therapy as only one segment of client's life  
Utilize personal knowledge from outside therapeutic domain

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### Overview of Themes

The theme, "apply personal/professional qualities of self," refers to helpful characteristics of therapists that are seen both inside and outside of therapy. For example, the writer noticed that helpful qualities were frequently observable throughout the research interviews, a non-therapeutic situation. It is this integrated sense of traits that the participants noted as helpful in their work. Examples of such qualities, which will be elaborated upon later, were authenticity, curiosity, empathy, and non-judgmental attitude. This theme is unique in comparison to other themes because of the emphasis on the interaction between therapists' personal and professional qualities. These qualities were strong enough to be given designation as a theme rather than merely considered as therapeutic techniques, for example, which are therapy specific.

The significance of the therapeutic relationship was commonly remarked upon by participants in the theme, "emphasize development of therapeutic relationship." It was clear that participants valued client contact in a number of ways. It seemed that relationship development was deemed important not only to encourage effective therapeutic work but also as something that was important in any close human contact. The value that participants placed upon the client/therapist relationship may be an indication of their interest in their

clients and their willingness to learn from these contacts. The therapists' interest seemed clearly humanistic as they often saw themselves as similar in many ways to the clients they treated. This relationship theme differed from other themes because of its specific focus on the therapeutic relationship. The participants appeared to possess a firm belief in an interactional component that stood apart from either the therapist or the client in isolation.

A "focus on client's resourcefulness" was determined to be separate from a focus on the therapeutic relationship. This theme focused on an overriding belief about client ability and not upon the interaction between therapist and client. It seemed quite clear throughout participant interviews that these therapists had strong beliefs in their clients' adaptive capacities. The message was that clients were not seen as objects "to be operated on" as VJ Camus noted. Clients were viewed as people with much to contribute, as well as having the ability to continue on with their lives, at some point, independent of therapy. There appeared to be a belief on the part of the participants that client input could assist the therapeutic process and that therapists were wise to be mindful of this. There was no implication that clients were, in any way, weak and ineffectual people. Instead, a clear picture emerges of clients as being very much just people, as the therapists themselves are.

Another theme that presented itself in the data was that therapists paid close attention to their role in the therapeutic environment. This included consideration of both the personal and professional impact of the therapist. Participants were clearly aware of their therapeutic impact, as was indicated by their ability to consider various personal and professional factors. For example,

participants understood that they had the potential to play unhealthy roles in therapy. This suggests that close attention has been paid to the dynamics of therapist input in therapy. It is the researcher's speculation that the therapists utilized their own mistakes as learning tools and perhaps possessed a heightened sensitivity to their impact upon others. Essentially these therapists portrayed a strong and healthy self-awareness.

In addition to the more humanistic focus that emerged in the above themes these therapists also delineated their use of various therapeutic strategies and interventions. This theme encompassed therapy-specific factors such as techniques and approaches to different situations rather than a more global emphasis on therapy process reflected in previous themes. What stood out was not that the participants utilized similar interventions but rather that each employed a variety of tools that they believed to be helpful. Essentially the therapists employed approaches which were clearly thought out, although the approaches varied considerably from therapist to therapist. They did not appear to attach themselves rigidly to theories or interventions but seemed thoughtful and flexible in their use of interventive strategies.

#### Apply Personal/Professional Qualities of Self

Authentic/honest. Authentic refers to the therapist's desire to portray him or herself as she or he truly is, rather than attempting to conceal certain aspects of the self from clients. This is evident in the therapist's approach to therapy. Joleen noted that the most important factor that she brings into therapy is herself. Spooky noted that who she was outside of work was congruent with who she was with clients.

Honesty, which is closely related, is viewed as a more active manner by which the therapist conveys personal thoughts and feelings to the client directly. Both Patrick and Joleen expressed a belief that clients pick up on therapist judgments so they believed it was important to articulate these judgments, albeit in a constructive manner.

Curious/interested. Essentially curiosity and interest are similar concepts. Being curious involved a strong sense of wanting to know about some thing. Jody described it well when she stated, "I'm incredibly curious about both myself and other people, ideas, and feelings." Patrick also noted a curiosity about people. From the researcher's perspective, interest is a somewhat milder, less magnetic concept. In reference to this point Patrick stated that his interest continues to be stimulated by the changes that occur with clients.

Intuitive/creative. Carl described intuition: "For me counselling is mostly intuition, probably 99.9% - being able to listen to the voice of my client and then to listen to my own voice that's responding to what the client is saying." This seemed to involve a spiritual connection and insight that goes beyond rational, logical perspectives. Creativity emerged as a concept that was intimately connected to one's intuition. Creativity involves developing something that is original. Joleen described her wish to be creative with clients. She went on to say, "I believe that one of the ways to be effective with people is to be as creative as possible because everybody is different...."

Caring/empathic. Care implies a concern for others' well-being. Jody stated that it was important for her to have a caring attitude, especially when she confronted clients. She thought that this attitude has to be there if one is to be

helpful. Empathy was a closely related concept that emerged from therapists' descriptions of identifying with clients. Jody described her strong identification with clients' pain. Although many therapists described this type of deep connection with clients' emotions, this was balanced by an ability to maintain some objectivity and not to be overwhelmed.

Humorous. Humor was alluded to as the presentation of self or of other topics in funny and amusing anecdotes. One therapist noted this category directly. Spooky said she viewed humor as a "kind of a universal solvent, something that makes us all similar and O.K.." She pointed out that she was more human when she could laugh and that clients did not see her as quite so removed. She also saw it as a way of helping herself to be healthy.

Non-impositional. When a therapist is non-impositional she or he refrains from forcing personal views upon a client. VJ Camus put it succinctly when he said that he needed to "own my values" but he had "no right to impose them though." VJ Camus and Patrick both pointed out that they did not believe clients needed to accept the therapist's particular view of a situation. Joleen also saw herself as not forcing clients to go in her preferred directions.

Being present/listening intently. Being present for Joleen meant that she really was there in the session. It was not going into her own world but rather having her attention focused upon the client while still being aware of herself. The implication is that this is an energetic focus upon what is currently occurring in therapy. Jody talked about being present as an intense interest in the client.

A second aspect of this category emphasizes a factor that is more specific but closely connected to being present. Listening intently happens when clients



are able, as Patrick stated, to tell their stories without being stopped or in some way denied their full expression.

Non-judgmental. Several participants discussed efforts to be non-judgmental. Carl has attempted to create “a non-judgmental atmosphere where they (clients) can bounce things around and be heard.” Patrick said he tried to suspend his judgments so that clients could draw their own conclusions. Jody noted that she became less judgmental of others after she stopped judging herself. She went on to say that this view has helped her “to work with people whose values and whose behavior is very different from my own, sometimes even abhorrent” to her. It appears that these therapists believed that being non-judgmental contributes to client development and growth.

#### Emphasize Development of Therapeutic Relationship

Value relationship development with client. Developing a positive relationship with clients was generally viewed as extremely important in therapy. Joleen commented on the significance of “establishing a relationship and gaining a sense of trust.” Her statement also indicated that relationship development goes both ways, in essence each gets to know the other. Similarly, VJ Camus talked about a “context of acceptance” where there was some cost to both in “creating space for the existence of another.” There is a fundamental essence to these comments that implies that relationship development is not just a therapeutic ploy. It is a basic human necessity.

Encourage collaboration. Two therapists directly emphasized that they believed therapy should be a collaborative effort. Patrick said, “I have to rely on them to help me figure this out.... otherwise I’ll just come up with an explanation

that suits me.” He referred to this process as clients moving toward becoming co-therapists to some degree. The picture is one of a therapist encouraging and working along side a client in an effort to uncover and understand client concerns. VJ Camus summed it up well when he described a breakthrough in his own therapeutic approach, “It was like the clients were as much a part of the therapy as the therapist - for the first time ever in my experience. I wasn’t operating on them - I was working with them.”

View therapy as a mutual growth process. Two therapists emphasized how they saw therapy as a developing process where both therapist and client might emerge transformed. As the therapist makes positive personal changes in response to issues a client is considering, the therapist can in turn employ this personal developmental process to assist the client. Katharine believed that therapy was a “co-creative process.” She went on to say that both client and therapist change in this process. Carl put it a different way when he said, “as you do something for others you’re helping yourself and I think that’s part of counselling.” He noted that when there is a strong “emotional, non-rational connection” with a client, “there’s a mutual exchange of energy - there’s a healing process that goes on not just from the counsellor, but from client back to counselor. So there’s this mutual exchange of energy and there’s a mutual exchange of healing.”

Personally identify with client issues. In this category therapists described some familiarity with the concerns that clients presented in therapy. Thomas noted that he had “a lot of personal experience in the very kinds of ages and stages and experiences that people bring.” In a similar view, Patrick said, “I

don't find it hard to imagine being able to experience things that people talk about. So in that sense I think of myself as not that far away." This ability to identify with issues seems to help therapists to be aware of some of the possible concerns clients have around certain issues.

View clients as equals. Although it is relatively safe to assume that most therapists are in the most powerful position in the therapeutic setting, many of the participants described attempts to foster a sense of equality with their clients. Katharine summarized it when she said:

The other thing that I think that I work from is like an equality between them and myself. I acknowledge that that's not fully true - that I have a certain power - there's a relationship differential by virtue of the fact that they're coming to me with their problems and I'm not going to tell them about mine. So I know that it's not quite true but as human beings, I believe that we're equal.

Joleen noted, "I have a sense of equality with them. I don't feel a lot of difference ...with people on the basis of their age - whether they're older or younger or in terms of their financial status, or education." Joleen seemed to be unconcerned about a power difference. She appeared to believe, as Katharine noted in the last sentence above, that she was equal to her clients as people.

Discuss therapy parameters. Therapy parameters refer to issues that occur during therapy which are not necessarily related to the therapy itself. This is probably best clarified by comments made by the two participants who noted

this. Spooky pointed out:

I think for some people it's helpful for them to know that I'm not going to abandon them, that I'm not going to have just 6 sessions with them and then say, 'Well, that's it,' or that I'm going to make a decision that therapy is going to terminate when I decide.

Joleen speaks about abandonment in a somewhat different manner. She indicated that she does not leave people without preparation. One example of this was a period of time when she took a break from counselling. She prepared her clients for that upcoming change. Essentially these therapists are concerned about clients' concerns about termination and they attempt to model constructive approaches to dealing with the issues.

View each client as unique. Being considered as unique refers to the view that every individual is different from others in important ways. This implies that every client must be considered as special and should not be labelled. Thomas said it clearly when he pointed out, "Even though there are patterns, and familiar patterns, in the type of problems that people bring, there's always a major quality of uniqueness." Spooky also emphasized the uniqueness of the people she saw. It appears that this way of seeing people leads to an interest in each client even when similarities to previous clients exist.

Develop an atmosphere of safety. A number of therapists described the importance of creating an environment in which a client can feel safe, which may be something that a client has not yet experienced. VJ Camus said:

I provide a context of respect and safety for discussion and reflection on, and experience of, events and emotions that could be problematic, or

valued, for people. By a context of safety I mean that they experience after, not dramatically initially, but through an evolution within a number of sessions, sufficient trust that I will not be abusive.

In this case VJ Camus sees that the initial context for the client will result in openness further on in the therapeutic process. Similarly, Jody stated that she needs to “make it safe” and to “nurture that process.” Katharine said that one of her jobs is “to make it safe for them. That’s sort of my first job and if I do that one, then almost the rest will happen by itself.” These therapists hold themselves responsible for providing an atmosphere which encourages client safety. There was no implication by the participants that the client should be open without some basic “groundwork” being done by the therapist, in order to set the stage for openness to occur.

