THE ROLE OF DEVELOPMENTAL/RELATIONAL TRAUMA IN THERAPISTS' MOTIVATION TO PURSUE A PSYCHOTHERAPEUTIC CAREER: A GROUNDED THEORY EXPLORATION

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WORD COUNT: 34,063

A Thesis submitted in partial fulfilment of the requirements
of the University of the West of England, Bristol:
Professional Doctorate in Counselling Psychology

> *"It doesn't matter what they say… deep, deep inside they are doing it because they are The Wounded Healer"*
>
> *(Elisha)*

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Submitted: February 2018

Contents

Acknowledgements.....5

Abstract.....6

1. Introduction.....8

2. Literature Review.....15

2.1 Theoretical Framework: An Integration of Relational Psychoanalysis & Post-Traumatic Growth.....15

2.1.1 Relational Psychoanalysis.....16

2.1.2 Post-Traumatic Growth.....18

2.1.3 The Convergence of Relational Psychoanalysis & Post-Traumatic Growth.....20

2.2 Defining Developmental/Relational Trauma & its Impact.....22

2.3 Current Theories on Developmental/Relational Trauma & Career Motivation.....27

2.4 The 'Wounded Wounder' – Avoiding the Self.....32

2.5 The 'Healing Healer' – Seeking the Self.....36

2.6 Reciprocal Growth.....38

2.7 Career Motivation as a Post-Traumatic Growth Process.....39

2.8 Limitations of Existing Research & Rationale. 40

2.9 Aims & Objectives.....41

3. Methodology.....42

3.1 Design.....42

3.2 Epistemology & Ontology.....43

3.3 Rationale for Grounded Theory.....44

3.4 Consideration of Alternative Qualitative Methodologies.....45

3.5 Evolution of Grounded Theory.....45

3.6 Rationale for Constructionist Grounded Theory….....47

3.7 Reflexivity.....47

3.7.1 My Reflexive Journey.....48

4. Method.....53
4.1 Sampling.....53
4.2 Participants.....54
4.3 Procedure.....56
4.3.1 Ethical Considerations.....56
4.3.2 Conducting an Initial Literature Review.....56
4.3.3 Recruitment.....57
4.3.4 The Interview Schedule.....58
4.3.5 Data Collection – The Research Interview.....59
4.3.6 Data Transcription.....61
4.4 Data Analysis.....62
5. Findings.....65
5.1 Sustaining a Wound to the Sense of Self.....69
5.1.1 Being Invalidated.....69
5.1.2 Internalising a Self-Critical Voice.....72
5.1.3 Developing a Defective Sense of Self.....73
5.2 Defending the Fragile Self.....73
5.2.1 Disconnecting from Self & Others.....74
5.2.2 Constructing a False Self.....76
5.2.3 Constructing an Enfeebled Other.....79
5.2.4 Searching for Answers.....80
5.3 Gratifying Unmet Needs.....82
5.3.1 Assuming a Fixer Role.....82
5.3.2 Satisfying Narcissistic Needs.....85
5.3.3 Enlivening the Self.....87
5.4 The Critical Juncture – Confronting the Self.....87
5.5 Moving From 'Other-ish' to 'Self-ish'.....91
5.5.1 Legitimising Self-Focused Needs.....91
5.5.2 Realising Reciprocity.....92
5.6 'Finding Me' – Integrating the Self.....94

5.6.1 Reclaiming the Disowned Self.....94
5.6.2 Developing Narrative Coherence.....96
5.6.3 Building a Positive Sense of Self.....98
5.7 Liberating the Self.....100
5.7.1 Expressing the True Self.....100
5.7.2 Diminishing Defences.....101
6. Discussion.....104
6.1 Theoretical Discussion.....104
6.2 Implications of the Research.....118
6.2.1 Professional Implications.....118
6.2.2 Implications for Counselling Psychology.....120
6.2.3 Recommendations for Practice.....121
6.3 Ensuring Quality & Rigour.....122
6.4 Critique of Methodology.....124
6.5 Research Limitations.....125
6.6 Recommendations for Further Research.....130
6.7 Conclusion.....132
References.....134
Appendices.....175
Appendix A – Ethical Approval.....176
Appendix B – Recruitment Advertisement.....178
Appendix C – Participant Information Sheet.....180
Appendix D – Consent Form.....182
Appendix E – Demographic Information Sheet.....183
Appendix F – Debriefing Sheet.....184
Appendix G – Interview Schedule.....185
Appendix H – Coding of Transcripts.....186
Appendix I – Reflective Journal Extracts.....224
Appendix J – Grouping Codes in Sub-Categories & Categories with Memos.....226

Appendix K – Diagramming - Evidencing Theory Construction.....235
Appendix L – Rationale for Journal Submission.....240

Acknowledgements

I would firstly like to acknowledge my participants for their exposing reflections that made this research possible; their voices are the grounding of my theory.

I sincerely thank my director of studies, Andrea Halewood. I valued her significant knowledge of developmental/relational trauma and 'knowing' me before I knew myself and offering me developmentally 'needed' support as a 'substitute nurturer' which allowed me to complete my thesis. Also, my second supervisor, Liz Maliphant, for offering an extra pair of eyes to oversee my developing theory and a further supportive voice. I feel privileged to have had two tutors with such in-depth and attuned understanding of this field and who both stepped into these roles mid-project.

I am grateful to my manager at my place of work, Abraham Chipuriro, for enabling me to juggle my full-time job with the time needed to complete this thesis. His belief that I have important words to say in the professional domain regarding personality disorders has enabled me to find my voice and motivated me in my quest to challenge 'professional minimisation' around developmental/relational trauma. A word of thanks also goes to my colleague, Mark Strange, for his technical support inserting my diagram.

Lastly, I acknowledge my sister, Vanessa. Her encouragement and strong presence in the background has enabled me to complete what I set out to achieve, despite the many obstacles that have crossed my path and our relationship has grown stronger as a result.

This thesis is sumitted in honour of my mother who passed away during the process of completing this study. Although she will not have an opportunity to read my work I know she will be proud of what I have achieved.

Abstract

Background: Psychotherapy research has consistently established a link between developmental/relational trauma and the motivation to pursue a psychotherapeutic career. Understanding why this relationship exists is important given the recognised adverse impact of developmental/relational trauma on sense of self, interpersonal relating, emotional regulation and reflective function, which could have significant clinical implications. Psychodynamic theorising and research exploring this link further suggests that therapists often suffered object-loss, and/or parentification as children, leading to narcissistic injury and a tendency towards compulsive caregiving, which is proposed to motivate towards the therapist role that satisfies a variety of unmet dependency, intimacy and narcissistic needs. However, it has been observed that therapists often deny, or lack conscious awareness of, their relational wounding and how this may incite career motivation, which is clinically problematic. Psychodynamic theorists caution that a lack of insight can increase the risk of burnout and defensive, unethical practice. Conversely, post-traumatic growth (PTG) literature proposes that individuals with trauma histories are motivated towards therapeutic careers to reconstruct meaning, which promotes self-growth. The reflective contexts of psychotherapeutic training and the career may facilitate this process, though these assertions have not been empirically explored. Most research in this field has been quantitative to date, leaving the developmental/relational processes involved in career motivation unexamined and in need of qualitative enquiry to deepen understanding. The aims of the study were twofold: to explore the role of developmental/relational trauma in therapists' motivation to pursue a psychotherapeutic career and to formulate a grounded theory of this process.

Method: This was a qualitative study which adopted a constructionist grounded theory methodology (Charmaz, 2006). A purposive, snowball and theoretical sampling strategy was adopted to recruit 15 therapists and 1 social worker.

Findings: The Grounded Theory constructed from the data indicates 6 categories: *Sustaining a Wound to the Sense of Self; Defending the Fragile Self; Gratifying Unmet Needs; Moving from Other-ish to Self-ish; Finding Me – Integrating the Self;* and *Liberating the Self*. The first three categories represent a vicious circle formed by the unconscious compulsion to repeat relational wounds, thereby increasing the risk of defensive, unethical practice and burnout. A critical juncture, *'Confronting the Self'*, encouraged via self-reflection in training appears to represent a nexus through which it is essential that therapists must pass to enhance self-awareness. This pivotal process facilitates breaking the vicious circle, thus allowing progression to the later three categories of this process that comprise a pathway towards psychological integration and growth, and may over time, paradoxically, heal the neurosis underlying the motivation to pursue the career.

Conclusion: This Grounded Theory describes the developmental/relational processes involved in the pursuit of a psychotherapeutic career. In addition, it identifies a critical juncture involving a confrontation with the disowned self; emphasising the importance of self-reflection to enhance self-awareness in the developmental journey from wounded healer to '*Healing Healer'*. This appears to reduce the risk of defensive, unethical practice and becoming a *'Wounded Wounder'*. As such the findings have significant implications for clinical practice and training.

1. Introduction

Whilst most people invest effort to avoid human suffering, those attracted to the helping professions, and psychotherapy more specifically, will frequently bear witness to others' distress (Norcross & Guy, 1989). It has been noted the helping professions experience a higher incidence of burnout than other occupations (Schoener, 2007; Bamber, 2006). Consequently, a psychotherapeutic career has been considered a 'curious calling' given the emotionally demanding nature of the work (Sussman, 2007). Therefore, exploring the motivation to pursue this 'impossible profession' (Freud, 1937) is an important line of enquiry.

A desire to help is often given as the primary motivation to train (Maroda, 2007). However, it has also been speculated that therapists are as psychologically unstable as the clients they treat, unconsciously motivated to pursue a psychotherapeutic career to heal their own neuroses (Sussman, 2007). Psychodynamic theorists propose there are layers of unconscious meanings behind the motivation to help others, often linked to the therapists' relational past, which typically only become conscious after significant self-reflection (Norcross & Farber, 2005; Street, 1989). Therefore, it seems ethically important that the psychotherapy profession does not take altruistic motivations at face-value, but seeks to examine their underlying and unconscious meanings.

Quantitative research from the fields of social work and psychotherapy has consistently demonstrated a link between a dysfunctional/traumatic childhood and the motivation towards these vocations (Follette, Polusny & Milbeck, 1994; Lackie, 1983; Merodulaki, 1994; Murphy & Halgin, 1995; Orlinsky & Ronnestad, 2005; Pope & Feldman-Summers, 1992). Psychotherapy research exploring the link further suggests that many therapists have suffered a narcissistic injury (Halewood & Tribe, 2003), were

parentified as children (DiCaccavo, 2002; Elliot & Guy, 1993; Fussell & Bonney, 1990; Nikcevic, Kramolisova-Advani & Spada, 2007; Racusin, Abramowitz & Winter, 1981), have insecure attachments (Rizq & Target, 2010) and impaired reflective function (Cologon, Schweitzer, King, & Nolte, 2017; Levine, 2015); all thought to be the consequence of 'traumatic' childhood experiences.

As various definitions of 'dysfunctional/traumatic' childhoods have been used in these studies, this has led to debate over whether these experiences are comparable and what exactly constitutes trauma. Traumatology theorists, Kira, Fawzi & Fawzi (2013), propose three trauma paradigms: The 'psychiatric paradigm', focusing on events that threaten death or integrity; the 'psychoanalytic/developmental paradigm', concerned with childhood relational trauma; and the 'intergroup paradigm', considering discrimination, genocide and politically motivated aggressions. The experiences explored in most psychotherapy research to date appear to align with the 'psychoanalytic/developmental paradigm', which focuses on the cumulative failures of caretakers to meet developmental needs (Khan, 1963). This current study aligns itself with this paradigm by adopting a definition of developmental/relational trauma that encompasses all experiences perceived to be developmentally traumatic and damaging for a child (van der Kolk, 2005). Such trauma leads to characteristic, pervasive, detrimental impact on sense of self, interpersonal relating, emotional regulation and reflective function (Siegel, 2012), which could have significant clinical implications for those pursuing a psychotherapeutic career. Research has indicated this therapist history can negatively impact therapeutic practice (Davies & Moller, 2012). Therefore, researching this area is ethically important.

Despite the established link, literature and research in the psychotherapy field indicates that many therapists, especially trainees, tend to lack conscious awareness of

the significance of their relational past and deny its relevance in career motivation (Kuch, 2008; MacCulloch & Shattell, 2009; Welt & Herron, 1990). In contrast, those therapists who have openly explored the association have attracted stigma (Bassman, 2001), which may encourage others to conceal their relational wounding. Both these factors may lead to under-reporting in quantitative research which relies on conscious recognition of developmental/relational trauma. A further short-coming of quantitative research is that it fails to explore, or explain how or why, developmental/relational trauma may motivate the pursuit of a psychotherapeutic career. This is only achievable through qualitative research, which is scarce and therefore, leaves this area poorly understood.

Qualitative research which has been performed suggests that object-loss and narcissistic injury encourage a tendency towards self-sacrifice and compulsive caregiving: the therapist role which vicariously satisfies a variety of unmet dependency, intimacy and narcissistic needs is therefore attractive to these individuals (Barnett, 2007; Maeder, 1989; Sussman, 1987). This research supports Psychodynamic theorising which suggests therapists with developmental/relational trauma, who are often called 'Wounded Healers' (Jung, 1951), are drawn towards the career precisely because of their wounds, which offers a sensitized understanding of others' distress. The therapist role is proposed to facilitate re-enactment of a caregiver role which gratifies narcissistic, intimacy and dependency needs (e.g. Guy, 1987; Marmor, 1976; Searles, 1965:1979). It has therefore been broadly speculated that those in the helping professions, including psychotherapy, are drawn by a compulsion to repeat and re-enact relational wounding to vicariously heal themselves through their clients (Jackson & Nuttall, 1997; Obholzer & Roberts, 1994).

Notably, existing literature is skewed towards a 'pathology perspective', which it has been suggested may perpetuate a professional silence around therapists owning and reflecting on their relational wounding (Zerubavel & Wright, 2012) which is ethically

problematic. However, the wounded healer hypothesis is unique in suggesting the potential for reciprocal growth for therapist and client, that may be achieved whilst engaging in the intersubjective therapeutic endeavour (Kottler & Carlson, 2005), although this suggestion is yet to be researched. What has also been neglected is whether therapists are seeking self-awareness and growth from reflective engagement within a psychotherapeutic career; this has been alluded to in literature (Miller, 1997) and research indicates therapists report growth through various interpersonal contexts e.g. supervision, personal therapy (Orlinsky & Ronnestad, 2005).

The PTG literature proposes that individuals with trauma histories are motivated towards therapist careers as part of a PTG process; helping others because of one's own trauma is thought to enable the meaning to be reframed, allowing the individual to transcend trauma (Tedeschi, Park & Calhoun, 1998). As a psychotherapeutic career encourages self-reflection, this may facilitate reconstruction of the meaning of developmental/relational trauma, promoting integration into a coherent self-narrative and PTG (Neimeyer, 2006). Thus, the motivation to pursue the career may comprise an unconscious PTG process, though to date this assertion has not been explored empirically. Notably, the PTG field with its allegiance to positivist epistemological positioning has favoured quantitative research. Yet there has been a marked philosophical shift underpinning contemporary PTG theorising, emphasising how socially constructed meaning making processes are pivotal in facilitating psychological integration and growth. This has resulted in increased recognition of the utility of qualitative research adopting a social constructionist epistemology to explore the dialogic meaning making process integral to PTG (Neimeyer, 2006).

The current lack of empirical understanding concerning therapist motivations is problematic on three levels. Firstly, psychotherapeutic training is oversubscribed and

trainers struggle to select appropriate candidates (Sussman, 2007). Mander (2004), a psychoanalytic theorist, advocates that trainers should look for 'the patient in the helper' when selecting trainees, as those who demonstrate self-reflective capacity and in-depth understanding of why they want to train are more able to stand in the shoes of their clients. Secondly, psychodynamic theorists argue that denial, or lack of awareness of relational wounding increases the risk of defensive, unethical practice (Guggenbuhl-Craig, 1971; Hilliard, Henry & Strupp, 2000; Wheeler, 2002). Thirdly, lack of insight into how the therapist is attempting to gratify themselves through the role can lead to enactments associated with compulsive caregiving that encourage an over responsibility for clients and lack of self-care (Baker, 2003; Berry, 1988; Mann & Cunningham, 2008). This increases the risk of burnout (Cooper, 1986), which is also thought to arise when the therapists' unconscious needs are not met through the role (Grolsch & Olsen, 1994).

There is a need for qualitative research to explore therapists' constructions of the developmental/relational processes that may be implicated in their pursuit of a psychotherapeutic career. Qualitative research is suited to exploring implicit meanings within constructed narratives. Therefore, this study has the potential to deepen understanding of this clinically important area.

I adopt a social constructionist epistemology and consider that meaning, knowledge and the sense of self are socially constructed and continually evolving in response to engagements with others within relational contexts; a process that begins within the intersubjective matrix between caregiver and child (Beebe & Lachmann, 2003; Gergen, 2011). My theoretical framework is also informed by relational psychoanalysis (Mitchell & Aron, 1999), drawing on object relations theory to understand and define the impact of developmental/relational trauma (Bowlby, 1979; Fairbairn, 1954; Kohut, 1971; Winnicott, 1967:1969). Additionally, I also draw upon and integrate PTG theorising

(Neimeyer, 2006; Tedeschi & Calhoun, 1995) which I believe counterbalances the pathology perspective commonly associated with the impact of developmental/relational trauma and the wounded healer, with a warranted growth perspective.

While the aim of this research is to explore the role of developmental/relational trauma in therapists' motivation to pursue a psychotherapeutic career, it is acknowledged that social and institutional factors are also likely to influence the therapists' motivational and developmental process, their wellbeing and resilience e.g. training/workplace contexts, redundancy, economic insecurity, and social hardship, etc. Work in the field of organisational dynamics (e.g. Bion, 1961; Hinshelwood & Skogstad, 2000:2002; Hopper, 2012; Obholzer & Roberts, 1994) highlights how these factors impact members within organisations and can lead to traumatization. For example, an incohesive organisation that is failing to operate effectively may unconsciously assign a member of the group a role e.g. 'the trouble maker', who performs a needed function for the institution by enacting the disowned material of others through a process of projective identification. These unconscious processes can traumatise and hamper the development and motivation of the scapegoated individual (Obholzer & Roberts, 1994).

From a psychotherapeutic perspective, Adams (2014), has suggested additional socio-economic factors that influence the therapists' motivation and development. For example, therapists in private practice with financial insecurity, may continue working when personally depleted/unwell which is ethically dubious, but may be motivated by their economic reliance on work. She also highlights how therapists experiencing divorce, or loss/bereavement of family/friends, are likely to become impaired in their personal and professional functioning, which halts development during that crisis. However, over time and by processing the traumatic loss, this may lead to personal development and motivate

the therapist towards working with clients with similar issues, as a product of one's experiential learning.

Exploring the social and institutional factors that influence therapists' motivation and development was beyond the scope of this research. The interested reader is therefore referred to: Bion (1961); Hinshelwood & Skogstad (2000:2002); Hopper (2012); Menzies Lyth (1988); and Obholzer & Roberts (1994).

2. Literature Review

2.1 Theoretical Framework – An Integration of Relational Psychoanalysis & Post-Traumatic Growth

This study integrates two literatures, relational psychoanalysis and post-traumatic growth (PTG), into a theoretical framework upon which the research is based. Both theories align with my personal and therapeutic values and guided my interest in this research. However, it is recognised this theoretical integration is a novel approach and possibly one that could attract critique, as these two literatures may at first appear poorly matched, given that they are underpinned by contrasting epistemologies; namely positivism in the case of a large proportion of the PTG literature and social constructionism of the relational psychoanalytic approach. Nevertheless, just as relational psychoanalysis has moved away from the positivism underpinning Freudian psychoanalysis, so too have contemporary models of PTG moved towards a social constructionist epistemology. Therefore, it is argued that a marked convergence exists between contemporary theories of PTG and relational psychoanalysis and that an integration of both theoretical perspectives was necessary to deepen insight into the area of enquiry and to achieve the research aims. Furthermore, this integrative framework allows for a more balanced and holistic theoretical understanding of the potential consequences and processes that are associated with developmental/relational trauma and how these may be relevant to understanding the motivations of the wounded healer; fundamentally, because incorporating PTG theorising offers an alternative growth perspective to the well-recognised pathology perspective presented by relational psychoanalytic theories.

2.1.1 Relational Psychoanalysis

Psychoanalysis can broadly be conceptualised as a psychotherapeutic theory and approach that emphasises how the unconscious influences motivational, cognitive, behavioural and emotional processes, and also the significance of childhood in determining adult functioning and interpersonal relating (Westen & Gabbard, 1990). However, psychoanalysis has evolved radically since its inception, shifting away from a focus on instinctual drives and unconscious intrapsychic processes, emphasised in the work of Freud (1923), towards acknowledging relational influences upon developmental, motivational and interpersonal processes. This divergence became known as the 'relational turn' and resulted in a new paradigm entitled 'relational psychoanalysis' (Mitchell & Aron, 1999); an approach that integrates ideas from the schools of object relations, interpersonal psychoanalysis and self-psychology (Greenberg & Mitchell, 1983).

Object relations theorists posited that humans have a core motivation that is 'object seeking' towards relatedness, rather than instinctual drives (Fairbairn, 1954). The Interpersonalist's (e.g. Sullivan, 1953), also emphasised relational motives, in addition to social influences on personality development, such as how inadequate early relationships lead to 'problems of living', both in relation to others and oneself. Thus, it can be stated that central to all relational perspectives is the importance of the early developmental context to psychological development and adult interpersonal functioning: Winnicott (1969) highlighted the need for 'good enough' mothering and the detrimental consequences from a lack of empathic attunement; whereas Kohut's (1971) theory of self psychology suggests that 'psychopathology', rather than originating from internal conflict, is rooted in the failure of caregivers to consistently meet the child's psychological needs for esteem, which constitute developmental/relational trauma, and

result in a narcissistic injury to the sense of self. Additionally, relational approaches emphasise how unconscious interpersonal adaptations and internalised representations of self and others that form in response to an inadequate developmental context, motivate problematic patterns of relating that are enacted within all interpersonal contexts.

The shift occurring within psychoanalysis regarding theoretical conceptualisation, was reflected in a concordant shift in underlying philosophy. Relational psychoanalysis is underpinned by a social constructionist epistemology and an intersubjective ontology and challenged the positivist, traditional psychoanalytic view of an isolated and essential self (Westen & Gabbard, 1990). Instead the 'relational' self is considered to be co-constructed; a process beginning within the intersubjective context between caregiver and child and is constantly evolving in response to dialogic interactions with others throughout life and during the process of therapy (Beebe & Lachmann, 2003; Bruner, 2004; Gergen 2011; Stern, 1985). Consequently, relational psychoanalysis critiques a 'one-person' approach to therapy (therapist as neutral/ detached), asserting there is *"no God's eye view"* for the analyst (Stolorow, 1998, p425), for it is impossible to objectively 'know', or unearth, unconscious historical 'truths' regarding the client's isolated mind (Mills, 2005; Spence, 1982). Instead the relational approach adopts a hermeneutic, postmodern position, proposing a mutual and intersubjective, 'two-person psychology' (Ogden, 1994; Stolorow & Atwood, 1992) whereby therapy is considered a reciprocal journey of contextualised meaning making; both therapist and client exploring and co-constructing self-knowledge and experiences together, each being influenced by the inter-subjectivities of the other (Polkinghorne, 1988; Spence, 1982).

Relational psychoanalysis has been widely critiqued; its intersubjective ontology has been accused of devaluing the unconscious, although many relational analysts remain

sensitive to unconscious processes (Mills, 2005). Additionally, Hoffman (1991) suggests in its zeal to amend the overemphasis on 'individual' in traditional psychoanalysis, relational psychoanalysis has swung too far in the opposite direction and must consider the interdependence between individual and relationships. However, a beneficial and defining feature of the approach is the endorsement of a more reciprocal, authentic, relational process that is attuned towards clients' needs (Mills, 2005), which concurrently recognises the importance of the 'self' of the therapist, the need for therapist self-awareness and the mutual influence within the intersubjective therapeutic context (Sandler, 1976); all principles that are valued in this study.

Therefore, relational psychoanalysis forms part of my overarching framework for this research as its social constructionist epistemology and intersubjective ontology (Hoffman, 1991; Stolorow & Atwood, 1992) aligns with my theoretical framework and worldview. Furthermore, the understanding of the unconscious interpersonal adaptations, motivational processes and damage to the sense of self that occurs in response to developmental/relational trauma offered by relational psychoanalytic theories was considered advantageous to meet the aims of this study and to develop an in-depth understanding of how these relational processes may be involved in career motivation.

2.1.2 Post-Traumatic Growth

Tedeschi & Calhoun (1995), theorists from the positive psychology and trauma field, challenged the prevailing focus on the negative sequelae of trauma by highlighting that positive trajectories after trauma also occur. They proposed the term 'Post-Traumatic Growth' (PTG) to describe a pattern of psychological growth following trauma that can occur, through individuals' efforts to overcome and make sense of their experiences, which appears to be consistently reported in three domains: Sense of self, relationships,

and life philosophy. Neimeyer (2004:2006), a narrative theorist and researcher, suggests PTG is facilitated by reflecting upon traumatic experiences which allows positive reconstruction of new meanings and integration of trauma into a coherent narrative. Conversely, those who suppress trauma are more likely to remain impacted by its negative sequalae, as silent stories resist growth. Research exploring PTG after developmental/relational trauma has attracted less attention than that after other traumas, but findings report growth in the three areas outlined above (McElheran, Brisco-Smith, Khaylis, Westrup, Hayward & Gore-Felton, 2012; Woodward & Joseph, 2003).

While PTG theorising has contributed significantly to the trauma field by offering a counterbalance to the pathology perspective, the construct has attracted criticism from other trauma researchers. Zoellner & Maercker (2006a) suggest reports of growth are illusory and a means of coping with distress and Frazier, Tennen, Gavian, Park, Tomich & Tashiro (2009) argue perceived growth doesn't correlate with actual growth. Furthermore, quantitative research has been criticised for creating a response bias by only asking questions pertaining to growth (Tomish & Helgeson, 2004).

Notably, the PTG paradigm has traditionally aligned itself with a positivist and objectivist epistemology and ontology. Consequently, researchers have favoured quantitative research methods to measure the construct, yet this means that such endeavours have been limited in their capacity to offer understanding of the process of PTG and have only measured growth as an outcome. Furthermore, PTG with its positivist roots may not appear compatible with the epistemology of this research. However, there has been a pronounced shift in underlying philosophy with contemporary PTG theorising espousing a social constructionist epistemology, emphasising the importance of socially facilitated meaning making. Priya (2015), a qualitative trauma researcher, argues that a social constructionist perspective can be useful in understanding the meaning making

process that is considered integral to PTG, but which was neglected by earlier literature and research. Neimeyer (2006) echoes this viewpoint, proposing that the reconstruction of meaning is a social process; telling one's trauma story to another, often in therapy, allows the individual's experience to be heard, validated, and integrated into a coherent narrative of the self. Therefore, idiosyncratic constructions of growth and positive reframing of trauma are perceived to be valid from this perspective (Erbes, 2004; Uematsu, 1996).

Neimeyer (2006) states that further qualitative, social constructionist research is required to develop deeper insight into the narrative reconstruction process involved with PTG. It has also been argued there is a need to broaden the scope of PTG research to include exploration after developmental/relational trauma, such as parentification (Hooper, 2007; DiCaccavo, 2006). Therefore, this current study answers both these calls, integrating social constructionist PTG theorising into the theoretical framework to consider longer-term PTG processes and outcomes that may arise after experiencing developmental/relational trauma and exploring whether these are involved in the therapists' motivational process, which has not been empirically examined before.

2.1.3 The Convergence of Relational Psychoanalysis & Post-Traumatic Growth

An observable convergence appears to exist between the relational psychoanalytic and contemporary PTG literatures, both of which emphasise the pivotal role of socially, co-constructed meaning making and how such processes facilitate transformation and growth after trauma. Therefore, it is argued that these literatures are compatible and their integration into a theoretical framework upon which this research is based facilitates exploration of this research question.

Both theoretical perspectives consider that developmental/relational trauma leads to incoherent, negative constructions of the self that are thought to be co-authored by significant others and structured into dominant, problem saturated narratives of woundedness (Neimeyer, Herrero & Botella, 2006; Polkinghorne, 1988; White & Epston, 1990). Social constructionist models of PTG emphasise the importance of reconstructing the meaning of pathologising narratives of the self that have been impacted by trauma. However, the propensity of individuals to suppress and disconnect memories from conscious awareness and the stigma associated with such trauma (which inhibits talking about these experiences), stifles meaning making and prevents integration and transcendence of trauma (Neimeyer, Herrero & Botella, 2006). In contrast, engaging in social discourse within a safe, validating context allows the co-construction of a more integrated, coherent narrative that can foster the perception of PTG (Neimeyer, 2006). Clearly psychotherapy would be the ideal context in which to facilitate this process of PTG, although curiously this association has not been widely considered in the literature. Instead most psychotherapeutic approaches prioritise the reduction of negative states, rather than promoting personal growth, although growth is acknowledged to be an inherent by-product of successful therapy (Zoellner & Maercker, 2006b).

However, it could be argued that relational psychoanalysis actively promotes PTG, through its focus on co-constructed narrative meaning making: Therapists encourage exploration of the client's incoherent and negative constructions of the self, using language to co-construct new meanings from the client's fragmented and disconnected experiences, which are restructured into a coherent narrative, leading to a more empowered, positive self-identity (Neimeyer, 1998; Polkinghorne, 1988:1991; Schafer, 1983; Spence, 1982). Noticeably, these processes and outcomes are all echoed

in the PTG literature, thus highlighting the meeting point and convergence between the two theories concerning the mechanism of self-transformative change.

Additionally, relational psychoanalysis emphasises that both therapist and client are influenced by the reciprocal process occurring within the intersubjective therapeutic context (Stolorow & Atwood, 1992). Therefore, choosing a psychotherapeutic career and engaging in meaning making with clients, is likely to concurrently facilitate meaning reconstruction and personal growth for the therapist too, especially if they reflect on themselves. Yet it is recognised that therapists may not always be consciously aware of this reciprocal developmental process, though it may be involved in career motivation.

Consequently, I considered that the epistemological parallels between these two theories, as well as the similarities regarding how self-transformation and growth is facilitated merited their integration in this study. Furthermore, each theory offers a slightly different contribution to the research: Relational psychoanalytic theories offer advanced understanding of the aetiology and nature of developmental/relational trauma and illuminate the co-constructed process of therapeutic and developmental change; whilst the PTG literature illustrates why meaning making following trauma is essential to facilitate integration and growth and offers a new perspective as to why this career may be chosen.

2.2 Defining Developmental/Relational Trauma & its Impact

In keeping with the relational framework of this study, Kira, Fawzi and Fawzi's (2013) psychoanalytic/developmental paradigm of trauma was adopted for this research. Psychoanalyst Masud Khan (1963) coined the term *'cumulative trauma'* to refer to the subtle, repeated failures of parents to protect and meet the child's developmental needs. van der Kolk (2005), a trauma researcher, proposed the term *'developmental trauma'* to

refer to all experiences perceived as traumatic for the child; including easily discernible abusive contexts e.g. domestic violence, to subtler attachment traumas that are often overlooked, but which lead to pervasive, detrimental, characteristic sequalae to the child's self-development. Consequently, a definition of *'developmental/relational trauma'* was chosen for this study, aligning with the definitions above. It was decided to include the term *'relational',* which distinguishes the focus to trauma sustained within relational caregiver dynamics, in keeping with the psychoanalytic/developmental paradigm, but also in response to feedback from therapists that they lacked understanding of developmental trauma. This surprising admission suggests a lack of recognition of the psychoanalytic/developmental trauma paradigm, but may also indicate a minimisation of its experience. It has been suggested that parents' invalidation of the child's experience, termed 'gaslighting', leaves the child doubting their reality (Contreras, 2016) and encourages a tendency as an adult to minimise attachment experiences (Muller, 2010). Research supports this view that parental minimising leaves children feeling invalidated, encouraging suppression/minimising as adults (Krause, Mendelson & Lynch, 2003). Furthermore, studies in the trauma field indicate that developmental/relational trauma is more common than acknowledged (Felitti, Anda, Nordenberg, Williamson, Spitz, Edwards, & Marks, 1998), though its' experience is often minimised within society (Muller, 2010), and even the psychotherapeutic/psychiatric profession (Lenoff, 2014).

Object Relations Theorists (Fairbairn, 1954; Guntrip, 1969:1971; Kernberg, 1975; Klein, 1952; Kohut, 1971; Stern, 1985; Winnicott, 1967:1969) suggest that the child's psychic self-structure becomes damaged by cumulative caregiver misattunements leading to developmental/relational trauma. Fairbairn (1954) proposed that a need rejecting object forces a defensive adaption whereby the child 'splits off' associated emotions and attachment experiences to maintain a positive perception of the needed

object. Rather than feel hostility towards the caregiver, the child internalises blame, thereby fostering negative internal representations of self as unlovable/defective and others as undependable. Developmental/relational trauma also impacts how the child negotiates the interpersonal process from dependency and merger/fusion with its' mother, towards increased autonomy/separation, leading to difficulties with self/other differentiation; either dismissing the need for, or developing co-dependence upon others (Fairbairn, 1954; Guntrip, 1971). Guntrip (1969:1971) proposes the child typically constructs the reason for its rejection as due to its dependency on caregivers, leading to a denial of vulnerability and dependency needs. This denial defends against fears of intimacy and the self that was rejected (Leiderman, 1980). An adaption can be to fuse with needed others, comprising a reaction formation whereby denied needs are converted into a counter-dependent, caring proclivity (Bowen, 1976). Bowlby (1977) termed this 'compulsive caregiving'; emphasising giving care, whilst exhibiting compulsive self-reliance. The result of these defensive adaptions is an unstable, fragmented self (Putnam, 1989), with a pervasive sense of disconnection and inner emptiness (Bigras & Biggs, 1990).

Kohut (1971) proposed that the parents' failure to meet their child's narcissistic/self-object needs in any/all of three domains: 'mirroring', 'idealizing', 'twinship', results in a 'narcissistic injury' to the sense of self which leads to - feeling worthless, an inability to self-soothe and lacking a sense of belonging. The narcissistically injured are left 'mirror hungry', displaying a constant longing for validation and manage this by either defensively avoiding self-objects, or seeking others to gratify unmet narcissistic needs which maintains fragile self-esteem (Kohut & Wolf, 1978). Research by Banai, Mikulincer & Shaver (2005) supports Kohut's theorising by

confirming that unmet self-object needs create unstable self-esteem, lack of self-cohesion, fears of rejection and hunger for self-objects.