Not making assumptions. Essentially this factor is a refusal to take things for granted or to believe something is a certain way when it may not be. In this vein, Joleen said, “people are very complex, interesting, and unique and I don’t want to jump to conclusions about who they are and what they need to do.” Patrick stated that he tried not to have preconceived ideas about issues in a client’s life. He oriented himself toward wondering about client issues and in the process hoped the client would also be intrigued to look more closely.

Respect/accept client. In this category therapists discussed viewing clients as people who are to be valued and accepted. Clients are not treated as if they are somehow less than the therapists. Spooky commented, “I want them to believe that I honor them as human beings and that I value them.” Katharine indicated that clients feel respected by her. Carl’s statement is related to the

work that occurs within the therapy room when he noted that he needed to respect where people were at.

The concept of acceptance is considered, by the researcher, to imply going a step further with respect. The picture is one of the therapist welcoming the client into a therapeutic relationship. Thomas said:

I think that I am quite accepting of people. I think it is in my personal life as well as my professional life that I think have a tendency, which I've had most of my life, of accepting people as they are.

Spooky saw acceptance as meaning that she acknowledged clients as human beings, just as she was. More specifically, Joleen pointed to "acceptance of their feelings and affirmation of their experience or their view." Generally, these therapists appear to be strongly interested in valuing their clients in a way which potentially encourages clients' healthy sense of self.

#### Focus on Client's Resourcefulness

Resource-oriented view of clients. In this category therapists viewed clients as having available means by which to assist themselves with their issues. Spooky said, "I have a basic belief that people have all the resources necessary to make congruent change towards more desirable outcomes." Joleen also spoke of her belief in the resourcefulness of clients. Despite these therapists raising their belief in a resource-oriented view of clients, there did not appear to be any suggestion of clients not needing therapy. Rather the intention seemed to be that therapists assist clients in tapping into their own resources. Katharine summarized this when she said that she helps people get

"into a mode of being resource-oriented themselves and giving themselves credit instead of focusing totally on all the things that go wrong."

Refrain from "fixing" client problems. To refrain from "fixing" client problems implies a belief in client resourcefulness. The participants that commented about this category did not see "fixing" as their responsibility. Jody indicated this when she said, "I think my job is to be incredibly responsive and to be ethical but I'm not responsible to fix it. The client is." She did not believe that she needed to take away clients' pain. Her belief about client distress was that it was not a negative. However this did not mean she did not care. Rather she did not equate caring with "fixing" client problems for them. In a similar fashion, Carl saw his role as not trying to be very helpful. He said, "When people ask me what they can do to change their behavior, I usually encourage them not to do anything, to just continue to do what they're doing but become a better observer of what they do." Essentially he does not see himself as needing to "fix" issues for the clients. Instead he encourages clients to be the major factor in improving their own situations.

Encourage client self-determination. Client self-determination is defined as the client's decision to act, think, and feel in ways that are acceptable to him/herself. Patrick remarked that he wanted clients to judge what was best for them. He stated that he did not believe he knew more about the clients than they did, themselves. His belief keeps him from assuming that his personal view of how a client should deal with an issue is the "right" way. VJ Camus indicated, "I invite the people to value their own experience as most valid." Similarly, Carl pointed out, "I think ...the bottom line for me in a lot of therapy I do

is helping people come up with their own meaning." It appears that clients are encouraged to develop in directions that fit for them rather than for the therapist.

Empower client. Patrick implied client empowerment when he stated that he wanted clients to move back into "the expert position about themselves." The emphasis is on the client coming to a greater realization of their power and the healthiness of this power. Carl spoke about helping people to empower themselves. He referred to it as "self-empowerment - to get out of their ruts." It appeared that Spooky empowered clients by emphasizing "that they're doing as well as they can given where they're at and what they're doing." In this scenario, although clients may still want to see personal change, they can begin to believe that they are not as powerless as they might have first thought. The fact that they are doing the best they can is some indication of that.

Help client develop self-awareness. Several therapists viewed client self-awareness as developing understanding of one's actions, beliefs, and values.

Carl stated:

My focus is on helping people to become better observers of themselves and to try to get out of their own way, essentially - to get a better sense of how they block themselves. As they get out of their own way then they can plug into what I was calling the inner healer.

He went on to say that he helps people to get in touch with various aspects of themselves, such as their "shadow." Spooky mentioned that she attempted to get clients to look at themselves a little differently than they had been doing. VJ Camus noted that he gives "voice to their intent." He helps clients to look at positive aspects of themselves that may have been lost in the expression of self



or in the interpretation of another. These therapists believed that as clients become more aware of their process it helps them to understand who they are.

Seek client feedback. Therapists' interest in their clients' responses to therapy is another indication of the importance of the client to the therapeutic process. Patrick pointed out, "I rely a lot on the feedback that I get from session to session. I think that's been sort of a check on counselling because I wanted them to tell me what is helpful." It appears that he wants to be aware of their idea of therapeutic progress. Spooky also stated her belief that clients need to inform her if other issues should be considered. In a similar fashion, Katharine remarked that she expects clients to tell her if therapy is moving too fast or too slow, if she is unaware of how they are feeling. Patrick noted that feedback from clients is also important because of the hypotheses they may have regarding their situation. He stated that clients often have additional ideas that may bring another dimension to the therapeutic process.

Guided by client's timing. In this category, participants who mentioned client timing were concerned that the therapy process progress at a pace that was compatible with the client's state of being. Joleen indicated that from the onset of therapy client timing was very important. She noted, "I believe in starting where the person is." Katharine also stated that she liked to begin with the client's agenda rather than with her personal agenda. In looking at the overall process of therapy Jody said that she lets clients set the pace of their own development. She went on to say that this leads to some clients only coming in to see her two or three times a year because that is what works for

them. She and some of the other therapists seem to accept the client's own pace, without pushing their own ideas upon the clients.

#### Attentive to Role of Self in Therapy

Focus on client issues versus personal agenda. A number of participants discussed their awareness of self in therapy in this regard. Thomas made a succinct statement about the purpose of therapy in relation to the therapist and client. He said the therapist needed to let the client bring their issues rather than having an attitude that says, "let me help me." His concern was that a therapist may begin seeing personal "unresolved problems in them (clients) over and over again and putting people on to a kind of Procrustean bed that is shaped the size of one's particular history." Katharine also noted that the therapeutic process was for the client and not the therapist. Jody said she believed that a therapist needed "to be somewhere further down the path." In her view a therapist needed to be able to understand client issues without these issues overwhelming the therapist. In instances where Joleen said she did not feel she was further along than the client then she would refer the client to someone else. These therapists spoke of a strong self-awareness, which they considered important to the helpfulness of the therapy process.

Critically evaluate own impact. In addition to their concern about the effect of personal agendas, some participants also talked about their awareness of their professional role within therapy. VJ Camus noted that he could not simply make assumptions that he was healing in his work with clients. He also believed that therapy could inadvertently help clients keep their problems. In this sense he seemed to be saying that the therapist should not assume therapy

is always helpful. Another participant, Patrick, noted that he could “either help or hinder” in the creation of a positive therapeutic environment for clients. The therapists appeared to be willing to carefully examine the impact of their behavior upon the development of a climate for client change.

Limit own responsibility for clients. One therapist directly addressed this issue of limits in relation to clients. Thomas said that one of the things he is quite “good at is setting limits or boundaries that implicitly say no, which ... establish ... the limit of my responsibility toward them ... so that they don’t think there’s any mistaking that I consider myself obliged to be their best friend.” Through personal experience of having had few therapeutic boundaries he learned that the lack of boundaries made him less helpful to clients. Thomas appears clearly aware that his relationship with clients is a professional one and is not to be understood as something more.

Takes care of self outside therapy. One participant mentioned this category directly. Spooky said she believed that caring for herself outside the therapy setting was beneficial to her work with clients. She also noted that outside professional and personal activities helped her to be better prepared for her work with clients. These professional and personal interests aided in her emotional, psychological, and physical development, which in turn helped her in dealing with clients.

### Employ Therapeutic Strategies and Interventions

Utilize a variety of clinical theories. Clinical theories are the broad frameworks from which therapists work. These models are the foundations upon which the therapists develop their practices with clients. The participants

utilized a range of theories and models that they considered to be important to doing “good” work with clients. This variety was evident both between and within therapists. Carl talked about employing Jungian ideas in his work. A particularly important focus, Carl spoke of, was the consideration and acceptance of the dark side of one’s self. Spooky spoke of neurolinguistic programming as a way in which people could get in touch with their sensory experience. She also considered systemic therapy to be a significant factor in her work because of its focus upon the interaction of different systems. Katharine stated that she employed a holistic approach with clients. This included looking at “their physical, mental, emotional, and spiritual well-being.” Thomas employs a metaphorical view of therapy. He said he believes that this approach is more easily understood by clients than much of the abstract language of therapy. He said, “I just prefer to stick with the stories that the clients tell and amplify those or move things in the direction of alternate stories or hitherto rejected stories.”

Utilize a variety of therapeutic techniques. This category encompasses therapists’ descriptions of the fact that they employ a variety of therapeutic techniques in their work. Technique refers to “tools” and procedures that therapists consciously employ in their work with clients. Often these techniques are based upon the therapy models they choose to follow. The researcher noted that these techniques differed across the participant sample as well as with each therapist. Jody remarked:

I go all the way from saying very little and letting them develop awareness for themselves, ... to sitting down with them and actually doing, say, an

assertive script and role playing out with them - actual behavioral rehearsal. It would be everything in between.

Generally Jody employed a psychoeducational approach. Another participant, Katharine noted that she was a "real question asker." She saw this approach as important to get people to think differently about their issues. VJ Camus said he liked to focus on positive intents of clients. If there were negative intents he chose to defocus from them.

Experiential/feeling focus. Several participants remarked upon the importance of including an experiential/feeling emphasis in their work. Carl mentioned that he tries "to disengage from logical, rational, cognitive explanations" and get "into some kind of emotional, intuitive, feeling process." He suggests that it is at this level that important therapeutic work can occur. Similarly Patrick noted that he is interested in hearing what people feel and experience. He wanted to avoid putting too much emphasis upon client cognitions. VJ Camus spoke about working from "an experiential framework." He believed that one's experience was "more valid than words or simply action." This seems to suggest that understanding and relating to how an individual feels and how she or he views things are important criteria in client change.

Explore influence of larger systems. The influence of larger systems refers to the therapist's interest in the impact of clients' interactive relationships. These relationships can range from personal liaisons to larger systems in the broader social context. VJ Camus noted that he never considers "a client or a family or a system as disconnected from the larger world." Katharine

commented that clients take on less blame if they understand how their issues are connected to the broader social context. Likewise Carl noted, "I think we have to encourage people to question not only their dysfunctional family of origin but the dysfunctional culture and to question their own victimization because basically I think we're all victimized by the system." These comments imply that therapy often includes the consideration of the influence of outside systems.

Address priority issues before actualization issues. One therapist emphasized the initial importance of working with clients' basic needs rather than focusing upon issues such as increasing their self-esteem. Katharine said, "If I find out that their basic needs in life aren't together then never mind talking about all that other stuff, let's talk about how to make sure all the home base things are done." She is aware that survival issues need to be considered and attempts to get the client to look at these basic concerns rather than gloss over them in an effort to move on to actualization issues.

Directive in crisis situations. As described previously the participants described a tendency to focus on client's resourcefulness but this does not preclude becoming more directive in certain instances. Two therapists touched on this factor. VJ Camus stated that he was not remiss about becoming a "social controller" in crisis situations such as suicide attempts. In these instances he was prepared to take steps that would ensure the safety of the client. Katharine also noted that she was prepared to take a similar stance in situations that were of a serious nature. Their comments suggest that they were

prepared to adjust their therapeutic stance when the seriousness of the situation required more than supportive/exploratory dialogue.

Abandon what is not working. Participants indicated that they were willing to change their interventions if it became clear that they were not helping the client. Jody indicated her willingness to try different interventions as well as to admit that some did not work. It appears that she is willing then to attempt to try different approaches. Spooky also noted that her usual way of viewing a client's situation may not work for them. If this is so she is willing to change her approach to some degree. Although these therapists may have strong views about certain approaches and interventions, their comments suggest that they do not adhere to their interventions if they receive negative feedback from clients.

Present ideas/suggestions tentatively. Although all of the participants had many years of experience and it was obvious to the researcher that they were skilled, two talked about their tentative approach with clients. It seems that they choose not to take an expert position in relation to their clients. Carl said, "I try to be very tentative in anything I say in sessions so that by being tentative it leaves room for people to say yea or nay, to accept or reject whatever it is I'm saying." This approach allows clients some choice rather than pressuring them to proceed with the therapist's ideas. Katharine believed that she could bring to bear her own expertise but she chose not to. Instead she preferred to be tentative because she did not "want to tell people what their experiences are or how they should be." In both instances the sensitivity to the client overrides the therapist's need to be seen as an expert.

Normalize client problems. Another type of intervention that therapists described was that of normalization. The process of normalization occurs when therapists relay to clients that their particular circumstances are familiar to others as well. Two participants discussed this component. Katharine remarked that she would often make normalizing statements that explained how others had gone through similar issues to those the individual now faced. Spooky stated that she will “normalize their experience and also validate with them that many people experience what they go through although everybody is unique.” She said that “sometimes when people come in they think that there’s something really the matter with them.” As Spooky noted, not only are client experiences normalized in this process but their uniqueness continues to be emphasized.

Use of self-disclosure. One of the most common strategies mentioned was that of therapist self-disclosure. Regarding self-disclosure, Katharine said, “I also use self-disclosure a fair bit too saying, ‘I know this one. I really can relate to how you’re feeling about this,’ without going into my big story about it, although occasionally I’ve done that.” Carl’s comments about this topic were:

If I think somebody is open to hearing that and if that has meaning for the person I’m talking to, yeah, I might share that. I share my own personal issues but on a selective basis, when it seems appropriate.

Both of these therapists appeared to be sensitive to the potential impacts of their self-disclosure. Their comments suggest that they were cautious in their utilization of this form of helping. Spooky talked about self-disclosure from a different perspective. She pointed out that if, for example, she was having a



“bad” day a client might internalize her presentation. The client may think that there is something wrong with her/him. By telling the client about her present state, she makes the client aware that her mood is no reflection upon the client. Therapist self-disclosure was considered to be important by these therapists and it was evident that it was integrated into their therapy in a variety of ways.

View therapy as only one segment of client's life. In this category the implication was that therapists realized that they are only one part of a client's life. Two participants noted this factor. Katharine commented:

I'm not going to be a very big part in their life. I'm just one of the things that they do in their life that is growing and evolving.... But I don't want them to think that they get better in therapy. I want them to know that they get better in life.

Essentially Katharine sees her role as just one aspect of a client's development but that the client is also growing outside of therapy. She suggests that she does not want clients to believe that they only “get better” in therapy. Patrick also remarked upon his awareness that his impact was largely outside the client's life. The implication here was that clients do have many parts of themselves that exist apart from the therapeutic setting and himself.

Utilize personal knowledge from outside therapeutic domain. As noted in the previous category there was an awareness of the client's life outside the therapeutic setting. This category focuses on the therapist's utilization of outside knowledge in therapy. One participant directly noted this factor in his therapeutic helpfulness. Thomas admitted that he looks outside the therapy setting for information that will be valuable within therapy. One example was a

writer that has influenced Thomas' approach to therapy. Thomas based some of his ideas about myths in therapy upon that author's work.

### Therapist Experiences

The second question related to the major focus of the study. Each of the participants were asked, "What are some of the personal and/or professional experiences that have contributed to your helpfulness to clients?" In this section of the research findings there are two general divisions of experience that were suggested by the researcher's questions to participants: (a) personal experience, and (b) professional experience. Each of the two broad divisions of experiences subsumed a number of themes, which in turn encompassed a number of more specific categories. As in the therapist helpfulness section, in presenting the findings it is noted when a category was derived from the comments of less than three therapists.

#### (a) Personal Experiences

Under this division of experience four themes emerged that encompassed a number of more specific categories of experience (see Table 2).

Table 2

#### Conceptualization of Results for Personal Experiences

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##### Family of Origin

- Distressing childhood feelings
- Love and positive regard from family of origin
- Difficult family of origin experiences
- Lack of direct communication in family of origin issues
- Experience of cultural/family of origin differences

##### Adult Personal Exigencies

- Ongoing personal growth experiences
- Therapist's experiences of oppression
- Exploration/resolution of personal issues
- Unanticipated personal crises

Marital/Parental

Supportive marital relationship

Developmental family issues

Cultural Context

Gender/sexual issues

Injustices of socio-political system

Influences of art/entertainment

Human potential movement

Religious/spiritual issues

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Overview of Themes

In the first theme, “family of origin,” are experiences that occurred within the family of origin both during participants’ childhood and, to a lesser degree, during their adult life. This theme of experience also contains some childhood experiences that are not directly related to their families of origin. Included in this section are categories such as “distressing childhood feelings” and “difficult family of origin experiences.” Although some of the experiences noted within this category are clearly pleasant and benign, it was striking that many participants had struggled with difficult family of origin experiences.

The second theme is “adult personal exigencies.” The focus of this group was crises, quandaries, and difficulties that individual therapists had experienced. Although on occasion some experiences were in relation to marital or parental relationships, such experiences were placed in this category rather than the marital/parental category because of the emphasis that participants placed on personal exigencies.

The next theme is “marital/parental.” This section focuses on present intimate relationships both with partners and with children. These relationships

were seen by therapists as not only helpful in their own personal development but also in approaching various relationship issues that clients bring to therapy.

The final theme was entitled "cultural context." The researcher considered there to be sufficient information with regard to cultural experiences that a theme of this kind was warranted. Culture is considered to include such factors as religious experiences, social and political environment, as well as artistic influences. Each of these factors was remarked upon by several participants as a personal experience which had influenced their professional work.

#### Family of Origin

Distressing childhood feelings. This category denotes difficult feelings participants experienced during their childhoods. These feelings may have developed through interaction within their own families or through interaction with a variety of other people. Carl said he "felt invisible in the sense of never being acknowledged" by his family. His feelings of "invisibility" have helped him to encourage clients' ability to make an impact - in effect to become visible. Joleen spoke of the hurtful feelings she experienced when her mother would leave suddenly without Joleen's knowledge. Now in retrospect she said she believes her mother had manic-depressive episodes. Joleen noted that she ensures clients are prepared if she may be unavailable to them for awhile. Katharine found herself triangulated with her mother and sister. She found herself listening to the concerns that each had about the other. Although this was a difficult position for her she learned something about the art of conciliation. In a somewhat different experience, Carl spoke of the impact of a speech handicap he had as a child. He described how it "sensitized me to

people with handicaps, whether it's an emotional or physical handicap." The participants clearly felt that, over time, they had been able to use these difficult experiences to improve their therapeutic work.

Love and positive regard from family of origin. Some participants mentioned love and positive attitudes they had experienced in their families of origin. Spooky indicated that she was influenced by the positive role modelling her family provided. She remarked that she had always felt loved by her family. It appears that this helped her to possess the same attitude toward others. Joleen also indicated that she felt "unconditional love" within her family. It seems that Joleen incorporates a similar view of her clients into her practice in the sense that she cares for them and does not judge them. The implications of the participants' comments is that this positive, loving way of being seen has led them to develop similar attitudes in their clinical work.

Difficult family of origin experiences. This category is based on therapists' observations of difficult experiences in their family of origin. This differs from "distressing childhood feelings" by the strong emphasis on the influence of family. Also the focus within this category is on family issues rather than the effect of family upon the individual. Joleen, who talked about feeling loved in her family, also mentioned that there were many problems in her family. She noted alcoholism, and physical, as well as mental illness. However she continued to view these family members as loveable. Carl and VJ Camus also discussed their observations of drinking problems in their families. Carl noted that his father was getting drunk every day for a period of time. VJ Camus saw his father drinking too much and working too hard and his mother drinking too

much "in an effort to try to fill her time" when his father was gone. In Carl's instance these observations seemed to have helped him understand what clients may have experienced in living in alcoholic homes. VJ Camus gained an understanding of patriarchy because his mother was the only one of his parents to undergo psychiatric treatment for what VJ Camus viewed as marital issues. Joleen said she learned that people with problems could be loveable. As a result of the conflict between her mother and sister, Katharine learned that people can view the same incident in completely different ways. She saw her family as a good training ground for understanding how people can have different perceptions of the same event. The therapists seem to have taken behaviors observed within their families and used those experiences to develop healthy approaches to working with clients.

Lack of direct communication in family of origin issues. Some participants touched specifically on the issue of poor communication in their families. The researcher decided to separate this factor from the previous category both because of its significance and also because the lack of open communication was an ongoing issue for a number of participants. Carl's family used denial as a way of dealing with family issues such as his father's drinking. He noted that to this day some of his siblings refuse to admit that their father had a drinking problem. VJ Camus learned that one was not to talk "about anything serious unless it falls through the roof." Spooky experienced a lack of directness about family members' feelings. It was clear that in further conversations, particularly for Carl and VJ Camus, that they had attempted to change this family pattern by being open themselves. From what was implied, Carl had very limited success

with family openness, whereas VJ Camus appeared to be more fortunate in the sense that his family was willing to address some issues. In a broad sense these therapists seemed to learn from these particular experiences that it is important to foster openness in their clinical work and to encourage clients in a direction that they did not experience in their own families.

Experience of cultural/family of origin differences. This category was derived from two therapists' descriptions of the experiences of difference that they underwent during their childhood. In one instance a therapist talked about the impact of being raised in a different culture. Katharine, a white person in a white family, spent several years on an Indian reserve where her father worked for the Bureau of Indian Affairs. She said, "we were one of very few white people and were completely surrounded by native people." She said she grew up being in a "privileged class" because of her race. She went on to say, "I didn't like the fact that I had my own clothes and that all the other kids wore dorm issue. It didn't feel good to me to have something that other people didn't have." This experience has made her sensitive to the impact of one's culture as well as to the existence of power hierarchies.

Thomas also spoke about differences he had experienced; however, in his case it had to do with his family of origin and other families. When he was a child he saw a good friend's parents as quite different than his. The way this family interacted and their religious beliefs were different than his family. This experience gave him the sense that "families were different from each other." He went on to say that, "I was freed at a very early age from the notion that the way things are done in my family is the way the world runs." For Thomas, his

awareness of family differences seems to have positively influenced his approach to clients with family situations that are different from his.

### Adult Personal Exigencies

Ongoing personal growth experiences. Some therapists commented that they saw themselves as continuing to develop over time. Carl noted that healing various difficult experiences is a "life long struggle." His experience is one of working on an issue for awhile and then coming back to it at another time and working on another piece of it. One issue that Carl continues to struggle with is his feelings of invisibility, which were related to his family of origin. Similarly, although Jody experienced a life changing workshop at one point in her life she said that she believes she needs to continue working on herself. She commented that she does not believe that, as a therapist, she can rest on her laurels. The implication is that these therapists believe that they never attain a point where they need to stop working on their own growth. This attitude helps them to see their own imperfection and to be sympathetic to the ongoing struggles that their clients face.