Winnicott (1969) suggests that the child's 'true self' is invalidated through inadequate/inconsistent mirroring (lack of positive reflection of oneself by the other), which leads to the unconscious construction of a 'False Self'; performing a function for the needed other which maintains attachment and solicits external validation, but necessitates suppressing its own emotions and needs. Similarly, more recent object relations theorists', Friedemann, Tolmacz & Doron (2016), suggest an adaptation to being narcissistically wounded can be to develop a 'pathological concern' for others which compels caring for them to gratify unmet narcissistic needs. These defensive interpersonal adaptations often occur when parents have suffered their own relational wounding and use their children to gratify their needs, which leads to the child becoming parentified (Boszormenyi-Nagy & Spark, 1973) and objectified (Rappoport, 2005). Parentification forces the child into assuming a precocious level of responsibility in an inverse caretaker/mediator/confidante role to maintain an insecure, but needed, attachment (Jurkovic, 1997). In doing so, the child becomes an extension of the caregiver, loved for what they do, not who they are (Ogden, 1982). This encourages a compulsive 'doing' e.g. perfectionism, overworking, to gain external validation (Winnicott, 1967) which compensates for a discomfort with 'being' (Klein, 1987). Often individuals suffer with the 'imposter phenomenon'; a pervasive fear of being exposed as a fraud, associated with their fragile self (Clance & Imes, 1978).

Research has supported this theorising. Van Parys, Smith & Rober (2014) performed an interpretative phenomenological analysis of women who grew up with a parent with depression. This context encouraged parentification and a tendency to prioritise others' needs and suppress one's own. Quantitative research by Friedemann

(2011) examining the relationship between unmet self-object needs and developing 'pathological concern', suggested this adaptation solicits needed validation from those being cared for. Castro, Jones & Mirsalimi (2004) quantitatively examined the relationship between parentification and the imposter phenomenon; the findings indicated these aspects where interrelated. Finally, a grounded theory study by Lane (2015) exploring the imposter phenomenon, suggested the sense of feeling inadequate/fraudulent encouraged compensatory perfectionism and overworking.

Attachment theory (Bowlby, 1979), and associated empirical research, proposes that unresponsive and unpredictable caregivers nurture insecure attachments of a characteristic style: ambivalent/preoccupied, avoidant/dismissive, or disorganised/fearful (Ainsworth, Blehar, Waters & Wall, 1978; Bartholomew & Horowitz, 1991). Additionally, parental misattunements and lack of emotionally reflective dialogue (Muller, 2010), leave the child unable to 'read' the mental state of caregivers, which impairs reflective function: the capacity to understand emotions of oneself and others (Diamond & Marrone, 2003; Fonagy, Gergely, Jurist, & Target, 2002; Fonagy & Target, 1997; Ringel, 2011). While it has been suggested that developmental/relational trauma can lead to a hypersensitive 'reading' of others, which is adaptive in such contexts (Field, Hernandez-Reif, Vera, Gil, Diego, Bendell, & Yando, 2005), the notable impairments to reflective function of the self is suggested to hinder self-regulation, forcing deactivation, overactivation, or dissociating from emotion when distressed (Hesse & van Ijzendoorn, 1998; Liotti, 1992; Schore, 2001; Siegel, 2012).

Quantitative research has compared the similarities of attachment and object relations theories which both indicate that developmental/relational trauma leads to an undifferentiated self. Pre-occupied attachment appears to encourage fusing with and becoming co-dependent on the voices of others and seeking mirroring from self-objects,

whereas an avoidant/dismissive attachment style leads to dismissing others, defensive self-sufficiency and the tendency to cut off emotionally when distressed (Marmarosh & Mann, 2014; Skowron & Dendy, 2004). Thus, the adverse impact of developmental/relational trauma begs worrying questions for therapists with this history.

2.3 Current Theories on Developmental/Relational Trauma & Career Motivation

The most commonly cited motivation towards the helping professions is an altruistic desire to help (Maroda 2007), though many fail to consider why helping is personally important. Conti O'Hare (2002), a psychodynamic theorist, proposes that nurses are drawn towards the profession because of relational wounding that encourages a caregiving proclivity, although many are not aware of the origins of this interpersonal adaptation. Quantitative research in the social work field supports this speculation, by suggesting that being thrust into a caretaker/mediator role as a child, can lead towards a vocation in the service of others (Hanson & McCullagh, 1995; Lackie, 1983).

Similarly, quantitative research in the psychotherapy field has identified a link between developmental/relational trauma and motivation towards a psychotherapeutic career (Bager-Charleston, 2010; Follette, Polusny & Milbeck, 1994; Merodulaki, 1994; Murphy & Halgin, 1995; Orlinsky & Ronnestad, 2005; Pope & Feldman-Summers, 1992). Comparative research suggests this propensity is more prevalent than in other professions (Murphy & Halgin, 1995) and proportionately higher than in the general population (Follette, Polusny & Milbeck, 1994). A large-scale survey by Barr (2006) exploring therapist motivations, revealed 73.9% of participants reported their wounds motivated them towards the career and although they described a variety of wounding experiences, these often involved developmental/relational trauma. Despite the apparent link between developmental/relational trauma and career motivation there appears a

paucity of research exploring this further. That which has been performed has mainly been quantitative, indicating that many who choose a psychotherapy career experienced a narcissistic injury and were parentified as children, often have insecure attachment and display impaired reflective function, which could have significant clinical implications.

Halewood & Tribe (2003) used questionnaires to explore narcissistic injury in counselling psychology trainees. Results identified high levels of narcissistic injury, which it was suggested could impact these therapists' clinical work, or encourage them to defensively drop out of training. Parentification has attracted greater research interest. DiCaccavo (2002) performed a quantitative analysis assessing parentification in counselling psychology trainees. The findings suggested they experienced greater parentification than a control group of art students. However, the research may have been distorted by reporting bias, as therapists are encouraged to recognise negative childhood experiences in training. Similarly, quantitative research by Nikcevic, Kramolisova-Advani & Spada (2007) compared motivations of psychology students who held aspirations to work in clinical mental health, those without clinical aspirations, and business students. Those with clinical aspirations reported more parentification. These findings are consistent with earlier research reporting a higher incidence of caretaking in therapists' childhoods (Elliot & Guy, 1993; Fussell & Bonney, 1990; Racusin, Abramowitz & Winter, 1981).

Attachment research has indicated approximately half of psychologists report insecure attachments (Rizq & Target, 2010). However, there is a marked absence of research exploring why insecure attachment motivates towards the career, instead favouring how this impacts practice and is inconsistent (Pistole, 1999; Trusty, Ng & Watts, 2005). Reflective function has recently attracted empirical attention. Levine (2015) performed a quantitative analysis examining childhood relational trauma and

reflective function in psychologists. The results indicated a trauma history impaired reflective function. Cologon, et, al., (2017) examined the relationship between reflective function and attachment style in therapists using the Adult Attachment Interview (AAI). The results revealed therapist reflective function predicted therapist effectiveness, whereas attachment style did not, and high reflective function compensated for insecure attachment, suggesting some may have found a means to develop this capacity. Is it possible that reflective function was enhanced through the career? - A supposition yet to be unexplored.

A weakness of this research lies in its choice of quantitative methodologies which means it has been unable to provide detailed understanding of how and why developmental/relational trauma may motivate individuals towards a psychotherapeutic career. This is only achievable through qualitative research, which is even rarer. For a profession that values self-reflection, there is a notable absence of qualitative research into developmental/relational trauma and career motivation (Corey & Corey, 2007). This absence may indicate therapist defensiveness and denial of vulnerability and their own wounding (O'Leary, 2011), perhaps mirroring the social denial attached to trauma histories (Pearlman & Saakvitne, 1995).

Qualitative research that has been performed often lacks rigour, but has offered some insight into the developmental/relational processes that may incite career motivation. Sussman (1987) interviewed psychotherapists exploring their unconscious motivations by utilising a projective questioning technique to facilitate this process. The findings suggested that failings in self-object relationships left individuals with intimacy wounds and narcissistic injury that motivated towards the role which provides a context to gratify these unmet needs. Maeder (1989) interviewed psychologists concerning this motivational process. The findings indicated that unmet needs for validation spurred

career motivation, where participants gained vicarious gratification from meeting the needs of clients, but they appeared co-dependent on the role for self-worth. An interpretative phenomenological analysis by Hester (2014) explored motivations of three psychotherapists and whether these changed over time. The findings indicated being a 'wounded healer' was a primary motivator, but was not always acknowledged initially, and that experiential/reflective elements of training motivated pursuance of the career by meeting unconscious needs for self-knowledge and facilitated becoming more authentic. The most rigorous qualitative research to date comprises a narrative study by Barnett (2007) examining unconscious motivations of therapists. The findings suggested object-loss in childhood creates a narcissistic injury, fostering a 'need to be needed'. This encourages a self-sacrificing, caregiving tendency that motivates a desire to 'heal' others, which draws towards the therapist role that gratifies unmet needs. Additionally, she suggests these more unconscious motivations are better understood with professional maturity, highlighting a shortcoming of most research which has focused on trainees. What is clear is that further qualitative research is needed.

Given the lack of qualitative research, attempts to understand the connection between developmental/relational trauma and career motivation have relied heavily on psychodynamic/psychoanalytic theorising. Therapists with a history of developmental/relational trauma are often called 'Wounded Healers' (Jung, 1951), thought to gravitate towards the career because their wounds, and subsequent vulnerability, are suggested to enhance empathy for another's pain (Guggenbuhl-Craig, 1999). It is proposed that wounded healers engage in "empathic duplication", using their own countertransference wounds to empathise with clients (Hayes, 2002; Sedgewick, 1994). Most empirical research concerning wounded healers has focused on impact on practice (Bryant, 2006; Cain, 2000; Cushway, 1996; Davies & Moller, 2012; Miller &

Baldwin, 2000; Telepak, 2010; Wolgien & Coady, 1997), which typically proposes being a wounded healer is a 'double edged sword'; offering unique benefits to client work, whilst concurrently instigating unhelpful countertransference enactments (Davies & Moller, 2012). What is yet to be explored is the developmental/relational processes that may incite the motivation to become a wounded healer.

Narcissistic injury and subsequent 'mirror hunger' is widely implicated in therapist motivations. Miller (1997) suggests the 'other-focused' antennae of the 'false self' motivates towards the therapist role, where meeting the needs of clients vicariously gratifies narcissistic needs. Searles (1965) proposes that therapists use clients as narcissistic extensions; through 'fixing' clients, the therapist unconsciously endeavours to fix themselves. The role also solicits validation/mirroring/appreciation/idealisation directly which bolsters fragile self-esteem (Grosch & Olsen, 1994; Claman, 1987), whilst the status of healer bestows power, compensating for a sense of inadequacy (Hammer, 1972). Additionally, Sussman (2007) suggests the disconnected false self uses others' distress to feel alive and connected.

The psychoanalyst Ferenczi (1953), suggested therapists often acted as therapists to their parents in childhood. Internalisation of this parentified/caregiver role has been suggested to motivate towards psychotherapy (Guy, 1987), whereby the therapist role facilitates re-enactment of parentification dynamics (Searles, 1979) and a 'compulsive caregiving' style (Baker, 2003). It is proposed that caring for clients enables the therapist to vicariously gratify dependency needs and their 'need to be needed', whilst this process facilitates defending against their own vulnerability/neediness by enabling them to disown and project these unwanted aspects of self onto their clients (DiCaccavo, 2002:2006; Light, 1974; Marmor, 1976). Furthermore, a psychotherapeutic career is suggested to be attractive for those with fears of intimacy (Kottler, 1991); the

asymmetrical disclosure inherent in the therapeutic relationship is suggested to safely gratify intimacy needs with less threat of rejection, whilst offering a unique relational context to rework wounds associated with self/other differentiation (Sussman, 2007).

Thus, motivation towards the helping professions, including psychotherapy, is broadly postulated to represent an unconscious compulsion to repeat and re-enact relational wounding/dynamics, attempting to master conflicts and heal the self, comprising the central tenet of the 'reparation hypothesis (Jackson & Nuttall, 1997; Levy, 1998; Obholzer & Roberts, 1994; Sherman, 1996). As Mander (2004, p163) proposes: *"an unconscious reparative drive…to revisit with another an area of pain, of unfinished mourning, or unresolved conflict that resonates with something familiar in oneself".* However, such motivations are ego dystonic to the therapists' altruistic image, which may encourage denial of the relevance of these theories, unless therapists' have engaged in significant self-reflection; proposed necessary to bring these less conscious motivations into awareness (Norcorss & Farber, 2005).

2.4 The 'Wounded Wounder' – Avoiding the Self

Though some therapists have offered autobiographical accounts openly exploring their wounded healer status professionally (Cushway, 1996; Dryden & Spurling, 1989; Guy, 1987; Kottler, 1991:2010), many therapists who reveal wounds are often viewed with scepticism and attract judgement (Bassman, 2001). It has been suggested that fear of stigma encourages concealment of woundedness/vulnerability (Cain, 2000), leading to, and possibly perpetuated by, what the psychotherapist, Adams (2014) refers to as the 'myth of the untroubled therapist'. These processes are proposed to sanction a professional silence around acknowledging therapist vulnerability, inhibiting therapists from owning a wounded healer identity (Zerubavel & Wright, 2012).

However, it appears many therapists, especially trainees, rather than concealing, lack conscious awareness of and deny they are wounded (MacCulloch & Shattell, 2009). Quantitative research exploring motivations of trainee counsellors indicated they admitted to being 'other-serving', but denied that their early relational experiences influenced their altruistic career choices (Kuch, 2008). Psychoanalytic theorists propose that narcissistically injured therapists are more likely to deny vulnerability and experiences which threaten the self (Welt & Herron, 1990); an 'other-focused' helping career is the perfect defence against acknowledging one's disavowed self (Page, 1999). It has been observed that therapists can maintain a defensive avoidance of the self by resisting self-reflective elements of training (Rizq, 2006). Yet despite their apparent denial, Mander (2004) maintains that the motivation itself is evidence of relational wounding, whether therapists are consciously aware of this or not.

So why might developmental/relational trauma be denied? Work in the field of attachment offers a possible explanation. Siegel (2012), an interpersonal neurobiology theorist, proposes that developmental/relational trauma impacts autonoetic consciousness - the capacity to reflect upon the self and experiences across time, and also autoneosis – the construction of self-knowledge. As caregivers selectively reinforce what becomes constructed as self-knowledge, often minimizing developmental/relational trauma, this can lead to an incoherent self-narrative and denying aspects of childhood. Research using the AAI (Main & Goldwyn, 1991) has demonstrated avoidant/dismissive attachment impairs reflective function, whereby individuals minimise attachment experiences and report normal upbringings, but reveal contradictory evidence of insecurity in an incoherent narrative, outside conscious awareness (George, Kaplan & Main, 1985; Main, 1991:1993).

The childhood experiences reported by therapists exist on a continuum ranging from significant abuse, to subtler developmental/relational traumas (Skovholt, Jennings & Mullenbach, 2004). Consequently, therapists with avoidant/dismissive attachment may fail to report developmental/relational trauma in quantitative research, highlighting the lack of suitability of this method for this research question. Psychoanalytic theorists' Westen & Gabbard (1990), suggest that the denied self is often revealed within self-narratives outside awareness. Consequently, qualitative research is better suited to examining unprocessed material, by exploring constructed narratives. Using an 'analytic eye/ear' (Braun & Clarke, 2013) researchers can interpret hidden meanings and less conscious processes within the subtleties of language and by questioning patterns/themes within the data (Meek, 2003).

So why is denying and concealing relational wounding clinically problematic? Psychoanalytic theorists warn that therapists who proclaim their normality are more worrying than the wounded, as this denial not only indicates a lack of emotional and self-awareness, but may provoke defensiveness (Wheeler, 2002). The therapists' shadow (Guggenbuhl-Craig, 1968), is likely to make its presence known, not through malevolence (although this is a possibility), but by unconsciously instigating unhealthy enactments, which through the therapists' failure to reflect on this process, increases the risk of unethical practice (Hilliard, Henry & Strupp, 2000; Mann & Cunningham, 2008). As Guggenbuhl-Craig (1971, p10) cautions: *"There is a great danger that the more the case worker pretends to himself that he is operating only from selfless motives, the more influential the power shadow will become, until it finally betrays him into making some very questionable decisions".*

Narcissistically injured therapists display fragile self-esteem, perfectionism, denial of unwanted feelings and fear of rejection (Glickauf-Hughes & Mehlman, 1995).

Such therapists are likely to be unconsciously, compulsively drawn towards the area of their wounds attempting to 'fix' themselves (Renn, 2012). This motivates an excessive responsibility for clients (Maltsberger & Buie, 1974), assuming a rescuer role, whilst resisting support, creating the 'messiah trap' (Berry, 1988); an unhealthy re-enactment linked to compulsive caregiving (Baker, 2003), which increases the risk of burnout (Cooper, 1986).

As a defence against vulnerability and shame associated with narcissistic wounding (Kuchuck, 2013; Nathanson, 1987), therapists may project onto others unwanted aspects of the self and position themselves as psychologically superior to wounded others (Welt & Herron, 1990). In this way, dichotomised power dynamics can be recreated in therapy, inciting projective identifications concerning power and ingratiation between 'the therapist who heals' and 'the client who is wounded' (Hayes, 2002). This dynamic inhibits client growth, but benefits the therapist, whereby the client absorbs the projections of the therapist's disowned vulnerability, enabling them to feel powerful (Groesbeck, 1975; Ogden, 1982).

Therapists can defend against client material through a countertransference response termed 'empathic repression' (Wilson, Lindy & Raphael, 1994). This can provoke avoidance and minimization of clients' trauma narratives (Dalenberg, 2000). Attachment research also indicates that avoidant/dismissive attachment in therapists encourages defensive distancing from clients' emotions (Pistole, 1999). Sloane (2017), a psychoanalyst, reflected how he unwittingly wounded clients by defensively dissociating from their material, thereby becoming a 'Healing Wounder'. Similarly, the psychotherapist Farber (2017), suggests the term 'Wounding Healer' to describe a therapist who hurts clients from a lack of awareness of their wounds. This study proposes the term *'Wounded Wounder'* more accurately describes the wounded healer who denies

their wounds but remains impacted by them; for they are not healing, nor a healer and may, inadvertently, wound clients through defensive practice. As Jung (1951) cautioned - only the wounded healer who has confronted his wounds and understands their impact is capable of healing.

2.5 The 'Healing Healer' – Seeking the Self

An alternative perspective concerning career motivation is that therapists may be seeking self-awareness and growth offered through psychotherapeutic training and the career. Psychoanalytic theorists have suggested that an individual operating from a 'false self' possesses an 'unthought known' of their true self which seeks to be found (Bollas, 1987) and motivates towards experiences that facilitate its' discovery, such as a psychotherapeutic career (Miller, 1997). While it has been argued that confronting disavowed aspects of the self is a turbulent, painful journey that brings forth narcissistic vulnerability (Maeder, 1989), LaMar (1992) highlights, those who have been relationally wounded benefit from self-reflection which facilitates 'reclaiming the self' that was denied in response to developmental/relational trauma. Hawkins & Shohet (2006), theorists' in therapist development, call for research to explore if motivation towards the career comprises a self-development process for wounded healers, which to date has remained unexplored.

Research exploring therapist development has attracted some empirical attention. Vinton (2008) interviewed experienced psychoanalysts who reported self-reflection facilitated self-integration and growth. Orlinsky & Ronnestad (2005) conducted the largest and most rigorous study on psychotherapist development/growth to date, proposing several self-reflective, interpersonal contexts of training and the career as influencing a cyclical process of growth and depletion: The healing environment,

personal therapy, and supervision. These contexts appeared more significant to therapist growth than theoretical components; the dyadic replication of attachment relationships is proposed to offer corrective emotional experiences to re-build self-worth (Hartman & Zimberoff, 2004), whilst facilitating a developmental process from dependency on external authority towards increased autonomy (Skovholt & Ronnestad, 1992). Consequently, it has been speculated that the wounded healer may heal themselves through the career (Skovholt & Trotter-Mathison, 2016), though this requires empirical exploration.

Other literature and research has considered how supervision, personal development (PD) groups and personal therapy enhance trainee growth. Supervision with reflective supervisors who foster a sense of security is suggested to encourage a developmental process mirroring that of a child (Friedlander & Ward, 1984; Stoltenberg, McNeill & Delworth, 1998), promoting acceptance of vulnerability and working through countertransferential issues, which facilitates supervisee growth (Knox, Burkard, Edwards, Smith, & Schlosser, 2008; Wheeler, 2007). Rizq (2009), a psychoanalyst and theorist, highlights that trainers/supervisors are often positioned in replacement object roles. Therefore, if supervisors are poorly attuned, or intolerant of vulnerability (Cushway, 1996) this provokes unhealthy re-enactment of parent-child attachment dynamics, leading to re-traumatization (Foster, Lichtenberg & Peyton, 2007; Itzhaky & Sztern, 1999; Nelson & Friedlander, 2001).

PD groups have also been found to enhance self-awareness and understanding of interpersonal dynamics, although they can be experienced as uncomfortable (Moller & Rance, 2013; Smith & Davis-Gage, 2008). Personal therapy is suggested to aid the processing of self-material and leads to a deeper understanding of the self, though it has been suggested that some therapists' resist engagement (Holzman, Searight & Hughes,

1996; Moller, Timms & Alilovic, 2009; Nikolopoulou, 2016; Rizq & Target, 2008). A mixed methods study, utilising Interpretative Phenomenological Analysis of interviews and also the AAI by Rizq & Target (2010), indicated that reflecting on attachment experiences in therapy enhances narrative coherence, which appeared related to the therapists' reflective function. Consequently, the researchers called for further qualitative research into the intersubjective contexts involved in therapist self-development.

2.6 Reciprocal Growth

As previously highlighted, relational psychoanalysis constructs psychotherapy as an intersubjective, two-person relational process; a journey of contextualised meaning making in which both parties are influenced by the subjectivities of the other (Ogden, 1994; Stolorow & Atwood, 1992). It has therefore been suggested this unique context is reciprocally transformative (Klein, Bernard and Schermer, 2010; Symington, 1986) and may facilitate healing of the therapists' relational wounds (Norcross & Farber, 2005). Casement (1985), a psychodynamic theorist, proposes that therapists learn from clients by finding echoes within their unfinished narratives. Jung's (1951) concept of the 'Wounded Healer' symbolises this mutuality of healing in therapy perspective, where through the healing of others, the wounded healer concurrently heals the self: *"The meeting of two personalities is like the contact of two chemical substances; if there is any reaction, both are transformed" Jung (1955, p49)*. However, the psychoanalyst's Kottler & Carlson (2005) highlight that exploring how the wounded healer transforms within this context is a neglected area. An interpretative exploration by McDaniel (2016) suggested that therapists' grow by reflecting on countertransference with clients, which additionally lessens unhealthy enactments and encourages self-care.

2.7 Career Motivation as a Post-Traumatic Growth Process

PTG literature suggests individuals with trauma histories may be attracted towards a psychotherapeutic career as part of a PTG process (Tedeschi, Park & Calhoun, 1998). Herman (1997), a complex trauma theorist, echoes this perspective suggesting that developmental/relational trauma may encourage a "survivor mission" to help similarly traumatised others. The experiential understanding gained from developmental/relational trauma is proposed to foster an ability to heal others, whereby becoming a therapist creates a "risky growth opportunity" through the process of PTG (Cohen, 2009). It is proposed that if individuals can reframe developmental/relational trauma as meaningful, this confers positive connotation (McMillen, Zuravin & Rideout, 1995). Therefore, by choosing a career as a therapist and helping others because of one's wounds, this enables the meaning of trauma to be reconstructed as beneficial: *"the gift of trauma [which offers] understanding of events no one but a survivor can have" (Tedeschi, Park & Calhoun, 1998, p13)*. This process of meaning making is proposed to be advanced through self-reflection and disclosure of trauma which facilitates its integration into a coherent self-narrative, encouraging PTG in the three specified domains (Joseph & Linley, 2008; Neimeyer, 2006; Saakvitne, Tennen & Affleck, 1998).

Narrative trauma research from a social constructionist perspective by Neimeyer, Herrero & Botella (2006) explored co-constructed meaning making facilitated via therapy, emphasising the importance of validation and acceptance of trauma that encourages reconstruction of a self-empowered script. Arguably no other career promotes the same degree of self-reflection, endorsed through various dialogic contexts that could facilitate meaning-making of the therapists' relational past. Richard (2012) described how the wounded healer engages in a reflective and transformative process by finding their lost self through a psychotherapeutic career. Therefore, pursuing a career as a therapist

may comprise an unconscious motivation towards PTG, to transcend the negative trajectory of developmental/relational trauma.

Empirical enquiry into PTG experienced by therapists is rare. Turtle Rollins (2010) used interviews to explore PTG after trauma that occurred during the career, with participants reporting growth in the three domains. Arnold, Calhoun, Tedeschi & Cann, (2005) explored vicarious PTG in therapists from working with traumatised clients using a constant comparative method. Therapists reported growth, but as many had experienced personal trauma themselves, this made it hard to determine the context of PTG and whether this was the result of direct, or vicarious trauma. Notably, no research has explored PTG in therapists after developmental/relational trauma.

Tedeschi & Calhoun (2004) propose that although the construct of PTG has been outlined, deeper understanding of the transformative meaning making process is required. Perhaps this is where social constructionist qualitative research exploring PTG may steal the limelight from its positivist allegiance. Such research can explore idiosyncratic construction of meaning making involved in psychological change processes associated with PTG (Massey, Cameron, Ouellette & Fine, 1998; Park & Ai, 2006). While the aim of this study is to explore the role of developmental/relational trauma in therapists' motivation to pursue a psychotherapeutic career, a further objective is to consider if this involves PTG.

2.8 Limitations of Existing Research & Rationale

Most research in the field of therapist motivations is quantitative to date and relies largely on surveys which has established a link between developmental/relational trauma and career motivation, yet its reliance on conscious recognition of trauma may lead therapists to under-report. There remains a dearth of qualitative research exploring how

and why developmental/relational trauma may be implicated in the motivation to pursue a psychotherapeutic career. Furthermore, the absence of research exploring whether wounded healers may be motivated towards the career to achieve self-growth, or if this process involves PTG, warrants empirical enquiry.

Using a social constructionist grounded theory methodology will enable exploration of therapists' constructions of the role of developmental/relational trauma in this motivational process. Grounded theory also allows less conscious processes to be explored through its focus on actions and processes. Integrating pathology and growth perspectives associated with both developmental/relational trauma and motivations of wounded healers will allow the construction of a holistic theoretical conceptualisation of the developmental and relational processes involved in career motivation, which will illuminate important implications for clinical practice and training.

2.9 Aims & Objectives

The aims of the study are twofold:

- To explore the role of developmental/relational trauma in therapists' motivation to pursue a psychotherapeutic career.
- To construct a grounded theory of this process.

The objectives of the study are:

- To consider how therapists construct both their experiences of developmental/relational trauma and their motivation to pursue a psychotherapeutic career and whether these are related.
- To consider 'pathology' and PTG in this process.
- To consider implications for practice.

3. Methodology

3.1 Design

Psychology research has tended to focus on quantitative methods grounded in positivism, which measure an objective 'truth' (Quinn Patton, 2002). Most research concerning therapist motivations has been quantitative, therefore, does not provide in-depth understanding of how and why developmental/relational trauma may be implicated in career motivation due to its methodological limitations (Denzin and Lincoln, 2003).

Increasingly the value of qualitative methods within psychotherapy and counselling psychology is being recognised (Woolfe, Dryden & Strawbridge, 2003). Qualitative research explores how people make sense of their subjective realities. A strength of qualitative research is its ability to obtain rich and detailed stories of how participants construct meaning in their lives (Wynn & Money, 2009). This is particularly useful exploring areas where theoretical understanding is lacking, and the phenomena being explored are complex (Bradley, Curry & Devers, 2007), or less conscious (Meek, 2003). In addition, qualitative research facilitates the development of holistic and contextualised analyses (Yardley, 2000).

Qualitative research methods are therefore well suited to the aims of this current study. I adopted a social constructionist grounded theory methodology, utilising semi-structured interviews to elicit rich descriptions of therapists' constructions of the role of developmental/relational trauma in their motivation to pursue a psychotherapeutic career.

3.2 Epistemology & Ontology

My assumptions concerning what 'knowledge' (epistemology) is, how it is derived and the nature of being (ontology), guided my choice of methodology, and these have implications for the research design as well as its implementation (Crotty, 2003). I consider meaning, knowledge and the sense of self to be socially constructed and constantly evolving in response to dialogic engagements within intersubjective contexts. I don't believe in an objective 'truth', but in a social process of self-construction (Bruner, 2004; Gergen, 2011; McNamee, 2004), where knowledge begins to be constructed within the intersubjective relational matrix between caregiver and child (Beebe & Lachmann, 2003; Stern, 1985). Thus, the sense of self incorporates the voices of others, which are structured into a narrative of the self and subsequently re-told as a story about the self (Polkinghorne, 1988).

Social constructionism has been criticised for implying the existence of an empty organism with no subjectivity or self-agency; a construction which is at odds with western conceptualisations of an individual, autonomous self. However, social constructionist theorists assert that while individuals may think privately, this process will be influenced by social/relational processes (Gergen, 2011). A social constructionist epistemology underpins my research, aligning with my values and theoretical framework that centres on relational psychoanalysis (Mitchell & Aron, 1999), which shares its epistemology with social constructionism and proposes - developmental/relational trauma sustained within the intersubjective caregiver matrix and imposed constructions of caregivers, shape what a child comes to 'know', creating problematic, incoherent constructions of self as an adult (Guidano, 1991); a philosophy fundamental to my research.

3.3 Rationale for Grounded Theory

Grounded Theory (GT) enables the exploration of subjective stories of lived experience (Charmaz & Katz, 2017), social-psychological processes (Strauss & Corbin, 1990) and relational interactions within the social world (Charmaz, 2008). GT moves beyond mere description and interpretation, by focusing on actions and processes which raises the analysis to an abstract theoretical level (Charmaz, 2006). A fundamental aspect of GT is the development of an inductive theory, offering an in-depth understanding of a substantive area (Glaser & Strauss, 1967). Researchers do not test preconceived hypotheses but remain open to theoretical conceptualisation which is guided by the data, with the resultant grounded theory 'grounded' in the data (Charmaz, 2006).

GT has clear methodological guidelines for conducting rigorous qualitative research (Glaser & Strauss, 1967). Data is collected through open-ended interviews to obtain rich, subjective meanings, using a process of 'constant comparison' during data analysis (Charmaz, 1995) and iterative methods of collecting and analysing data concurrently, which strengthens theoretical conceptualisation (Atkinson, Coffey & Delamont, 2003).

A GT methodology was considered more appropriate than other qualitative methodologies for this research question, due to the focus on social-psychological processes (Charmaz, 1995). As a primary aim of this research is to enhance theoretical understanding and develop a coherent theory of the therapists' motivational process, GT was considered appropriate due to its unique capacity to construct a theory and develop insight into under researched areas (Birks & Mills, 2011). Furthermore, GT has been successfully utilised in research to understand processes with therapists (Daly & Mallinckrodt, 2009).

3.4 Consideration of Alternative Qualitative Methodologies

Several other qualitative methodologies were considered for this study. A narrative approach could have been utilised to capture participants storied journeys (Creswell, 2007). This would have fitted with my social constructionist epistemology. However, narrative methods often focus on identity construction (McAdams, 2001) which did not align with my research question. Though the current study explores the 'self' and how this is impacted by developmental/relational trauma, its primary aim is to explore how this is involved in motivation (a social process). Narrative approaches are primarily descriptive, whereas this study was interested in a deeper interpretative analysis of less-conscious motivations linked to the therapists' relational past, making GT more suitable.

Interpretative Phenomenological Analysis (IPA) explores how people make sense of significant life experiences (Smith, Flowers & Larkin, 2009). IPA as its name implies, is interpretative, moving beyond description of data to explore underlying meanings, like GT (Smith, 1995). However, IPA is underpinned philosophically by phenomenology which focuses on individual meaning, which did not fit my social constructionist epistemology. Furthermore, as the primary aim of this study is theoretical conceptualisation, neither IPA, narrative approaches, nor other qualitative methodologies, except GT could fulfil this aim (McLeod, 2003); theory construction is a unique and central feature of GT (Charmaz 2006), making this the most suitable methodology for this study.

3.5 Evolution of Grounded Theory

Since its inception, GT has evolved into distinct schools. Mills, Bonner & Francis (2006, p26) propose that the various incarnations of GT *"exist on a methodological*

spiral" with differing epistemological foundations. Classic, or Glaserian GT (Glaser & Strauss, 1967), is more focused on methods (Chamberlain-Salaun, Mills & Usher, 2013); Glaser (2005) contended that adopting a philosophical stance restricts the potential of a GT study. However, Classic GT adopts a positivist philosophy, where the 'neutral' researcher, obtains data as 'facts', from which a theory 'emerges', proposed to explain a generalised 'reality'. This approach has been criticised for presenting an epistemologically naïve stance (Clough, 1992) by ignoring the social context and the influence of the researcher (Charmaz, 2008).

In contrast, Charmaz's (2000) social constructionist grounded theory approach (CGT), proposes that the researchers' theoretical understanding is an interpretation of reality based on subjective meanings that are socially constructed (Minichiello & Kottler, 2010). Researchers explore idiosyncratic, co-constructed, multiple realities of experiences, rather than an objective truth. Charmaz (2006:2008) initially referred to her approach as 'constructivist', but revised this, by proposing a social constructionist epistemological underpinning, which acknowledges the importance of social interactions in meaning making. This revision was partly in response to debate over the term 'constructivist' which implies meaning making is more an intrapersonal process occurring within an individual's mind (Neimeyer, 2000), whereas 'social constructionism' posits that constructions are inherently relational (McNamee, 2004). Neimeyer (1998) suggests a bridging of both approaches is useful. For, despite the debate, they converge over a fundamental tenet: people construct subjective meaning by interpreting experiences, socially and relationally with others and these processes occur both within and between individuals (McNamee, 2004).