Therapist's experiences of oppression. Two therapists spoke to this category of experience. VJ Camus said:

Experiencing myself as being potentially victimized by the assumptions of others and actually having experienced it from time to time has been very important to me - to be aware of inadvertent violence as I call it, therapeutic violence - inadvertent therapeutic violence, where people in all efforts to be helpful, to be loving, to be caring, to be considerate, are in fact erasing you.



The oppression that he has personally experienced has much to do with people's views of him as a gay man. He went on to note that he could be impositional with clients even though he had experienced this himself. This awareness has helped him to be cognizant of how he can oppress even though his intent may be to help.

Spooky noted how she felt oppressed by a practicum supervisor during her graduate degree. This supervisor's behavior led to Spooky feeling stupid. She noted that her intention, with clients, is to "not leave them feeling fearful" or stupid, as was her experience. She has made a strong effort to refuse to carry on the oppression with others who are in a more vulnerable position than she is.

Exploration/resolution of personal issues. This category looks at the experiences therapists have struggled with and have managed to resolve in a positive fashion either on their own or through professional help. VJ Camus noted that he "began to stand up to secrecy and to escape its tyranny and privilege honesty and openness." In this instance he began to be honest with people he saw as important in his life. His honesty is a model for clients who are struggling with personal issues.

When Jody became seriously ill she began to really work on herself. This was the start of her experiential exploration. It was during this time that her attendance at a Virginia Satir workshop radically changed her life. Not only did her personal life change as a result but she did not "need to be needed" by her clients any longer.

In another experience Joleen said that anger was not accepted in her family. At one point, when Joleen was involved in a professional training group, someone told Joleen, in reference, to her suppressed anger, to “shit or get off the pot.” This experience helped her to be more open and honest. She said that she is now open to the rage of her clients instead of being afraid of it. These are some of the examples that the therapists described as impasses that they needed to resolve. Personally resolving some of these difficult issues has been helpful for their therapeutic work.

One therapist clearly indicated that she had been in personal therapy. Katharine noted that she had been to a workshop on relationships with her first husband many years ago. In the process of looking at their sexual relationship, issues were uncovered that were not treated seriously by the workshop facilitators. This experience frightened her with regard to counselling and she did not think about going back. She said that her experience has raised her level of awareness so that she does not inadvertently disqualify her own clients. However in recent years she did go for personal therapy. She views it as good “to be on the receiving end of therapy.” She said that personal therapy has helped her to see the issues that she allows to “get in the way” of her work with clients. She is more aware of how her issues emerge or the ways in which she draws out her issues from her clients. She concluded that as she became aware of her personal issues she was less likely to “injure” other people. Katharine used her initial feelings of fright with regard to therapy to be more aware of client issues and then later used the positive aspects of personal therapy to consider her impact upon clients.

It appears that other therapists may have used professional training experiences to deal with personal issues. Jody noted that although several experiential learning workshops that she was involved in were not therapy sessions, they did help her to feel that she does not need clients to need her and that she does not need to "fix" clients. Similarly Joleen pointed out that professional training experiences have provided a lot of personal therapy for her.

Unanticipated personal crises. A number of therapists spoke about personal crises that had been extremely difficult to deal with. Although there is some similarity between this category and that of "resolution of personal issues," the researcher believed that the intensity of some experiences required conceptualization of a separate category. Jody spoke about her son dying in an accident and within a week her husband lost his job of many years. During that period of time she said she experienced "despair, hopelessness, what's the meaning of life, loss on a level that I didn't even know could possibly exist." She expressed how gradually working through that experience helped her to be empathic with the pain that clients experience. She also noted that she did not see clients for awhile because of the personal difficulties she was facing. She said she could not be present with her clients during her crisis period.

Joleen talked about her "growing edge" being her acceptance of her son's alcohol and drug addiction. She said, "the most difficult thing has been to realize my powerlessness in relation to the addiction and to let go of some of the blaming of self." She went on to say that "there's lots of things in life that we have no power over." Further she noted, "I think one of the things my husband

and I have come to realize is that sometimes in being giving and loving that we can be not helpful.” According to her comments, Joleen appears to believe that sometimes strong boundaries, in relation to children, are necessary. As for this experience and its helpfulness in therapy she said, “I’m getting clearer on what’s enabling for instance - enabling versus being supportive, when it comes to addictions. As I grow in that clarity I think I’m able to help other people sort out more of that.”

Patrick’s eldest daughter became very sick with asthma, when she was two. She was hospitalized and he stayed with her during this time. Patrick stated:

I don’t think I’d ever been that scared about anything. I don’t think I ever allowed myself - I mean you sort of protect yourself from getting that involved in something. I didn’t know I had protected myself along the way in my life so I wouldn’t be hurt too bad by things - didn’t know that, but I think I had. It seemed to open me up somehow.

He said he learned he was not invulnerable. It appears that Patrick may be more understanding of what it is like for people to go through similar crises.

### Marital/Parental

Supportive marital relationship. In this category the focus was on the positive, developing connection experienced by some participants in their marital relationships. Jody indicated that she can go out into the “world” and “take lots of risks and come home” where she feels safe. She went on to say that her husband supported her professional life and he was also willing to be involved in some of her professional activities. Joleen also mentioned her and

her husband's involvement in professional experiences. It appears that the participants' marital relationships help therapists in the therapeutic arena. In VJ Camus' situation he strongly emphasized the friendship he shares with his partner. In instances where participants spoke of their partners it was evident that they viewed their relationships as being close. The impact of strong marital unions upon therapy may have been best said by Jody who remarked that her husband was someone she turned to for support both professionally and personally.

Developmental family issues. In this category the focus is on how participants have learned from experiences involving normal development. This factor was commented on by two therapists. Thomas noted that he has had a variety of experiences in his family life that have become useful therapeutic illustrations. He underwent a divorce and is now remarried. He has also experienced the various developmental stages that children go through in growing up. Having step children now is another area that he has learned about. Thomas said, "I illustrate a lot of things from personal experience and I think people find that helpful and illuminating." Joleen also described the helpfulness of her experiences with her own children in regard to her professional work. It seems that these therapists have developed their skills both by being able to empathize with client experiences and by drawing upon their own experiences to help clients.

#### Cultural Context

Gender/sexual issues. This category considers the closely connected issues of gender and sexuality. Gender refers to the reality of being female or

male, a fact which is unalterable. However the impact of gender roles is considered to be a significant factor by some therapists. Sexual issues relates to the attitudes that one has about sexual preferences and roles.

Two of the female therapists discussed the impact of gender issues on their work. Joleen spoke of her "growing sense of feminism." She sees herself as a feminist and appreciates her "growing consciousness in that area." She commented that often women needed to rage and she was comfortable with that expression. She said:

I am more sensitive to oppression that can take place and that all of us have been conditioned into ... the sexist thinking. Then we women oppress ourselves.... Now we've internalized the oppression so much and so then I think I'm more aware of some of those dynamics that can take place.

In her therapy sessions she does not "expect women to do the adjusting and adapting as much. I question with them why they should."

Jody also spoke of being a feminist therapist. She noted, however, that many women she works with are quite traditional in their approach to life. Although she believes these women might be happier with a different approach she does not force her feminist values on them. Instead, she indicated that she is content to deal with their issues until they are prepared to entertain a different perspective such as the feminist view.

VJ Camus commented on sexual issues from the perspective of a gay man. He said that his "difference was a vulnerability." With regard to this difference he went on to say, "the issue of experiencing myself as being

potentially victimized by the assumptions of others and actually having experienced it from time to time has been very important to me.” His personal experiences regarding being gay appear to have helped him to “be aware of inadvertent therapeutic violence,” whereby he could inadvertently victimize others with his assumptions about them.

Injustices of socio-political system. Two therapists specifically addressed the socio-political system that they were a part of when they lived in the United States. In both instances they were angry and hurt by the system and both left. Katharine noted that she did not “want to live in a system that lied ... to its citizenry.” She had written some friends who were in boot camp during the Viet Nam war. She said she felt that they were dying already in boot camp. She commented that she was horrified by all of this so she decided to leave the country. It seems that this experience has helped Katharine to be aware of the potential effect of socio-political systems on clients.

Carl said, “After I finished graduate school and went back to my home community I started to become aware that maybe this society wasn’t all it was cracked up to be.” He went on to say that he became politically aware that “the society is very unjust, very unfair, very corrupt and we are, in many ways, all victims of a power structure that gives not a shit about anything but power and profit.” In addition to this awareness came the issues that the Viet Nam war raised. He and his wife finally left the United States. He sees “counselling as a very political process,” which means that he also encourages clients to look at the “dysfunctional culture.” For both participants it appears that they developed an awareness of the effect of socio-political structures upon client issues.

Influences of art/entertainment. Two therapists directly mentioned the influence of this factor on their work. Thomas admitted that he turns to various extra-therapy sources for ideas to employ within therapy. For example, he noted the influence of Joseph Campbell's book, "Hero With a Thousand Faces." Thomas has employed this writer's idea of myths and extended it to include personal, family, and cultural myths. He also noted:

I read a great deal and I read a lot of fiction. And I'm a great movie buff and have been from a very early age. So that kind of fascination, immersion in stories, ... I carried over into my therapeutic work.

His therapeutic style appears to be enhanced by such experiences, which essentially helps him to be a more effective therapist. Patrick also spoke of the effect that novelists, movies, and music have had on him. In the music area he noted how one folk singer wrote songs which had a respect for people and their position. Patrick saw that this singer had to listen to people's stories and that something significant was seen in a "small place." Patrick went on to say, "music always seemed to open that up for me. Music always seemed to open up this idea that there's something going on here if you can see it." It appears that in therapy Patrick has looked for significance in small events, in an attempt to avoid missing important considerations.

Human potential movement. Two therapists discussed this factor. The age range of these participants means that many of them were young adults when the human potential movement was in full bloom. Essentially this movement focused on the self-actualization of the individual. How this occurred ranged greatly in terms of possible experiences available to develop one's self.



Katharine spoke about her experiences in a mystical school, which was a part of the human potential movement. This environment gave Katharine “a whole range of tools for looking at my own self and being ...quite analytical about my own self. But also it gave me ... tools for having different experiences of myself ... of others and of being with others.” Another aspect which has helped her with clients is that she learned how to just “be” with others as they shared their painful issues.

Thomas experienced the sixties as “a whole period of shaking everything loose and taking new looks at absolutely everything - nothing was left unexamined.” When he returned to Canada he also became involved in a group that, as he put it, “held very little, if anything, back in bringing forth people’s emotions, even challenging and pushing further into emotional expression.” It appears that these experiences helped him to develop an effective therapeutic style with clients as well as to learn to set some limits for himself after being too close to clients. His closeness involved developing friendships with clients, which overwhelmed him.

Religious/spiritual issues. A number of participants addressed the effect of religious/spiritual experiences upon themselves and their professional work. Therapists noted both positive and negative experiences with religion that helped to develop their therapeutic ability. In terms of negative experiences, Joleen said that the church she attended, when she was young was “black and white in many ways.” She saw the guilt that people felt as a result of the church’s judgmentalism. As a result Joleen was able to empathize with clients who struggle with religious issues.

Another therapist, Carl, described his disappointment with the church he grew up in. He believed that his church did a great deal of harm by its views. He saw his church encouraging large families but then doing nothing to help these families out. After a period of questioning he left the church. He went on to say:

I suppose the way that affects my counselling is to help people question their religious background when they feel themselves locked in to "shoulds and should nots and sin and hellfire," - not to attack their church and not to attack their religious beliefs but to help them raise questions - to reexamine where the beliefs come from and are they still valid for them?

Other participants emphasized the positive influence of their religious experiences. Spooky pointed out how she learned rules about right and wrong through her church, as she grew up. She also was positively influenced by a couple of priests that she came to know. This positive influence seems to have been particularly important for her in her childhood and younger adulthood. Thomas talked about the influence of Buddhism, as one of the religions that has been of interest to him. He talked of using Buddhist concepts in his work. He views religious material as keeping him in the "language of metaphor" which is a mode that he operates in a great deal. He believed that "psychology and religion were two sides of the same coin." It seemed that these therapists valued, in different ways, the influence of religion in their work. For Spooky the impact of a religious upbringing may show in her caring approach to her clients. In Thomas' case he employed the intellectual aspects of religious beliefs to his work with clients.

### b) Professional Experiences

Three themes, each encompassing a number of categories, emerged from the analysis of what participants said with regard to formative professional experiences (see Table 3).

Table 3

#### Conceptualization of Results for Professional Experiences

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##### Interaction with Clients

- Developed therapeutic skills from client feedback
- Became aware of personal issues through clients
- Learned of broader social issues
- Saw "humanness" of clients

##### Ongoing Professional Learning/Education

- Exposure to diverse therapeutic models and practitioners
- Personal integration and development of therapeutic approach
- Personal experimentation with models/techniques
- Influence of experiential learning in workshops
- Personal and professional support from peers and supervisors

##### Academic Training

- Disillusionment during academic training
  - Intellectual/personal growth during academic training
- 

### Overview of Themes

"Interaction with clients" was a theme that was strongly emphasized in the interviews. It appeared that these therapists were willing to learn in many different ways from their clients. This learning occurred not only on a professional level but also on a personal level. Essentially it could be said that clients have been an important instrument for therapist learning with these particular participants. As the therapists learned from clients they refined and developed therapeutic skills so that they could be more helpful to subsequent clients.

The next theme was entitled, "ongoing professional learning/ education." This theme encompassed a number of categories of ways that participants learned within the professional milieu. One category referred to the therapeutic models and approaches that these participants experienced in their efforts to develop approaches to working with their clients. Another aspect of learning concerned the participants' professional training experiences, which referred to workshops that were therapy specific. What was generally noteworthy was that participants emphasized a continuous process of professional learning that went well beyond their initial academic education and training.

The theme of "academic training" relates to what therapists said was important about their experiences with formal education, including undergraduate and graduate education. In most instances the researcher observed that participants referred to both positive and negative experiences, both of which aided their learning during their period of educational training.

#### Interaction with Clients

Developed therapeutic skills from client feedback. This category refers to comments made by participants who believed that their therapeutic skills grew as a result of client feedback. Patrick mentioned that clients have helped him to trust himself. Through clients' remarks about what worked for them Patrick developed confidence in his approaches to various issues. Katharine also spoke in a similar vein. She said that she learned from clients what their issues were about and how to work them through. Thomas talked about his change in therapy style when he was confronted with a suicide and an attempted suicide. Thomas said that these two incidents led to his willingness to try anything. He

went on to say, "That enabled me to break past my own personal inhibitions.... That represented quite a breakthrough for me in relating ... to my clients, in a much more personal, open, sharing way."

Became aware of personal issues through clients. This category focuses on therapists' growing awareness of their own issues as a result of working with client issues. This was noted by two participants. Carl said that early in his career he was not as aware of the similarity of client issues to his own issues. He said that he grew to learn about his own struggles as he watched clients' struggles with issues. It seems as he learned from them he also was able to use this newfound knowledge to be more helpful in his work. Although other participants did not directly touch on this factor it appeared to be quite clear that many learned about themselves through listening to their clients' issues. For example, Joleen's struggle with her son's problems seems to have helped her to realize that there were issues raised by her clients that she could not handle at certain points.

Learned of broader social issues. This category is based upon the comments of two participants who talked of the increased knowledge that they gleaned from clients about how social issues can impact on people. Katharine specifically talked about beginning "to see people's issues in a broader perspective." For example, during early career experiences she became aware of the "world of poverty." It seems that experiences such as these may have increased her awareness of client issues. As was noted in another section, Katharine said that she deals with basic issues before actualization issues. It seems that this way of working may have developed through her learning from

clients about their broader social context. Also, Carl's comments indicated that he has developed an awareness of the impact of broader social influences on both himself and clients. It appears that he has learned there is more which influences clients than just the clients' immediate surroundings.

Saw "humanness" of clients. Two participants discussed this component. In this category Spooky, in particular, spoke of seeing the human side of clients that before had been labelled as something other than normal. Spooky learned early in her work that "people that had mental illness were not creatures." She said "they were still human beings." Later, referring to her work with natives, she said, "I discovered that the Indians on the reserve were people too." She noted that she needed to get past her own established prejudices to begin to understand these people. As she began to see the "humanness" of these people it seems that she may have become more effective in her work. Similarly, Joleen spoke of seeing people with problems as loveable. She seemed to be able to view these people as being "human," just as she was.

#### Ongoing Professional Learning/Education

Exposure to diverse therapeutic models and practitioners. The participants mentioned a broad range of therapeutic models that had influenced them and their effectiveness. In addition to the influence of the models, and often closely connected, was the influence of the clinicians who had developed these models. The participants' involvement with these models and practitioners included "arms-length" experiences such as reading therapy books, as well as "face to face" experiences such as workshops. It is noteworthy that there was a broad range of theoretical frameworks mentioned by therapists and that no

therapist seemed tied narrowly or rigidly to any one approach. Patrick noted Carl Rogers and Gregory Bateson as two important influencing figures in his work. He uses Rogers' idea that in the acceptance of something the possibility to change it is created. Utilizing this approach he encourages clients to look at issues which they may have been avoiding. Patrick mentioned Bateson's conceptualization that "the map is not the territory." This has helped Patrick to see that his "map" of a client situation does not mean it is the same definition ("territory") as the client may have. Joleen described several different therapeutic models and approaches that she valued. One was Re-evaluation counselling. This framework enables her "to help clients understand how discharging their emotions will allow them to think more clearly, be more rational." Another important model for Joleen is Gestalt. Through this form she has learned "the importance of following the client - dealing with what emerges - being self aware."

Personal integration and development of therapeutic approach. This category refers to the dynamic development of the participant's professional learning. Their comments indicated that they have changed over the years as therapists. Their ways of working with clients have involved shifts in therapeutic approaches that were employed earlier in their careers. In Jody's case, she noticed a strong shift within herself after doing therapy for some time. She said that she no longer took responsibility for fixing clients' problems but believed that it was finally the clients' decision as to what they wished to do. In enacting her approach it appears that her needs do not get in the way of the client. Thomas noted that his use of myths (family, personal, cultural) has come

together and he has employed mythology in his work "in a much more specific way than before when it was just there." On a more general level Carl spoke about "being a pretty rational and logical person in approaching social work and counselling" until he was in his later thirties. It was at this time that he began to have incredible dreams. He has taken a more intuitive and emotional approach in his work since his dreams began. He believes that this intuitive and affective level is very important in therapy.

Personal experimentation with models/techniques. Although Carl was the only participant to mention personal experimentation directly it appeared that others also had considered the possible negative impact of their models/techniques on clients. Carl addressed the use of therapeutic approaches on himself prior to employing them with clients. Carl noted that "I wouldn't suggest to anybody a guided imagery with a client till they (therapists) do it for themselves to know what the experience is like." It appears that in experimenting personally with therapeutic techniques Carl tunes in to the potential difficulties that some clients may have with them.

Influence of experiential learning in workshops. Two therapists addressed the personal development that they had experienced in various training settings. Joleen said that she viewed the training workshops she went to as personal therapy. She stated:

They were under the label, I suppose of professional development and professional learning but I really believe that the most important learning is the kind of learning, like my own therapy, my own healing, that that will help me be the best therapist.



She went on to say that the most valuable workshops have “been the kind where I have dealt with my own stuff and been able to integrate that” into personal-emotional development. Joleen also noted, “I think that it’s been in the healing of some of my past hurts that then has allowed me to be with others who have had similar hurts.”

Jody emphasized the life-changing direction of a workshop that she had attended, which was led by Virginia Satir. Jody referred to this workshop as literally saving her life. Jody went on to say, “She (Satir) has had a profound impact on my own awareness of myself and also on my awareness of working with people.” She noted that she had been raised in a dysfunctional family and had kept looking for “parents” to love her; however, through Satir’s workshop she said she was liberated of her need for “parents.” Jody went on to say she learned far more from experiential workshops. She noted, “The cognitive stuff really only makes sense to me when I already know it in my ‘guts’ and it merely provides a framework for me.” This category addresses a specific aspect of workshops that these therapists have valued. Although participants did refer to cognitive learning in workshops, the experiential learning was viewed as far more important.

Personal and professional support from peers and supervisors. This category refers to the assistance that participants have received from other professionals, in helping to be more effective in their work. In relation to peers, Jody stated:

I have a number of peers in our profession who are incredibly supportive and affirming of me, that I can use for my own therapy and I can

also use for client consult .... We meet regularly on a very structured basis and we also informally phone each other if we need to. I think that's really important too because I feel a sense of belonging and inclusion which also helps with taking some risks.

Essentially this source of professional and personal support enables her to take risks with clients and to ask for help from colleagues when she needs it.

Therapists spoke about the helpfulness of supervisors in developing their therapeutic skills. Joleen said in regard to one of her supervisors, "He really gave me the freedom in terms of incorporating my new learning skills ... he seemed to have faith in me.... I started to gain more and more confidence in my own style of working." The implication may be that clients then benefit from a therapist who is willing to try new approaches and who is more confident in him/her self. Katharine noted the contribution of one supervisor in terms of theoretical input. She said, "I had a really good supervisor there who was into systems theory.... We did it in a peer kind of supervision way so we constantly had this inservice training on systems theory and family therapy."

### Academic Training

Disillusionment during academic training. A number of participants noted being disillusioned with academic experiences and learning from this. Carl noted:

Probably the most painful year of my life was the year that I got a job as a family counsellor, after grad school, because I found out I didn't know anything. I tried to apply the theory of grad school and it just didn't go anywhere.

It seems that at this point he questioned the usefulness of the academic education he had received. This situation forced him to learn on his own so that he could develop his therapeutic skills.

Spooky, on the other hand, had an experience with a practicum supervisor during her graduate training which led to her feeling invalidated and inadequate. This seems to have led to a heightened awareness of the importance of treating clients in a way that does not invite their fear or feelings of inadequacy.

When Jody was doing her master's degree training she had some concerns about being "ruined" by university. One example was her being cautioned to not violate client boundaries by holding them if they were crying or touching them when she thought it appropriate. It appears that this caution ran counter to Jody's natural tendencies. Also Jody had professional training experiences with well-respected therapists outside university that helped her to continue to believe in touching and holding where appropriate.

Intellectual/personal growth during academic training. This category emphasizes the professional development of the therapist as a result of academic experiences. In addition to this emphasis there is also a focus on the personal development that occurred through academic experiences.

Katharine saw her undergraduate degree as a time of consolidating ideas. During her graduate training she appears to have further increased her awareness of various theoretical frameworks in therapy. She went on to say:

That program was very important for me in terms of understanding ...what is it we're doing here, and that whole idea that we both get changed in the

process.... - the whole idea of news of a difference - asking them (clients) questions that would expand on the ways in which they look at things. Jody indicated that her university training had given her a knowledge base, "a framework, theoretical constructs to try and put things together." In these instances it appears that university training was particularly useful in the construction of cognitive structures for the work they do.