CGT highlights the importance of reflexivity by recognising the researcher in the process, how their experiences and relationships with participants contribute to their

interpretation of data and theoretical conceptualisation (Birks & Mills, 2011). CGT rejects 'emergence' in favour of construction (Annells, 1996); the researcher becomes the *"author of a reconstruction of experience and meaning" (Mills, Bonner & Francis, 2006, p2).* The final theory is therefore, an interpretation and co-construction of reality and meaning between participant and researcher (Black, 2009), and is considered one of many possible constructions within a specific context (Clarke, 2005).

3.6 Rationale for Constructionist Grounded Theory

Choosing a methodology that is congruent with the epistemological values of the researcher and aligns with the research question and aims of the study is argued to increase the rigour of the research design (Braun & Clarke, 2006; Guba & Lincoln, 1994). CGT matches my underlying values, epistemology and the research question and aims, providing a clear rationale for its adoption. I acknowledge that as the research interview occurs within an intersubjective context, both mine and my participants' subjectivities will interact, influencing the data obtained (Charmaz, 2006). I also acknowledge that individuals often construct preferred versions of themselves and their motives (Wetherell & Potter, 1988), dependent on the goals of the interaction (Burr, 1995), therefore the stories participants tell concerning their motivations will be one construction of reality that is context dependent.

3.7 Reflexivity

The undertaking of qualitative research reflects the personal values, interests, and experiences of the researcher. These aspects evolve into certain perspectives, beliefs, and ways of interpreting the world, which Gadamer (1975) termed 'horizons'. Researchers are therefore required to engage in a process of reflexivity and 'position themselves' transparently in the study (Creswell, 2007). This comprises an 'explicit evaluation of the

self' (Shaw, 2010): a reflective process exploring how prior knowledge, philosophical assumptions, values and experiences influence and inform the analysis (Etherington, 2004). Making these explicit allows the reader to recognise the researcher's framework and preconceptions and how these may bias theoretical construction (McGhee, Marland, & Atkinson, 2007). Hence, reflexivity enhances the rigour and trustworthiness of qualitative research (Nutt Williams & Morrow, 2009) and is fundamental to CGT studies.

Reflexivity is not purely a reflection and positioning of oneself at the start of research, but a continuous process that occurs throughout each stage of the research endeavour. Shaw (2010) refers to this as the qualitative researcher's 'reflexive journey'. I committed to a continuous reflexive and experiential engagement with the research as I considered how this process impacted me both personally and professionally. This deepened my own meaning making and understanding of myself and my motivations to pursue this career.

3.7.1 My Reflexive Journey

I am a trainee counselling psychologist with thirteen years of clinical experience. I consider my interest in developmental/relational trauma as undoubtedly motivated by my own experience of parental domestic violence and paternal abandonment as a child. I now construct myself as a wounded healer, although I didn't construct my experiences as 'traumatic' until a pivotal conversation with my tutor which led me to reappraise my experiences. Retrospectively, I see I had minimised these events; internalising my mothers' construction, that my father's departure was both positive and not to be spoken about. This suppression of my experience left me feeling invalidated and silenced, encouraging a tendency to manage emotions alone and feeling shamed for expressing

emotions. I am aware that one of my preconceptions is that individuals minimise the significance of developmental/relational trauma, like I did.

I believe my self-reflexive abilities helped me to negotiate a difficult childhood, where I was drawn towards psychology and a psychotherapeutic career hoping to make sense of myself and these experiences. In training, I was drawn towards psychodynamic theorising, especially attachment theory, which helped me develop insight into how my past had impacted me; personal therapy allowed me to begin to process aspects I had denied. Therefore, I believe that a psychotherapeutic career has the potential to develop self-awareness and growth through self-reflection, if an individual is willing. However, by openly acknowledging my wounds I have experienced stigma from others in training and my career. I therefore note that these experiences are likely to have impacted my rendering of the data.

My first clinical post was with children who were subject to child protection procedures. Despite a lack of conscious awareness of my comparable trauma at this point, I have since acknowledged I was drawn to this field because of my history; giving traumatised children a voice felt meaningful to me. I now work as a personality disorder specialist, where my childhood invalidation (proposed to be a core wound in personality disorders (Linehan, 1993)), facilitates attunement with this client group. My understanding reflects Sullivan's (1962, p262) concept of *"similia similibus curantur"* (like cures like), where I believe my willingness to acknowledge similar wounding in myself, to those of my clients, deepens empathic understanding (Cornett, 2008). I acknowledge that my belief that therapists are motivated towards areas that reflect something developmentally absent within themselves, will have influenced my research.

My theoretical, personal and therapeutic values have also focused the lens through which I interpreted the data, namely; social constructionism (Gergen 2011), anti-psychiatry and the contextualisation of distress. My theoretical framework integrates relational psychoanalysis (Mitchell & Aron, 1999) (focusing on attachments, unconscious dynamic processes, intersubjectivity and therapeutic use of self), with PTG (Tedeschi & Calhoun, 1995), fundamentally because I have been drawn to these models as they resonate with my personal values and how I make sense of myself, my relationships, and my experiences. For example, the strong belief in PTG that I held at the commencement of this research, enabled me to reconstruct meaning from my trauma and guided my interest in this research question. Whilst my research is built on these theoretical and epistemological foundations, I endeavoured to give participants the loudest voice.

Notably, several personally traumatic experiences occurring whilst training (including maternal bereavement), necessitated taking a four-year break from my research and also resulted in me losing faith in my initial research interest with PTG and whether therapist motivations are related to this. Paradoxically, my disillusionment and depletion, I believe benefited the analysis, allowing me to adopt a broader, critical view of the data (Finlay, 2002). This also facilitated realisation that the motivational and developmental process I was constructing was circular, not linear. Additionally, given my depletion, it can be argued that participants constructions of growth are theirs and not mine, for I had lost belief in PTG at that time. However, I have reflected that a contrary argument could be that I may have unconsciously wanted to witness growth in participants accounts, so that I could feel hopeful again that I could grow once more through choosing this career. This may have resulted in me unconsciously favouring and including more data that referred to growth in my constructed theory.

I also acknowledge that the relationships I formed with participants will have influenced both my construction of the data, as well as the nature of the data produced, which is itself a co-construction (Hall & Callery, 2001). Therefore, I reflected on my experiences of engaging relationally with participants in the intersubjective interview context. Notably, I experienced positive countertransferential responses towards those participants who reflected at depth and offered constructions similar to my own. This resonance encouraged me to probe deeper, possibly an unconscious response to validate my own constructions (Stephenson & Lowenthal, 2006), but also created a tangible chemistry in the room that encouraged us to co-construct deeper meanings together. An example of this reciprocally engaging and facilitative co-constructive meaning making process was experienced with Sally (evidenced in Appendix H). I deeply resonated with her constructions and we both respond to each other with a felt sense in the moment which elicits a remark from Sally "I don't know where this is coming from…" suggesting together we are making sense of new meanings in the research interview. In the debrief, Sally expressed that she too had experienced this powerful chemistry between us, suggesting our shared histories had been non-verbally communicated within the intersubjective space and that this had facilitated meaning making.

In contrast, I noticed that those participants who displayed incoherent narratives and diminished reflexivity evoked a very different, negative countertransference response in me. My inability to resonate with their constructions left me perplexed and I disconnected, failing to probe deeper, which inhibited the co-constructive meaning making process. An example of this restricted process was experienced with Judy (evidenced in Appendix H). Her briefer answers to questions and an apparent reluctance to consider how her history had influenced professional motivation, or less beneficial aspects of the career, didn't personally resonate with my constructions and I struggled to

connect. Consequently, I shut down, failing to ask further questions and we both appear to 'silence' each other in the co-constructive process. I initially interpreted such participants' responses as defensiveness, but on reflection, they may have said less in response to sensing my negative countertransference (Riley, Schouten & Cahill, 2003). In contrast, my response and failure to probe may itself have been defensive, as it evoked memories and anxieties around experiencing less reflective therapists as frustrating, and at times personally wounding, during my own training and working as a therapist. Undoubtedly, these relational processes will have influenced the theory constructed and I refer to these aspects further in the discussion section.

Engaging in this research has enhanced my understanding of this substantive area beyond my preconceived notions (Finlay, 2003). At times holding participants' trauma stories and reflecting on my own process was emotionally exhausting (McCosker, Barnard & Gerber, 2001). I reflected on this with my tutor and how this might be linked to my emotional identification with my participants. Strauss (1987) suggests that a researcher's involvement in data analysis is not merely intellectual, but includes emotionally connecting with the content. This was a personally taxing journey for me, but an unconsciously needed venture; applying my developing theory to myself allowed me to process and transcend the traumas I experienced whilst training and integrate these, along with my 're-discovered past', into a coherent narrative. Therefore, choosing this research facilitated a transformative process for me and renewed my belief in the centrality of meaning making in PTG (Neimeyer, 2006). This echoes Priya's (2010) experience; his grounded theory into trauma and healing in earthquake survivors transformed his own suffering into a story of growth from engaging with participants throughout the research process. Finally, and irrefutably, this research journey helped me to find my voice both personally and professionally.

4. Method

4.1 Sampling

An initial purposive sample of 12 therapists was recruited. However, due to preliminary difficulties with recruitment, snowballing was also used, whereby participants who had taken part in the interview suggested other therapists who might be willing participants. As data analysis and category construction progressed, theoretical sampling was employed; a form of purposive sampling specific to GT which involves sampling participants for their relevance to the developing theory (Birks & Mills, 2011). Theoretical sampling was used to recruit a further 4 participants once a critical juncture was identified in the GT process concerning the importance of self-reflection. Sampling ceased when no new insights were constructed from the data, at which point theoretical sufficiency was considered to have been achieved (Charmaz, 2006).

4 participants were selected using theoretical sampling as follows:

- A social worker – To make comparisons with another helping profession, as social work has less focus on self-reflection than psychotherapy
- A trainee clinical psychologist – To explore motivation towards and experience of a more medicalised training with less focus on self-reflection
- An experienced psychotherapist – To explore if motivations change with experience and self-awareness developed through the career
- A therapist reporting a positive childhood

4.2 Participants

16 participants in total were recruited to the study, who had been employed in a range of helping professions. 15 were working as therapists, 1 had been a GP, 3 were previously teachers, 1 was a social worker (employed as a mental health worker). Participants came from a variety of therapeutic trainings, ranging from trainees to experienced therapists and therefore, able to elaborate the process from varied perspectives and stages of career development. Brief demographic information was obtained using the demographic information sheet, located in the appendices (Appendix E) and is presented below, specifying: gender (1 male/15 female); age (range 22-62); ethnicity; profession/training; status (trainee/qualified). (See table.1)

'Childhood relational experiences' (which I constructed as developmental/relational trauma) included: Physical, sexual and emotional abuse, domestic violence, parental abandonment/loss, maternal depression, parentification, emotionally suppressive/minimising contexts, parental control, intrusiveness and insecure attachment.

Inclusion Criteria – Working in a helping profession and willing to reflect on childhood relational experiences and career motivation.

Table 1. Demographic Information

Pseudonym	Gender	Age	Ethnicity	Profession/Training	Status (Years Qualified/Trainee)
Tori	Female	37	White-British	Counsellor	2
Bryan	Male	57	White	Psychotherapist (GP)	Trainee - year 5

Rose	Female	62	White-British	Psychotherapist Manager/supervisor (Teacher)	15
Zara	Female	41	White-British	CBT Therapist	Just qualified
Judy	Female	52	White-British	Low Intensity CBT Therapist (IAPT)	6
Elisha	Female	50	Bulgarian	Counselling Psychologist (Teacher)	Just qualified
Rita	Female	46	British	Family/Couple Therapist	6
Paula	Female	52	Black-British	Counsellor (IAPT)	3
Vanessa	Female	49	White-British	Counsellor	8
Emily	Female	24	White-British	Assistant Psychologist (NHS)	
Sally	Female	43	White-British	Psychotherapist / Trainee Counselling Psychologist	3
Stella	Female		White-British	Private Psychotherapist (Teacher)	14
Claire	Female	56	White-British	Counsellor	8
Holly	Female	58	White-British	Art Psychotherapist, Supervisor	34
Lucy	Female	50	White-British	Social Worker/NHS Secondary Care Mental Health	5
Jennie	Female	29	White-British	Clinical psychologist	Trainee year 2

4.3 Procedure

4.3.1 Ethical Considerations

The study adopted the ethical stance of respect for autonomy, beneficence, non-maleficence, and justice throughout (Beauchamp & Childress, 2001). Ethical approval was requested by submitting a research proposal to the UWE ethics committee. Full ethical approval was granted and is evidenced in the appendices (Appendix A).

4.3.2 Conducting an Initial Literature Review

Conducting an initial literature review is controversial in GT and depends on the ontological perspective of the researcher. Classic GT suggests that researchers should approach data analysis as a 'tabula rasa' (Black, 2009). However, the extent to which researchers can put aside theoretical knowledge is dubious (Dey, 1999). CGT posits that reviewing the extant literature is necessary to ascertain whether there is lack of prior research and theoretical explanation in the substantive area which justifies the use of CGT to develop in-depth conceptual understanding (Charmaz & Mitchell, 1996). Therefore, in accordance with CGT, I conducted an initial literature review which was also necessary to obtain ethical approval (Backman & Kyngas, 1999) and during analysis I kept *"an open mind not an empty head" (Dey, 1993, p229).* McGhee, at, al., (2007) argue that reviewing the literature prevents conceptual and methodological incompatibilities by ensuring the theoretical framework aligns with the underlying epistemology of the study, thereby increasing theoretical sensitivity. Theoretical sensitivity refers to the researcher's degree of personal insight into themselves and the area of research (Glaser & Strauss, 1967), and is suggested to facilitate recognition of nuances in the data that are theoretically relevant, thereby aiding conceptualisation (Strauss & Corbin, 1990). I am sensitised to developmental/relational trauma both from my theoretical knowledge and

personal experience as a wounded healer and 'insider' (McGhee, et, al., 2007). I utilised my theoretical sensitivity by reflecting on personal experiences and compared these within the analysis (Birks & Mills, 2011), but allowed data to guide theory development (Henwood & Pidgeon, 2003), improving trustworthiness (Chiovitti & Piran, 2003).

4.3.3 Recruitment

Recruitment occurred between January 2013 and January 2017, commencing after securing ethical approval, via placement of posters in local counselling organisations and emailing an advert to DCoP, BACP and UKCP, located in the appendices (Appendix B). I had anticipated that recruitment might be difficult, thinking potential participants may fear 'outing' themselves as 'wounded healers'. It transpired I was correct about the difficulty, but not the reasons for it. Between 2013-2015 only four therapists responded as interested participants. However, as Glaser (2007, p1) states *"all is data"*, even the lack of it. So rather than becoming discouraged I reflected on what this lack of response might indicate.

I considered whether the term 'developmental/relational trauma' was responsible for the lack of response – potential participants may not be constructing attachment experiences as 'traumatic'. I reflected that I had not identified with this term until suggested by my tutor. I had already changed the definition to include the word 'relational' in response to feedback that therapists misunderstood what developmental trauma was. So, I decided to remove the word 'trauma' from my advert and rephrased the focus of exploration to 'childhood relational experiences'. However, regardless of how these experiences were constructed, I was aware that discussing these experiences could still be distressing and was likely to involve confronting less conscious material which had the potential to destabilise participants. Therefore, I addressed this carefully in my

participant information sheet by stressing that the study may involve reflecting upon aspects of the self and experiences not previously acknowledged which may feel uncomfortable and reiterated this in the interview to reduce the possibility of harm and enable participants to make an informed decision to take part.

I undertook a second recruitment drive, including an email to a psychotherapy/counselling network CAPPP. I also asked those choosing not to take part to email me their reasons for not wishing to participate, though no one responded to this request. This recruitment resulted in a larger pool of psychotherapists/counsellors who appeared more willing to reflect on this area. Interestingly, though participants revealed a broad range of childhood relational experiences, they all appeared definable as developmental/relational trauma and so I constructed them as such. However, I acknowledge that I may have imposed my own construction of developmental/relational trauma and my experience of failing to identify with the term 'trauma' on the data. However, my findings later suggested many participants minimised their attachment experiences and did not identify them as 'trauma', suggesting my conjecture was correct.

4.3.4 The Interview Schedule

An interview schedule, with approximately ten open-ended questions was developed and is located in the appendices (Appendix G). Prompts were also used to encourage exploration of significant areas (Kvale, 1996). Open-ended questions produce rich data and enable the construction of implicit meanings (Charmaz, 2002). The interview questions started broadly enquiring about motivation to become a therapist and childhood relational experiences and became more focused as the interview progressed. In accordance with the GT method, the interview schedule was modified and used flexibly in response to data collection (Creswell, 2007). During theoretical sampling,

some questions were omitted and questions arising from earlier interviews were added to pursue leads (Charmaz, 2006).

I interviewed myself prior to interviewing participants to increase awareness of my biases, which also aided development of the schedule (Mruck & May, 2007). This process enabled me to reflect upon and articulate meanings concerning my motivations, many of which I had not expressed verbally before. This gave me an awareness that describing motivations may be difficult for my participants. I also revised questions that I found less useful in eliciting deeper meanings.

4.3.5 Data Collection - The Research Interview

Potential participants who expressed interest in the study were sent an information sheet via email. This can be found in the appendices (Appendix C) and detailed the research aims, what was required of them, possible implications/risks of taking part and how the data would be used. I also answered any questions which enabled participants to make an informed decision to consent to take part. Those willing to proceed were invited to attend a one-to-one, audio-recorded interview, lasting approximately one hour, arranged at a convenient time and location chosen by them, either their home or place of work. At the start of the interview participants were required to sign the consent form, again located in the appendices (Appendix D), which confirmed they had read the information sheet, detailing their right to withdraw at any time before data analysis and that data would be destroyed. No participants chose to withdraw. Participants were offered a copy of their transcript and the thesis after completion.

The interview was a directed conversation, using the interview schedule, to illuminate the social process being studied (Gubrium & Holstein, 2001). Interviews were chosen as the data collection method as they allowed detailed exploration of sensitive

material (Brocki & Wearden, 2006), tapping into lived experience (Madill & Gough, 2008). Charmaz (2006) asserts that the credibility of a CGT study is influenced by the ability of the researcher to access idiosyncratic meanings; interviews are ideal for obtaining subjective, multiple views on the substantive area of interest. Interviews become the *"site for construction of knowledge"* produced together (Hand, 2003, p17), influenced reciprocally by researcher and participant through a *"circular process through which [the] meaning [of a question] and that of its answer are created in the discourse between interviewer and respondent" (Mishler, 1991, p53).* The interview itself is therefore a co-construction of reality, with both researcher and participant interpreting each other's responses in an intersubjective process (Charmaz, 2006).

Dey (1999) warns against 'smash and grab' data collection; obtaining information for analysis without consideration of how this is obtained. Consequently, effort was made to establish rapport with participants, empathising and suspending judgement, seeking to understand idiosyncratic meanings of their motivational journey (Holloway & Fulbrook, 2001). This relational investment is important when asking sensitive research questions (Charmaz, 2006) as it alleviates the power imbalance inherent in the research interview (Finlay, 2002) and improves the data quality (Minishiello & Kottler, 2010).

I experienced powerful countertransferential responses towards some participants and felt energised by those who reflected deeply. With one participant, it felt as though I was holding up a mirror; we appeared to engage in a cycle of mutual reflection (Ellis, Kiesinger & Tillmann-Healy, 1997). In contrast, I felt deflated by the lack of reflexivity of others and their apparent defensiveness. My response resurfaced during transcription and analysis. However, rather than being less reflective/defensive, these participants may have perceived my negative countertransference (Riley, Schouten & Cahill, 2003). Participants also varied in their ability to narrate their relational past. Those who found

the interview more difficult appeared to be confronting less-conscious 'knowledge' and new meanings about themselves which may have been destabilising (Creswell, 2007) and could have provoked defensiveness. Finlay (2002) observes that motivations, often unconscious, are notoriously difficult to capture in interviews due to complex dynamics occurring between researcher and participants. Nevertheless, I reflected on these dynamics in my reflective diary that I kept throughout the research process and made field notes after each interview, which I used to inform the analysis (Covan, 2007).

Some participants made exposing reflections concerning traumatic experiences. I steered the focus towards how these experiences may have been involved in career motivation, rather than trauma details, as I was aware of the possibility of re-traumatization. During the interview and afterwards whilst debriefing, I contained distress and reiterated participants' right to withdraw. Participants were provided with a debriefing sheet found in the appendices (Appendix F), detailing contact information and how to access support if required. Whilst debriefing, I informed participants briefly of my wounded healer status, if asked, to improve 'trust' (Halling, 1999) which encouraged deeper exposures (unrecorded).

4.3.6 Data Transcription

Each audio-recorded interview was transcribed verbatim with identifying material removed at the point of transcription and anonymised with a pseudonym. GT transcription doesn't require the same detail as conversational analysis, instead an 'orthographic transcript' (Braun & Clark, 2006) was produced accurately representing verbal (and some non-verbal) utterances, allowing the meaning of the data to remain clear. After transcription, the recording was destroyed, and transcripts were confidentially stored in encrypted computer files.

4.4 Data Analysis

During analysis, I immersed myself in the data (Morrow, 2005); a creative process where I attempted to understand participants' meanings and actions to identify the most pertinent data for theory construction. I followed the clear methodological guidelines of GT (Charmaz, 2006) and the process of iterative and simultaneous data collection and analysis which guided both my sampling strategy and analysis (Atkinson, Coffey & Delamont, 2003).

A key aspect of data analysis is coding; an active process of description and categorisation of the meaning of participants' accounts into selected codes (Black, 2009). Coding is an interactive process where it is acknowledged that the researcher's theoretical lens, knowledge and experience will influence their interpretation (Birks & Mills, 2011). Therefore, I took care to avoid forcing my pre-conceptions onto the data, thereby allowing participants meanings to be heard. I used open coding to analyse data line by line, using the active 'gerund' to focus the analysis on process (Charmaz, 2006). Questions such as "what is going on here?", "what is the main concern being faced by the participants?" (Glaser, 2004, p13) were asked of the data. The second phase, 'focused coding', is more selective and conceptual, where the most significant and frequently used codes were condensed into key themes, as well as larger chunks of data (Charmaz, 2006).

Central to GT is constant comparison. I asked comparative questions of the data between and within accounts, compared codes to other codes, interviews with other participants' interviews, categories with new data and codes, continually reassessing meaning at each stage of analysis (Glaser, 1998). I noted my own observations and compared these with data, allowing me to construct implicit meanings associated with the motivational process which deepened theoretical conceptualisation (Charmaz, 2006).

Constant comparison employs abductive reasoning (forming hypotheses and testing these to reach conclusions about the most plausible interpretations) and inductive reasoning (extrapolating information to develop concepts) to understand the process (Bryant & Charmaz, 2007). In this way, constant comparison transforms data beyond description into a theory (Birks & Mills, 2011). The most theoretically relevant and related codes were grouped together to form sub-categories (Holloway, 2008). Those sub-categories fitting together in a conceptually meaningful and abstract way were grouped into larger categories. Or larger categories were broken down into sub-categories, or split into separate categories. Several 'in vivo' codes taken directly from participants' quotes were raised to become categories, grounding the theory in the data. The final phase was 'theoretical coding' which delineated relationships between categories (Charmaz, 2006), *"weaving the fractured story back together"* (Glaser, 1978, p72), allowing the construction of a coherent story (Charmaz, 2006).

A fundamental and reflexive part of GT is memo writing (Lempert, 2007). Memos recorded my personal reflections and analytical interpretations, as well as aiding my hypotheses about emerging patterns. In this way, my memos facilitated category construction and theoretical conceptualisation (Birks & Mills, 2011). As Stern (2007, p66) proposes *"if data are the building blocks of theory, memos are the mortar"*. Memoing further guided theoretical sampling (Charmaz, 2006), whilst providing an audit trail evidencing my interpretative process and theoretical construction (Stern & Porr, 2011), thus improving the rigour of my study (Morrow, 2005).

Data collection stopped when I felt that theoretical sufficiency had been achieved (Dey, 1999); that new data failed to deepen insight (Glaser, 2001). At this point, memos were sorted and compared, a creative process leading to category refinement and theoretical integration (Charmaz, 2006). I found diagramming particularly helpful to

make sense of connections between categories and gaps in my analysis visually (Charmaz, 2006). This enabled me to understand that the motivational process was cyclical not linear. Three participants were presented with a diagram of the developing theory to consider if it reflected their experience. I also compared their reflections and meanings to define the parameters of categories, which increased the depth of my conceptualisation (Hall & Callery, 2001).

As the categories began to take shape, I revisited the literature. This sensitised me to comparative information that could better define categories (Hall & Callery, 2001); culminating in the grounded theory presented. The final literature review was written after analysis to frame the research (Ramalho, Adams, Huggard & Hoare, 2015).

5. Findings

The grounded theory outlined (see Fig.1) offers a construction of the developmental/relational processes involved in the motivation to pursue a psychotherapeutic career. This process begins with a wound to the sense of self which leads to a compulsion to repeat, both personally and professionally.

Participants described ***'Sustaining a Wound the Sense of Self'*** in childhood through: *'Being Invalidated'* by caregivers, which led to *'Internalising a Self-Critical Voice'* and *'Developing a Defective Sense of Self'.* Participants engaged in ***'Defending the Fragile Self'*** by: '*Disconnecting from Self & Others'*; *'Constructing a False Self'*; '*Constructing an Enfeebled Other'*; and '*Searching for Answers'* - an intellectualised understanding of their past. The motivation towards a career in the helping professions appears to result from these adaptive processes, where the caregiver role facilitates ***'Gratifying Unmet Needs'*** by: '*Assuming a Fixer Role'; 'Satisfying Narcissistic Needs'*; and *'Enlivening the Self',* through the emotions of others.

The three categories described above represent a defensive, vicious circle and a re-enactment of developmental/relational trauma through compulsively 'fixing' others. ***'Confronting the Self'*** represents a critical juncture; a destabilising process, prompted by the emphasis on self-reflection during psychotherapeutic training, but importantly enhances self-awareness. This nexus appears essential for therapists to pass through, in order to break the vicious circle, and commence along the pathway towards personal growth, represented by the later three categories.

Participants described how this journey requires a shift, ***'Moving from Other-ish to Self-ish'*** which comprised: *'Legitimising Self-Focused Needs,* by using the career to gain support/self-healing (often unconsciously); and *'Realising Reciprocity',* within

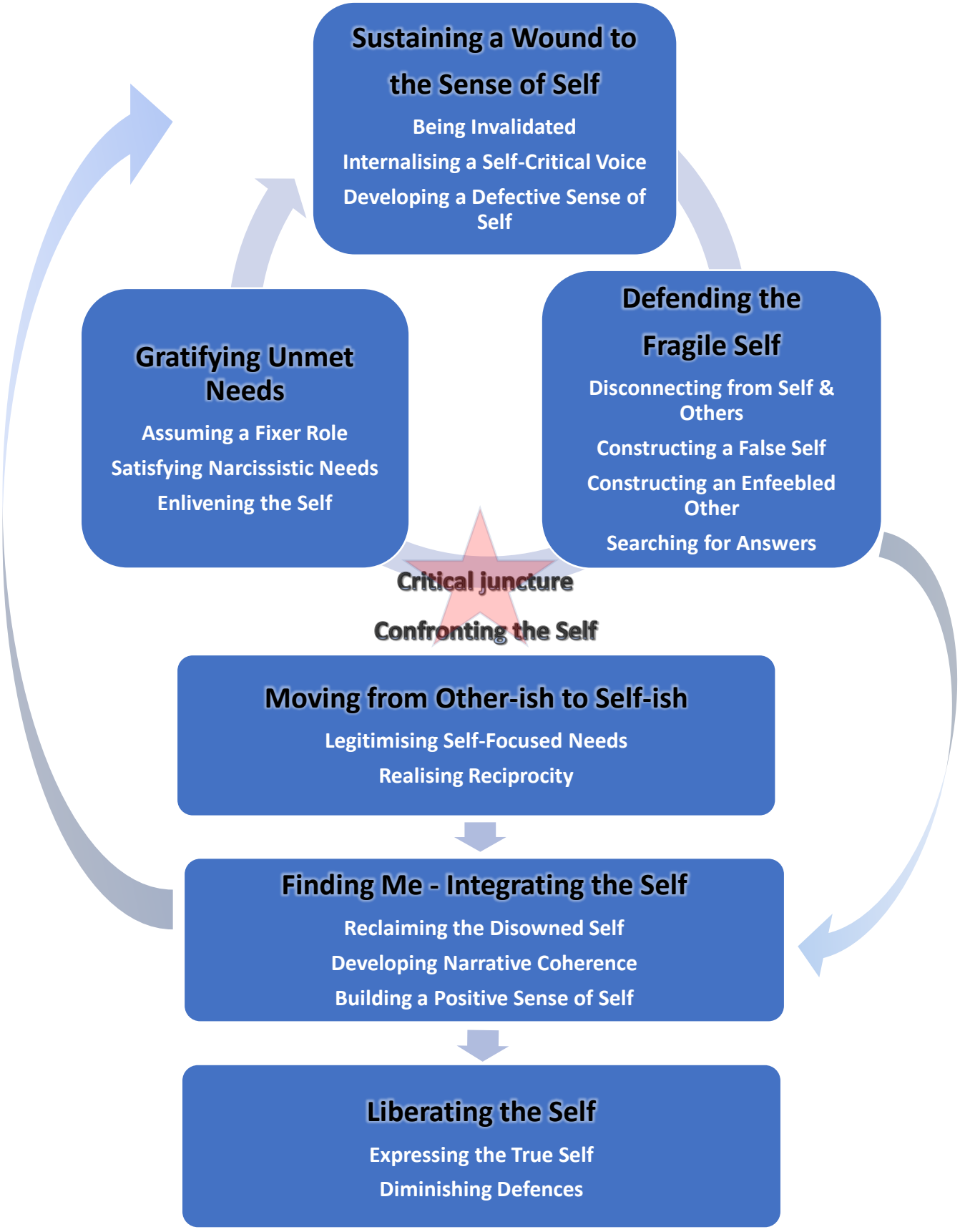
relationships. Engaging reflectively within the interpersonal contexts of training and the career encourages a process of ***'Finding me - Integrating the Self'*** by: *'Reclaiming the Disowned Self'*; *'Developing Narrative Coherence'*; and *'Building a Positive Sense of Self.* Finally, an improved sense of an agentic self enables ***'Liberating the Self'*** through: *'Expressing the True Self'* and *'Diminishing Defences'*. Notably, the voices of less openly reflective participants are fainter in the latter stages of this theory.

The grounded theory presented suggests that the motivation to pursue a psychotherapeutic career appears to originate from developmental/relational trauma leading to a neurotic desire to 'fix' others. However, through a willingness to embrace the initially destabilising critical juncture associated with confronting the self and engaging with multiple opportunities to deepen self-knowledge, this facilitates a move towards becoming a *'Healing Healer'*; a therapist who is more aware and accepting of their own woundedness and therefore less neurotically and defensively motivated. Ultimately, the continuous self-reflective journey encouraged via a psychotherapeutic career, one that facilitates the recognition, processing and resolving of the neurosis that motivated its pursuance, may lead to becoming a *'Healed Healer'*. This perhaps denotes an ideal to aspire towards, referring to the healing of the neurosis to 'fix' others, rather than the therapist becoming fully healed/fixed, but which, paradoxically, appears to lessen the motivation to remain in the career.

Conversely, a resistance to engage with the reflective opportunities offered by a therapeutic training and therefore a failure to negotiate the critical juncture keeps the therapist stuck on the vicious circle; unconsciously compelled to 'fix' others, but denying their wounds, risking burnout, and becoming a *'Wounded Wounder'*; a finding which has serious implications for practice.

It is important to state that the categories depicted in the diagram do not represent fixed positions; therapists do not progress in a linear sequence through this motivational and developmental process but shift fluidly between categories as new interpersonally challenging experiences are encountered. Therefore, this is a dynamic process; cyclical, fluid and constantly evolving in response to interactions with others. Just as therapists can be 'healed' by a psychotherapeutic career, so too can they sustain further relational wounding, either from clients, supervisors, tutors and other therapists, at any stage in the process, which may force them to loop back to earlier categories. Additionally, therapists may be drawn into enactments, which may lead to defending themselves anew. However, through a willingness to repass the critical juncture by engaging in further self-reflection, which facilitates confronting one's role in these dynamics, such relational experiences offer multiple opportunities to develop self-awareness, promoting self-growth and lessening interpersonal defensiveness.

Fig 1. The Grounded Theory of the Role of Developmental/Relational Trauma in Therapists' Motivation to Pursue a Psychotherapeutic Career



5.1 Sustaining a Wound to the Sense of Self

Participants described ***'Sustaining a Wound to the Sense of Self'*** which appeared to operate on three levels: *'Being invalidated'*; *'Internalising a Self-Critical Voice'*; and *'Developing a Defective Sense of Self'*.

5.1.1 Being Invalidated

Participants described a range of childhood relational experiences that appeared to result in a sense of ***'Being Invalidated'***. Many did not construct these experiences as 'traumatic', yet they appeared to have been developmentally/relationally traumatic for them as children; their significance was typically only acknowledged after reflection in training, or for some in the interview, whilst others appeared to remain unaware.

Some participants described early separations and abandonments. Holly constructed her experience of being hospitalised as a child as psychologically abandoning: *"My mum said that she didn't leave me unless I was asleep, but you're not asleep overnight".* Stella reflected upon maternal neglect due to being illegitimate: *"so appalled by the sense that I was a bastard…I was left upstairs".* Several participants described having self-absorbed parents: *"my mother I think was pretty narcissistic" (Stella),* where their emotional difficulties became prioritised over participants own needs: *"my dad was in a terrible state, kind of suicidal…he didn't have a lot of room to think about what it was like for us" (Vanessa).* Many participants constructed these experiences as lacking care, as if their narcissistic needs were not met: *"being the young child who was unengaged…needed more on occasion, who wasn't being seen, wasn't being given…the emotional care" (Bryan)*.

Several participants described fear inducing and controlling environments: *"He would find one of us…my mum, or my brother and beat them, or verbally abuse them" (Paula).* Some parents were viewed as both a source of threat and comfort, forcing these participants into an 'approach-avoid' attachment dilemma: *"My father was the hugger…that was, amazing…but the other side of him was violent, so I was frightened of him…that made no parent safe" (Stella).* Lucy described her mother as intrusive and controlling: *"constantly invading everybody's boundaries…little decisions that children should be allowed to make, I wasn't allowed to make them",* and was punished through passive/aggressive communication which fostered compliance: *"if you didn't do what she said, or didn't respond how she wanted you to respond, she would go weeks without speaking to you*".