With regard to personal development, Joleen said that she remembered her childhood sexual abuse when she was taking her social work training. She said, "I believe that we remember things from our past as we have the resources to deal with them." It seemed that she believed she was the most capable of dealing with the memories of abuse during her social work training. It appears that, in her case, it was a combination of personal development and professional knowledge that helped her to be ready to face the abuse. She also stated that her experience helped her to respect "other people's timing" in dealing with issues.

In VJ Camus' instance, during practical training, he learned that "psychiatry was something other than what my mother had gone through - a patriarchal imposition that 'put the pants back on father' kind of psychiatry." It appears that during his psychiatric training he gained a more useful perspective in dealing with issues such as gender impositions. Carl said:

I had the very good fortune of having a field instructor who was very historically oriented ... encouraging you to look at your family of origin and what the patterns were and how they affected you. So that really triggered a lot of stuff for me.

This personal examination appears to have helped him to be attuned to similar issues that clients may have.

## CHAPTER FIVE

### DISCUSSION

#### Therapist Helpfulness

It is noteworthy that four of the five themes regarding therapist helpfulness (apply personal/professional qualities of self; emphasize development of therapeutic relationship; focus on client's resourcefulness; attentive to role of self in therapy) were descriptions of process or non-specific therapy factors. This is similar to common current opinion, based on empirical research, which holds that non-specific factors, particularly relationship factors, may be the most significant factors in therapy (Garfield & Bergin, 1986). In particular, therapists in the present study seemed to emphasize the integration of personal and professional self and an empowering, non-expert centered approach to helping. The emphasis on the integration of personal and professional self parallels the focus in the professional literature on the therapist as a person, as opposed to the therapist as a technician (Lammert, 1986; McConaughy, 1987). The participants' emphasis on collaboration and their refusal to see themselves as better or more powerful than their clients bears close ties to both Rogers' (1957) therapist-offered conditions and to formulations of the therapeutic alliance.

One theme which emerged clearly concerned the common personal/professional qualities that the therapists exhibited. There were some categories within this theme which the participants emphasized more than others. Being authentic/honest was the one factor mentioned most. This fits with the researcher's experience that therapeutically helpful traits were a

spontaneous and integral aspect of participant-researcher interactions during the interview process. Two other categories which a number of therapists stressed were "non-judgmental" and "being present/listening intently." These factors were also evident during the researcher's interactions with the participants. Based upon this observation, along with other comments participants made, it seems that these individuals have synthesized their personal and professional lives. The qualities noted in this theme closely parallel the therapist conditions that Rogers (1957) suggested. In particular, the Rogerian conditions of genuineness and empathy were strongly evident as personal/professional qualities of these participants.

The second closely related theme concerned the development of the therapeutic relationship. The therapists in this study clearly stressed the importance of a supportive therapeutic relationship for effective therapy. Within this theme the category that was given the most attention by participants was the "development of an atmosphere of safety for clients." Therapists seemed to believe that a "safe" atmosphere was essential to the development of a healthy relationship context. Following this category came several others which were emphasized by participants. These categories included "valuing relationship development," "respecting and accepting clients," and "viewing therapy as a mutual growth experience." Foreman and Marmar (1985) define therapeutic alliance as the "observable ability of the therapist and patient to work together in a realistic collaborative relationship based on mutual respect, liking, trust, and commitment to the work of treatment" (p. 922). It appears that the participants are in agreement with these authors' definition of a good relationship or

alliance. The participants' strong valuing of the therapeutic relationship is similar to recent literature, which notes that the therapeutic alliance is one of the most important aspects of the therapeutic process (Beutler et al., 1986).

Although the client's contributions to the development of the alliance was not a focus for this study, participants' comments about "learning from clients" as an important experience suggests that participants did not view relationship development as a one-way street.

Focusing on client's resourcefulness was a third theme. There was a relatively similar emphasis in all the categories within this theme. The two categories that had only a slightly stronger focus were, "encourage client self-determination" and "empower clients." This theme suggested that the participants' possessed a positive, humanistic belief in the ability of their clients. The participants also appeared to be concerned that they assist clients in taking control of their issues for themselves as opposed to the therapist taking charge of the clients. This parallels Orlinsky and Howard's (1986) discussion of the importance of the therapist's encouragement of client initiative to therapy process and outcome. Encouragement of client initiative goes beyond a client being willing to discuss their concerns in therapy, to a client's active inclusion in working out their own solutions to their issues.

The next theme concerned the therapist's awareness of self, in therapy, both personally and professionally. The category, "focus on client issues versus personal agenda" was clearly a significant factor in the view of most participants. This seems to suggest that these therapists are particularly concerned about the potential impact of their issues upon clients. As a result it



appears that the participants are quite attentive to their own issues and agendas. In McConaughy's (1987) review of literature she noted that it was important for therapists to know who they were personally. She stated that they needed to understand "their strengths, their conflicts, and the individual issues that get activated in therapy relationships (countertransference)" (p. 310). It appears that the participants in this study would concur with McConaughy's observations.

The remaining theme in therapist helpfulness, concerned the implementation of therapeutic strategies and interventions. A great deal of study has gone into examining the benefits of various techniques and approaches to therapy. The general conclusion is that there is no specific therapy model or models that are superior to others (Garfield & Bergin, 1986; Smith, Glass, & Miller, 1980). This also seems to be what is inferred from the data in this study. It was evident among the therapists that a variety of different clinical approaches to working with clients existed. It was also true that each therapist tended to utilize a range of techniques and models. This observation parallels the trend toward eclecticism noted by Garfield and Bergin.

It appeared that the participants generally valued the use of therapeutic techniques, if these techniques were utilized in the context of a good relationship. This acknowledgement of the importance of the therapeutic relationship for the usefulness of techniques parallels the growing recognition in the literature that therapeutic techniques and therapeutic relationship should not be considered independently (Coady, 1991).

The categories of “therapist self-disclosure” and an “experiential/feeling focus” received significant mention by the participants. It appears that self-disclosure and experiential/feeling focus are important tools that participants employ in their work. Although empirical research does not indicate that either of these techniques have a strong, consistent association with client outcome, it would seem important to re-consider the impact of these particular interventions when offered in the context of a good relationship. It is noteworthy that the technique of confrontation, which empirical literature suggests may be one of the most fruitful techniques, was conspicuously absent from the comments of participants in this study.

#### Therapist Experiences

Therapist experiences were divided into personal and professional experiences; however, within the world of the therapist, as one participant noted, there seemed to be a great deal of cross over between personal and professional experiences. This message seemed to be repeated again and again by the participants. It was quite clear that both personal and professional experiences had assisted therapists in working effectively in the therapy setting. Generally the participants’ comments implied that personal experiences played a stronger role in influencing their therapeutic work than professional experiences had. The researcher also observed that professional experiences often helped them personally. As Carl noted, “Counselling is more than a job, it’s a way of life.”

### Personal Experiences

Four themes emerged from the personal experiences section. The first theme, which was strongly emphasized, concerned participants' family of origin experiences. The most frequently mentioned category was "distressing childhood feelings." Within this category were difficult experiences which the therapists had faced as children. Although comments within the category, "love and positive regard from family of origin" made it evident that some participants acknowledged the influence of positive experiences in their childhood, generally most therapists focused on the difficult experiences they had faced as children. Although many of their experiences had been painful the writer noted that the participants had not remained hurt and angry. Rather they seemed to have developed in positive directions. It appears that these experiences sensitized therapists to issues which clients experience and this in turn led to an empathic, understanding approach to clients. The therapists' comments suggested that difficult family of origin and childhood experiences had considerable impact on their therapeutic work. As noted earlier, Poal and Weisz (1989) found that therapists who faced many "problems as children may be better able to empathize with and assist the youngsters they treat" (p. 205) than those who had experienced few problems as children. They also stated that it was not specific problems but rather the general experience in dealing with issues that encouraged therapeutic effectiveness. In a similar vein, Stolorow and Atwood (1979) discussed three prominent therapists and the impact that difficult childhood experiences had upon the development of their therapeutic approaches.

The second theme was "adult personal exigencies." This theme also emphasized difficult personal issues which therapists had to confront and in some way resolve. The category which considered the "exploration/resolution of personal issues" was given the greatest emphasis. Usually this involved facing difficult issues in adulthood and coming to terms with these concerns. As noted in the previous theme, many participants encountered difficult experiences during childhood. This also has been the case in adulthood. Two individuals in particular discussed significant serious crises in their present families which have had a major impact upon them. It is interesting to note that these therapists were willing to admit to situations which they had a great difficulty dealing with. Their struggle with these crises seems to suggest that they have attempted to grow as a result of life difficulties. This is similar to McConaughy's (1987) statement that "a deep commitment to the development of the self is considered to be a prerequisite for effective functioning as a therapist" (p. 305). It appears that participants in this study have similar beliefs to those in Givelber and Simon's (1981) study where it was found that "the suffering deepens one's ability to listen, and that one responds to a loss in a patient's life in a keener and more sensitive way" (p. 149).

Although only a few therapists spoke about personal therapy directly, it seems that an indepth introspective look at self is valued by these participants. This indepth look at self was notable in their willingness to closely examine the impact of various issues upon them. Katharine, who did address the topic of personal therapy directly, indicated the usefulness of this experience for her work. In the literature, the topic of personal therapy for therapists has received a

great deal of attention. Although empirical studies do not strongly and consistently support the importance that many authors have placed on this experience, researchers have noted that there are many confounding variables in these studies.

The next theme focused on adult relationships. Both categories within this theme gained approximately equal attention. Generally this theme was relatively minor in comparison to others noted. One factor which stood out in participants' comments was the positive interaction and support which occurred between spouses with regard to the therapists' professional work. This supportive environment appears to have helped participants to develop themselves more fully in their professional lives. The writer found little material which addressed the impact of therapist relationships with partners and children upon the therapists' clinical work. Guy (1987) stressed the importance of "love relationships" (p. 145) in being able to be more helpful to clients. He believed that therapists who did not have intimate relationships were lacking something, which led to the therapist being unable to fully give to his/her clients. The participants' comments would suggest that they concur with Guy in his thesis. Also it is noteworthy that every one of the participants had a long-term intimate relationship.

The last theme was "cultural context." "Religious/spiritual issues" was the category which received the most discussion from the participants. As far as organized religions were concerned there were both positive and negative comments from participants. A few saw the usefulness of religious values in their work. Others noted the detrimental impact that religion could have upon

clients. The spiritual component, which the writer believes goes beyond religious structures, appeared to be most significant to a number of therapists. There was a suggested belief in "higher powers" which these therapists recognized as potentially useful in therapy. In reference to religious values, Beutler et al. (1986) noted that many authors are encouraging therapists to consider their own religious values as well as those of their clients because of the potential usefulness of them in therapy. It seems that the participants consider both their religious values as well as the client's in an attempt to address these values in a healthy fashion in therapy.

One of the remaining categories which received some attention was the role of gender in therapy. Although some therapists valued their feminist orientation they indicated that they were not prepared to force feminism upon clients and instead worked within the clients' framework. They did however attempt to gently encourage their clients to understand the benefits of the feminist perspective. In the past few years there have been a growing number of studies which are considering gender roles. As discussed earlier some differences in the impact of therapist gender have been noted (Beutler et al., 1986). It is interesting to note that for the most part it was the female participants who addressed the impact of gender in their work.

### Professional Experiences

In the professional experiences area participants' comments led to the development of three themes. The "impact of clients" was a strongly emphasized theme. The category receiving the most discussion within this theme was, "developed therapeutic skills from client feedback." This suggests

that many therapists believed they had grown and developed as a result of their clients' responses to them and to life issues. As the therapists matured professionally through client input they were then able to utilize new learnings to benefit other clients. The writer believes that the openness which the participants demonstrate toward their clients is important to emphasize. As noted earlier in the therapeutic helpfulness section, these therapists are willing to learn from those they work with, rather than viewing themselves as somehow "superior" to their clients. In a similar vein Guy (1987) commented that a therapist did not need to be uncomfortable with the awareness that clients could be important sources of "caring and satisfaction" (p. 295). Participants highlighted the importance of their experiences with clients as a way of increasing overall therapist effectiveness.

A second theme revolved around "ongoing professional learning/education." "Exposure to diverse therapeutic models and practitioners" was the category with the strongest emphasis. These therapists indicated a great deal of variety in their experiences with models and practitioners, between each other as well as within each participant. In keeping with the literature, this diversity suggests that there is no particular therapeutic model that contributes to therapist helpfulness. Rather it appears that therapists utilize different learning experiences to evolve toward greater effectiveness. It seems that different models fit for different therapists and they have come to employ those which are most appropriate for them. McConaughy (1987) suggested that "successful therapists develop unique and individual styles that are tailored to their own personalities" (p. 306).

Another category with a relatively strong focus was “personal and professional support from peers and supervisors.” This reflects the influence of other professionals upon these therapists. A number of participants indicated that colleagues had contributed to their professional development as therapists. In Rachelson and Clance’s (1980) study supervision was noted as one of the significant experiences for therapists. McConaughy (1987) also mentioned the importance of supervisors. She stated that effective supervisors were necessary for developing successful therapists. In a similar vein, Dodenhoff (cited in Matarazzo & Patterson, 1986) noted that trainees “who are strongly attracted to their supervisors are more effective at the end of the practicum than those who are less strongly attracted” (p. 828).

The last theme was “academic training.” The participants’ review of their academic training was mixed. In most instances therapists could point to both pros and cons with reference to this theme. It appears that therapists utilized both positive and negative experiences in developing their therapeutic abilities. For example, some therapists mentioned how little knowledge they possessed upon completion of their academic training. It appears that they were referring to their lack of “people” awareness rather than their lack of theoretical knowledge. It seemed that their academic learning was for the most part a cognitive, rational process which was beneficial for constructing a framework for therapy. The mixed feelings that participants had with regard to their academic experiences fits with the fact that the literature is unclear as to the importance of academic training.



### Limitations of the Study and Directions for Future Research

The researcher's decision to choose a qualitative methodology reflected an intention that the study be exploratory in nature rather than to uncover "truths" regarding all good therapists. The study's primary aim was to be descriptive with some beginning level attempts at conceptualization, as Taylor and Bogdan (1984) have noted. It is clear that the results must be interpreted cautiously.

The first potential limitation relates to the researcher's approach. It has been suggested that it is useful for a qualitative researcher to employ the feedback of others in working with the data and developing conceptualizations (Taylor & Bogdan, 1984). Although the writer had extensive contact with his advisor it occasionally seemed that the writer became lost within the myriad of data and the possible directions to choose. It would seem that the idea of several researchers working together to analyze the data may help to develop a more comprehensive, valid description and conceptualization of the results.

A second limitation may be in the researcher's relatively recent involvement in the qualitative field. As has been noted by Bogdan and Biklen (1982) a researcher's approach to the data may change as one continues to work with qualitative methodologies. The researcher's descriptions and conceptualizations may change over time. As these writers note, this does not imply that earlier research is weak or invalid, it is just different. The researcher is aware that another individual may have conceptualized categories somewhat differently. There was a clear awareness, for example, of idiosyncratic conceptualizations between the writer and his advisor; however, it is the writer's

belief that conceptual similarities would be stronger between researchers than the differences might be.

The results of this study also may have evolved in other directions if the researcher had asked for participant feedback regarding the conceptualizations which were developed from the data. It is possible that though the writer attempted to consider their comments in context, their conceptualizations may have been different than the researcher's. Participant input in this regard may have altered findings although again the writer does not believe the results would have been significantly different. This option may have been useful but it was decided against due to time constraints.

The researcher's choice of a semi-structured interview approach meant that he was relinquishing control of the questioning to the interview process itself. This became abundantly clear when the initial inquiry into the participants' ideas of how they were helpful evolved into a stronger focus than initially expected. It was the researcher's decision to accept this change without stifling participants' responses. However this new direction meant that exploration of the number of experiences as well as an indepth examination of the experiences did not proceed as the writer had hoped, due to time constraints. In retrospect it may have been helpful to have one interview for each of the two major questions. This semi-structured approach also meant that the same probes might not have been asked of each participant. The researcher chose to follow the participant's lead. The result was that material from individual participants was not as clearly comparable. Essentially, the

researcher decided that the ambiguity of this structure fit more with the research purpose.

The fact that the interviewer was a therapist, with several years of experience, also was a potential limitation. In brief, the experience as a therapist has evolved values and beliefs about good therapy and the factors contributing to such a situation. These values and beliefs may have emerged through the questions asked by the interviewer as well as through his responses to the participants' comments. It is feasible that the writer's biases influenced the comments made by participants. Although this may have occurred to some degree, the writer attempted to keep his questions specifically focused on the aims of the study. The writer believes that it would be extremely difficult to remove one's values and beliefs entirely from the interview context. It is more useful to recognize personal values and beliefs as one works through the study (Van Manen, 1990) and this was done.

It was the researcher's choice to consider only the therapists' point of view regarding what made for effective therapy. Certainly effective therapy by definition also means that change occurred for the client. Future research in the area of successful therapy may benefit from considering the clients' perspective. In this study, time constraints and the researcher's particular interest in therapists led to the particular focus upon the therapist perspective.

The same number of male and female therapists were interviewed in this study. It is difficult, however, to suggest anything conclusively, in relation to gender, because of the large number of variables which exist. Although there is no firm evidence regarding the role that gender plays it appears that this factor

could certainly entertain more attention (Beutler et al., 1986). An interest in gender perspectives might encourage future researchers to consider therapist helpfulness and experiences with an emphasis on potential gender differences.

The small sample size makes it difficult to generalize the findings to a larger population of good therapists. The researcher believes, however, that sufficient information was gathered in order to develop a conceptualization of the participants' views. From the writer's perspective it would have been difficult to involve a larger sample of therapists considering time constraints.

The fact that the present caseloads of these therapists was almost entirely urban may also limit the generalizability of findings to rural situations. The consideration of potential differences between rural and urban therapy settings may be of research interest particularly because there are many counselling services offered in Alberta's rural communities.

The perceptions of the identifiers of the good therapists is also related to the previous limitation. It is likely that these identifiers may have chosen to emphasize certain factors above others in the definition of good therapists. It is also possible that these identifiers have not actually seen the recommended participant work with clients. They may have based their suggestions upon perceptions of how they believed these therapists work. It is likely, however, that participants' qualities which may have been only noticed outside the therapy setting were also evident within therapy. This "congruence" was clearly noted particularly in the therapist helpfulness section when the researcher observed that qualities the participants mentioned in regard to their work were evident in the writer's interaction with these individuals.

There may be other ways in which good therapists could be identified, which address some of the limitations faced by the present study. First, the definition of good therapists could potentially be based upon a broader range of factors which are described in the literature. Empirical and naturalistic studies could be usefully combined to form this definition. Secondly, identifiers of good therapists could be asked to identify only those therapists whom they have observed in therapy sessions on a prescribed number of occasions. Another possibility is to ask clients to rate therapists in terms of the good therapist definition. Ideally, the writer believes that a combination of client and identifier input could potentially provide a more valid sample of good therapists.

As noted earlier in this thesis, there has been little research of therapists' personal experiences to date. After observing the emphasis that the participants placed upon personal experiences in relation to their work further research in this area seems a logical direction. In this study personal experiences were considered in a general way. Future research might look more closely at individual experiences to understand the influence of specific experiences upon therapists.

Many of the participants made reference in one way or another to the 1960s. That was a period of social, political, and personal examination and upheaval. This period and its influence upon these therapists might be an interesting study in a number of ways. Examining the cultural context of the sixties might help researchers to understand some of the directions which current therapists have taken in their work. Questions such as, "what role does

a particular social environment play in therapy?" seem to invite further examination.

Another source of study may involve consideration of differences between therapists who do not believe in an integration of the personal and professional aspects in their work, and those therapists who do. How would these differences in views influence therapy process and outcome?

It is the researcher's belief that certain aspects and themes of this study could be partitioned out and examined in greater detail in further research studies. There may be some danger in such a separation, however. Essentially it seems participants believed that the combination of a variety of factors contributed to their therapeutic effectiveness. Isolating factors might take away from the "gestalt" perspective of therapist helpfulness and how it develops.

In pointing out the various limitations of the study's methodology, it is important not to overlook the strengths that are inherent in the qualitative approach. The qualitative approach led to the creation of an intimate and open atmosphere for data gathering. The result was a breadth, depth, and richness of description that would not have been achieved with a more quantitative approach.

#### Summary and Implications of the Study

In the helpfulness section of this study the themes suggest that therapists regard a number of factors as significant. Although therapeutic strategies and interventions were mentioned it was clear that the participants placed the highest value upon relationship building and recognizing their clients' resourcefulness and awareness. This valuing suggests, that in the interest of

doing “good work” it is important to view clients as people, much like therapists, who need a positive supportive relationship and who have strengths and other healthy qualities. Also it appears that good therapists are aware of themselves and of how their own processes may affect clients. This theme suggests that therapists need to understand how they influence the course of therapy, as opposed to viewing clients as the only major players in the therapy process.

It was clear that participants’ therapeutic qualities were integrated into their being and were evident in both personal and professional realms. Participants’ comments also suggest that many began to develop therapeutic skills well before academic training and professional practice.

In the experiences section therapists described the resolution of many difficult experiences as leading to their increased effectiveness. Although participants did not suggest that one needs to experience tremendously difficult experiences in order for growth to occur it appears that difficult experiences have had significant impacts upon their work. Beyond being faced with difficult experiences, as many people have, what was especially striking about participants was the way in which these successful therapists used their experiences to develop themselves both professionally and personally. Participants’ comments suggest they have learned through both personal and professional experiences. Perhaps personal characteristics such as being open and non-defensive facilitated learning from experiences. It may be that not all therapists learn from their experiences. Thomas indicated that he followed his mentor’s precept which was, “You learn nothing from experience, what you learn from is reflection upon experience.” Although Thomas was the

only therapist to clearly articulate this it appeared that all participants employed a similar reflectiveness in their lives. This was seen in their awareness and ability to describe experiences and in their ability to discuss how certain experiences had influenced them. This process seemed to be an ongoing one, as several participants noted. Participants saw themselves in a dynamic state, constantly reflecting upon their experiences and evolving in new directions as a result.

This raises the question of selection criteria that academic and training programs employ. Considering the responses of participants regarding their development, it may be useful for therapy related programs to look for evidence of applicants' awareness of and resolution of personal issues. Potentially such applicants may be able to relate to clients in a more empathic way than students who are "removed" from an awareness of their own issues and the possible impact of their issues upon clients.

Beyond the difficult issue of developing better selection criteria for academic and professional training programs, the question becomes, "how can these qualities be encouraged within therapists?" The researcher believes that these traits may be difficult to teach specifically but may develop through a combination of teaching and personal learning. Lambert et al. (1986) suggest that there needs to be a focus on "the development of the therapist as a person in parity with the acquisition of therapeutic techniques" (p. 202). The recommendation then that academic institutions consider the importance of therapists' personal side seems a logical direction for therapist training to move



in. It is the integration of the personal with the professional that seems to be highlighted in the participants' responses.