Participants described a lack of recognition and silencing of these difficult relational experiences: "*no one really talked…it was just such a mysterious thing, it got labelled often as mum not feeling well…we all knew that meant that she was in bed…it just felt really scary" (Jennie).* They were encouraged to hold secrets to avoid conflict: *"don't tell your father because then he will be upset, so everything was hidden" (Lucy)*. Emotions were typically suppressed: *"under the surface…hidden emotion…things didn't add up" (Rita),* with parents demonstrating what sounded like poor reflective function, which felt confusing: *"my mum might say she's fine…but she might have tears running down her cheeks, so that discrepancy between what's been said…it's confusing growing up." (Tori).* These experiences appeared to impact participants' capacity to understand emotions, suggesting impaired reflective function: *"I didn't get any help… feelings…didn't occur to anyone…it's taken me a long time to make sense of it myself" (Vanessa)*, leading to difficulties with self-regulation: *"I would get angry and frustrated*

about things because I didn't understand, couldn't quite know how to solve and channel those emotions…only in the way that I was shown" (Paula).

Many participants described having their emotions and experiences invalidated by caregivers: *"if I was crying, they would say, oh that's nothing, just get on with that" (Elisha); "parents will actually make you believe that it didn't [happen]…make you out to be the one that's making it up…pretend everything was hunky-dory". (Zara).* Vanessa recalled having her experience of maternal abandonment invalidated by her father's constructions: *"quite confusing for a small child to love her mum and miss her mum…but to have…she's wicked you shouldn't miss her, you are better off without her".*

Others described a cumulative sense of invalidation when attempts to elicit emotional support failed to meet needs: "*I've known what it has felt like to experience things very intensely and never quite get what you needed" (Emily).* This parental misattunement, unresponsiveness and unavailability resulted in many participants perceiving others as undependable when distressed: *"I didn't really feel I had anybody to turn to" (Holly)*, necessitating attempts to self-regulate alone: "*these silent tears that just roll down…left to manage their emotions in fear…being told they're unreasonable, they mustn't cry" (Stella)*.

For many participants, a sense of being invalidated was easily reactivated interpersonally during their training and in the professional context by clients, tutors and supervisors who acted in ways that mirrored their relational wounding. Vanessa reflected upon how her supervisor had to stop work suddenly for personal reasons and how this abandonment reactivated attachment wounds: *"It felt a bit like losing my mum".* Whereas Elisha described a sense of her needs being dismissed by her supervisor: *"I think it's repeating in a way my early childhood…dismissing my needs at the time. Just, oh, you*

get on, you're doing fine…don't bother me". Other participants described being invalidated by supervisors and tutors who were directly critical and demonstrated a lack of awareness of the power bestowed upon them in their role, as described by Paula: *"I was assigned a tutor, so say a therapist, and she looked at me and she said, why don't you just go and volunteer in a shop somewhere and don't worry about this stuff…this is too much above your understanding. In other words, go away…you can't do it"*. A mismatch of values with supervisors was also constructed as invalidating and consequently triggered a defensive response, most notably withdrawing and concealing to protect the self: *"I said at the Uni the major model we are studying is a relational model…and she said, oh I didn't like that too much, so I thought…I'm not discussing cases then" (Elisha).*

5.1.2 Internalising a Self-Critical Voice

Many participants reflected how being invalidated and internalising the constructions of others led to ***'Internalising a Self-Critical Voice'*** which further wounded their developing identity: *"when you hear something all the time that you're at fault, you gradually believe it" (Lucy).* Participants described blaming themselves for their caregivers' failings: "*you take it on, that's why your parents are fighting, that's why you're not loved…I blamed myself for being sent away" (Stella).* Sally internalised a pathologizing emotional script: *"I'm too much if I bring my emotions"* and Rose, a sense of herself as a disappointment: *"I was the adoptee…I think they thought they were picking a Mercedes and they got me".*

This internalised self-critical voice was reactivated in the professional context, where several participants described internalising the projections of supervisors and tutors. This process was exemplified by Jennie, who turned against herself in response to

an unreflective supervisor who failed to acknowledge her role in the joint intersubjective process and instead she internalised the message: *"shape up, get yourself sorted, you're draining me…at the time I thought…I am doing that…it has to all be mine, it's all my problems, there's no two-way process…this is you being naughty child".*

5.1.3 Developing a Defective Sense of Self

Internalising this self-critical voice appeared to lead to a narcissistic wound where participants described ***'Developing a Defective Sense of Self'***, indicated by Stella: *"I must be inherently bad",* or in Zara's words: *"I must be faulty…I'm damaged".* Rather than constructing their caregivers as inadequate/traumatising, participants appeared to have constructed themselves as unworthy of care: *"not being good enough to be recognised as a person, not being good enough to be loved" (Elisha).* These processes associated with being invalidated were constructed as leading to the development of a fragile, incoherent sense of self: "*insecure…fairly fragile" (Holly)*; "*I wasn't a whole coherent self" (Sally)*. Bryan described childhood as: *"the ABC through my arm of identity or lack of identity…my actual intrinsic ego identity within me really was quite slim…Who am I?*"; other participants described a sense of non-being: *"you feel like nobody…it makes you feel invisible" (Elisha)* and self-identity fragmentation: *"I was really lost…I felt really kind of fragmented" (Jennie).*

5.2 Defending the Fragile Self

In response to narcissistic wounding, participants appeared to engage in various unconscious intrapsychic and interpersonal defensive adaptations which comprise the category ***'Defending the Fragile Self'***. These were constructed to protect against acknowledging the self and needs that were rejected by caregivers, explicated in the sub-categories: '*Disconnecting from Self and Others',* including emotions, attachments and

experiences; '*Constructing a False Self'*, by performing a function to solicit external validation; *'Constructing an Enfeebled Other'* to receive disowned and projected vulnerability/neediness*;* and '*Searching for Answers',* an intellectualised understanding of experience on an emotionally detached level.

5.2.1 Disconnecting from Self & Others

Participants described a process of ***'Disconnecting from Self and Others'***. This appeared to involve disowning aspects of the self, emotions and experiences which had been invalidated by caregivers. As Elisha explained: *"I wasn't allowed to be myself"*, it seemed as if she disavowed her 'self' and sent it into hiding. Tori described disconnecting emotions in response to her dependency needs being unmet: "*shut off your feelings"*. Elisha was told by her family that as a baby: *"you didn't cry…we tried to engage you, but you were just looking at your hands"*. Her family had constructed this as contentment, where she only realised this as disconnection through training, angrily exclaiming: *"how disconnected you can be from the world?".* Consequently, participants described how disavowing the self and emotions led to a pervasive sense of disconnection: *"I felt disconnected" (Tori)* and inner emptiness: *"a real empty void" (Claire)*. Some participants expressed fearing emotional overwhelm: *"I'm still frightened of crying, because of the feeling of collapse it gives me. It's that primary stuff, I'm going to fall into nothing" (Holly*). It was observed in the interviews that several participants appeared to lose track of affect laden responses. Holly constructed this as indicating dissociation to protect herself from connecting with painful emotions: "*I was dissociated, I think that was a moment there, I can see it's still alive…I don't want to hear that question".*

Disconnection also involved dismissing the need for others in response to perceiving them as undependable: *"I know I'm an avoidant attachment" (Stella)*. For

some participants, the prospect of intimacy provoked anxiety and fears of abandonment: *"fear of rejection…it makes me highly sensitised inside to the slightest emotional, or social cues which…might humiliate me in some way" (Bryan)*. Holly described avoiding intimacy and being drawn towards others who were emotionally unavailable, allowing superficial connection which protected against deeper connection with her disavowed self: *"I have chosen people who aren't available, so that they never contact that little me…linked to my early relationships…the brokenness"*.

Prior to their training, many participants appeared to have disconnected from memories of developmental/relational trauma that were too painful to acknowledge on a conscious level, as some later reflected: *"unconscious resistance…it was too painful initially to think about my baby experience and how my mother might have been" (Vanessa); "some truths are really too difficult to hear" (Emily).* This encouraged unconscious denial of developmental/relational trauma that appeared to protect the self: *"I'd blocked it and been blind about it and I suppose ignorance is bliss" (Zara)*.

This defensive disconnection was indicated by narrative incoherence in some interviews. Lucy realised a new insight during the interview that possibly her attachment wasn't as secure as she thought: *"I was quite an anxious child…I did have a secure attachment, but at the same time, I never knew what her reactions would be…so…no…maybe?".* Others minimised traumatic experiences: *"when I was ten my mum died and then when I was thirteen, my youngest brother moved out and got married…all perfectly healthy things" (Judy)*. Minimisation of trauma appeared to be facilitated via comparison with others: *"wow, mine was nothing, looking at some, how other people grew up, not only one trauma but several traumas" (Elisha)*, encouraging a failure to identify oneself as having experienced developmental/relational trauma: *"I*

would find it difficult to label myself as wounded…I don't have the right to say that…that comes from minimising those difficult experiences" (Emily).

At the start of training many participants lacked self-awareness of developmental/relational trauma and how this may have been implicated in their motivation to pursue the career: *"I probably wouldn't have admitted it and I'm not sure I would have even really known it to be honest" (Vanessa).* Participants appeared to defend against the threat of acknowledging disowned experiences by maintaining denial: *"I can't admit that it was my childhood experiences that motivated me to become a therapist...what does that mean about me?" (Vanessa).* Jennie reflected how, in her experience, therapists appear keen to construct themselves as securely attached, compared to others, which may be defensive: *"how well they get on with their family and how sorry they feel for people who don't have that relationship".* Her insights arose during therapy where she realised this defensive process in herself: *"before therapy I could have just as easily said those kinds of things…just to put it out there…I'm not one of those people"*. Jennie linked this denial to the need to protect the integrity of the family system: *"if one of the biggest threats probably growing up is that unit falling apart, you become so protective of it".* Other participants also appeared protective of their family, presenting childhood positively, but displaying narrative incoherence whilst doing so: *"I had a rather charmed childhood…I was very loved, I was very taken care of by my parents…you just don't let on if things aren't good…It wasn't that we weren't allowed" (Claire).*

5.2.2 Constructing a False Self

The experience of being invalidated necessitated adaptation to the inadequate caregiving context by '***Constructing a False Self***'; becoming 'other-focused' and

performing a function to solicit external validation that served to protect the fragile self from exposure and rejection, but required suppressing and concealing their own needs and emotions to maintain attachment. Bryan captured this process: "*I'm pretending to be something that I'm not…I have concocted a sense of who I am",* and Holly: *"I was relatively strong in my adaptation…just acting…as if that adaptive self was more my whole person*". All participants appeared to have constructed a false self, but only those who had reflected on why they were so focused on others gained insight into how this was related to their developmental context, whereas less reflective participants suggested it was their temperament.

Participants' false selves were invariably accommodating and compliant; many described becoming 'other-focused' to maintain attachment: *"I'm motivated by connecting…very other person focused" (Emily)*. Participants described becoming highly attuned to their caregivers: *"really notice what was going on…bodily expressions" (Rose),* as well as prioritising others' needs: *"I know how to work it with my mother…to be whatever she wants" (Stella),* whilst suppressing their own: *"keeping my own needs secondary" (Lucy).* Participants often assumed helper roles to solicit external validation/approval: *"I did take on a little mother role...I wanted to make myself very, very helpful…wanting to be approved of…wanting to be a really good girl" (Vanessa).* Others were pulled into inverse caretaking/comforter roles, as Sally described: "*I was very parentified…there when she was distressed".* Many devalued themselves compared to others, where self-worth appeared dependent on caring for others: "*to look after other people…I wasn't as important as other people" (Zara).* Other participants acted as family mediators. Rita described how she: *"observed…tried to make it better",* whereas Emily became skilled at: *"anticipating conflict and deescalating situations".* These 'other-focused' styles appeared to develop an enhanced reflective function for others' emotional

states: *"to reflect…put myself in someone else's place…doing that when I was really young" (Lucy)*.

Many participants appeared to lack self/other differentiation, typically defining themselves according to others, as indicated by Bryan: *"looking at other people, for me, to some extent defined who I was…I'm nobody in a sense, so I have to take my cues from everybody else as to what defines me"*. Many participants reflected how their false self was dependent on external validation: *"my evaluation of myself is outside myself"* (Tori), which fostered a tendency towards overworking: *"work harder and harder…for not being good enough" (Elisha),* or perfectionism, fearing failure would provoke rejection: *"getting things wrong and people won't love me" (Claire);* and needing achievement: "*concrete goals I can achieve to demonstrate…I'm good and I'm ok" (Emily).* Yet participants described a constant fear their fragile self would be exposed, as if they would be found out to be an imposter: *"always an anxiety within me that I'd get found out…it would all crumble" (Jennie).*

Participants typically learned to suppress emotions for their caregivers' benefit, which Sally captured through lyrics: "*even when the darkest clouds are in the sky, you mustn't cry…spread a little happiness as you go by, please try, and it was like we mustn't cry…to protect mum".* She described developing a self-reliant script, which appeared to be a defensive adaptation to being unable to depend on others: *"if I had feelings, I took them, it wasn't safe to talk, it wasn't safe to share, to not tell anyone…that script" (Sally).* Claire described constructing a coping mask, reinforced by caregivers: *"there's a wound…but you cover over…you put on your best smiley face…you don't let people see that you're hurting…I remember my mother saying to me I am really proud of you…it was important to put on a front".* This emotional suppression appeared motivated by a

fear of rejection for showing vulnerability: *"no one would want to be around me…if I looked like I wasn't coping" (Claire).*

Many participants constructed these false self adaptations as beneficial to the therapeutic role, offering further indication of their other-focused tendency: *"trying to control and minimise one set of emotions...and pull-out emotions from another person has actually created…useful skills as a therapist" (Emily).* Elisha questioned whether without her capacity: *"to hold all these emotions in yourself…it would have been very easy for me to become a therapist".*

Participants maintained their false self in the work context by concealing wounds due to a fear of stigma: "*it's not something I want people to know necessarily, on the front of my forehead written…I've been abused therefore I am a counsellor…I didn't want to be looked down at, because there is a certain stigma attached to it" (Tori).* Zara feared disclosure would lead to judgement over fitness to practice: *"I wouldn't openly say that I had disorganised attachment…I would feel a bit ashamed about it…people would judge me that I wasn't fit for purpose…feels like you have to be quite secretive".* Vanessa reflected that internalised shame from being invalidated as a child may encourage therapist concealment: *"Being made to feel ashamed of having feelings…as a child…causes us to conceal things that we think other people might judge us for…maybe that is a reason why therapists are reluctant to talk about this stuff".*

5.2.3 Constructing an Enfeebled Other

Participants appeared to have learned to defend against their vulnerability by projecting this onto/into others by unconsciously engaging in a process of ***'Constructing an Enfeebled Other'*** which began in childhood and appeared linked to having emotionally 'needy' parents: *"I was aware of my mum's psychological problems…I had*

no sense that I was anything but okay in the TA sense of the word, but it was other people are not okay" (Sally).

Constructing an enfeebled other appeared to draw participants towards the helping professions where a constant supply of wounded/vulnerable others facilitated this process: "*that dynamic…I'm okay and I'm a therapist…and you're not okay…it's the patients who have issues…all the emotion gets sucked away" (Jennie).* Zara observed this defensive dynamic operating at an organisational level: *"A them and us thing…the patients are the ones that are sick…therapists are…completely fit all the time".*

Some participants observed this dynamic occurring between defensive therapists who constructed those therapists who showed vulnerability/neediness as enfeebled: *"if you needed therapy there was something wrong with you…obviously very needy" (Holly*). This comparative process bolstered the sense of self as strong, rather than weak: *"I'm strong…I can deal with all this and that therefore makes that person feel okay" (Jennie).* Some participants experienced this dynamic in supervision, whereby supervisors appeared to project unwanted material onto the supervisee who was enfeebled and subsequently re-wounded. This was illustrated by Jennie who reflected how this process was: *"played out into miserable supervisory relationships, projected onto others…it can lead to anyone around that left feeling that they're not okay…during the session I'd said…I'm not sure anymore what's my stuff, or maybe what's your stuff…it got met with…you need to talk about this in therapy…I felt like such a burden"*.

5.2.4 Searching for Answers

It appeared some participants were ***'Searching for Answers'*** regarding their childhood on a cognitive level, engaging in a process of intellectualisation that defended against emotional connection with these experiences. Holly constructed this need to know

as a defence: *"intellectualisation comes from another bit of self which is fear…Fear of failure...Fear of not knowing".* Some described becoming fascinated with psychology as adolescents: *"I always had an interest in psychology…as a teenager I can remember reading psychology books and being really fascinated with people" (Judy).* Rita constructed this interest in psychology as originating from a need to understand confusing relational dynamics: "*Making sense of the intensity and stuff that was unspoken…that made me curious…how people were because nothing was very obvious. It all had to be worked out".* It appeared many were seeking facts and certainty: *"I wasn't looking for a novel, I wanted answers" (Stella).*

Participants conceptualised psychotherapeutic training as a natural progression of the need to gain an intellectual understanding of their childhood: *"Here is an authority…framework, to make sense of all of the confusion…growing up" (Sally).* Yet it seemed that what was being sought was a theoretical understanding of their past, on an emotionally detached level, which appeared an extension of what sounded like a studious coping style: *"I liked studying, I liked figuring things out and figuring things out normally worked just fine for me, if you can read something…yet there was this thing…I couldn't figure it out…suddenly there was a way of starting to figure something out" (Jennie).*

Sally wondered if motivation towards different psychotherapeutic approaches may be associated with the tendency to intellectualise, reinforced through those trainings. Her initial affinity towards the CBT approach: *"seemed so clear as a very pragmatic teenager who was able to not feel her own feelings"*. She speculated that CBT would be particularly attractive to those therapists who were: *"not wanting to not feel [their]own feelings terribly much".* Similarly, Jennie reflected her clinical psychologist training promoted intellectualisation: *"It does feel a little bit like creating machines to go off into*

the NHS and breed psychological knowledge…very protected people…wanting to fix the person without ever looking at the emotion...we've lost emotion".

5.3 Gratifying Unmet Needs

Many participants described how they learned to perform a function for others from infancy onwards; a dynamic which extended outside the family and appeared to draw many participants towards the helping professions as a means of '***Gratifying Unmet Needs'***. This category includes the sub-categories: *'Assuming a Fixer Role'* which vicariously gratifies dependency/intimacy needs; *'Satisfying Narcissistic Needs';* and *'Enlivening the Self'* through others' emotions.

It was only through significant reflection that some participants retrospectively acknowledged how their motivation was intrinsically linked to what Holly constructed as a neurosis: *"We wouldn't have this urge if we weren't disturbed",* considered to originate from childhood wounding: *"helping out is just on the surface and it did not take long to see that a lot comes from my childhood" (Elisha),* where a vocation helping others, concurrently gratifies the self: *"one chooses a job…ostensibly about helping other people but brings about helping ourselves as well"(Stella).*

5.3.1 Assuming a Fixer Role

Participants described ***'Assuming a Fixer Role'*** within relationships: *"the role of the fixer" (Elisha)*. This was constructed as unequal: *"they're the taker and I'm the giver" (Lucy)* and involved prioritising the 'fixing' of others' distress above their own needs, described by Emily: *"I remember one friend letting go of their balloon…I had to fix it. So, I remember giving this girl my balloon, even though I wanted my balloon because her*

distress was more unbearable than my own...I can tolerate my distress as long as we make you okay".

The motivation towards the helping professions was constructed as an extension of their other-focused/helper role: *"I was trained as a child to help others…it's always been really important to have a job that involves helping people" (Zara)* and more specifically, psychotherapy, where the therapist/client dynamic facilitated a re-enactment of their false self caretaker role: *"I was trained to take care of everybody else and it became a natural way of being and to be a therapist just followed on from that…largely unconscious…I didn't have the confidence from my true self…so I really had to do something that was about looking after people" (Holly).* A psychotherapeutic career ensured a supply of 'enfeebled' others needing to be fixed, which allowed participants to deny their own dependency needs and mirrored their childhood script: *"get that person better and then it will all be okay…wanting to fix my mum and therefore wanting to fix those people who came into sessions…to make other's happy and hold it in for myself, just like I did for my mum" (Jennie)*.

After reflecting on the self during training, some participants acknowledged how their apparent altruism was self-serving: *"my motivations weren't as wholesome as I wished to think they were…what does caring mean? to whom am I serving in this?" (Bryan).* Stella observed that she was drawn towards the area of her relational wounding, prior to realising why: *"it's steered my interests at an unconscious level…I just couldn't stop trying to get mothers and babies together"*, which she later constructed as an unconscious attempt to fix herself. Several participants therefore constructed the motivation to 'fix' others as being related to needing to fix the self: *"deep down I needed…to be fixed" (Sally).* Many appeared motivated to meet clients' needs from an awareness of an absence/wound within the self: *"I want to change the things that I was*

dissatisfied with…make them better for other people so that they don't have to suffer in the way that I suffered…it's the same fight, well it's my fight really" (Rose), where this process appeared to vicariously gratify participants' unmet needs, as Bryan described: *"reaching out to the troubled boy…because I wasn't rescued…people who need rescuing, need rescuing desperately…then I become the parent that I wasn't afforded and it's a way of screaming out…to my parents…why didn't you see me, why didn't you give me attention".* Rose suggested this process of seeking to vicariously fix the self, through a role fixing others, is enacted within all helping professions: *"the pull towards being a counsellor is self-healing…through healing others…a lot gets projected onto others and then we fix them and through fixing them we fix ourselves…true with all the helping professions".*

This fixer role had the added benefit of enabling participants to meet their own attachment/intimacy needs by performing a function and being needed by others, whilst allowing them to avoid real intimacy, thereby lessening the likelihood of being rejected. This pattern of relating was continued into the therapeutic career, where being needed by clients was described as satisfying participants' attachment needs: *"I am clearly in it to partly get something for me, which is about…feeling needed" (Rita).* Holly suggested that the therapist role attracts those who deny dependency needs and fear intimacy: *"because you see people for fifty minutes and they go away, so you can have like visiting time…it's a defensive adaption".* Participants reflected that the asymmetrical exposure inherent in the therapeutic relationship, requiring disclosure from the client and withholding from the therapist, felt safer than the intimacy required to connect within personal relationships: *"I'm not disclosing much about me and they're disclosing a lot about them" (Rose).* Therefore, the therapeutic/fixer role appeared to gratify attachment needs via a 'pseudo-intimacy', without the threat of engulfment or rejection. As Holly observed:

"my little self finds it hard to cope with much more at times. You can have an intimate conversation and not be involved in it personally…quite sophisticated on a level really to have found something that I can do for a living that meets my needs but doesn't risk me".

Despite fears of intimacy many participants appeared motivated towards achieving a sense of connection with clients: "*It's not possible to describe it with words, some kind of deep, deep relationship somewhere that person feels that you understand…that motivates me the most" (Elisha).* It seemed as if participants were engaged in a process whereby offering validation and connecting with clients vicariously gratified longed-for unmet needs. Other participants were motivated towards helping clients with fears of intimacy to engage, from an awareness of defensive disconnection within the self, which also appeared vicariously gratifying. But it was as if participants were using therapeutic engagement to re-work intimacy wounds associated with poor self/other differentiation: *"I find nothing more engaging than the person who finds it really difficult to engage, because that was my history too. It's like a mirror…Choosing to connect...They try, and I try to, trying together" (Stella).*

5.3.2 Satisfying Narcissistic Needs

Participants described ***'Satisfying Narcissistic Needs'*** through their engagements with others, which inevitably involved being valued for what they did, rather than who they were. This need to be valued as a 'fixer' attracted participants towards the helping professions and the therapeutic role which bolstered self-esteem: *"Whatever it is that for that moment has helped that client, makes me feel good about me" (Tori).* Participants described how the role solicited external validation from clients: *"you do get a lot of positive feedback…people who appreciated working with you" (Rita),* this appeared

necessary to validate their work, as internal validation seemed lacking: *"I'm not really sure that was a particularly good piece of work …then you get a card out of the blue and that's incredibly rewarding. Because then I feel I've done a good job" (Claire).* The fixer role was also described as offering a sense of omnipotence which may be appealing for the narcissistically injured: *"power as well up there, a sense of the therapist who…heals them all" (Bryan).* A few participants referred to the career as meeting a need to belong, as if they were gratifying twinship needs: *"to belong, lots of like minds" (Holly).* Sally reflected how being around similarly wounded others offered a sense of validation that may be needed by those who feel inherently different from narcissistic wounding: *"something very validating about being in this profession when you are one of the people who didn't have a secure attachment, it makes you feel better about yourself".*

However, this asymmetrical role: *"being used as a tool" (Tori),* recreated the childhood dynamic of satisfying others' needs to solicit external validation: *"I have so much to give to others, but the other side is that I probably also need appreciation for what I'm doing - its two-way" (Emily)*, with self-worth co-dependent on fixing others: *"doing something that helps…makes me feel worth something" (Jennie)* and success/competency within the role: *"I first started being okay…being good at the job" (Emily).* However, receiving validation from others failed to heal narcissistic wounds, with many participants describing an oscillation between internal validation and needing external validation to bolster self-esteem: *"often it's dependent on others. Sometimes when I'm in an okay place I can be happy with who I am without it being dependent on my jobs" (Tori).*

Many participants described being drawn towards supervisors/tutors/therapists who appeared to fulfil a developmentally needed function/role as 'substitute nurturers': *"fulfilling something for me that I'm still feeling like is missing...I suppose being looked*

after" (Emily) and satisfied unmet narcissistic needs by offering: attunement: *"people who could attune…secure attachment stuff. That's what they gave me" (Holly);* mirroring/validation, *"feeling completely validated…just being myself" (Emily);* someone to idealize and identify with *"that's the kind of psychologist I'd like to be…people who can present that human aspect of themselves" (Jennie).*

5.3.3 Enlivening the Self

For some participants, the emotional intensity of a psychotherapeutic career appeared to facilitate a process of ***'Enlivening the Self'.*** Stella suggested that therapists with an avoidant/dismissive attachment style may be drawn towards a vicarious experience of emotion: *"when you've been starved of it, boy are you hungry for it...where is it…search, search".* Several participants described being excited by emotional sessions, as if this process was somehow self-enhancing: *"If you have a really emotional session…it can be quite a buzz…I come away feeling more of a person" (Tori),* and others appeared to crave drama to enliven what sounded like an emotionally deadened self: *"a need for me for drama…brings me more alive" (Bryan)*. It was as if participants' needed others' distress to feel emotionally connected: *"I feel more alive when I feel other people's feelings. If I wasn't in tune with other people's feelings, I would probably not be as much in tune with myself…like losing touch with who I am and losing touch with who other people are… I need other people's feelings to exist" (Tori).*

5.4 The Critical Juncture - Confronting the Self

Participants appeared to describe a critical juncture in this motivational and developmental process which involved ***'Confronting the Self'***, prompted through the focus on self-reflection in psychotherapeutic training. This pivotal stage appeared to represent a nexus that existed between the *'Vicious Circle'* of non-reflective, defensive

practice and the self-reflective journey represented by the later categories. This critical juncture often had to be renegotiated and passed through many times, after participants encountered interpersonally challenging experiences which drew them into enactments or provoked defensiveness, requiring them to confront disowned aspects of themselves which enhanced self-awareness and facilitated owning their role in these dynamics.

Participants acknowledged that prior to being encouraged to reflect on themselves in psychotherapeutic training, they had been unaware of their unconscious motivations towards the career and also their apparent compulsion to repeat relational wounding and some appeared to remain unaware. Those participants who resisted reflecting on these processes seemed caught in a *'Vicious Circle'* represented by the first three categories of this process - attempting to fix others to gratify unmet needs; a function that creates dependency on the role for validation/self-worth. This appears an enactment of a defensive interpersonal adaptation; where participants attempted to maintain connection with caretakers by performing a function, but which resulted in them feeling loved only for what they did, not who they were. This theory suggests that those who continue to resist self-reflection and remain unaware of how their past is implicated in their career motivation will be more likely to re-enact this vicious circle, which can lead to burnout: *"a slightly difficult trajectory of helping people, giving a lot of myself to those people and burning out…running around doing everything…to please…work-self…true-self…the two just weren't compatible" (Jennie)* and becoming a *'Wounded Wounder'* through defensive, unethical practice, as Holly warned: *"you can blunder everywhere if you don't acknowledge yourself…people acting from their unreflected upon self could really do harm".*

Entering psychotherapeutic training appeared to involve a critical juncture associated with confronting the self, encouraged through the various reflective and

intersubjective contexts e.g. supervision, personal therapy, PD groups, experiential exercises and client work, and which appeared essential to embrace to break the vicious circle. Yet, this focus on the self, rather than on others was unexpected by many: *"I came into a profession that I expected I could do…I had been doing it for so long…what I didn't realise was how much of myself would be involved in the process of being a therapist" (Sally).* Jennie hypothesised that despite their aspiration to help others reflect, therapists are less keen, or skilled, at reflecting on themselves: *"it's almost laughable of how you can do it so much for other people…there are just blind spots in looking at yourself".* It appeared that the capacity and willingness of participants to self-reflect and confront disowned aspects of themselves significantly influenced their ability to negotiate this critical juncture.

Yet confronting disowned aspects of self was experienced as destabilising by many participants. Zara described this process as: *"a scary journey…I've opened up a whole can of worms…I didn't have any idea that there was anything particularly difficult about my childhood…didn't think what I do now"*. This typically triggered feelings of overwhelm as participants encountered split-off emotions: *"terrifying, of just myself fragmenting, and being incoherent, and having all of my emotions…I'd managed…all flooded in" (Sally)* and awakened feelings of insecurity as the false self came under scrutiny: *"I'm pretending to be something that I'm not again…its fallen apart because of the therapy and the training" (Bryan).*

Consequently, the defensive need to disconnect the self became problematic at this point in training. At this critical juncture, Emily suggests that therapists face an internal decision to embrace, or defend against, self-reflection: *"I'm either going to give way to this and it becomes a really massive part of my identity and that's a difficult thing to bear in some ways because of the awareness it gives you, or I stop…I close off that*

door…but there is some…bliss within that sort of ignorance". If the threat is too great and the trainee is unable to tolerate confronting the self, or sustains further wounding and shame during this process, they may resist reflection and loop back defensively to earlier categories, to protect the fragile self. Such therapists may maintain a defensive 'other-focused' stance: *It's not about you…why has your stuff got to come into the room?" (Paula)* and resist engaging with personal therapy: *"I hated having my training therapy because I just had to sit there and try and get to the end, its further adapted child stuff" (Holly).*

This defensive self-avoidance may account for why many participants, despite engaging in training, hadn't reflected upon the relevance of their relational past in their career choice prior to be interviewed: *"I've never really thought about it too much. As in that direct question has this influenced me" (Judy)*. Additionally, some participants, including Jennie, a trainee clinical psychologist, described how reflection was not encouraged in their training: *"being with a person in a room therapeutically of who you are, or why you've been drawn to doing that…it's not on that [competency] list and so therefore…not relevant…come on now, why do you want, for your job to sit in a room with someone and listen to their problems and love that?".*

This model emphasises the importance of negotiating this critical juncture associated with confronting the self, encouraged through psychotherapeutic training, though it was apparent some trainings encouraged this more than others. Those participants who embraced the initially threatening challenge to reflect on themselves appeared more open to the multiple opportunities to develop self-knowledge prompted by the various reflective contexts of the career and displayed a willingness to renegotiate the critical juncture when defensively triggered. This appeared personally beneficial; enhancing self-awareness and propelled them along a self-growth pathway, lessening

interpersonal defensiveness and facilitated breaking the vicious circle. In contrast, those participants who defensively disconnected and avoided confronting the self, appeared unconsciously compelled to engage in unhealthy re-enactments.

5.5 Moving from 'Other-ish' to 'Self-ish'

Participants reflected how psychotherapeutic training entailed ***'Moving from Other-ish to Self-ish'*;** a shift that was met with ambivalence by many participants, who appeared to need to justify personal gains obtained through the career. This process is explicated in the sub-categories: '*Legitimising Self-Focused Needs'* and *'Realising Reciprocity'*. Importantly, this shift appeared necessary to break the vicious circle.

5.5.1 Legitimising Self-Focused Needs

For those participants who could tolerate focusing on the self, psychotherapeutic training provided a way of ***'Legitimising Self-Focused Needs'.*** Stella observed how: *"engaging in the training you are legitimising this part of you that needs the help…I think that was true for me, not consciously".* This legitimisation, particularly the requirement to undergo personal therapy, was understandably appealing to those participants who had learned to deny their dependency needs, as Stella explained: *"I have to have therapy because I'm on this course and it's a course requirement…it does legitimise it".* Therapy, a disguised form of self-gain, was often legitimised due to its perceived benefits to clinical work: *"There is the theory that we train to be therapists so we can legitimately get therapy and I think that was it…I didn't feel bad about having therapy, because I was in the midst of helping others" (Holly).*

The training also offered a means of healing the self, similarly linked to denying dependency needs: *"the motivation to training into this is to try and help repair*

something…for myself…It legitimised it…Self-healing" (Stella). Some participants were keen to justify developing self-awareness from training in the interview, putting this down to unconscious forces, perhaps indicating their ambivalence around gaining from the process: "*I didn't do it deliberately…it was unconscious" (Zara).* Other participants described an unconscious 'calling' towards the career for self-growth: *"part of me that could survive and was then searching…I had this sort of unthought known…what drives you unconsciously, but in an almost conscious sense, of calling…calling, calling and you can't shut it up" (Stella)*; as if they were being motivated by their non-adapted true self: *"there is a force within us…the sort of empowered bit that can come from the non-adapted bit…like not having any lead in your pencil, finding that lead and that positivity…faith in that growth process" (Holly)*.

5.5.2 Realising Reciprocity

Participants described a shift towards ***'Realising Reciprocity'*** within relationships, rather than only giving, where training encouraged them to acknowledge and invest in themselves: *"I was entitled to think about myself as well…to give to myself" (Claire).* Similarly, Emily constructed this shift towards becoming more self-ish as reducing the risk of burnout, though her need to justify this as beneficial in her work, rather than just for herself, indicates a certain ambivalence: "*If you go into the role and you're completely motivated by other people, and it stays like that, I think that's going to really burn you out…I've decided to invest…in myself as well, it's helping me move from other-ish to being a little bit more self-ish, which I think is a good thing…it's beginning to feel more balanced".*

Those participants who became more self-ish started realising the reciprocal, intersubjective nature of the therapeutic process: *"hang on we are two people…I've got*

my whole back story and you've got your backstory" (Jennie), acknowledging the interaction of both participants' stories within the context and upon each other: *"there's bigger stories…which are interacting…they're having just as much impact on me as I am having on them…it's a very dynamic, intersubjective world that's going on" (Bryan).* These participants constructed therapeutic work as mutually beneficial, which appeared to create opportunities for reciprocal, co-constructed understanding: *"if you work with somebody who is similar to you that can be…a shared learning process because you are working together to understand something" (Emily).* It was as if by constructing therapy as reciprocally healing this lessened the shame evoked by the narcissistic gratifications and developmental gains inherent in the work.