Based on participants' responses it seems that learning experiences in which students have the opportunity to "experience," discuss, and process personal and professional issues would be something worth considering by academics. Also there is a relatively clear implication that exposure to a number of theoretical models and approaches is useful in order for students to begin to develop a fit between who they are personally, and professionally. In a similar vein the writer observed that "uniqueness" was a term that seemed to accurately describe participants' view of clients and also of themselves. They seem to recognize their individuality as well as that of their clients. This is an important recognition for both educational and work settings. Whether it be with clients or with therapists it seems that the element of uniqueness needs to be emphasized. Thomas noted this, in relation to clients, when he said, "Even though there are patterns, and familiar patterns, in the type of problems that people bring, there's always a major quality of uniqueness." This suggests that therapist education and training might stress the necessity of flexible employment of theories and techniques in meeting the unique needs of individual clients.

Finally, the emphasis that participants placed on being faced with and needing to work through many important personal issues, including childhood and family of origin issues, raises the issue of personal therapy for prospective therapists. There has been a longstanding debate regarding the benefits of personal therapy in academic training (Clark, 1986; McNamara, 1986).

Although the researcher believes that mandatory personal therapy as a component of academic training may be an infringement of student's rights to privacy, it may be helpful to have personal therapy courses available as an option to provide an opportunity for personal growth to occur. Also training settings and work settings could provide such services as personal therapy in order for therapists to have the opportunity to turn to other professionals to help them work through difficult experiences.

As mentioned earlier, Guy (1987) has addressed the question as to what makes some therapists especially effective. He has suggested that therapeutic ability, at least for some therapists, may develop from "life experiences that expand personal horizons beyond the immediate concerns of self, such as that which may accompany the healing of deep personal wounds by way of a meaningful relationship or profound religious experience" (p. 294). It is clear that the participants in this study viewed life experiences, particularly the reflection upon and learning from difficult personal experiences, as highly significant in the development of their therapeutic helpfulness. These therapists have matured through such experiences so that the "result is an ability to care for both self and others, neglecting neither, enabling the fully integrated practitioner to maintain a sense of perspective which sees beyond immediate concerns to more ultimate issues" (Guy, p. 294).

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## APPENDIX A

Letter to identifiers of "good therapists"

Dear \_\_\_\_\_,

I would appreciate your assistance in identifying a therapist, or therapists for my study. My intent is (1) to identify a small sample of therapists/counsellors who are involved in individual, marital, and/or family therapy and who are seen by colleagues as especially effective and competent therapists; and (2) to interview this sample of therapists to ascertain their views of how they are helpful to clients and how they developed such ability. This latter focus would involve subjects' consideration of past and present personal and professional experiences that have been influential in their development as a therapist.

From a review of theoretical and empirical literature, I have developed a brief description of a good therapist. This description is as follows:

Good therapists incorporate therapy styles which reflect their personal philosophies and life-styles. They are also willing to assess their theoretical orientations and strategies and change if necessary. Traits such as genuineness, caring, and empathy are obvious in their work. Successful therapists have the ability to accept clients' affective states and are tolerant of ambivalence and uncertainty in client situations. These therapists respect clients. They develop appropriate levels of intimacy with clients. They are also creative and innovative in their work. On a personal level, competent therapists are psychologically healthy, especially in terms of self-awareness and self-acceptance. Self-awareness includes being able to know one's belief orientations, preconceptions, and biases; in other words, having a good idea of one's worldview. Self-acceptance is the overall approval of one's self. Good therapists are interested in their own personal and professional development (McConaughy, 1987).

Based on these characteristics I invite your assistance in giving me the names of individuals that you believe are good therapists and informing me of how I may contact them. I would then contact these individuals by phone, explain how I was referred to them, and explore their willingness to take part in the study.

Thank you.

Sincerely,

Cyril S. Wolgien  
M.S.W. Student (University of Calgary)

## APPENDIX B

### Written agenda given to participants

The intention of this study is to develop a broad, clear picture rather than to surprise with questions you are not prepared for. To further this goal I have included a brief written agenda of our upcoming meeting. This may be useful in stimulating further information for that interview.

The interview will have a sequential focus. The first focus will be a consideration of the question; "what do you do in your counselling that you believe is helpful to your clients?" Your response might include references to theoretical orientations; techniques; personal values, attitudes, and attributes; interpersonal style; and so forth. These ideas are only meant as suggestions. References to any other factors are encouraged.

Following this initial focus, attention will shift to an indepth consideration of the personal and professional experiences that you think have assisted you to develop the ability to be helpful to clients. You may refer to specific experiences or to a series of more general experiences that are more accurately grouped together. Responses, here, may have a tremendous range. Further clarification as to how these experiences have had an impact on you will also be explored.

## APPENDIX C

Consent Form

I, \_\_\_\_\_, consent to being a participant in this study about the personal and/or professional experiences that have had a significant, positive impact on my therapeutic work.

I understand that my participation in this research is completely voluntary and that I may freely decide to withdraw at any point in the research process. If I choose to withdraw any information which pertains to me will not be included in the thesis.

I also understand that I will be allowed to read the transcript of the interview with the purpose of modifying and/or deleting anything that I wish.

I further understand that my participation in this study will be kept confidential. Any names or other identifying information will be changed in the transcript process. A pen-name of my choice will be substituted for my real name. Audio-tapes and transcripts of the interview will be accessible only to the researcher, Cyril S. Wolgien, and his thesis supervisor. Audio-tapes and transcripts will be either returned to me or destroyed upon the completion of this study.

I further understand that I will be asked for some personal and professional biographical information by the researcher and that this too will be treated confidentially.

A copy of the thesis will be provided to me upon request.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## APPENDIX D

Personal Historical Questionnaire

1. Type of practice currently engaged in, eg. individuals, families, groups?
2. What are the main issues that your clients present with?
3. Type/Place of employment?
4. Profession?
5. Theoretical orientation?
6. Part-time or full-time?
7. Years of experience?
8. Highest level of formal education?
9. Rural or urban setting?
10. Age?
11. Marital Status?
  - a. Years in relationship?
  - b. Children?
12. Number of children in family of origin?
13. Sibling position?

## APPENDIX E

Interview guide**A. What do you do, in your counselling, that you believe is helpful to your clients?**

1. You might consider factors such as theoretical orientations, techniques, personal values, attitudes, interpersonal style?
2. Are there other factors that you think contribute to your effectiveness?
3. Would you expand on your comment - in what ways is this helpful?

**B. What are some of the personal and/or professional experiences that have contributed to your helpfulness to clients?**

1. How did this experience influence you?
2. You have noted some professional experiences (or personal experiences). Are there any personal experiences (or professional experiences) that you think contributed?
3. It appears that you believe there was a gradual influence on you, rather than specific experiences, in relation to your helpfulness to clients. Are there any more specific experiences that assisted this gradual influence?
4. It appears that you think that it was a combination of personal and professional experiences that influenced your helping ability. Would you weigh these components differently?
5. Have there been experiences that initially looked like they would be of no value to your professional (or personal) development, but were useful later? Or vice versa?
6. Any further comments that you want to add to ways in which you are helpful and/or personal and professional experiences?

## APPENDIX F

Example of Two Column Arrangement for Transcript AnalysisResearcher's NotesTranscript

Therapy is a safe place for clients.

J14: Yeah. It really is important, I think, for the person to feel safe. A person needs to feel like this is a safe place to be and be who they are and say anything and feel anything here and that's O.K.

C: How do you develop that sense of safety for them?

Acceptance of their feelings and affirmation of their view.

J15: I think it's probably by real acceptance of their feelings and affirmation of their experience or their view. I mean their view is their view of what things are. I don't feel like I - yeah, I don't judge it. The other part of that, though, is that I like to be as

Non-judgmental of their view.

Congruent and honest with clients - let them know what I think or feel.

congruent and honest with them as I can be. So I let them to know that if I think or feel certain



## APPENDIX G

Example of Conceptualization of Results for Therapist Helpfulness

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**THERAPIST HELPFULNESS (SECTION TITLE)**Apply Personal/Professional Qualities of Self (Theme)

## Authentic/honest (Category)

- "Congruent and honest" with clients - "let them know what I think or feel" - Joleen-15(Concrete concept)*
  - Clients are perceptive and pick up on what she feels so instead of trying to hide something she would rather be honest -Joleen-20 (Low level abstraction)*
  - Most important part she brings as a therapist is herself - Joleen-49 (Low level abstraction)*
  - Doesn't believe his judgments can be concealed from clients so he would rather talk about it openly - Patrick-14 (Low level abstraction)*
  - Therapy "should be a place where you can be yourself" - Patrick-61 (Concrete concept)*
  - Fairly congruent about her work and how she personally lives - Spooky-28 (Low level abstraction)*
  - Genuine, authentic, congruent - Jody -10 (Low level abstraction)*
  - Therapist's openness and honesty - VJ Camus -43 (Low level abstraction)*
-

## APPENDIX H

Example of Conceptualization of Results for Personal Experiences

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**PERSONAL EXPERIENCES (SECTION TITLE)**Adult Personal Exigencies (Theme)

## Unanticipated personal crises (Category)

- Her fear of dying, of a serious illness, pushed her to look at herself. - Jody-105 - (Low level abstraction)
  - Her son was killed in an accident - things came up that she had never dealt with before - despair, hopelessness, meaning of life, etc..
  - Her husband lost his job shortly after son's death. - Jody-145 & 146 - (Low level abstraction)
  - She did not see any clients for awhile because of her struggle with her son's death. - Jody-158 - (Low level abstraction)
  - In past few years her growing edge has had to do with her son's alcohol and drug addiction. She realized that there are "lots of things that we have no power over." - Joleen -106 & 108 - (Concrete concept)
  - She believes that her son's addiction has helped her to look at some personal issues that she would rather not have. - Joleen-112 - (Low level abstraction)
  - At two his oldest daughter became very ill. Through this experience he found out that he had been protecting himself along his life so he wouldn't be badly hurt. This experience seemed to open him up. - Patrick-46 - (Low level abstraction)
-

## APPENDIX I

Example of Conceptualization of Results for Professional Experiences

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**PROFESSIONAL EXPERIENCES (SECTION TITLE)**Academic Training (Theme)

Intellectual/personal growth during academic training (Category)

- Experienced her first group work in social work training. A significant experience was someone telling her "to shit or get off the pot". The indication was that she was angry but was not allowing herself to express it. - Joleen-89 - (Low level abstraction)
  - Her professional training taught her ethics of a professional relationship; not assuming the client's problem; facilitating clients' problem solving; heightened perceptiveness of the client and how her behavior affected the client. - Joleen-104 - (Low level abstraction)
  - Became aware of her sexual abuse when she was taking her social work training. This experience has helped her to honor people's timing. - Joleen-114 - (Low level abstraction)
  - Had a grad field instructor who encouraged looking at family of origin and the patterns and their impact. - Carl-82 - (Low level abstraction)
  - In his rotation in psychiatry he learned "that psychiatry was something other than what my mother had gone through." He was intrigued by the work done by a particular psychiatrist. - VJCamus-85 - (Concrete concept)
  - Experienced her BSW as "a time of pulling some ideas together." - Katharine-67 - (Concrete concept)
  - Learned about Maslow's hierarchy of needs in BSW. Will focus on the basic things before relationship issues, etc. - Katharine-83 & 85 - (Low level abstraction)
  - Program was important in understanding some aspects of therapy such as what it is that therapists do and the notion that both therapist and client change in the process. - Katharine-97 - (Low level abstraction)
  - Learned from her colleagues. - Spooky-102 - (Low level abstraction)
  - She developed a knowledge base, a framework, and theoretical constructs through university. - Jody-165 - (Low level abstraction)
-