By acknowledging and reflecting on themselves during client work, participants experienced growth: *"growing every time I saw a client…looking at myself" (Tori).* Several participants observed how relating to clients' emotions validated their own: *"I'm getting the validation for myself that I never got when I was growing up…a normalising experience" (Emily).* Jennie reflected: *"this profession is probably a way of me really craving to know that other people have emotions and that emotions are absolutely human and completely okay".* This validation appeared to increase participants' ability to tolerate their own emotions. It seemed as if they were engaged in a process of learning to feel and understand their own emotions, via reflecting on clients' emotions: *"I relate much better to other people's emotions than I do my own, that it validates something for me. So, you're feeling sad, so it's okay for me to feel sad…when you've grown up and you've had that knocked out of you that you shouldn't cry…it's a fantastic thing if somebody is crying, because I can feel that...like I can jump in the same puddle…it's vicarious." (Stella).*

5.6 'Finding Me' - Integrating the Self

Those participants who embraced self-reflection, described various elements of the training and career as enhancing their sense of self-coherence, represented by the category ***'Finding Me' – Integrating the Self'***, which includes the sub-categories: *'Reclaiming the Disowned Self'*; '*Developing Narrative Coherence';* and *'Building a Positive Sense of Self'*. All participants constructed training and working as a therapist as: *"a continuous self-growth journey" (Rita)* - a quest for self-knowledge that once acknowledged, often overtook the desire to help others: *"it's my journey really…though I like my clients…I think quite selfishly this is about me…finding me" (Tori).*

5.6.1 Reclaiming the Disowned Self

Participants described a process of ***'Reclaiming the Disowned Self'*** during their therapeutic training, as Elisha explained: *"Before the training you can simply ignore…[yourself]…there is no hiding place anymore".* Paula saw this process as akin to: *"Johari's window…you see things about yourself as a therapist and there's the shadow side the dark side you don't see…But until you continue that journey you will not know".* This increased self-awareness led to a sense of self-integration for many participants: *"I'm more integrated…at peace with who she is" (Jennie).*

PD groups further facilitated this process of self-examination: *"I'm learning about my impact on others…I can perhaps be a bit intrusive…I recognise all those traits in my mum that I really didn't like…I had no idea that actually they are in me" (Holly)*; where many became aware of defensive interpersonal relating, as Elisha explained: *"sitting in a PD group…you feel disconnected and I asked myself is that because of them…more down to me that I didn't want to connect, because I felt somehow…they are not interested in me…it is difficult in life when you repeat a pattern that it's probably not*

the reality". This process appeared to encourage participants to own their role in interpersonal dynamics: *"I get people to leave me all the time, abandon me…it opened my eyes" (Rose); "owning that you're not this complete nightmare, there's stuff, we all have stuff, but that other person has too" (Jennie).*

Participants described supervision as enhancing self-awareness: *"I've got a trunk going on now…I've got leaves and every time I have supervision it is like…another shoot…Oh this is me...I like it!" (Paula)*. Many participants described accessing unconscious material by exploring their countertransferential responses to clients: *"what was my stuff in a client situation…buttons that might be being pressed…disentangle my relationship with this woman who clearly isn't my mother, but is there in the room" (Stella).*

Sally described how therapy facilitated reconnection with suppressed emotions linked to relational wounding, which appeared to increase her affective range: *"my mum says I did cry when my dad left, but I don't think I can have cried as much as I've cried through therapy…retriggering of that time…having exposure to my feelings now…the difficult stuff, but also there's the flipside…the joy…liberation…I have access to the easier end of the range of emotions as well".* Re-experiencing and reflecting upon emotions appeared to validate participants' emotions, as well as developing their understanding of different self-states. It appeared as if they were enhancing self-reflective function: *"Oh my God, I know why I feel like that, it was…an emotional roller coaster, but it was something I needed…turning the lights on…lots of lightbulb moments" (Paula)*. Furthermore, integrating previously disconnected experiences appeared to lessen their emotional impact: "*this big dragon that was about being abandoned…through my training…he must be so miniscule that I just don't experience him anymore" (Rose)*.

5.6.2 Developing Narrative Coherence

Participants described how theoretical, experiential, and interpersonal elements of training facilitated a process of ***'Developing Narrative Coherence'.*** While all participants owned a degree of woundedness *"everybody has got some maybe anxiety…or maybe something bad happened when they were a child…it's part of being human" (Judy),* not all participants linked these difficulties to relational/developmental trauma, and only some were aware of their narrative incoherence, as Emily, a trainee, acknowledged: *"if that comes across as an incongruent narrative when you're looking at that, that's because for me it still is"*. Developing narrative coherence appeared facilitated through self-reflection, where participants began making sense of their relational past: "*the way I've been formed and the experiences I've had…I'm getting knowledge of myself at a different level than I originally had…that is actually really comforting" (Emily)*. Those participants who displayed high levels of reflexivity throughout the interviews described their narratives in a coherent, non-defensive manner, which often incorporated acknowledgement of the wounded healer identity: *"I am probably a wounded healer because I've been through quite a bit which I maybe underplayed" (Zara)*.

Psychological theory enabled participants to develop their narratives further; with many drawn to relational/psychodynamic and systemic theories that facilitated personal meaning making: *"when I came across the theory of Bowlby…I said, ah that makes sense" (Elisha);* allowing them to link their difficulties to their childhood relational context: *"increasingly I understand the contextual factors" (Sally)* and to understand how unconscious motivations emerged from these early processes: *"how childhood links to adult issues…how your unconscious is basically driving most of what you do" (Vanessa)*. Participants described validating disowned experiences through learning theories of

developmental/relational trauma: *"I'm not making it up…It's true that relationships, everything about us depends on a good enough relationship during growing up…the books affirm that, absolutely, it's writ large" (Stella).* Sally suggested the theories therapists are drawn towards reflect their developmental needs: *"related to my history…reflects my development, or my process"*.

This meaning making process did not appear to be an intellectualised quest for knowledge, but rather an experiential engagement with previously disowned material, as Tori explained: *"looking at it inwardly in counselling…looking at it objectively in the essays…I needed both…it unlocked my brain, my emotional past and history…makes it come together as a real experience"*. Participants described how exploring their past with others further validated previously minimised relational/developmental trauma; an experience lacking in childhood: "I *might have accepted my story, or what's happened to me sometimes, without knowing that it was wrong…I wouldn't know how real that was until you hear other people…having other people help you see that it's…wrong, helps me find out about boundaries and what's acceptable (Tori).* Therefore, their journey as a therapist offered the opportunity to validate and integrate experiences into a coherent narrative, which also appeared to develop a more coherent sense of self, as Sally explained: *"because of the psychotherapy and academic training and theories I'd been presented with I could make some kind of story of it…that process of having to take something that was so embodied…it was a very powerful process…made my own experience I suppose coherent, it made sense of it, forced me to become more coherent"*.

Additionally, some participants appeared to describe a process whereby becoming a therapist and perceiving their wounds as helpful in their client work allowed them to reconstruct the meaning of their wounds: *"becoming a therapist, it's actually channelled some of that into a positive…you can help other people" (Zara).* Several constructed their

experiential knowledge of woundedness as fostering a deeper understanding of the wounds of others: *"my whole body knows…it's not just a mind thing…if I hadn't had an infant trauma…I might not have got it to the same extent" (Rose)*. This process appeared to facilitate participants' reframing of their wounds as meaningful in the context of their life story: *"gives more of a meaning to my life…It's helped me become so much more philosophical…what my meaning is actually" (Bryan),* where Rita expressed the career connected meaningfully with her inner self: *"a match for me…connecting with my soul".* Tori constructed this process as related to post-traumatic growth, whereby her journey as a therapist and helping others because of her struggles, appeared to facilitate the transcendence of her own trauma: *"I guess the term post-traumatic growth…something about me as a human being that's been created and my path helps other people along their path…it ignites other people…growing after something and how it can help you like survive it"*. It was as if a psychotherapeutic career enabled personal woundedness to become meaningfully integrated into a coherent narrative that validated the self.

5.6.3 Building a Positive Sense of Self

Participants described how becoming a therapist facilitated ***'Building a Positive Sense of Self'.*** Engaging in a meaning making process that provided a coherent understanding of how developmental/relational trauma wounds the sense of self, appeared to lessen participants' self-blame: *"it's been a great liberator to know it's not my fault…when we, as children can't make sense of it, we think it must be our fault" (Stella*) and helped to challenge and transcend negative constructions of self: *"at my core there was nothing wrong with me, none of that was actually anything about who I was" (Jennie).* Participants described how developing a coherent self-narrative encouraged them to reconstruct pathologizing self-scripts: *"de-mystifying all beliefs in terms of not feeling good enough…as a victim…I haven't got stuck in that hole…believing that I*

amount to something, despite my story…rather than believing in the old belief systems" (Tori), fostering a positive self-transformation: "*I am of value…I am not a worthless piece of nothing…I actually like myself…I understand the journey…its brought around my own sort of self-worth" (Paula)*.

Participants reflected how interactions with 'substitute nurturers' encouraged working through perfectionism and a need for external validation: *"I don't need to strive for so much anymore…reassurance seeking less…good enough, is good enough…something has started to shift where I'm able to feel more confident in knowing within myself that I'm okay" (Emily).* Consequently, participants described a growing sense of self-confidence, whereby they became less concerned with external opinion and developed the capacity to validate themselves: *"different things are important to me now, not worried about…what other people think…because I just feel confident in who I am" (Judy).*

'Substitute nurturers' who were self-reflective and appropriately self-disclosing, empowered participants to explore how their relational past was involved in their career choice, lessening their sense of shame: *"she talked about her own journey to becoming a therapist as being very much motivated by her childhood experiences…not to be ashamed of that" (Vanessa)*. These validating interactions allowed participants' to develop an enhanced self-awareness of and a more balanced relationship with their wounds, rather than defending against vulnerability: "*it's still in there, the trauma, and I just wasn't aware it was so deep and I thought I was over that…at the end of the course…I'm much more balanced" (Elisha)*; *"I think it's a sign of strength to actually admit that you have had problems…rather than pretend that everything is hunky-dory all the time" (Zara),* which promoted self-acceptance: *"It's not about being fixed for me now…I've become resolved to that reality that I am never going to be fixed of all these things, they are*

imprinted in my brain. I can build new connections…there are always going to be things that open old wounds, but I am aware of it" (Sally). Thus, many participants constructed the career as unique in its capacity to restore/heal the self: *"a restorative process…the things that have been…healed…I don't think I would have gotten that anywhere else" (Emily).*

5.7 Liberating the Self

Participants described how integrating the self and developing internal validation encouraged a stronger sense of self, no longer dependent upon and constrained by external forces. Consequently, many participants described becoming more spontaneous and acting true to their self, with less need for interpersonal defensiveness. The category ***'Liberating the Self'*** captures this process in two sub-categories: '*Expressing the True Self*' and *'Diminishing Defences'*. As Holly explained: *"I chose the path that undid my adaptations…becoming autonomous…freedom to be myself…redefining the self…I'm allowing myself to become the person I might have been had I had secure attachments".*

5.7.1 Expressing the True Self

Participants described how psychotherapeutic training and practice led to ***'Expressing the True Self':*** *"it gave me permission to talk…it just felt like a curtain being lifted…people will listen and take you seriously when you talk about how you feel" (Vanessa).* Participants learned to value emotions and parts of themselves they had previously concealed: *"I have learnt to value the parts of myself that maybe I would have kept hidden…show to other people that you…can't manage something, or you're afraid…I would be able to say this is how I feel" (Claire).* Many participants described embracing emotional expression of their true self: *"I can easily cry and show my emotions which is not that accepted by society…It's just being who I am" (Elisha).*

Reclaiming a focus on the self through training and developing what Holly described as: "*healthy narcissism",* encouraged participants to find their voice and assert their needs in relationships, with less fear of rejection: *"courage in relationships…less anxiety about I mustn't let other people know what I'm thinking" (Judy).* Many participants described a lessening of the need to please others and an increased ability to enforce boundaries within relationships: *"saying no…not being absolutely golden is the payoff" (Jennie)* and perceiving their needs as equal to those of others: *"I give myself equal weight…in the past I might have felt oh no, my feelings, my stuff doesn't matter…I'm more able to ask for what I want, less likely to be a doormat" (Vanessa).*

Many participants described a more defined sense of self, enabling greater interdependence in relationships: *"I certainly have a greater sense of who I am as a person and that enhances…relationships I have rather than finding a relationship through somebody else" (Bryan).* Jennie described no longer needing to perform a function for others to obtain validation and maintain attachments, instead feeling loved for being her 'true self', which increased a sense of vitality: *"I felt alive…I'm very much me, and that's accepted and that's a lovely thing…I felt connected, not for what I do, or what I give to others, but for being a human being, who I am, my essence just like everyone else…is human".*

5.7.2 Diminishing Defences

Many participants' described ***'Diminishing Defences'*** associated with the false self, such as lessening their need to conceal: "*I am not putting up the typical mask in front of people" (Elisha)*, or being compulsively self-reliant, enabling them to show vulnerability: *"I've come out of myself…I'm not just back to being the person that I was before starting training and being quite bright…I'm just quite real about things in a way*

that I wasn't before…If I was struggling before I probably would have spent a lot of time trying to sort it myself, before owning that I was finding it difficult. Whereas now I'll just say…I feel really upset" (Jennie). It was as if participants had overcome some of their fears of intimacy by being able to be real and vulnerable, which facilitated authentic connection with others.

Furthermore, rather than busying themselves with 'doing', participants displayed increased comfort with 'being', as Bryan described: "*feeling okay doing nothing… becoming more present"*. He also explained: *"I don't have to seek out excitement and drama to feel alive",* which appeared to have been facilitated by integrating disconnected emotions. Jennie described how she no longer displayed a compulsive need to know by 'searching for answers': *"what we can be certain of is that we don't know and maybe once we come to terms with that…can we maybe be more okay in ourselves".* She also described letting go of her disproportionate sense of responsibility for fixing others: *"I am not the absolute in that person's journey…it's not my primary responsibility in life to fix someone else*". Holly similarly felt a lessening of responsibility, and no longer needing to work with severely wounded clients to validate herself: "*I want to lighten my load…I've got much more self-care...I feel like I've made my contribution…I don't want to go through the mill with it. That's for others now. I don't need them as much…I think there was something about proving my worth by working with people who were really damaged".*

Participants accounts of their developmental journey through their training and career suggest a paradox; that ultimately a psychotherapeutic career may heal the wounded healer, thereby lessening the motivation to 'fix' wounded others – a function that appears to defend and bolster a fragile self. However, reflecting on the self during training and the career appears to promote a more defined sense of self, which facilitates

enhanced interdependence in relationships, thereby lessening the co-dependence that appears to result from relational wounding. Thus, the wounded healer can develop into a *'Healing Healer'* who is more aware and accepting of their woundedness, less defensively motivated and more likely to engage authentically with clients. Once the neurosis linked to relational wounding is recognised, processed and resolved, the therapist may become a *'Healed Healer'* who is no longer motivated to fix others, at which point they may choose to leave the career. This process was highlighted by Rose, an experienced psychotherapist who remarked: *"I think you can stop being a therapist when you've sorted yourself out…I haven't felt the need to…do therapy for the last two years and I think that is partly because I feel more or less sorted…as long as we don't tell the clients, they'll want their money back" (Rose)*.

6. Discussion

6.1 Theoretical Discussion

The grounded theory outlined above describes a process consisting of a vicious circle, a critical juncture and a pathway towards PTG. The theory was influenced by my social constructionist epistemology and my integrative framework incorporating ideas from relational psychoanalysis and PTG literatures. In brief, the theory is as follows: Following an invalidating injury to the sense of self in childhood, participants learned to defend themselves by focusing on the needs of others, whilst denying their own emotions and needs, and projecting their vulnerability and neediness into an enfeebled other. A need for answers regarding confusing relational experiences, as well as a compulsion to repeat relational dynamics, drew them towards careers in the helping professions which facilitates re-enactment of the fixer role assumed in childhood. This leads to a vicious circle of gratifying unmet needs through a compulsive need to help/fix others. Confronting the self constitutes a critical juncture; a nexus through which therapists must pass to access the pathway towards PTG, prompted by the requirement for self-reflection encouraged during psychotherapeutic training. This requires a shift from focusing on others, to focusing on the self and is met with ambivalence and a need to justify this process as reciprocally beneficial for therapist and client. However, engaging reflectively with the multiple opportunities to acquire self-knowledge offered through the various intersubjective contexts of psychotherapeutic training and the career, not only breaks the vicious circle, but propels the therapist along a journey towards growth, psychological integration and an increased sense of coherence, promoting the development of an agentic self with relaxed defences.

In summary, the motivation to pursue a psychotherapeutic career appears to originate from developmental/relational trauma leading to a neurotic desire to fix others. However, engaging self-reflectively within the career can transform the wounded healer into a *'Healing Healer'*, who is less neurotically and defensively motivated. Reflective therapists, thus, may proceed to grow towards the characterological ideal of a *'Healed Healer'*, where the neurotic motivation to 'fix' others has been resolved, at which point, paradoxically, the therapist may choose to leave the profession. Conversely, a lack of willingness to confront the self keeps the therapist looping round the vicious circle, highly motivated, but operating defensively, which may lead to becoming a *'Wounded Wounder'* – neurotically compelled to 'fix' others, whilst denying their own wounds; a denial which has serious implications for practice.

The findings from this study counterbalances the pathology perspective concerning the motivations of wounded healers that has dominated literature to date. The grounded theory presented suggests that therapists appear to be seeking self-growth and attain this, but only by negotiating a critical juncture concerning a confrontation with the previously disowned self and subsequently embracing a continuous journey of self-reflection during their career, thereby enhancing self-knowledge. Notably, the degree of self-growth achieved appears to be dependent on the therapists' willingness to engage in meaning making concerning their relational past. Additionally, this theory illustrates that this motivational and developmental process is cyclical, dynamic and constantly evolving. Therapists do not proceed in a linear fashion but move fluidly between categories in response to interpersonal dynamics; just as the self can be healed through dialogic engagement with others, so too can it be wounded, which activates defensiveness and a retreat to earlier stages of this developmental process. Notably, this re-activation of relational wounding can occur at any stage in the process, even if the therapist has

achieved a degree of self-integration and growth. However, those therapists who are committed to reflecting upon and owning their role in such interpersonal dynamics and successfully repass the critical juncture, develop enhanced self-awareness which allows them to re-advance toward growth once more, perhaps lessening future defensiveness. As no comprehensive theory has yet been offered of this motivational process, this comprises an important contribution to the field of counselling psychology, highlighting significant implications for practice and the training of future therapists. Furthermore, the relevance of this theory extends beyond this field to encompass the helping professions.

All participants revealed some degree of developmental/relational trauma within their interviews, even though these experiences were not always constructed as traumatic. Experiences ranged from those typically defined as traumatic e.g. domestic violence, to those that appeared to have been overlooked/minimised, such as lack of attunement, attachment failures, parental loss and abandonment. Participants offered rich, descriptive narratives detailing how caregivers' lack of attunement/availability resulted in a sense of being invalidated, offering compelling support for Winnicott's (1969) theory concerning how the child's 'true self' becomes invalidated by a lack of mirroring. Invalidation occurred directly: being told they were 'making things up', indicating 'gaslighting' (Contreras, 2016), which forced participants to doubt their experience; or indirectly, through caregiver's emotional minimisation, suppression and lack of emotionally reflective dialogue. Muller (2010) highlights how parents with avoidant/dismissive attachment invalidate the child's subjective reality. This appeared representative of some participants' experiences and supports research indicating parental minimising leads to feeling invalidated (Krause, Mendelson & Lynch, 2003).

These experiences appeared to impair participants' reflective function, creating problems with self-regulation. Such findings support a wealth of literature and research

regarding the detrimental impact of dismissive/unavailable caregivers who display a lack of reflective function (Muller, 2010) and fail to console the child when distressed (Ringel, 2011), which creates repetitive misattunements (Khan, 1963; Kohut, 1971; Siegel, 2012), hindering developing reflective function (Diamond & Marrone, 2003; Fonagy, et, al., 2002; Fonagy, & Target, 1997) and the capacity to regulate self-states (Hesse & van Ijzendoorn, 1998; Schore, 2001). These findings highlight just how invalidating and developmentally damaging the caregiving contexts were for these therapists.

Participants described blaming themselves for these invalidating experiences and internalising parent's negative constructions into a self-critical voice which led to the development of a defective sense of self. The lack of a supportive object when distressed meant they constructed parents as undependable, but made sense of their rejection as indicating they were 'not good enough to be loved'. This process supports object relations theorising; the child constructs the self as being at fault for caregiver failings, which leads to negative internal representations or self and others (Fairbairn, 1954).

Kohut (1971) suggests that failing to have self-object needs met, leads to narcissistic injury, lack of self-cohesion and unstable self-esteem, which has been evidenced through research (Banai, et, al., 2005). The findings support these observations highlighting just how fragile and fragmented the therapists' sense of self may be. Additionally, backing the contention that object-loss and narcissistic injury may underlie the motivation towards a psychotherapeutic career (Barnett, 2007; Halewood and Tribe, 2003; Maeder, 1989; Sussman, 1987). Yet this study extends existing research by detailing the relational processes involved and the defensive adaptations to an inadequate caregiving context that appear to instigate motivation towards a psychotherapeutic career. This finding offers further empirical support for object relations theorising, that the child disconnects from itself, others, emotions and attachment experiences (Bigras & Biggs,

1990; Fairbairn, 1954; Guntrip, 1969; Kohut & Wolf, 1984; Leiderman, 1980). Similarly, attachment theorists suggest when attempts to elicit care fail, this necessitates 'deactivation' of emotions, detachment, and fosters an avoidant/dismissive attachment style (Ainsworth, et, al., 1978; Bartholomew & Horowitz, 1991; Bowlby, 1979). This appeared reflective of participants accounts and the observation that some dissociated whilst describing evocative memories, illustrates the defensive function of dissociation (Liotti, 1992). This study also adds weight to research indicating therapists often display insecure attachment (Rizq & Target, 2010), though the aim of this research was not to classify attachment, but to contextualise participants' constructed meanings.

Disconnecting from attachment experiences was also indicated by narrative incoherence within the interviews and perhaps, through difficulties recruiting participants. Only eleven participants constructed their childhood as developmentally/relationally traumatic (but only after self-reflection in training). The remainder, described invalidating experiences, but did not construct these as traumatic. This suggests that developmental/relational trauma may not always be acknowledged by therapists; consistent with an observation that narcissistically injured therapists often deny woundedness (Welt & Herron, 1990). Attachment research suggests that an incoherent narrative, denoted by minimisation of attachment experiences and presenting childhood positively whilst displaying contradictory insecurity, indicates avoidant/dismissive attachment (George, Kaplan & Main, 1985; Main, 1991;1993). This appeared reflective of some participants, therefore the findings support these studies.

Trainees in this study appeared less coherent than experienced therapists, which is consistent with observations that trainees typically lack awareness of their wounds (MacCulloch & Shattell, 2009; Mander, 2004) and may explain why some quantitative research with trainees has failed to establish a link between the therapists' childhood and

career motivation (Kuch, 2008). By using the grounded theory method to focus on actions and processes, the current study explored less conscious processes and identified that even some qualified therapists disconnected from their relational past. Therefore, therapists may be more defensive and less self-aware than certain literature suggests and those who deny developmental/relational trauma may not be less wounded, but less reflective and more defended.

The finding that participants adopted a functional role e.g. mummy's helper/carer whilst suppressing their own emotions and needs offers empirical support for Winnicott's (1969) theory of the construction of a false self and recent theorising and research that indicates developing 'pathological concern' for others gratifies unmet needs (Friedemann, 2011; Friedemann, Tolmacz & Doron, 2016). Many participants appeared to merge/fuse with needy parents in parentified roles, whilst displaying self-reliance, offering support to literature describing the defensive function of compulsive caregiving, which maintains attachment and facilitates denial of vulnerability and dependency needs (Bowen, 1976; Bowlby, 1977; Jurkovic, 1997). These findings also support Ferenczi's (1953) theorising, and research indicating the link between parental depression and parentification (Van Parys, Smith & Rober, 2014), whilst adding weight to existing research inferring that parentification is a common history for therapists (DiCaccavo, 2002; Elliot & Guy, 1993; Fussell & Bonney, 1990; Nikcevic, et al., 2007; Racusin, Abramowitz & Winter, 1981).

This study suggests that therapists are more fragile and mirror hungry than their false self suggests. Many participants lacked self/other differentiation where they displayed a constant need for external validation, engaging in perfectionism and overworking to compensate for a lack of internal validation, supporting literature and research linking these behaviours to the imposter phenomenon and parentification

(Castro et, al., 2004; Klein, 1987; Lane, 2015; Winnicott, 1967). Existing research suggests individuals with an undifferentiated self either dismiss the need for self-objects (avoidant/dismissive), or are dependent on their evaluations (preoccupied) (Marmarosh & Mann, 2014; Skowron & Dendy, 2004). However, interestingly, participants displayed both proclivities; needing self-objects for external validation yet dismissing self-objects when distressed. Therefore, these findings partially support earlier research, but indicate that both defences may be employed by individuals in different contexts and therefore, not always related to attachment style.

Several participants constructed their false self adaptions as useful within a psychotherapeutic role, supporting an assertion by Miller (1997), that the 'other-focused' emotional antennae of the false self motivates towards the career. However, the fact that participants described enhanced reflective function towards others, whilst displaying indicators of avoidant/dismissive attachment contradicts research linking avoidant/dismissive attachment and childhood trauma with poor reflective function (Fonagy, et, al., 2002; Levine, 2015). There is some evidence that maternal deprivation, which many participants had experienced, increases reflective function towards others (Field, et, al., 2005). Consequently, this research suggests that reflective function may not always correspond with attachment style, echoing findings by Cologon, et, al., (2017).

Many participants appeared to have unconsciously constructed enfeebled others to hold unwanted and projected vulnerability and neediness; a process which appeared to be facilitated through the therapist role. This finding supports literature describing how therapists empower themselves through this defensive dynamic (DiCaccavo 2006; Groesbeck, 1975; Hayes, 2002; Marmor, 1976; Ogden, 1982). Welt & Herron (1990) suggest that therapists with unacknowledged narcissistic injury are more likely to project unwanted aspects of self onto others. The findings offer tentative support for this view;

many participants reflected on their experiences of being enfeebled and invalidated by unreflective supervisors, tutors, or other therapists, who appeared to be operating as *'Wounded Wounders'* and forced participants' defensive retreat to earlier stages in this cyclical process. These findings therefore support the literature on the damaging dynamics that can occur between supervisors who are intolerant of vulnerability, or poorly attuned (Itzhaky & Sztern, 1999; Cushway, 1996), leaving supervisees invalidated and re-traumatised (Nelson & Freidlander, 2001), whilst adding weight to research that indicates poorly matched supervisory dyads provoke defensive disengagement from the supervisee (Foster, et, al., 2007).

The findings also indicate that the profession may be less acceptant of vulnerability than would be expected, where many participants feared judgment and stigma, encouraging them to conceal relational wounding in the professional domain. This supports an assertion by Zerubavel & Wright (2012), that wounded healers are forced into a 'conspiracy of silence'. Yet the findings extend this literature by indicating internalised shame from narcissistic injury also provokes self-hiding.

Participants described how their interpersonal adaptations extended outside the family and appeared to unconsciously motivate towards the therapist role which comprised an extension of their internalised 'fixer' role adopted in childhood and gratified a variety of unmet narcissistic, intimacy and dependency needs; a finding that supports the backbone of psychodynamic literature and research in this area (Barnett, 2007; DiCaccavo, 2002; Guy, 1987; Halewood & Tribe, 2003; Miller, 1997; Searles, 1979; Sussman, 1987:2007). However, this study emphasises a motivation to 'fix' enfeebled others, over caregiving, although both processes reinforced participants' 'need to be needed' and echoes existing literature and research concerning how the therapist role facilitates vicarious gratification and denial of dependency needs (Barnett, 2007;

DiCaccavo, 2002:2006; Light, 1974; Marmor, 1976). The findings support the assertion that therapists often fear intimacy (Kottler, 1991); it appeared many participants found the asymmetrical disclosure required from them as therapists and the 'pseudo-intimacy' achieved with clients, allowed them to safely gratify attachment needs. This finding echoes Sussman's (1987:2007) claims, whilst additionally supporting his assertion that the therapeutic context facilitates reworking intimacy wounds, whereby participants appeared to use the process of engaging with clients to work through issues with self/other differentiation, whilst gratifying a longed-for need for connection. A novel finding concerned how being around like-minded others and those with insecure attachment appeared to gratify twinship needs. Therefore, the therapist and client may be more alike than therapists care to acknowledge.

Participants' 'mirror hunger' persisted within the therapist role, where they used clients as self-objects to bolster self-worth and feel powerful, supporting literature and research in this area (Claman, 1987; Grosch & Olsen, 1994; Hammer, 1972; Maeder, 1989). Additionally, participants were drawn towards 'substitute nurturers' to obtain developmental needs for attunement. It was as if they were seeking a secure attachment figure (absent in childhood) who could provide 'corrective emotional experiences', consistent with the literature (Friedlander & Ward, 1984; Hartman & Zimberoff, 2004). This finding also supports theorising that tutors are often cast in the role of replacement self-objects (Rizq, 2009), where participants appeared hungry for validation from these 'substitute nurturers' to bolster their fragile self.

A novel finding concerns how participants were drawn towards others' emotions to enliven a deadened self. This supports an assertion by Sussman (2007) that the false self uses others emotion to feel connected. Therefore, therapists who lack awareness of

their narcissistic disconnection may become 'emotional vampires' feeding off the distress of clients to gratify their need to be enlivened.

Only some participants were consciously aware how the career gratified their needs; a finding which supports observations that complex motivations behind the motivation to help only become conscious after significant self-reflection (Norcorss & Farber, 2005; Street, 1989). More reflective participants constructed their motivation to 'fix' others as an unconscious compulsion to repeat and re-enact relational wounding, attempting to fix the self through 'vicarious healing'. This offers empirical support to psychodynamic theorising concerning the reparation hypothesis (Jackson & Nuttall, 1997; Levy, 1998; Mander, 2004; Obholzer & Roberts, 1994; Renn, 2012; Searles, 1965; Sherman, 1996), but this theory extends this literature by presenting a model of this process which represents a *'Vicious Circle'* that will continue whilst relational wounding remains denied, which increases the risk of burnout, by provoking an excessive responsibility to 'fix' others (Berry, 1988; Cooper, 1986; Maltsberger & Buie, 1974) and defensive, unethical practice (Guggenbuhl-Craig, 1968:1971; Hilliard, Henry & Strupp, 2000; Wheeler, 2002) as a *'Wounded Wounder'*.

An original finding concerns the importance of the critical juncture associated with confronting the self, that is encouraged through psychotherapeutic training; a confrontation that is essential to negotiate to break the vicious circle and to initiate a move towards growth. Participants descriptions of how this process was destabilising are consistent with Maeder's (1989) observations that dismantling the false self-structure and exposing narcissistic vulnerability can create turmoil for trainees. This theory also acknowledges that therapists with an avoidant/dismissive attachment style may be more resistant to confront the self, which may explain why some therapists disregard engaging in personal therapy (Holzman, et, al., 1996) and why, despite training, many participants

in the current study had not reflected on their past, or their career motivation. Consequently, such therapists may remain defensively other-focused, supporting an observation by Page (1999) that focusing on others defends against acknowledging the self. This model additionally emphasises how a willingness to continue confronting the self and reflecting upon challenging interpersonal re-enactments/dynamics that occur throughout the course of the therapists' developmental journey enhances self-knowledge and facilitates owning one's role in interpersonal dynamics. This assertion supports literature that emphasises the importance of self-reflection in reclaiming disowned aspects of the self (LaMar 1992).

Participants who were willing to self-reflect and moved from 'other-ish to self-ish' were propelled along a 'pathway' towards PTG, enabling the partial resolution of their neurotic desire to fix others, and facilitated becoming a *'Healing Healer'*. However, acknowledging self-gains attainable via the career initially required justification, whereby participants used the career to legitimise self-focused needs, which appeared necessary given denial of dependency needs. Others described being unconsciously 'called' towards the career, apparently related to finding their true self. These findings support research indicating mandatory personal therapy legitimises engagement (Nikolopoulou, 2016) and psychodynamic theorising, that an 'unthought known' sense of one's true self (Bollas, 1987) draws the narcissistically injured towards psychotherapeutic training which facilitates its realisation (Miller, 1997) and legitimises self-healing (Mander, 2004).

An important process concerned realising reciprocity within relationships. This supports literature asserting the importance of developing a reciprocal role as a therapist, rather than compulsively caregiving to mitigate burnout (Baker, 2003). Some participants constructed therapy as reciprocally growthful, endorsing an intersubjective view of the

therapeutic endeavour (Stolorow & Atwood, 1992) and learning from their clients, supporting the perspective of Casement (1985). These findings also offer tentative empirical explanation for how the wounded healer transforms within the therapeutic context; reflecting on clients' emotions appeared to enhance participants reflective function, extending research by McDaniel (2016) that indicated reflecting on countertransference promotes therapist growth.

Participants described being motivated by the 'continuous self-growth journey' encouraged through training and the career which overtook the desire to help. This illustrates the 'self' is continually evolving (Gergen, 2011) and supports research that suggests therapists are motivated to continue the career by acquiring self-knowledge (Hester, 2014). Orlinsky & Ronnestad (2005) note certain interpersonal contexts e.g. supervision, personal therapy, influence therapist growth. This study supports and expands this quantitative research by illuminating how these contexts promote growth - by facilitating a process of self-integration. These findings are also consistent with research indicating PD groups, personal therapy and supervision enhance therapist growth by developing self-awareness (Moller, et, al., 2009; Moller & Rance, 2013; Nikolopoulou, 2016; Risq & Target, 2008; Smith & Davis-Gage, 2008). Additionally, the findings back theorising by LaMar (1992) who advocates the importance of reclaiming the self that was denied in response to relational wounding, and Richard's (2012) reflection that the wounded healer finds their 'lost self' by engaging with the career.

Participants also constructed therapy as augmenting reflective function and self-regulation capacity, which appeared to develop narrative coherence and was related to self-reflexivity. This finding supports research by Rizq & Target (2010) who indicated that personal therapy and the degree attachment experiences have been reflected upon determines narrative coherence. Yet this study extends this, by suggesting that all the

components/contexts of a psychotherapeutic training and career enhance narrative coherence (not merely therapy). This also appears to facilitate owning the wounded healer identity, supporting research indicating that identification with this status is encouraged through self-awareness (Hester, 2014).

This study supports the wounded healer literature that suggests therapists are drawn towards the career due to an experiential understanding of woundedness (Guggenbuhl, 1999; Hayes, 2002; Jung, 1951; Sedgewick, 1994). Yet it extends this, by indicating that participants reframed the meaning of their wounds by using them helpfully in the therapist role, which appeared to facilitate narrative coherence and self-transformation, offering empirical support to PTG theorising (Joseph & Linely, 2008; Neimeyer, 2006; Tedeschi, Park & Calhoun, 1998). Research has examined how psychotherapy allows validation of developmental/relational trauma and can encourage challenging dominant discourses of defectiveness, allowing reconstruction of meaning and positive self-constructions (Neimeyer, Herrero & Botella, 2006). This study supports and extends this understanding by suggesting this process is facilitated via a psychotherapeutic career, which participants felt exceeded the gains that could have been achieved via personal therapy alone and may explain why so many are drawn towards training, which may represent a PTG process.

The findings highlight how 'substitute nurturers' facilitated working through issues associated with narcissistic injury which built internal validation. This supports literature and research that suggests reflective supervisors promote a developmental process that encourages self-acceptance and autonomy (Knox, et, al., 2008; Skovholt & Ronnestad, 1992; Stoltenberg, et, al., 1998). Several participants constructed the career as unique in its restorative potential. Therefore, it could be suggested that psychotherapeutic training comprises a 'treatment programme' for the narcissistically

injured which promotes positive reconstruction of the self - if the therapist is willing to reflect upon their past. Vinton's (2008) research with experienced psychotherapists indicates that self-reflection facilitates integration. This current study extends this earlier research by suggesting that self-reflection is more significant than experience to therapist growth.

The final stage of this theory highlights the process of liberating the self, whereby the career appears to offer a 'developmental second chance' which promotes increased self-expression, an enhanced sense of interdependence in relationships and the relaxation of defences associated with the false self. These findings support Miller's (1997) claim that a psychotherapeutic career facilitates discovery of the true self, and research by Hester (2014) that indicates therapists gain authenticity through training. This theory therefore proposes a paradox for the wounded healer; that the self-reflective developmental journey offered by a psychotherapeutic career may facilitate the transformative process towards becoming a *'Healed Healer'* (a therapist with a defined sense of self, who is no longer defensively motivated to fix others), yet this achievement may subsequently motivate relinquishing the psychotherapist role (that appears to function co-dependently upon the use of an 'other' to gratify the self) which is no longer needed. This finding offers empirical support to supposition by Welt & Herron (1990), that developing 'healthy narcissism' can heal the neurosis linked to narcissistic injury that motivates therapists towards the career and also Skovolt & Trotter-Mathison (2016), that wounded healers may heal themselves which can cause the role to lose meaning. This theory suggests at this point therapists must choose: to stay in the profession, offering less defensive, more authentic relating to clients; or go.

6.2 Implications of the Research

6.2.1 Professional Implications

The grounded theory presented offers a significant contribution to counselling psychology by delineating the processes involved in developmental/relational trauma and therapists' pursuit of a psychotherapeutic career. It is hoped that the relevance and scope of the findings extends beyond this field to include the helping professions more broadly. Furthermore, this theory raises ethically important implications for practitioners, supervisors, trainers, employers and stakeholders.

This theory proposes an ethical imperative for self-reflection in the helping professions; those trainings that fail to promote self-reflection in practitioners, or those who resist reflective engagement, are more likely to compulsively loop round the vicious circle, re-enacting a fixer role, which increases the risk of burnout and defensive, unethical practice. It is notable that a high proportion of participants displayed indicators of an avoidant/dismissive attachment style, with only some developing awareness of how this negatively impacted practice. Therefore, therapists with an avoidant/dismissive attachment style may be more prone to the perils and pitfalls of the vicious circle.

This study suggests that some practitioners engaged in the helping professions may lack reflective function; a deficit which is suggested to hamper clinical outcomes (Cologon, et, al., 2017). Several participants described engaging in defensive manoeuvring when emotion felt threatening, suggestive of 'empathic repression'; a countertransference reaction that protects the therapist from client material (Wilson, Lindy & Raphael, 1994). This highlights the need for trainers and supervisors to identify these indicators of defensive practice and explore them with trainees/supervisees.

This theory suggests that a psychotherapeutic career and especially CBT, may attract individuals seeking to intellectualise their experiences. Furthermore, doctoral psychologist programmes require candidates to demonstrate academic excellence to be accepted, which arguably attracts intellectualising practitioners. Rizq (2006) suggests that trainees can prioritise theory as a defence against self-reflective elements, which is important for trainers to recognise. Trainings prioritising theoretical and technical competencies over self-reflective elements, may encourage intellectualised clinical practice. Therefore, this study cautions that the psychologist profession may be promoting a *'systemic intellectualisation of therapy',* which devalues the importance of the experiential and serves the therapists' defensive needs. As a profession, we need to bring therapy back to life. Avoidance of reflection prevents trauma processing, self-integration, and growth for the therapist and authentic connection with clients. Mandatory personal therapy in training therefore seems essential to encourage the therapist to confront their disowned self and enhance reflective function.

Dalenberg (2000) suggests that therapists can defend against clients' trauma narratives by minimising them. The finding that participants minimised and denied developmental/relational trauma is suggestive of a phenomenon I term *'professional minimisation'*; an unconscious minimisation of the impact of relational/developmental trauma and how this is involved in the presenting difficulties of clients. If we, as therapists, defensively disconnect from our own relational traumas, there is a risk that we may minimise and invalidate our clients' experience if their material is experienced as threatening. Professional minimisation was further evidenced by participants who described a lack of training on developmental/relational trauma, which I suggest may lead to erroneous diagnoses and ineffectual treatment. This study calls for training programmes to include developmental/relational trauma as a compulsory element, to

facilitate exploration of the potential impact of these issues which would benefit both therapists and clients alike.

This theory highlights the unhealthy power dynamic, the 'Us and Them' divide, maintained by *'Wounded Wounders'* who defensively deny and project vulnerability onto others, thereby enfeebling and invalidating them. It is important that therapists reflect upon and own their woundedness/vulnerability to rebalance this power dynamic and promote more authentic relating. This has important implications for organisations and training programmes regarding recruitment: Recruiting applicants based on their self-reflective abilities and reduced defensiveness, rather than academic achievements, would produce ethically minded practitioners more able to own interpersonal dynamics. This would lessen wounding of clients, supervisees, trainees and staff, promoting healthier organisational dynamics.

It is suggested this insidious power dynamic also maintains the professional taboo around openly acknowledging therapist vulnerability, which further invalidates wounded healers and may force them into hiding to avoid stigmatisation. In the current climate, the wounded healer, willing to self-reflect, must negotiate a professional minefield, attempting to find 'substitute nurturers' who promote growth. If the profession were to acknowledge the reality of developmental/relational trauma in therapists, this would help to reduce stigma, which in turn would facilitate self-reflection in training and the profession more widely, promoting the development of *'Healing Healers'*, and go some way towards reducing the cost of burnout.

6.2.2 Implications for Counselling Psychology

Counselling psychology is underpinned by a post-modern philosophy, an intersubjective, social constructionist epistemology (Rizq & Target, 2010) and

humanistic values focusing on growth, rather than pathology (Hansen, 2007; Lichtenberg, Goodyear & Genther, 2008). Woolfe (2012) suggests that the reflective practitioner model (Schon, 1983), inherent in counselling psychology, sets it apart from other applied psychological trainings, though the profession has been accused of being overly introverted (Woolfe, Dryden and Strawbridge, 2003).

The grounded theory presented validates the professions' emphasis on self-reflection. As such it is argued that trainings that don't invest in self-reflection may have damaging consequences for both therapist and client. Hage (2003) observes that counselling psychology appears to have diluted its values and moved towards a medical model. The findings of this current study indicate it is essential that the counselling psychology profession reclaims its post-modern philosophy, reflective practitioner and humanistic values, rather than dispose of these qualities in a narcissistic quest for professional approval.

6.2.3 Recommendations for Practice

This theory highlights the importance of therapists developing self-awareness rather than operating from a defensive, other-focused stance. Investing in the self and realising reciprocity in the therapist role mitigates against burnout. Practitioners are encouraged to commit to self-reflection within training, rather than paying lip-service to mandatory requirements such as personal therapy. This process develops self-awareness and narrative coherence which will enable the therapist to facilitate the same process with clients; as therapy is a process of co-constructed meaning making (Spence, 1982). In addition, letting go of a defensive need to 'fix' clients and instead validating and contextualising the clients' experience is more likely to be healing. Furthermore, engaging with the relationship and using the therapists' self can be more powerful than a

toolbox of techniques. It is important for the therapist to endeavour to stay emotionally connected with clients and their trauma narratives, but to note countertransference and defensiveness and to explore these in supervision. If we have the courage to own, confront, and process triggers and dynamics linked to our disowned relational past and self, rather than concealing them, this will mitigate future defensive practice and facilitate becoming a *'Healing Healer'*. Similarly, supervisors and trainers are encouraged to recognise the power they hold as 'substitute nurturers' and to promote reflective practice, rather than shaming supervisees and trainees who reveal vulnerabilities, as this may force the supervisee, or trainee, back into hiding.

6.3 Ensuring Quality & Rigour

Qualitative research must fulfil standards of rigour. Multiple versions of criteria make it hard to discern which to adopt (Sandelowski, 1993), though they should align with the underlying philosophy that the methods are structured on (Fossey, Harvey, McDermott, & Davidson, 2002). Therefore, Charmaz's (2006) criteria, specifically for CGT studies, were utilised: *"Credibility"* - ensuring sufficiency of data collected to make theoretical claims that are grounded in data; *"Resonance"* - achieving category saturation and checking meanings with participants to ensure the theory reflects lived experience; *"Originality"* - producing a theory displaying new insight; and *"Usefulness"* - contributing to knowledge with professional implications.

Credibility - The research utilised a broad sample from a range of trainings and helping professions, generating rich data. Following the GT method ensured that the theory constructed was grounded in the data, enhancing trustworthiness (Morrow, 2005). My commitment to reflexivity, journaling and memoing helped mitigate bias and ensured transparency (Bolam, Gleeson & Murphy, 2003; Finlay, 2002). Only in the later stages

of analysis was the literature returned to, allowing knowledge to "lie fallow" (Charmaz, 2006, p166). My supervisor remarked on my 'loyalty to the data' bestowing participants with the loudest voice. Ramalho, et, al., (2015 on site) assert that: *"it is not a 'researcher free' quality that ensures the groundedness of a theory, but rather the researcher's active, ongoing, and deliberate commitment to prioritize the data over any other input".*

Resonance – Data collection and analysis occurred concurrently until no new insights were gleaned, indicating theoretical sufficiency (Dey, 1999). Though member checking is not used for CGT, the theory under construction was discussed with three participants who confirmed the process meaningfully reflected their lived experience, indicating resonance (Charmaz, 2006).

Originality – By incorporating relational psychoanalysis and PTG theorising, this study balances growth and pathology perspectives concerning the motivations of wounded healers, integrating an original, holistic theoretical conceptualisation and model of the role of developmental/relational trauma in therapists' motivation to pursue a psychotherapeutic career. This study uniquely depicts how therapists constructed their childhood relational experiences (constructed as developmental/relational trauma by myself) offering insight into the developmental and relational adaptations that appear integral to this motivational process. Additionally, this theory proposes that engaging self-reflectively in the career may paradoxically lessen the motivation to be a therapist, not suggested by research before.

Usefulness – This study extends existing knowledge concerning the motivations of wounded healers that have mainly been deduced from psychodynamic theorising, by illuminating understanding of motivations associated with growth. The theory offers significant professional implications: asserting an ethical imperative for self-reflection in

the helping professions, the need for training on developmental/relational trauma and mandatory therapy in training. Furthermore, the finding that participants minimised developmental/relational trauma and displayed narrative incoherence may explain why therapists often deny its relevance to career motivation.

6.4 Critique of Methodology

GT is a creative methodology enabling the construction of a theory from data and a systematic approach to simultaneous data collection and analysis improves rigour (Hussain, Hirst, Salyers & Osuji, 2014). CGT emphasises reflexivity and how the researcher influences the process, valuing co-constructed meaning which is context specific, whilst ensuring theory construction remains grounded in the data (Charmaz, 2006). However, Glaser (2002) argues that considering data to be co-constructed enables the researcher to cover bias through 'legitimate forcing'. Secondly, that storytelling leads to descriptive accounts that neglect abstraction and theoretical conceptualisation. I contest this: my commitment to reflexivity and acknowledging how meaning and knowledge are socially constructed, reduced preconceived biases being forced on the data; by focusing on actions, processes and using constant comparison, this enabled me to interpret the data beyond description, leading to an in-depth theoretical conceptualisation.

Thomas & James (2006) critique GT broadly for prioritising the development of theory, methods and procedures over participants' idiosyncratic meanings, which they argue leads to unsubstantiated claims of an inductive 'grounded theory' generated from data, suggesting instead that the process enables interpretation of participants meanings in the substantive area only. The aim of GT is the construction of a theory to illuminate understanding in under researched areas and the methods enable this process, but I argue

that participants multiple constructions of meanings are valued and form the grounding of the theory. Strauss & Corbin (1990) assert that as the grounded theory explains a process, this justifies the term theory. I agree with Hussain, et, al., (2014, p8) who propose that the end theory is: *"a statement regarding the possible relationships among categories about a phenomenon that facilitates the comprehension of a social world".*

A further critique of GT concerns the degree of labour in data analysis, being more suited to smaller samples (Fassinger, 2005). Myers (2009) suggests that novice researchers struggle to abstract concepts and Allan (2003) indicates that coding can lead to being 'lost' in data. I did experience analysis as a lengthy process and the constant comparison required an intensive commitment, though on balance, this encouraged my creativity and analytic/interpretative mind which made investment worthwhile.

6.5 Research Limitations

It was difficult to recruit therapists to this study, perhaps reflecting the professional silence around developmental/relational trauma and its' denial. This restricted both the initial sample, theoretical sampling and possibly constrained the conceptual depth of my analysis (Benoliel, 1996); limited to those willing to take part and lacked the inclusion of therapists who actively denied developmental/relational trauma. The study would have benefitted from a broader range of voices, but was predominantly comprised of psychotherapists/counsellors from the second recruitment drive who displayed greater-reflexivity and acceptance of their relational past, possibly due to self-reflection encouraged in their training.

Given the sensitive research topic some participants may not have felt comfortable discussing personal understandings with me, due to the power I held as the researcher, but also possibly fearing judgement/stigma if they revealed less

'professionally acceptable' motivations. When I disclosed my wounded healer status in the debrief this promoted deeper reflections and I wondered whether disclosing my status at the start may have facilitated participants sharing more inhibited/concealed personal meanings with me. The importance of researcher self-disclosure during interviews has been asserted to increase the depth of participant reflections and the quality of data obtained (Hall & Callery 2001).

The sample only included one male therapist. Psychotherapy has become disproportionately represented by women, attributable to gender role bias and the 'feminization of psychotherapy/psychology' (Ostertag & McNamara, 1991). Furthermore, it has been suggested that the male 'ideology of toughness' means they are more likely to deny vulnerability after trauma (Mejia, 2005). These factors may account for why only one male chose to participate.

Quinn-Paton (2002) highlights the study is only as good as the interview schedule. Some of the initial questions were less valuable in accessing meaningful data, so the schedule was modified and used flexibly in accordance with the GT methodology (Charmaz, 2006). Interestingly, reflective participants responded at length with complex meanings to the initial open-ended question, whereas others were less forthcoming and needed significant prompting, suggesting perhaps a lack of self-awareness, or unwillingness to reflect on these areas.

I acknowledge that various factors including my theoretical framework, my 'self' as the researcher, personal experiences and pre-existing assumptions will have undoubtedly shaped my research and influenced my construction of the data and ultimately the theory constructed (Finlay, 1998; Rizq, 2008).

My insider position and willingness to claim a wounded healer identity and also how I construct my past is likely to have sensitised me to reading the data from this lens and possibly biased me towards seeing data that echoed my experiences (Finlay, 1998). For example, my belief in the detrimental impact of being relationally invalidated (which I encountered both in my childhood and during my career), in addition to my prizing of self-reflection (from a realisation that I had defensively disowned my relationally traumatic past when reflecting on myself during training), may have resulted in me constructing these processes as more important in the resultant theory than another researcher would have done, especially one who had not reflected upon their woundedness, or past.

Secondly, my theoretical framework unequivocally influenced my research. I recognise that I constructed participants experiences as developmental/relational trauma, even though many did not construct these experiences as such and I subsequently made sense of this phenomenon as indicating a defensive process. This is partly because my understanding of trauma aligns with Kira, Fawzi and Fawzi's (2013) psychoanalytic/developmental paradigm and also because I have observed the ways in which these relational experiences are often minimised/overlooked by therapists and clients. Psychoanalytic literature enhanced my theoretical sensitivity concerning the category 'defending the fragile self', but I may have amplified these processes in the overall theory due to my negative experiences with defensive, unreflective practitioners. Additionally, my allegiance towards theories of PTG, with a pre-existing assumption that becoming a therapist facilitates growth and that meaning making and developing narrative coherence is fundamental to this process, is likely to have led me to include data which supports this perspective (concerning the pathway towards growth) and overlook the significance of data which did not confirm this view. Stephenson & Loewenthal

(2006) suggest that the unconscious selection of data that reflects the researcher's lived experiences is hard to avoid, but I endeavoured to be reflexive throughout the research process to mitigate this bias.

A further aspect I have considered is that given my experience of trauma whilst completing this research and my subsequent depletion, I may have been unconsciously searching for stories of growth to renew my belief in PTG and to facilitate my own transformative process, thereby constructing a theory for my own purposes. However, a contrasting view is that my depletion during data analysis allowed me to be more open to participants less positive experiences which enhanced my understanding that this motivational process was cyclical and not linear. I have reflected that I may not have appreciated the fluidity of this dynamic model had I not encountered my own traumas during this research process which helped me to remain openminded. Without my commitment to reflexivity around these experiences, I may have maintained a more biased mindset of a linear process towards growth that I held at the start.

Additionally, the relationships and countertransferences I experienced with participants are likely to have influenced the co-constructed theory (Hall & Callery 2001). Morrow (2005) cautions that researchers' preconceptions can be communicated unconsciously to participants through body language and the pursuit (or avoidance) of specific leads whilst interviewing, which biases the resultant theory. My positive countertransferences towards those participants I perceived to be more reflective/insightful and who offered constructions that resonated with my own, appeared to enhance our connection and facilitated the co-constructive meaning making process, encouraging me to probe further, which elicited deeper reflections from participants. This intersubjective process was evidenced by the fact that the transcripts from these participants were noticeably longer and contained richer data. However, despite this

positive countertransferential relational process being facilitative on this basis, my over-identification with some participants may have led to me favouring their voices, leading to an unconscious bias in my analysis that possibly reflected my pre-exiting assumptions (Riley, Schouten & Cahill, 2003).

In contrast, my negative countertransferences towards those participants who appeared less reflective and displayed incoherent narratives, restricted the co-constructive meaning making process. My inability to resonate with their constructions inhibited my inquisitiveness and may have encouraged participants to say less in response to questions, which I tended to interpret as defensiveness on their part. However, this is more accurately the product of an intersubjective process where my lack of connection with these participants may have unwittingly silenced their voices, evidenced by these transcripts being shorter and lacking the same richness of data, reflecting perhaps the superficiality of the relationship formed (Popay, Rogers & Williams, 1998). Consequently, data from participants whom I experienced these negative and inhibitive countertransferential processes with are less present in the constructed theory or were used to evidence defensive processes. Ultimately, a possible bias may exist whereby I favoured material that resonated more with my own constructions and gave voice to and validated my own journey as a therapist through the stories of participants (Stephenson & Loewenthal, 2006). Furthermore, I may have unconsciously failed to probe participants constructions that did not align with my preconceptions (Hall & Callery 2001). Greater reflexive awareness of, and attention to, how my 'self' as the researcher and my countertransferential responses to participants could influence the co-construction of data, meanings and the subsequent theory at the commencement of the research endeavour, would have enabled me to be more vigilant towards these processes and may have facilitated deeper exploration of material that did not align with my assumptions.

This would have gone some way towards limiting my subjective biases, thereby increasing the rigour of the research (Hall & Callery, 2001).

Finally, Rizq (2008) suggests that researchers can experience a conflict between their interpretative stance and not wanting to betray participants' voices and subjectivity, leading to diluting the material presented. I wrestled with trying to balance these aspects; cautious that my interpretations of certain processes, especially within the category 'defending the fragile self' and my attempts to illustrate these with participants voices, may unsettle participants if they read my thesis, as these processes appeared less conscious and I worried they may feel misrepresented. This may have led to me remaining too loyal to participants voices and descriptions, possibly restricting the interpretative depth of my theory (Chamberlain, 2000).

6.6 Recommendations for Further Research

The focus of this research was to explore the role of developmental/relational trauma in therapists' motivation to pursue a psychotherapeutic career, yet it is acknowledged that other social and institutional factors e.g. training/workplace context etc, are undoubtedly involved in the therapists' motivational and developmental process, as highlighted in the introduction (Obholzer & Roberts, 1994). Therefore, further qualitative research could explore the role of social and institutional factors on the development/growth, well-being and resilience of therapists.

This study indicates that many therapists deny developmental/relational trauma and hold incoherent narratives. Quantitative research using the AAI could examine the narratives of therapists and motivations towards the career, exploring whether those therapists displaying incoherent narratives may be minimising and disconnecting developmental/relational trauma due to an avoidant/dismissive attachment style. A

further longitudinal study using the AAI could examine whether narrative coherence and reflective function are enhanced throughout training and the career which was indicated through this research. This would illuminate if these capacities are encouraged through experience/professional maturity, or more by a willingness to reflect on attachment experiences, indicated by this study which supports Rizq & Target (2010).

The critical juncture highlighted in this theory appeared to be encouraged through trainings which prized self-reflection e.g. counselling/psychotherapy. Clinical psychologist training and CBT were discussed by participants as prioritising theory and techniques over self-reflection. Therefore, a qualitative study comparing how therapists from different trainings e.g. psychologists, psychotherapists etc construct their childhood experiences may be valuable to explore how certain trainings influence narrative coherence and growth.

An ethically important qualitative study would be to explore the impact of self-awareness on practice and whether a lack of self-awareness contributes to becoming a *'Wounded Wounder'* and comparing this with *'Healing Healers'* to see if self-reflection does lessen defensively motivated practice. This was suggested by the implications of this study, but was not explored in depth, as not the primary aim.

A final line of enquiry could be to perform a comparative study examining whether specific aspects of developmental/relational trauma motivate towards different helping professions. This was hinted at within the findings, where the motivation towards psychotherapy appeared related to gratifying a longed-for need for attachment/connection by engaging with clients; a need that was unfulfilled in previous careers e.g. teacher, GP. Therefore, meaningfulness may only be achieved by finding the 'right' helping vocation that matches the helpers core relational wound.

6.7 Conclusion

Psychotherapy research has established a link between developmental/relational trauma and career motivation. However, to date this research has largely been quantitative and has not clarified the processes involved, which has left many unanswered questions. Secondly, current understanding has predominately been derived from psychodynamic theorising which has favoured a pathology perspective of the motivations of wounded healers. This study has provided some answers to important questions, whilst raising others, and offers a theoretical model of the developmental/relational processes involved in the pursuit of a psychotherapy career. Additionally, by juxtaposing relational psychoanalysis and PTG literatures, this study has integrated both pathology and growth perspectives concerning developmental/relational trauma and the motivations of wounded healers. In doing so, the grounded theory presented makes a significant contribution to the field of counselling psychology and the helping professions broadly.

This study indicates that therapists may minimise or deny their wounds and relational past. Yet it does appear that developmental/relational trauma is partly responsible for the motivation to pursue a helping profession, and a psychotherapeutic career more specifically, as this allows the enactment of a fixer role which gratifies unmet needs; this finding echoes the pathology perspective in earlier literature. However, this is one chapter of an unfinished story. This theory additionally acknowledges that motivations towards the career appear to involve a desire for growth, but personal transformation is only achievable by negotiating the critical juncture associated with confronting the self. This pivotal stage in this process is prompted via self-reflection encouraged through psychotherapeutic training which motivates a shift away from a defensive other-focused stance, towards acknowledging the 'self' and the reciprocity of, and owning one's role within, interpersonal dynamics, thereby enhancing self-awareness.

However, the path towards self-awareness and growth is unquestionably destabilising, which can provoke defensive disconnection and avoidance of the self. A word of caution is offered to those therapists who resist confronting the self during training and remain defended against self-reflection; this failure can lead to a perpetual unconscious looping round the vicious circle, where the therapists' disowned past and self will cast its shadow by provoking defensive, unethical practice as a *'Wounded Wounder'*. Conversely, the therapist who is willing to confront the self, passes through the critical juncture and begins to own and process their woundedness by engaging reflectively within the intersubjective contexts of a psychotherapeutic training/career, is propelled along a self-growth journey as a *'Healing Healer'* which breaks the vicious circle of defensive re-enactment and fosters self-integration, coherence and growth. Paradoxically, this theory also suggests that the therapist role may ultimately 'heal' the neurosis underlying the motivation to 'fix' others. At which point the *'Healed Healer'* may choose to leave the profession as they no longer 'need' to be a therapist.

In sum, the therapists' motivational and developmental journey is a dynamic process; fluidly shifting and reconfiguring in response to interpersonal dynamics, which have the capacity to rewound, or heal the therapists' self. Importantly growth and transformation are only achievable if the therapist is prepared to wrestle with and repass the critical juncture when activated, displaying a continuous commitment throughout their career to reflecting upon and confronting the self. Therefore, as a profession that encourages reflection in clients, it seems ethically important that we turn the mirror back on ourselves.

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Appendices

Appendix A – Ethical Approval

University of the West of England
BRISTOL

Faculty of Health & Applied Sciences
Glenside Campus
Blackberry Hill
Stapleton
Bristol BS16 1DD

Tel: 0117 328 1170

UWE REC REF No: HLS09-2367

12th July 2012

Joanna Davies
(Address removed for confidentiality)

Dear Joanna

Application title: Who are we healing? A qualitative analysis exploring how therapists understand their history of childhood interpersonal trauma as influencing their motivation to train and personal development

Your ethics application was considered by the Faculty Research Ethics Committee and, based on the information provided, has been given ethical approval to proceed.

You must notify the committee in advance if you wish to make any significant amendments to the original application using the amendment form at
http://www1.uwe.ac.uk/research/researchethics/applyingforapproval.aspx

Please note that any information sheets and consent forms should have the UWE logo. Further guidance is available on the web:
http://www1.uwe.ac.uk/aboutus/departmentsandservices/professionalservices/marketingandcommunications/resources.aspx

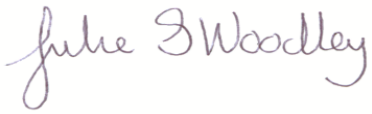
The following standard conditions also apply to all research given ethical approval by a UWE Research Ethics Committee:

1. You must notify the relevant UWE Research Ethics Committee in advance if you wish to make significant amendments to the original application: these include any changes to the study protocol which have an ethical dimension. Please note that any changes approved by an external research ethics committee must also be communicated to the relevant UWE committee.
2. You must notify the University Research Ethics Committee if you terminate your research before completion;
3. You must notify the University Research Ethics Committee if there are any serious events or developments in the research that have an ethical dimension.

Please note: The UREC is required to monitor and audit the ethical conduct of research involving human participants, data and tissue conducted by academic staff, students and researchers. Your project may be selected for audit from the research projects submitted to and approved by the UREC and its committees.

We wish you well with your research.

Yours sincerely



Dr Julie Woodley
Chair
Faculty Research Ethics Committee

c.c. Andrea Halewood

Appendix B – Recruitment Advertisement

Advertisements sent to: DCoP, BACP, UKCP and CAPPP

A. **First advertisement (active 2013-2015) –** Uses the term 'developmental trauma' which may have inhibited potential participants. Both long and short versions are included.

The motivation to 'Heal' – recruiting participants for a study

I'm a qualified counsellor and trainee counselling psychologist in the fourth year of the doctoral programme at UWE. I have obtained ethical approval for completing my final research thesis exploring:

How therapists construct an understanding of their history of developmental trauma as influencing the decision to train and personal development.

Who can take part?

I am recruiting participants who are therapeutic practitioners with a history of childhood developmental trauma. This definition broadly recognises all experiences that could be perceived of as traumatic, by negatively impacting child development: including sexual, physical, and emotional abuse, in addition to experiences of neglect, parental drug use and parental mental disorder, poor parenting and loss, abandonment and rejection of an attachment figure.

What participation involves:

Participants who are interested in taking part would need to be willing to openly explore, in a semi-structured interview, how they understand their trauma history as influencing their motivation to train and personal development as therapists. (The focus will not be on the experience of the trauma per se).

How to contact me:

If you are interested in taking part in the research, please contact me for an informal discussion. Please email: joanna.davies@blueyonder.co.uk

This research is being supervised by Dr Naomi Moller, Associate Head of the Department of Psychology & Dr Andrea Halewood, Senior lecturer in Counselling Psychology.

The motivation to Heal

Are you a therapeutic practitioner with a history of developmental trauma? - PARTICPANTS NEEDED FOR INTERVIEW - exploring how your history influenced motivation to train and personal developmental process. Please contact: joanna.davies@blueyonder.co.uk UWE.

B. **Second Advertisement (active 2015-2017) –** Refers to 'childhood relational experiences' instead of the term 'trauma' to try to obtain a larger pool of participants which was successful. The experiences described by participants could still be constructed as developmental/relational trauma which suggested that therapists may minimise these experiences.

Do therapists' childhood relational experiences motivate towards a psychotherapeutic career? - A grounded theory exploration

My name is Jo Davies and I am a final year student on the Professional Doctorate in Counselling Psychology at the University of the West of England. I am currently researching how therapists construct their own childhood relational experiences and whether these experiences consciously or unconsciously motivate them towards a therapeutic career.

If you would be prepared to be interviewed for an hour to talk about your experiences regarding this area, or if you would like further information about this study then please email me at: joanna.davies@blueyonder.co.uk

If having read this advert you have decided not to take part, I would be very grateful if you could email me a couple of lines about why you declined to take part. Doing so would not lead to further requests to take part, but your reasons would be of interest to me.

My research is being supervised by Andrea Halewood, Senior Lecturer in Counselling Psychology andrea.halewood@uwe.ac.uk at the University of the West of England and Liz Maliphant, Senior Lecture in Psychology. The project has received university ethical approval.

Appendix C – Participant Information Sheet

University of the West of England
BRISTOL

Do therapists' childhood relational experiences motivate towards a psychotherapeutic career? - A grounded theory exploration

Please take the time to read the following information carefully; if there is anything that is not clear, or that you would like more information about, please ask.

What is the purpose of the research?

Examining therapist motivations is an ethically important area, but has been relatively neglected in research. This study aims to explore how therapists make sense of their childhood relational experiences as influencing their motivation to pursue the career. This research has the potential to develop understanding of an under-researched area of counselling psychology.

Who is carrying out the research?

I am a qualified counsellor and trainee counselling psychologist undertaking this research for my doctoral thesis; a key component of the professional doctorate in counselling psychology. The research is being supervised by Andrea Halewood, Senior Lecturer in Counselling Psychology at UWE and Liz Maliphant, Senior Lecturer in Psychology at UWE.

Why have you been invited to take part?

You have been invited to take part because you work in a helping profession and have agreed to explore how your childhood relational experiences may or may not have influenced your choice to train in your chosen profession.

What will happen if you decide to take part?

If you decide to take part in the study then you will be asked to confirm that you have read this information sheet and be required to sign a consent form. You will then be interviewed at a pre-arranged time at a convenient location e.g. your place of work or UWE.

What happens if you decide you want to withdraw from the study?

You may withdraw from the study at any time before data analysis and any data collected from you will be destroyed.

What are the benefits/risks of taking part?

There is no physical harm inherent in the project. However, it is possible that reflecting upon and talking about how your childhood relational experiences may have influenced your motivation towards the profession may mean that you become aware of information about yourself that was previously unconscious and this may make you feel uncomfortable or distressed, though it is hoped that this will not be the case. If distress does occur I am a trained counsellor and we can explore this together, to help contain these experiences. The focus of the interview will be on how your childhood relational experiences influenced career motivation and your understanding around this, rather than specific details concerning any difficult events. Additionally, you may find that you benefit personally and professionally from this reflective experience, which may deepen self-awareness.

What happens at the end of the research study?

Interview data will be transcribed, analysed using qualitative methods and written-up as a thesis, with possible publication in academic journals. You will be offered a copy of your transcript and the thesis.

How will my participation in the study be kept confidential?

All information will be stored confidentially in encrypted computer files. All identifying information will be removed and your interview/data will be anonymised with a pseudonym which will be used when sharing with research supervisors and in the written thesis.

If you have concerns about any aspect of the study you can contact my research supervisor by e-mailing: Andy.Halewood@uwe.ac.uk

Appendix D – Consent Form

University of the West of England
BRISTOL

Consent Form

	Please Tick Box If True
1. I confirm that I have read and understood the Participant Information Sheet for the study entitled: - **Do therapists' childhood relational experiences motivate towards a psychotherapeutic career? - A grounded theory exploration**	
2. I have had the opportunity to consider the information, ask questions if I so wish and have had them answered satisfactorily.	
3. I understand that my participation is voluntary and that I am free to withdraw at any time before data analysis without giving any reason.	
4. I agree to take part in the above study	

Name of Participant Date

Signature

Appendix E – Demographic Information Sheet

University of the West of England
BRISTOL

Do therapists' childhood relational experiences motivate towards a psychotherapeutic career?
- A grounded theory exploration

Demographic information Sheet

	Please State
1. Gender	
2. Age	
3. Ethnicity	
4. Significant Childhood Relational Experiences & Environment	
5. Professional Training & Status (Trainee / Qualified no. yrs)	

Participant Number:

Appendix F – Debriefing Sheet

University of the West of England
BRISTOL

Do therapists' childhood relational experiences motivate towards a psychotherapeutic career? - A grounded theory exploration.

Debriefing

- Thank you for taking part in this study, your support is most appreciated.

- Please remember that you have the right to withdraw the information collected about you at any time before data analysis. All you should do is email me and your data will be removed from the study and destroyed.

- It is possible that you may have realised new information regarding yourself that was out of conscious awareness prior to this interview, by engaging in a process of reflecting on how your childhood relational experiences may have motivated you towards the career. Therefore, you may have experienced some discomfort or distress from taking part in this study. I do hope that your participation has not led to difficult/confusing feelings for you that feel uncontained. Please do let me know if this is the case and I can offer support.
  If uncomfortable feelings remain after the interview then the following may be able to offer support:

  - The lead counsellor/supervisor at your place of work
  - Employee assistance schemes at your place of work
  - The counselling psychologists supervising this research:

Dr Andrea Halewood: Andy.Halewood@uwe.ac.uk Liz Maliphant: Liz.Maliphant@uwe.ac.uk

If you have any comments or concerns about the study, please email:

The research supervisor: Andy.Halewood@uwe.ac.uk

The researcher: Joanna.davies@blueyonder.co.uk

THANK YOU for your participation once again.

Appendix G – Interview Schedule

Do therapists' childhood relational experiences motivate towards a psychotherapeutic career? - A grounded theory exploration.

Interview Schedule

1. **Can you say something about what motivated you to train as a therapist?**

2. **Can you say something about your childhood relational experiences? (Have these experiences influenced your career choice and if so how?)**

3. **Can you say something about how your motivations may have changed over time? (Are there any motivations that only became apparent through training?)**

4. **If you hadn't have become a therapist would anything be different?**

5. **Has anything, or anyone, inhibited your understanding of the relevance of your personal history influencing career motivation?**

6. **People sometimes say that therapists enter the profession to resolve their own issues, what do you think about this statement?**

7. **Do you identify with the concept of the Wounded Healer? What does this mean to you?**

8. **Is your history important in the construction of your personal and professional identity and if so how?**

9. **Have you benefited personally from the career and if so how? Have there been less desirable aspects and if so what?**

10. **Is there anything else you would like to add?**

Appendix H – Coding of Transcripts

Examples of two transcripts with open and focused coding

A. Judy

Key – example – Reflective observations/notes

Script	Open coding (more descriptive – level of analysis is the action)	Focused coding – more analytical – what is going on here?
Can you say something about what motivated you to train as a therapist?		
Um I think I always had an interest in psychology. I think even as a teenager I can remember reading psychology books and being really fascinated with people and um yeah…I can definitely remember as a teenager being really, really interested in psychology um initially I had another um…career and I also had quite a gap to er have my children. So, I had quite a few years off um and while I had the time off having my children I decided to do my psychology degree coz I hadn't got a degree at this point, coz I'd worked in an office before then. So, when they were quite small I started to do a psychology degree part time because it was something I could work around having, you know with them. And as I sort of progressed through the degree, um as soon as I got to the clinical psychology module, I thought wow this is so interesting I'd really like to continue, perhaps working in this field, perhaps having a change of career	Having an interest in psychology Reading psychology books Being fascinated by people Being interested in psychology as a teenager Having another career Having time off to have children Doing a psychology degree whilst children were small Working the degree around children Finding the clinical psychology module interesting Wanting to continue Thinking about a change in career to work in the field	Being interested in psychology Feeling fascinated by people Perceiving training as flexible around family commitments

coz it really inspired me, you know it was really, really, interesting. So, when I finished the degree which actually took about six years because I did it part time um, by which time my second child was just about to go to secondary school um I was kind of thinking Ok so now I've got to stop being the eternal student and I've got to go and get a proper job. So that really was the …pathway of should I go back to what I know which was office work, sales that sort of thing or should I use this psychology degree and um get some experience and see what I could do. So, I had a look for some work experience and I found some with together trust, um being a…actually it wasn't work experience I actually applied for a job as a graduate mental health worker which was delivering CBT which has kind of morphed into the Low Intensity IAPT work and so I had a job there and that was about ten years ago and I haven't really looked back since. So, I think it was that really, just an interest in people that I've always had and then once I'd had the children just the opportunity to do the degree and aspiring you know to carry on working in that field.	Being inspired by the interesting subject Finishing the degree part time Recognising the need to stop being an eternal student and get a proper job Deliberating going back to what was known or using the psychology degree to get experience Gaining work experience Gaining a job as graduate mental health worker Delivering CBT Having an interest in people Having the opportunity to do the degree whilst having children Aspiring to carry on working in the field	Feeling inspired by clinical psychology Choosing a pathway into an unknown new career Being propelled forward by a finding a job in the field of psychology Being motivated by interest in people Aspiring to work clinically
Can you say something about your childhood relational experiences and how these may or may not have motivated towards the career. Um there was a lot of loss I think in my childhood and …there was, when I was, I was the youngest of five children and my parents were sort of forty when they had me and when my mum was pregnant with me they discovered that she had a…valve in her heart that wasn't working properly, um, so she was on	Experiencing a lot of loss in childhood Being the youngest of 5 children with parents in their 40s Having a mother diagnosed with heart problems when pregnant	Experiencing significant loss in childhood

medication and when I was six she had a heart operation um, and then when I was ten she had another heart operation and didn't recover from it, she died then, so… But since becoming a therapist I've kind of reflected over all the losses that were going on then…um, that is um… because I was the youngest all my brothers and sisters were busy leaving home so when I was six we were a family of seven and then first my eldest sister got married and left home um…again when I was about seven. Then my brother got married and left home, then my next sister left home, to, to go to work um, we had, we lived on a main road and we used to have lots of cats, not all at the same time, but they all used to get run over, you know (laughs) my friend who lived across the road she kept her cat for seventeen years but on this side of the road they always got knocked over so I can remember just losing one cat after another um and then, yeah when I was ten my mum died , um and then when I was thirteen, um my youngest brother moved out and got married. Which again are all perfectly healthy things but I think on reflection when you are six and you have a family of seven and then by the time you are thirteen there is you and your dad. So, it's gone down from seven to two. But that it's actually (laughs) quite a lot isn't it. A lot to deal with at that crucial time. I guess that's the thing because I was so much younger than my brothers and sisters if I'd have been you know, sixteen and my nineteen-year-old sister had got married, or I'd been twenty and she'd got married it would have been different but um, I can remember feeling quite upset every time somebody left home (laughs) so yeah loads of loss yeah, yeah and obviously the biggest one being my mum really.	Having a mother in hospital Having mother die when ten from an operation where she didn't recover. Reflecting over the losses since becoming a therapist Having elder brothers and sisters leaving home Having cats get run over Comparing death of cats to friend across road whose cat lived to be old Losing multiple cats Losing mother aged 10 Perceiving losses as perfectly healthy Having multiple losses in quick succession Reflecting the number of losses is quite a lot Reflecting a lot to deal with at a crucial time Reflecting the loss was different due to her age as youngest Feeling upset every time somebody left home Experiencing the biggest loss	Sense of the story - but emotional disconnection Having an unwell mother Experiencing traumatic/unexpected death of mother Reflecting on loss from training as a therapist Sense this side of the road being unlucky, lots of death - Humour to deflect - Hiding the pain of death behind the Metaphor of cats which she can laugh at Experiencing repetitive abandonment Feels incoherent narrative Minimising the impact of loss Acknowledging significant losses Feeling abandoned

And do you think any of those experiences may have motivated you towards the career?		
Um… er…I've never really thought about it too much. As in that direct question has this influenced me, but I guess…rationally I guess I don't know, whether it's thoughts of maybe because I've had loss at a young age I can empathise perhaps with other people who have had loss and maybe feel more compassionate? I don't know? But yeah, I don't know really. But possibly.	Failing to consider if childhood loss motivated towards the career Never questioning influences Grappling that rationally her loss may enhance empathy for others with loss	Failing to consider if childhood loss motivated towards the career Empathising with others Feeling more compassionate Seems very unprocessed/ Questioning link and processing for first time – less conscious
So, you felt you had something to offer that deeper compassion?		
Yeah, Yeah, I think so but I don't, again it's difficult to know whether that would have been me anyway, or whether that was me because of what's happened. Because I can't go back and do it differently so I don't know…but is it, it's a little bit like the chicken and the egg, what comes first really, coz I think um…yeah, I I just think…you know how, am I like that, you know I am, you know obviously you are the sum of your experiences you know your experience, you know the experiences you have makes you who you are today um…so I guess it must have really (seems surprised).	Questioning if compassion was her personality or because of her experiences Comparing it to chicken and egg which comes first Acknowledging people as the sum of their experiences Realising that her losses must have impacted her	Questioning if increased compassion was due to experiences or personality Being the sum of her experiences Acknowledging and making a link for the first time that her losses impacted her and likely influenced motivation
Was there anything else that attracted you to the career?		
Interest I think and people because I find them really fascinating um, how they think and why they think and what they say and what they don't say, which is even more interesting. Um I think that I don't…. like…I think I'm not really good with superficiality very much, small talk. I can do it, but it doesn't keep my interest very much and I think I quite like um	Finding people fascinating Exploring what they say and don't say Finding non-disclosure even more fascinating Needing depth Liking intense relationships Not liking shallowness	Being fascinated by people's thinking and behaviour Wanting to understand people Being drawn to deep intense relationships

fairly…fairly intense relationships, I don't like shallow relationships I think, you know I have lots of friends um but I think um…a handful of friends I suppose like anybody really, a handful of friends, I um, I like to share thoughts, feelings etc, two way, both for, both for me and for them really. I find it quite difficult if, if I had a friend who was um, if I had a friend who was um, kind of not sharing themselves, I kind of quite like intimate relationships, not physically obviously, just talking about you know, yeah.	Liking intensive relationships Liking to share with friends in a two-way manner Finding it difficult if someone doesn't share themselves Liking intimate relationships	Liking Intensity Needing reciprocal sharing Being drawn to intimacy
So that kind of intense conversation might have been a pull for you?		
Yeah, Yeah definitely, yeah definitely, coz I enjoy that I think with the clients. I think it's quite a privilege sitting talking to people and they're there telling you about their difficulties, their problems, their thoughts and often things that they've never told anybody before so that's quite a privilege and I think it's very rewarding, because their needs trust yeah, I don't know what it's like for them, but it's certainly rewarding for me (laughs).	Motivated by intense conversations with clients Feeling privileged clients telling you something never told anybody else. Feeling rewarded from the trusting relationship	Being motivated by intimacy Feeling privileged clients trusting her Feeling rewarded by the exclusivity of therapy/ being trusted
Can you tell me something about how your motivations may have changed over time or only become apparent from training?		It doesn't feel like she has examined this deeply. Says her motivation has got stronger without really being aware what her motivations are – fascinating –surface level, but why?
Um…I think it's kind of got stronger, I don't think it's changed, you know apart from you know I like it...I guess when you start something you don't really know how much you are gonna like it but I think I like it more and more really. I think I'm probably more drawn to anxiety disorders more than depression, I guess that's something I've realised along the way.	Strengthening motivation Liking the career more and more when was uncertain at start Learning through training more drawn to working with anxiety	Strengthening motivations over time Being drawn to area of wound Very medicalised – disorders –CBT therapist which is interesting as she

What do you think that's about? Um…maybe because…maybe because I can identify personally more with anxiety than depression I think. Because as a child I was you know, I could, I remember feeling anxious and I think I'm …er…. more even now I have a tendency to be anxious than depressed. I'm not saying I've never felt depressed but I've, I've certainly never been clinically depressed and I've never taken antidepressants or anything like that, but I have felt anxious and sometimes struggle with it depending, not overly so I don't think but um…probably I don't know, more than average, what's average (laughs), maybe more than average. **Is there anything that became apparent through the training that you didn't think of before?** Um…what motivated me?? (long pause) no I don't think so. Nothing more than, nothing more than what I've said really. **If you hadn't have become a therapist would anything be different?** Oh god yeah…loads of things (laughs) I think I'm probably handling my anxiety better. I think that I'm …er…probably more honest, I think I'm calmer, I think I'm probably less self-centred, um… I think I'm I guess got more courage in relationships really, less um, less anxiety about, "oh I mustn't let other people know what I'm thinking" or you know I'm much more likely to be honest now and assertive in a relationship I think hmmm **So, a better understanding of yourself and others?**	Identifying personally with anxiety over depression Experiencing anxiety as a child Having a tendency as an adult to be anxious Struggling with anxiety Reflecting more than average Being unable to think of more motivations Feeling better at handling anxiety Being more honest Feeling calmer Acting less self-centred Acting more courageously in relationships Speaking her mind Being more honest and assertive in relationships	appears less reflective Identifying with similar clients Seems defensive here - is she guarded because she doesn't want me to judge her as a therapist who has anxiety ? Feels very closed not very reflective – is this because CBT doesn't encourage self-reflection Struggling to consider deeper motivations Positive spin in opposite direction to question asked - like she did with story of loss Learning to manage anxiety Lessening fear of rejection Being more honest and assertive in relationships Gaining personally from the areas struggled with because of childhood loss– did

Yeah, Yeah definitely it's massively different. I feel like I'm almost like a different person. I feel like I've grown quite a lot in the last ten years um, and I've become happier um… and probably less um (long pause) less materialistic, but I don't know if I mean materialistic, but different things are important to me now, not worried about particularly how I look so much, or what other people think, or what does my house look like…that feels really nice, because I just feel confident in who I am. But I don't know, maybe that would have just happened generally through aging I don't know.	Understanding self is massively different Feeling like a different person Growing from the career Becoming happier Perceiving different things as important Not worrying about external factors as confident in who she is Questioning if changes would have happened through aging	she suppress emotions which contributed to anxiety but she lacks awareness of this? Growing personally from the career Becoming autonomous Gaining internal validation and confidence Minimising changes that may have happened through aging/time
Has anything or anyone inhibited your understanding of the relevance of your personal history as influencing your motivation? Anything inhibited my understanding? (long pause seems confused) I don't think so, no I don't think so.	Failing to consider anything as inhibiting her understanding	It may be that as less reflective she is unlikely to discuss her past so her own avoidance reduces the risk of feeling that people inhibit her understanding as she inhibits this herself
People sometimes say that therapists enter the profession to resolve their own issues. What do you think about this statement? Um…I think it's, I've met a lot of therapists who've got quite a lot of issues um so yeah maybe that's true? Um…have I done it personally…er, I don't think so not on conscious level I don't think, maybe on an unconscious level, but I can't ever remember thinking um…I kind of remember thinking um…I feel really anxious or I feel like I've got loss issues so I think if I become a therapist it will help. Nothing so	Meeting therapists with issues questioning if it's true Doubting if resolving own issues was conscious for her Questioning an unconscious motivation	Suggests that others have issues and not her despite her benefiting personally from the career – yet she owned having anxiety? Projecting issues onto others Denying being motivated towards career to resolve own issues

direct, but probably becoming a therapist…because I've reflected and think about er and hopefully gained some insight about myself I have realised that my anxiety is probably developed from loss issues as a child. There's sort of…as I say going from a family of seven to two in about six years (laughs) so yes, yeah I think um…I can see clearly now that um, you know, my loss issues are um…have developed, not have developed, you know, have come from that, yeah have developed from that time. But…yeah.	Failing to see direct link Gaining insight that anxiety was likely result of losses as a child from becoming a therapist Reflecting on the process aids understanding Seeing clearly that loss issues developed from childhood	Acknowledging an unconscious motivation to train as a therapist due to own issues Developing insight that anxiety was linked to loss in childhood from training
Does that self-reflection help? Yeah, yeah		This is very other focused and detached from her experience
And what about the statement more broadly? Um…I think yeah, I think it is ok as long as they are making sure they are looking after themselves, that they have self-care, that it's not impacting very negatively on the patient. But I think it would be pretty impossible for any human being to not have some issues. You know everybody has got some um maybe anxiety, or slightly low self-esteem, or maybe something bad happened when they were a child I kind of think it's part of being human so it would be almost impossible and probably I would think…as long as they're not out of controllable issues if you like (laughs) where they are putting themselves or the patient in danger um…I think that you know, I'm sure it would enhance (said tentatively) their understanding of their patient, hopefully anyway.	Asserting its ok as long as looking after themselves through self-care Preventing negative impact on patient Perceiving it as impossible for human beings to not have issues Seeing having issues as part of being human Needing to be able to control issues and not put themselves of patient in danger Having own issues enhancing understanding	Acknowledging having issues is being human Considering ethical issues of having wounds Perceiving own issues as enhancing understanding of others Displaying ambivalence around benefits of her wounds
Can you say a bit more about that? Well I guess it does enhance it because if you have experienced a lot of pain i.e. your mum dying, I		

guess that you…um…you can…have…a tiny little grasp on how bad it can feel. So hopefully that can help you to um...not understand how they are feeling …but a step in that direction. Yeah. **Is your history important in the construction of your personal or professional identity?** (long pause) Um...I don't think so. I don't know. I've never really thought about it. Um… (long pause) because obviously I wouldn't, if I was sitting in front of a patient there wouldn't be any, I wouldn't disclose, I wouldn't necessarily disclose that you know my mum had died and that you know, if they said oh this happened to me I wouldn't disclose what had happened to me. So, I'm not really sure it would be overtly in the room in that way. **What about internally?** Um...I guess so yeah, because again it would be fairly impossible not to so if they're talking about it, talking about something like that, then I guess you would be kind of thinking you know on some level yeah that happened to me or I can…you know…I can see where you are coming from with the pain or whatever (laughs) um I don't know. I think it would be impossible not to. Yep. **Do you identify at all with the concept of the wounded healer?** Um…I guess only in as much as I've already said really, I don't think there is any more than that. I think,	Understanding enhanced by experiencing pain Having a tiny grasp on how bad it can feel from mother dying Stepping towards understanding others using own experience Failing to reflect about history linking to identity. Concealing own experience Failing to acknowledge history overtly in the room Acknowledging own experience would be there internally Thinking about parallels of what happened to her Seeing where they are coming from	Minimising experiential understanding Relating to others due to experiential knowing of woundedness Talks in second person lots – sense of detachment and minimisation. Concealing own history Lack of deep insight -Assumes self-disclosure – our identity is internal Failing to acknowledge intersubjectivity Being defensively other focused Knowing what it feels like for clients with similar history Appears lack of insight. But what about her identity or clients she likes to work with?

if something has happened to you it gives you a better understanding. But I guess it would be, as I said it would be impossible for any human being to be kind of issue free.	Increasing understanding of others Perceiving human beings as impossible to be issue free	Experiencing enhanced understanding of others Feels like avoidance again as she doesn't really answer if she identifies with it
Have you benefitted or grown personally from your career choice and if so how?		
Um…yeah, I think so yeah. I've learned assertiveness more. Um oh god loads of ways I think. I think probably my relationships with my husband and my children. I think that, the big thing, the biggest thing is appreciation of what I've got…yeah…so, I think that…I guess when you're sitting in front of a patient and they're …telling you about what's happened to them, you know that isn't, that isn't their fault and it can be just circumstantial that it's happened and that can help you to um put your life difficulties into perspective and think um…you know I'm really lucky and just appreciate really what you have. But maybe that's also come with the um losses, the loss sort of history because I kind of learnt I guess as a child that things are not permanent and people are not always there, so therefore I think I've also gone through life appreciating what I have and people because they might not always be there. And I think 'now' is the only thing that you have. You don't have the past anymore because it's gone and you don't know whether you've got the future so, so it's important for me to appreciate the now. And may be sitting in front of patients and doing therapy and hearing some of the horrific stories that people have endured, makes you kind of appreciate your now even more. So, I think yeah, I think it's impacted massively.	Learning assertiveness Gaining personally in many ways Improved relationships with family Appreciating what I've got Knowing what has happened to a client isn't their fault Putting own life difficulties into perspective Feeling lucky and appreciative of what you have in comparison to a client Questioning if appreciation came from loss history Learning as a child, things aren't permanent Appreciating what she has and people because it may not always be there Acknowledging now is all you have Appreciating now Hearing horrific stories of clients makes you appreciate your 'now' more	Asserting self in relationships Putting own issues into perspective by hearing clients' stories Contextualising experiences Developing a changed philosophy on life linked to childhood loss Does career somehow neutralise/normalise her own traumatic history? Appreciating life Living in the present Minimising own narrative by hearing clients' stories

Any less beneficial aspects? No, not really. **Finally, is there anything else that you would like to say?** Um… (long pause) um… I don't think so I think on my journey along the way of the last 8-10yrs I think um when I was doing my training it was really, really quite stressful, because the IAPT training is pretty stressful and um…I think, my children were also in the process of leaving home (laughs) which is good, it is nice, because that's what I want them to do, because that's what they have to do and that's important, but that again is obviously a loss. So, I found that quite difficult, although I didn't find it difficult that they were going out and being happy in the world because that's, that's easy I want them to be happy, I know that they can't live here, that's fine. But I guess, the um, it certainly brought up a lot of anxiety with me that they were going to be safe, it's about kind of safety, so um, was anything bad going to happen to them when they go to uni, you know you see all these um, you know, children going missing and getting into drugs and all sorts of thing and I think it really pressed a lot of buttons you know their safety but probably because…I mean maybe I worry the same as everybody else, any other mum, but maybe there was a bit extra because of the losses I guess. So that was quite a, that corresponded with the time that I was doing my training and um that also fortunately for me, corresponded with a couple of years where I had a really amazing supervisor who um was very good not at just supervising me with the patients and doing that in a really,	Being on a journey Finding training stressful Experiencing loss in training as children leaving home Finding loss of children difficult Bringing up anxiety around children being safe (and not dying) Having lots of buttons pressed more than other's mums because of own experiences of loss Having amazing supervision that encouraged self-care	Seemed lack of reflection – there must be disadvantages? Finding the journey of counselling stressful Rekindling of past trauma linked to loss Exhibiting a heightened sensitivity to loss due to experiences Gaining support through the therapeutic environment Supervision appears to legitimise accessing help Being nurtured by an amazing supervisor

really well, but also making sure that I, you know I was sort of you know giving myself care and also…sort of being quite supportive I guess, so that's a very significant thing that happened and I guess as a result of being in the job that I'm doing, coz I probably wouldn't have gone and talked to anybody…it was kind of lucky really at that point that they were there and I guess that um…yeah I think I was lucky that that particularly person was there because I related to her more than any supervisor in the last ten years. So, it was really the right person at the right time really. So, support when the children were leaving home and I was doing the course and I had several doubts "am I good enough to do this, can I do this?", things like that	Acknowledging wouldn't have talked to someone if not been in the job Feeling lucky having supportive supervision Relating to supervisor Having the right person at the right time Having support when the children were leaving home and doing the course Having self-doubts Questioning if she was good enough	Resisting asking for help or access therapy legitimately herself Finding the 'right' supervisor Needing to connect with supervisor Lacking internal validation Needing external validation through supervision

B. Sally

Script	Open coding (more descriptive – level of analysis is the action)	Focused coding – more analytical – what is going on here?
Can you say something about what motivated you to train as a therapist? Um…I think how I understand it now is different to how I understood my motivation at the time…um obviously because I have reflected on it a lot. Um…but at the time, um…I had, I'd done a psychology degree straight from school, because I was very interested in psychology, what, about um…people and how relationships worked. Why people were like they were. Having done the degree, I never actually wanted	Understanding motivation now different to at the start Reflecting on motivation aids understanding Doing a psychology degree due to an interest Having an interest in people and why they are the way they are and how relationships work	Self-Reflection during training aids understanding of motivation Deepening awareness of motivation through training Being personally drawn to psychology

to work with, in the area, um, it was just a very personal, I was drawn to the subject. Um…but having been at home with a family, I didn't do anything with my degree at that point, um…I for some years was a Samaritan, I was drawn to that, working with suicide, working with emotional distress. Um and I met somebody while I was a volunteer who was training to be a psychotherapist. It wasn't a job I'd heard of – psychotherapy, I knew about psychology and the sort of much more academic field, but I didn't ever, I hadn't heard until then about how it might be applied and at that moment I thought – that's it! That's the area of psychology I'm interested in. **What were the differences that you understood?** As I understood it, when I was doing my undergrad degree in the early 90s there was so much about um, quantitative stuff um, that really it didn't interest me and the statistics and that sort of thing. I remember certain modules being absolutely fascinating um…Freud I loved, the psychoanalytic stuff, but early on when I was 19/20 it was too deep, it was too poetic and too um…dark for me, although I was drawn to something about it. But all the experimental stuff, it was also a BSc, so I'm not sure if it was more, it really, it wasn't animated enough for me. I did a social psychology module and I remember something, no a health psychology module and doing an essay on pain and the subjective nature of pain and that really lit my fire. But there was very little that I found that really that I was drawn to, disappointingly. Um. **And psychotherapy what drew you there?**	Feeling being drawn to the subject was very personal Not doing anything with degree as home with a family Being drawn to working with suicide and emotional distress Meeting someone who was a psychotherapist Lacking awareness of psychotherapy as a job only academic side of psychology Connecting with psychotherapy Finding quantitative and statistics in psychology dull Being fascinated by certain modules Connecting with psychoanalytic theory Finding the content too deep and dark Being drawn to something about Freud Finding experimental psychology not animated enough Doing a health psychology module Having her fire lit by learning of the subjective nature of pain Being disappointed that little drew her within psychology	Is the personal draw because don't understand due to childhood environment being confusing? Being drawn to working with emotional distress quest to understand own experience through hearing others? Feeling a 'fit' with psychotherapy Being fascinated and drawn by the depth of psychoanalytic theories Being ignited by subjective meaning Sensing a personal connection to subjective meaning Connecting personally with exploration of the subjective nature of distress Needing to feel a personal connection

Um…I suppose as a Samaritan you were very much looking at, or dealing with people's emotional or psychological distress in terms of um…the very subjective nature of it. It wasn't, it wasn't, it was so deeply personal and so rich, um…which I suppose for me, very basically contrasted with the experiments in memory and learning and face recognition and all that sort of thing…it was just something that, the personal, the very personal nature of distress and considering emotional distress in the context of um…someone's circumstances and what made them feel suicidal. Um…it was the richness and the depth of the, Freud if you like, the Freudian stuff from uni, rather than considering it in a medical context which was what my history had been. Um…my mother was, she was treated for depression, um…I understand it differently now, but um, I was very anti in those days the medical, medicalised way of viewing emotional distress. So, it…I was drawn to psychotherapy because of the emphasis on the person rather than the symptoms. Um…thinking about the story, rather than the symptoms and what medication to you know, manage the symptoms. Um…and psychotherapy as a means to understand the distress, sort of the layers of it, rather than just …the label and just treating it at a very surface level, which was what I had experienced from childhood.	Dealing with people's emotional distress in terms of subjectivity Finding this deeply personal and rich Contrasting the subjective nature of distress in psychotherapy with the experiments I psychology Considering emotional distress as personal Needing to consider context of circumstances Connecting with the richness and depth of the Freudian content at uni Recognising her history had been understood in a medical context Having a mother treated for depression Understanding depression differently Being anti-medical way of viewing distress Being drawn to psychotherapy due to emphasis on person Thinking about the story not medical management of symptoms Understanding the layers of distress Seeing beyond a label and treatment at surface level Experiencing medical treatment of depression in childhood	Connecting with the need for contextualisation of distress at a personal level Contextualising distress Searching for a new way to understand emotional distress Finding answers in theories offering a contextualisation to distress Being anti-medical model Being drawn to psychotherapy due to emphasis on subjective meaning/story Seeking in-depth understanding
Can you say something about your childhood relational experiences and how these may or may not have motivated towards the career. Um…yeah. I'll start from when I was, from how I understood it earlier on,	Understanding things differently before training	

as I say, before I started training. I knew that from about age 13/14 I was aware of my mum's psychological problems if you like. Um…and as I say she, er…my father left just before I was 10, um and my grandfather, her father died when I was 12 and so she was not only alone if you like in terms of the marriage, Um…and now a single parent to three young kids, but her father who had been a huge source of emotional support for her had died. Um…and she, I was the eldest of the three, she very much brought me in as a replacement, if you like comforter, yeah, so I was very parentified from that age. Um…Im not, to be honest I don't really remember a lot of my childhood before then, I just know I have all my diaries that I started writing when I was about 13, so I have all the evidence if you like, but it was around that time as I recall it that I was very, um…this sort of inverted relationship with mum happened. So I was as I say, her source of comfort, I was just there when she was distressed. Um…and as I say what I really struggled with was, it's very obvious from the stuff that I'd written, she would, um…there is an example where she has woken me up at like 2 in the morning because she is really struggling to regulate herself I suppose and asked me to come in and sleep with her – look at me I'm talking as if it's the present tense, um and I would just hold her until she went to sleep, until she'd stopped talking and crying. Um and then I remember I've got it sort of logged, and I came home from school the following day and she was in bed with the curtains drawn and a bottle of prescription medication, er antidepressants and I remember things, feeling really, really angry and confused, but mostly angry, that everything we'd talked about the	Being aware of mum's psychological problems from age 13 Having her father leave and grandfather die between 10-12 Understanding her mother as feeling alone and losing emotional support of her father Being brought in as a replacement and comforter as a parentified child Disconnecting from childhood before then Keeping the diaries Having the evidence Having an inverted relationship with mum and being a source of comfort Being there when mum was distressed Struggling with having to help mum regulate her emotions Aware it feels like present tense Comforting mother's distress Feeling angry Feeling confused	Having a needy mother Assuming a parentified role Suppressing own feelings and learning to prioritise mothers needs Disconnecting childhood Keeping evidence of experiences from childhood Struggling with the inverted relationship Learning to prioritise mother's needs over own Caring for mother Being taken back to what it felt like being mum's comforter – noted from feeling like present tense

night before and she'd talked about how she was going to change her life and it was going to be like this, it all seemed to go by the wayside because the doctor had told her she was depressed and I remember just thinking – Noooooooo! To me it seemed so simple as a teenager, that if you change the way you're behaving it would make it better. That was very much my, I was very pragmatic I suppose, very solution focused. Um…without understanding the context really of her distress if you like.	Being disregarded Feeling let down Feeling it seemed simple as a teenager Thinking if you change the way you behave it will make it better Being very pragmatic and solution focused Failing to understand the context of her distress	 Being disregarded and let down by mother Feeling personally frustrated by medical labelling Failing to understand context of mother's distress
And how did you manage your distress as a child in this inverted role?		
From what I understand now, or how I understand it now, we were very much encouraged not to let our distress overwhelm us. Um…when our father left, he used to visit us every two weeks and there was a song at the time that Sting had recorded for a film, anyway the words are and it's a song that comes from the 1920s I think and it goes something like "even when the darkest clouds are in the sky, you mustn't cry" and this was a mantra for mum no matter how and it's "spread a little happiness as you go by, please try" and it was like we mustn't cry too much and I understand it now – to protect mum. But that was probably what she'd learnt, her parents were sort of war, were in the war, my grandmother lost her first husband in the war when she was 19, it was very much sort of my mum's generation came out of people who had experienced real trauma. And so, it's a very…that was what my mum grew up with, you know, one of her phrases is that her mother told her "you shouldn't have nerves at your age" when my mum used to complain that her	Being encouraged as a child not to let distress overwhelm us Connecting to the words in a song around emotional suppression Having a mantra for mum around not crying Understanding it more looking back now as not crying to protect mum Reflecting that emotional suppression was likely what her mum had learnt Having parents who went through the war and experienced real trauma Growing up with parents of the war created a generation characterised by emotional suppression	Suppressing emotions Growing up with the consequences of Intergenerational transmission of trauma and emotional suppression The British stiff upper lip normalised due to intergeneration transmission of trauma – but damaging to children Normalising emotional invalidation and suppression in previous generation

brother was getting on her nerves, um, so we weren't allowed, it's sort of an intergenerational thing yeah. Feelings were um…for me, er…we weren't really allowed to and the reality is, I didn't really feel them. So, um…my mum says I did cry when my dad left, but I don't think I can have cried as much as I've cried through therapy, through sort of those, the retriggering of that time. So yeah for me I didn't feel distressed and um…one of the really big moments for me um, was, when I was 15 I was raped, um and I remember the feeling of overwhelm, but I didn't tell my mother and I managed to not tell anyone. Um…and I was raped. Um and its just that script. How do I make a story out of this that I can live with? Don't, certainly don't tell mum, she couldn't, she couldn't have been helpful to me. But you know how much must I have learnt probably not just in the time that I say I remember it and I've got diaries through, it must have been earlier than that. So, um, yeah, if I had feelings, that, even overwhelming feelings, I took them, it wasn't safe to talk, it wasn't safe to share, it would have overwhelmed somebody else, they wouldn't have been helpful to me – just, just hold it, somehow. I mean my body was, I don't think I had a period for probably 9mths after that from the stress, I took it all in my body. Um, but certainly I didn't express them, my diaries, I have all the evidence there but there's so many lines in there about…that suggest that emotions are just hugely inconvenient and they stop you from getting on (laughs), you know being able to. I didn't have a very close relationship with my father but certainly in his family the script it's exactly the same. So, the two combined, you know from both	Having emotional experience invalidated Being prohibited to feel Detaching feeling Being told by mum she cried when dad left but not relating to this Comparing childhood experience as less than the crying retriggered by exploring in therapy Disconnecting distress at the time Feeling overwhelmed when raped Concealing trauma Being governed by a script of emotional suppression Questioning how to make a story out of trauma Perceiving telling mum would be helpful Reflecting she must have learned emotional suppression before she can remember Taking overwhelming feelings herself Feeling it wasn't safe to talk or share Protecting others from overwhelm Holding emotions Experiencing stress through the body Concealing distress Processing distress through writing Experiencing emotions as inconvenient and stopping you from doing things Having a father with the same family script	Prohibiting feelings Disconnecting feelings Connecting with the pain of paternal abandonment through therapy Developing an emotionally self-reliant script Grappling with how to create a narrative integrating trauma Developing self-reliance Learning unsafe to talk to others about own feelings Somatising distress Protecting others' feelings Perceiving emotions as inconvenient

families, from both parents, both sort of families were, you don't feel. **But your mum did feel and got labelled as depressed?** Yes exactly. And apparently, she had first been hospitalised for depression before she became pregnant with me. Um and my father has told me, laterally, that he used to, mum would become emotionally overwhelmed if you like and neither of them knew what was happening and she'd be saying I need the doctor, I need the doctor and they would drive round apparently in the car until she calmed down, a bit like a child, almost trying to soothe a child, neither of them understood and she ended up, I think she took herself to hospital and she was only there for two weeks, realised she wasn't like other people on the psychiatric ward, but she knew, they knew something was wrong and antidepressants was how it was always treated. Um, how I've come to understand it because of, um, because of the information we now have, having done the training, she has a borderline process so it's a very developmental issue if you like, but that's not how it is understood and that's not how it is treated. Um and because of her sort of relational style, any psychotherapy or counselling she has she dismisses, she doesn't form attachments terribly easily or well and the medication helps enough to keep her functioning. So it's um, and this was the confusion I suppose that I realise subsequently drew me to a psychology degree because I thought presumably I might get some answers to this confusion that was growing up in that environment. Here is an authority, here is a subject that may help me to make some sense of this really very confusing	Experiencing both parents' family scripts as don't feel Having a mother hospitalised for depression Having parents who didn't understand emotions Needing a doctor Driving around trying to soothe mother like a child Having parents who failed to understand emotions Taking herself to hospital but feeling she was different to other psychiatric patients Believing in antidepressants Understanding mum's experience differently through training Reflecting a borderline process as a developmental issue Acknowledging developmental view of distress Dismissing counselling due to relational style Not forming attachments easily Realising this confusion drew towards psychology Thinking may get answers to confusion growing up Perceiving psychology as an authority to make sense of the confusion	Inheriting and emotionally suppressive script Being taught as a child it is dangerous to express emotions Having parents who didn't understand emotions Parents appeared to lack reflective function Being raised in an environment that pathologised and medicalised distress Understanding distress differently through training Having a mother with dismissive attachment Being drawn to psychology to make sense of confusing childhood Searching for answers

experience. Um, because I saw in other, my friends families, um different parents. Interestingly you know I realise now but you are still unconsciously drawn to kids who have similar struggles, coz you all understand each other and you all know not to say those things, you know, you hold the secrets of your family, your family stories. Um…so yeah, I've come to understand my motivation, albeit, sort of you know the reasons that were out of my awareness, it's taken a long time to…to understand it. As I say it seemed very basic in the first instance. I was drawn to it, but nobody wanted me to do a psychology degree because that wouldn't have, how would you get a job afterwards and you're not going to be paid very well and you should do law, which I applied to do, and interestingly just before my A-Level results came out and as I say I was due to go and study law which didn't excite me at all, but it excited people around me including my teachers and that was very much what they valued. Er…I had a bit of a meltdown about "I'm not going, I don't want to" but my mum was almost hysterical about it, "you have to, you have to go, you have to do something" and I said I'll go if I can do psychology. And so I was allowed to do this sort of woolly social science, that would never get me a job, but I did love it, it was a bit dry, it was more turgid than I'd hoped but there was certainly something there that was what I wanted to do. And having come to do the psychotherapy since, er…it's absolutely where I belong. It answers all the questions, um, or at least offers me a framework to make sense of all of the confusion that was, that was growing up, that was me, that was my mum, you know the whole family, increasingly I	Seeing different parents of friends Being unconsciously drawn to kids with similar struggles Feeling a sense of hidden common understanding Holding the secrets of you family's stories Taking a long time to understand motivations out of awareness Thinking motivation was very basic initially Experiencing a draw to psychology but no one wanting her to do it as would get a job Being told to do law Applying to do law to please others Lacking connection to law Having law valued by those around her and teachers Having a meltdown and not wanting to go to university Asserting she would only go if she could do psychology Being allowed to do a wholly social science despite lack of perceived prospects for a job Loving psychology Finding it more turgid and dry than hoped Feeling a connection – but unsure what Feeling a sense of belonging with psychotherapy Experiencing it as answering questions and offering a framework to make sense of confusion	Realising her family was different to others Needing to make sense of childhood Being drawn unconsciously to others with similar struggles Holding secrets MEETING TWINSHIP NEEDS? Understanding unconscious motivations over time Being drawn to psychology without fully understanding why initially Believing in intrinsic value of the subject – unthought known? Asserting own aspirations Needing to choose a subject with a personal connection Feeling a sense of belonging with psychotherapy Gaining answers

understand the contextual factors, the intergenerational stuff. Initially the drive was understanding my mum. It was the how can you… as a Samaritan, I loved being a Samaritan, but what I eventually started to wonder was, how can you… it's very much, I don't know how much you understand or how much you know about it, it's very much based on Rogers core conditions and if you offer people unconditional positive regard, the openness of the warmth, offer them space and the right conditions, they will grow themselves towards health you know, or kill themselves. But whatever, you accept them just as they are. Which absolutely was a very romantic notion for me that "yes that's exactly…" but the question remained for me, but I offer my mum all of that – I love her unconditionally, I give her, but still she'll turn on me. Why are there some people who you offer all the right conditions to, but they don't grow towards health, they stay in a state of ill health. There was something missing. And what was missing was all the Freudian stuff actually. Um I had the CBT approach if you like already which was like fucking change, stop having affairs with people, you're married of course you are going to stay unhappy. But it seemed so clear as a very pragmatic teenager who was able to not feel her own feelings terribly much. Um, I also then had all the Rogers stuff and all the person-centred stuff, but this isn't working, this isn't working, very basically for my mum who was the one person of course I really wanted to be well because in her moments of wellness, there weren't many, I felt she could look after me and then I felt whole. So, I suppose, yes, really, really deep down I needed, I need to be fixed if you like, or I needed someone to be	Understanding the contextual and intergenerational factors Initially being driven to understand mum Loving being a Samaritan Wondering about the validity of the core conditions in bringing growth Accepting clients/people as they are Finding the core conditions a romantic notion Having unanswered questions by this approach Offering mum unconditional love but she still turned on her Questioning why some people don't grow with the right conditions Perceiving something missing Experiencing Freud as providing the missing information Experiencing CBT as instructive to change behaviour Having Clarity in CBT as a teenager who didn't feel Finding the Person-centred approach lacking Wanting mum to be well to look after me Feeling whole when mum looked after her Reflecting that she needed to be fixed Needing someone to be well for her (so she could be unwell/not strong)	Using psychotherapy to develop meaning making Understanding contextual and intergenerational factors Questioning the validity of the core conditions Having unanswered questions Having an unpredictable mother Finding answers in Freudian theories Feeling frustration over Humanistic and CBT as theories failed to align with personal experience Is there a connection between CBT and those not wanting to feel/emotional suppression – intellectualisation/pragmatic? Wanting to fix mother to complete herself Needing to fix herself

well for me and of course in the end that has had to be me. Um, so yeah, but initially that draw was how to make sense of the most significant figure in my life really. How to help, how to…classic stuff, hmmm.	Initial drive was making sense and helping the most significant figure Reflecting on a wanting to help as being classic	Fixing things for herself Helping others linked to fixing herself
Can you tell me something about how your motivations may have changed over time or only because apparent from training?		
Um…definitely, the idea that it was myself that I needed to understand. I had no awareness of that when I started. And when I applied to do this the psychotherapy training um…I had no sense that I was anything but ok in the TA sense of the word, but it was other people are not OK and they tended to be drawn to me, um because I have this sort of way about me of A. splitting from my emotions, so I could hold whatever somebody told me even if it was that they were due to kill themselves, I could hold it…but it's only through the period of training, having my own psychotherapy, having my own life experience that absolutely you know, shattered me, um that I've come to understand do you know what, I wasn't a whole coherent self, I was actually very split, you know, as I've described about my feelings and my intellect just the lack of awareness of my own feelings. Anyway, that has only become apparent through training, the Freudian stuff and I suppose, understanding the world and um, it was my mum that was my primary focus through my psychology degree and at the beginning through this training it's actually er…it's the confusion and the chaos in the world and in myself, so It's sort of opened up from that relationship with my mother, um and in fact what's	Lacking awareness of needing to understand self at start of training Feeling she was OK and others were not OK at start of training Perceiving others were drawn to her because of her way Splitting from emotions Holding others' emotions Having psychotherapy and life experience shattered her Understanding she wasn't a whole coherent self through training Reflecting she was split in feelings and intellect Lacking awareness of feelings Gaining self-awareness Understanding self from Freud Focusing on mother during psychology degree Acknowledging the chaos and confusion in self in this training	Needing to understand self Perceiving others as having issues Constructing an enfeebled other Attracting wounded people Constructing splitting as useful in therapy Developing understanding of incoherent sense of self and splitting of emotions from training Developing self-awareness of intellectualisation – splitting Using Freudian Theory to understand self Focusing on mother's distress Realising internal distress

changed (was that part of your question?) that has changed because through the course of the training I've separated psychologically from her, we are actually estranged, because she can't manage, she can't manage the difference in me and I can no longer manage, that relationship is no longer helpful to me so we are estranged. I think in letting that go, I've been able to look at myself but also my wider context. Um…as I say all the family stuff, all the intergenerational stuff and the historical stuff around. Of course, most of us who are training to be psychotherapists now we've sort of come from that generation of well, only a couple of generations ago, the war and I think that that's massive having to shut of your feelings because all of this survival stuff is happening and we can't feel, you know we've all evolved and come out of that time.	Understanding motivation as linked to self Separating psychologically and being estranged from mother as a result of training Ending the relationship as not finding it helpful to her and mother unable to manage changes Letting go of the relationship promoted looking as self and wider context Acknowledging intergenerational transmission of trauma/suppression Having consequences to shutting off feelings as a survival mechanism Evolving out of this time where we couldn't feel	Separating psychologically from unhealthy relationships Ending relationships that are no longer helpful Contextualising own distress in the wider context Is there a generational pull for those who were the offspring of war babies to understand self and others through therapy encouraging emotional expression?
It sounds like you've realised you've been quite affected by all of this. So, you went in feeling you were ok but then you realised how much this shutting off emotions had affected you. What was it like to feel again?		
For me it feels like it was one moment that was just shattering. And it actually, it wasn't stuff from the training, it was stuff from my personal life that had happened. Um it was, it was a moment of psychosis actually, almost of madness where I looked in the mirror and felt that the reflection that I was seeing was someone, something different to what I was feeling. It was, it was a terrifying moment. I can't remember a worse moment. Literally as I understand it now, I didn't understand it then which was why it was terrifying, of just myself fragmenting, um, and being	Realising shutting off emotions affected her Feeling one moment was shattering Being impacted by a moment of psychosis in her personal life Disconnecting from the reflection in the mirror between who she was and what she was feeling Feeling terrified by the worst experience she can remember Experiencing self-fragmenting and being incoherent	Having a personal experience that shattered current sense of self Fragmenting in training

incoherent, um, and having all of my, my emotions that I hadn't, I'd managed pretty much to manage, they just all flooded in, I was overwhelmed and of course that compromised my cognitive functioning, my physiological functioning, I was really incredibly stressed to feel and in fact when I look at the DSM criteria I was clinically depressed probably for about 3yrs. Um…and of course that was difficult because of (laughs) the parallels with my mother, you know and I was very resistant to thinking of it in terms of a medical way and thankfully because of the psychotherapy and academic training and theories I'd been presented with I could make some kind of story of it, but still my embodied experience of that time was incredibly painful, incredibly frightening. Um, um…but still drawn to…understanding it, there must be a way to understand this you know, um, outside or bigger than the label of um, depression, madness, you know, it was chaotic, a very very hard time. Um, it was just feeling flooded by…emotion. **And how did you find your way out?** Um…well I was having psychotherapy, so I had my therapist, I was part of the training, um there was a lot of support then because of the group process in the context of the training and then all the material was brilliant, because I was literally my own case study, to some extent. Um…I found my way out…I suppose all the normal factors: time, faith…um…being able to just go through it, um…I suppose for me the er, understanding it was huge, reading about trauma that was massively helpful for me, um…and I suppose having a different support system in the world of	Being flooded by suppressed emotions Being overwhelmed emotionally Feeling compromised in cognitive and physiological functioning Finding it stressful to feel Identifying with DSM criteria for clinical depression for 3 yrs Finding the parallels difficult due to mother's experience Resisting medical view Making a story from the experience due to training Having an embodied experience that was painful and frightening Being drawn to understanding it Seeking to understand beyond the label of depression/madness Experiencing flooding of emotion as chaotic Having a therapist Receiving support from training Finding the material brilliant Using self as case study Finding her way out Being able to go through it and having time and faith helped Understanding it helped Reading about trauma Having a different support system in psychotherapy	Being flooded by all emotions that had been suppressed Realising incoherence and self-fragmentation during training Feeling resistance and seeking an alternative to the medical model of understanding own distress Constructing narrative coherence Making sense of personal experience of overwhelm from theories learned in training Narrative meaning making Was experiencing emotions so difficult because suppressed for so long? Processing experiences in training Using training to heal self Making sense of self through training/theories etc

psychotherapy, you know supervisors, peers, um, people who could…hold it, who could contain it enough, well enough, you know as I say I moved away from my family, I had to estrange myself from a lot of my family and some friends because they viewed it differently you know, they were desperate for me to get medication and to…because they understood it only in that context. So I found my way, time helped and I sort of had a client who sort of said to me and who I'd worked with quite a long time and who had been in crisis when she came, you know I could really identify with what she was saying was, the experience of surviving these huge and overwhelming emotions it's like a muscle that you train, you get used to you know the first time you go through it the muscle really aches and it hurts and it takes ages to recover, but as you strengthen it the more times you experience overwhelm and you survive it, you know with support, appropriate support, or support you believe in, that muscle gets stronger. So, um…I don't know how to say it in a more coherent way than that really. It was a deeply personal self-developmental process.	Having others contain and hold her distress Estranging self from others due to their belief in medication as the only way to understand treatment Finding her way out Identifying with a client Comparing the experience of surviving overwhelming emotions to a muscle you train Learning to survive overwhelm by growing in strength Having appropriate support helps to strengthen ability to cope with emotion Struggling to find a more coherent way of stating it Experiencing a deeply personal self-developmental process	Having containment from the world of psychotherapy Challenging beliefs people couldn't hold her stuff Having to estrange self from those who held a medical model view Finding a pathway out of distress Learning from and identifying with clients with similar experiences Needing support /someone to depend on Growing from a deeply personal self-developmental process during training
If you hadn't have become a therapist would anything be different? Yes…If I hadn't, I cannot imagine not having found this path. But I can only imagine had I not found this field, um, I would have fallen back reluctantly on the only framework I had to see it in, which was the medical model. I think I would have…I would have stayed depressed, or with my feelings depressed, I would have probably relied on medication when it got to that point of um, you know,	Being unable to imagine not finding this path Imagining she would have fallen back on the medical model as the only model she knew Thinking she would have remained depressed Recognising she would have relied on medication	Finding a path out of pathology through the career

becoming emotionally overwhelmed, I don't think I could have lived forever without that happening. Um and when that had happened if I hadn't have been in this field, I would have stayed in that worldview that I can't get better…it feels frightening, which is interesting because sometimes I wonder, um, has this all been worth it? As I say to be estranged from my mother who for so long I adored, I was, um, that's been incredibly, it's been excruciating separating from her but also having to physically separate myself from her, because I couldn't separate, she wouldn't allow, um…sometimes I wonder yeah as I say, has this development, is this way of living better than that? Because its exhausting doing this work emotionally. Its um…it takes so much, so is it worth it? Its changed my relationship with my husband um, that's been difficult, a difficult process, um there are certain friendships that I've let go, you know – is this really the right path? But when I imagine what it would be like if I hadn't for myself personally I feel a bit suffocated and frightened actually, imagining not having done this, yeah	to try to manage emotional overwhelm Acknowledging that worldview inhibits recovery Feeling frightened not finding the career Wondering sometimes if it has been worth it Finding it excruciating separating from mother Questioning whether this personal development and way of living is better than before Finding it exhausting doing this work emotionally Experiencing change in relationships as difficult processes Questioning if the path she chose was right Imagining what it would feel like for her personally without choosing this path it feels suffocating and frightening	Questioning the payoff to the work which is emotionally exhausting but apparently necessary to bring personal growth Needing to be a therapist for survive Coming alive through training Appears you give a lot but you gain self-development as necessary for psychological health understood in a different context to the medical model
Has anything or anyone inhibited your understanding of the relevance of your personal history as influencing your motivation? Has anything Inhibited it?...(Long pause) um…Only people from my past, um…who…who think differently, um it hasn't been able to inhibit me because as I say my motivation to understand…has been so strong. And like I said, my own view as I say I was sort of quite humanistic but also quite pragmatic	Being inhibited by people from the past who think differently Needing to grapple with the past and a deeper understanding Being strongly motivated to understand	Being inhibited by people who adhere to medical model Needing to understand self

and much more solution focused that was so limited that I needed something else, I needed actually to understand the past, I needed to grapple with that and so I don't know, the people who might have said…I don't know, you need to stop looking at that, I couldn't really take seriously anyway or…but it has been very hard, it is quite difficult to um, especially when you're sort of living it as well for people to say um…you're preoccupied with the past you need to stop and just look forward. My family had felt very threatened by this at various times and there was really a quite small unit of us – mum and two younger sisters and then my grandmother, that's really it on that side, they've all resisted this hugely um and as I say, I've had to become estranged from them in order to do this. Um interestingly one of them is now training as a psychological coach, um, because they've all struggled with the same issues at various times in their lives – emotions have threatened to overwhelm them. Um, but yeah, I was too motivated to actually be inhibited by them, but it's been a difficult choice to choose this as a way of life, over your family and the people who you love. **What about within the career how do you feel speaking about those experiences?** There are certain supervisors I've had that I do inhibit what I say, how much I…voice thoughts around that. You learn to do that I suppose. I've never inhibited totally but I do…er…I suppose I do manage what I say with some of them. And with others you can talk freely about it. **So, what's the difference?**	Needing to understand Not taking seriously those who discouraged her deeper self-analysis Finding it hard to hear people say you are preoccupied with the past and need to look forward when you are living the experience Experiencing family as feeling threatened and resisting her way of viewing distress Needing to estrange self to maintain own view Finding it interesting that one sibling is now training to be a coach Observing all family members as struggling with same issue of emotional overwhelm Feeling too motivated to be inhibited Choosing this way of life is a difficult choice over those you love Inhibiting how much she voices thoughts with certain supervisors Learning to manage what she says Feeling able to talk freely with others	Being personally motivated to contextualise distress Being criticised for self-reflection Needing to make sense of the past Experiencing resistance from family Observing all family members as struggling with emotional overwhelm Being compulsively motivated to get answers Needing to become a therapist more than maintain relationships Learning to inhibit what is disclosed professionally Fearing judgement Monitoring disclosure

Um…the difference is in their life experience of their learning, um I had a counselling, interestingly counselling psychology supervisors who've come from, who are older and maybe come from a more positivist kind of paradigm…there's a lot, or there's one supervisor in particular that I'm thinking of who'd be very a little bit um…cynical is the wrong word, but around the whole relational stuff. Whereas my psychotherapy supervisors tend to be very very easy with all of this stuff. So, its…it's almost, maybe this just reflects my experience with psychology Vs psychotherapy for me there's been, I wonder where my identity sits as I'm trying to become a psychologist and in actual fact I've been drawn to those very supervisors who maybe if you like, have been inhibiting of that way of thinking. Because I recognise that I've been so preoccupied by that for such a long time now I need to, I need to um…I need to consider, I need to let other things in. It can't be all of it you know. So, While I was so preoccupied I knew I needed somebody who would encourage my thinking to be quite rigorous and to, to, to to pull me out of this sort of immersion in the past. Um…so, interestingly I was drawn to someone with whom actually I had a grandmother transference, somebody who was very, was less drawn to thinking about the past in the same kind of way. Now I'm more discerning about who I choose, often I've chosen to work with, unconsciously, as well as consciously, people who would give me a really hard time about the way that I am and the way that I think, which reflects my past. I've chosen authority figures who would really be very critical of, what I really believe in you know.	Perceiving a difference in their life experience and learning Finding counselling psychology supervisors from positivist paradigm different Experiencing one supervisor as cynical around relational stuff Experiencing psychotherapy supervisors as easy with relational stuff Questioning her identity within psychology versus psychotherapy Trying to become a psychologist Being drawn to those supervisors who inhibit that way of thinking Recognising her preoccupation with the past and wanting a contrast Needing someone to encourage thinking to be rigorous and pull her out of immersion in past Being drawn to someone who didn't think about the past Having a grandmother transference Being more discerning about who she chooses Unconsciously choosing people who give her a hard time about that way she is, reflecting her past Choosing authority figures that criticise her beliefs	Perceiving differences in acceptance from supervisors Questioning identity Being drawn to supervisors who inhibit her deep way of thinking Being pulled to re-enacting relational dynamics Needing supervisors for different needs Re-enacting past dynamics

Why do you think that is? Well a lot of the time it's been out of my awareness…it was comfortable, it was familiar, um…and it also did encourage me to become more rigorous, sometimes more sure about what I was saying with their challenges. Um, but it is, but it's true I did become for quite sometime, it did become quite worrying my preoccupation with my feelings and with understanding everything if you like through that psychodynamic lens. **So, with those supervisors would you have kept your experiences more under cover?** I would have talked about them until I realised, ok I need to go easy on that. But often my sense was that um, ok I'm too much here. And of course, that's my script as well – "I'm too much if I bring my emotions, I'm too much" Um and interestingly the supervisor that I'm thinking of she asked if she could read my clinical dissertation once I'd finished it, um, and she was I think, surprised by my coherence, because how I was presenting to her in the room was much more incoherent. And I think she was probably quite impressed with how I could bring in other material to help make sense of things. And our relationship probably changed around that, around that. **What enabled you to make that script more coherent?** Um…the academic work, the clinical, it was very important for me to not only to pass my dissertation, but to pass well...and I knew what that would involve would be me becoming a lot more rigorous and presenting a very strong argument that was scientifically	Experiencing the pull as outside conscious awareness as it was comfortable and familiar Becoming more rigorous and how she challenged them Reflecting her preoccupation with her feelings and understanding everything through a psychodynamic lens was worrying Realising a need to not talk as much (due to what??) Sensing she was too much Identifying a script I'm too much if I bring my emotions Having her supervisor ask to read her dissertation Thinking she was surprised by my coherence due to presenting in the room as in coherent Thinking she was impressed with making sense of things Experiencing the relationship as changing around that Finding the clinical and academic work helpful to create a coherent script Wanting to pass well Needing to become more rigorous to present a	Experiencing an unconscious pull to supervisors that were dismissive Re-enacting the past Overanalysing Concealing self from supervisors Internalising a script that I'm too much if I bring emotions Sense of being judged as incoherent by others Gaining self-coherence through writing Needing to gain approval Assimilating other material to make sense of personal process Using writing to gain coherence where spoken expression feels too risky as may be judged as incoherent? Needing achievement

informed…um…I…and it took me a long time to write it and I did get a distinction. Um I wrote it almost if you like in a very basic way to persuade my mother that psychotherapy was a, a, worthwhile…a worthwhile was to go…for all these reasons you know…And the DSM and the medical way is also important but it's not the only way, look there are all of these.	scientifically informed argument to pass well Taking a long time to write Getting a distinction Writing it to persuade her mother that psychotherapy was worthwhile Asserting that there are many ways of viewing distress not just medical model	Developing a coherent personal narrative Wanting maternal approval Being open-minded
So, it was powerful personally, it wasn't just a dissertation?		
Yes, it was deeply personal, but I wrote it from a very academic perspective, but that process of having to take something that was so embodied and make it academically um…robust, that took, that took a long time, but I think that it was a very powerful process, but that making, that process made my own experience I suppose coherent, it made sense of, it forced me to become more coherent.	Finding the dissertation deeply personal but written academically Taking a long time to create a robust piece Experiencing a powerful process Gaining self-coherence around own experience by making sense of it through writing her dissertation	Gaining self-coherence in personal narrative through writing dissertation Socially constructed meaning making process
People sometimes say that therapists enter the profession to resolve their own issues. What do you think about this statement?		
(long pause) that, that sounds reasonable to me, um, I'm thinking about…um…people who struggle, or you know people I've heard who struggle with intimate relationships, but you know in their personal life, but professionally they have that, they can have that naturally when people come to them and, um…I'm not sure if that's resolving actually, but that maybe a motivation for…um, for going in for getting into the career, which isn't resolving is it but um…I think that's, I did the same thing, um, I came into a profession that I expected I could do, that I	Identifying with resolution of issues Thinking how therapists may struggle with intimacy in personal lives & gain this through therapeutic relationships Being motivated towards the career to gain intimacy Identifying with this process Expecting to be good as a therapist	Sense she may struggle with intimate relationships here as doesn't own statements Accessing intimacy in therapeutic environment Getting unmet intimacy needs met through career Being drawn to other-focused role

would be quite good at, in the role as therapist. Because I had been doing it for so long, that was my expectation. What I didn't realise was how much of myself would be involved in the process of um, being a therapist, I didn't realise that at the beginning, um…and in the process of becoming a therapist I suppose I have…I'm not sure if resolution is the right word actually, um, but I'm certainly aware of, much more aware of my motivations and what has drawn me. And that's, it's actually quite an interesting, it's probably a bit off piste but the difference between awareness and resolution, actually I think I always expected resolution. I came from as I say a paradigm where if you have a problem you fix it, you fixed it with medication. And actually, it's not about being fixed for me now, I think I was hoping to be fixed and for things to be resolved, but actually, all I am, which is everything actually, is aware of…much more aware of myself and other people…I suppose I've become resolved, rather than resigned, resolved to that reality that I am never going to be fixed of all these things, they are imprinted in my brain. I can build new connections, um, but those, it's how I developed. I'm always going to…you know there are always going to be things that open old wounds, but I am aware of it. And like I said earlier that muscle is stronger now. **Do you identify with the concept of the wounded healer and what does this mean to you?** Yes, I do, Um and I had an interesting experience, interesting sort of response to something that a supervisor had said to me about – we are all wounded, because we are	Performing therapist role for so long Being unaware of how much of her the role required at the beginning Becoming a therapist increases awareness of motivations Debating the difference between awareness and resolution Expecting resolution Coming from a paradigm where you fix problems with medication Reflecting it's not about being fixed for her now Hoping to be fixed and to resolve issues Gaining awareness of self rather than being fixed Becoming resolved she will never be fixed Recognising trauma imprinted in her brain Resigned that things will always open old wounds but awareness helps Feeling stronger to cope now Identifying with wounded healer Everyone being wounded because we are human	Being parentified Lacking awareness would need to reflect on self I wonder if some people stop/ drop out when they realise that motivation is less other focused and linked to self and this requires courage to explore, to work through? Increasing awareness of motivations through training Moving from wanting to fix self to self-acceptance Accepting impact of trauma Building resilience to cope with wounds Being wounded makes us human

human. And that's an interesting question for me around, yeah are we more wounded as therapists or as psychologists, whatever, as psychological therapists' um, or are we just as human, as I don't know, an electronic engineer – we are just aware of our wounds. Um…and it's a struggle for me too, having done my training, I was very aware of how wounded I was, because at the time which I began training I wondered about my peer group, you know "am I more wounded than them or am I just aware?" Because of where I am in my life at this time, or have they been wounded at other times and are they more…um…more coherent, are they just in a more coherent place. And I'm not sure about that. I'm no longer as sure, I think, I think the reality is there are some of us that are more wounded than others, but I do increasingly realise to be human is to be wounded. Who of us…well maybe there are some of us who have had secure attachments from day one, would they go into this profession, or be motivated towards it?...Hmmm is another question. I was gonna say I doubt it, but that's quite judgemental, but um there is something very validating about being in this profession when you are one of the people who didn't have a secure attachment, it makes you feel more, better about yourself (laughs).	Questioning are therapists more wounded than electronic engineers or just more aware of our wounds Struggling in training with awareness of own wounds Wondering whether she was more wounded than peers or just more aware Questioning if others may have been wounded at other times and are more coherent now Uncertain about woundedness Reflecting some may be more wounded Realising to be human is to be wounded Doubting if those with secure attachments would be motivated towards the profession Finding it validating as an individual with insecure attachments being in the profession Feeling better about yourself being in the profession	Questioning if more wounded of self-awareness Comparing self to other therapists and questioning if more wounded or just more reflective Questioning if others are more coherent Experiencing internalised shame from having wounds in training Reflecting narrative coherence develops over time Being validated through the profession - making sense of own experiences
I'm interested in that dilemma you talked about? What qualities would draw someone if not wounds, or both have the same wounds, but choose a different path? Hmmm, that is an interesting question! I don't know where I am going to go with this but I'm thinking about the sister who er, I don't think she'd mind me saying, is an accountant, she was um, she has	Having a sister who was an accountant who struggled with own psychological health more than her	

struggled with her own psychological health, um, more so than me interestingly, she wasn't a parentified child – I was the eldest and that, and my personality and temperament inclined me towards listening to my mum, um, whereas she's not interested. And she said to me a few years ago when we sort of reconnected after being estranged "you have to realise that you've always been fascinated in people and their stories, others of us aren't" and I, that was quite a shocking idea for me that it's so much who I am, I love stories, I always have, I'm a voracious reader, I learn an awful lot and am very supported by that. What she was saying was to me something that was foreign – other people aren't interested in other people. For her she doesn't question why she is who she is, or how she is, or why other people are how they are and I realised oh ok well maybe that's the difference – maybe I am just naturally inclined to be more interested in people. Whereas electronic engineers may be naturally more interested and inclined to work out how real science works. Er, but interestingly that is also the sister who is also now training, doing a training in positive psychology. So, she's changed her stance. She's now inhabiting, accommodating a slightly different worldview and she is very good at it because just like me she's as sensitive as I am because of our history. So, from accountancy which is very exact, where there is no ambiguity, you match everything to the penny, but actually I think her life has and her experience of work has become more ambiguous. You know all this, she works in a big six and she's become aware of as she's become older of the sort of inherent sexism and all the sort of nuances, and as she's got older she's got more	Reflecting her sister wasn't a parentified child Acknowledging various factors inclined her towards this role Being told by her sister that she was fascinated in people and stories and her sister and others aren't Being shocked by the idea that others aren't Having an identity linked to stories and reading Perceiving the idea that other people aren't interested in others as foreign Reflecting her sister doesn't question self and others Suggesting being interested in people draws them to the career rather than electronic engineers being interested in science Reflecting that her sister has since started training in psychology and changing her stance Accommodating a different world view Feeling a sense of commonality with sister that having heightened sensitivity due to history makes you good at therapy Shifting from the exact nature of accountancy towards therapy	Being assigned a parentified role Acknowledging various factors inclined her towards this role – external = parentification and internal personality and temperament Being fascinated by people and stories Realising that other people aren't interested in why and how people are as they are Wanting to understand others Having heightened sensitivity to others due to history Did her sister need control and certainty – could this be another way of managing Choosing a different career linked to coping mechanism – approach/avoid

aware of. But without my journey if you like of having to break out of our old paradigm and she's seen how hard, she's, she's sort of almost in my slip stream, if you like, you know the ok so that is a valid way and a meaningful way actually of living life.	Breaking out of old family paradigm with her journey as therapist Being in her slip stream makes it easier Seeing her way of living life as valid and meaningful	Having the courage to choose a different path Motivating others
Is there something about it might not necessarily be about being more wounded but by recognising those wounds there is something in that process that is helpful? So, one can walk around with low self-awareness and have difficulties, whereas when one possibly finds this path that awareness is there which…?		
Possibly. Yeah, there's a, there's an experience in there that you can have of looking at other people and wondering what have they got that you haven't got. They seem to be able to lead, to live and be free and um God, I don't know where this is coming from almost um and that, it's a…I think that that's possibly what my sister has experienced of me, um, of being drawn if you like to this area, and it's been hard, it's been hard work, but the freedom, but the colour now that is in my life and she is seeing a bit of that. And that does happen, I don't know if you've experienced it in social situations where people know what you do for a living and they are sort of looking at you somehow as if you have some sort of answer, or you can see them. But there's something that people even electronic engineers are drawn to about living a full life, living with a range, but it takes courage actually to um, doesn't it, to um step out of the paradigm you are in if you are only living here, and I think some people aren't interested enough to do that. Or they, or nothing happens in their life to sort of invite them to	Looking at others and wondering what have they got that you haven't Seeing others lead and live and be free Reflecting how her sister may have seen her being drawn to the area Acknowledging the increased freedom and colour in her life Experiencing people looking at you as if you have the answer or can see them Reflecting all people are drawn to living a full life Having courage to step out of the paradigm you are living in Reflecting lack of interest inhibits change or nothing invites them to see the world differently	Comparing self to others and wanting to be free Processing it now in interview Gaining personal freedom from the training – self growth Being able to 'read' people Being drawn to growth Having inner belief and determination to choose a different route in quest for self-knowledge/growth.

step out and live differently or see it differently. **Is your history important in the construction of your personal or professional identity?** It is, I think it is both explicitly and implicitly and with client's um…my experience, maybe it's my understanding is that I work with clients who…some of whom might ask if I understand who might be quite explicit about needing, wanting to know if I know, the experience they are having. And there are others who have said to me I haven't told anybody else about this and it will be about something that I know and it's as if they don't know why they are telling me and I think I know why you're telling me, you sense I can hold this. Oh, I had a supervisor who, quite, in her 70s, who um was a psychotherapist, very, very, good supervisor who I asked a question around sexual abuse and she said, um, I've never worked with that unfortunate presentation and I thought really, in your whole career, really? And how come I work with it even with a bereaved client who isn't obliged to disclose, why? And I imagine there' some, it's important my, my history, in as much as what I, what people bring and realise I can hold Um…it, yeah both implicitly and explicitly. And using it, sorry that's the other thing, using it in the work, using that, your countertransference, um and if I wasn't aware of my history, I'm actually even 9yrs on there is still stuff I'm realising, I'm still in personal therapy. But I think gosh, I would have worked with this very differently even four years ago and now I'm aware of this, this, aspect of myself, freshly aware, God you	Thinking history is linked to identity both explicitly and implicitly Having clients explicitly ask if she understands their experience Being told by clients they haven't told anybody else and it's something that she knew Knowing why clients are telling her Feelings that clients' sense that she can hold things Being astonished that a supervisor said she hadn't worked with sexual abuse Questioning why it is disclosed to her by a bereaved client with no obligation to disclose Reflecting her history is important in what people bring and realise she can hold explicitly and implicitly Using her history and her countertransference in the work Acknowledging personal realisation is a continual process Remaining in personal therapy	Unconsciously connecting with clients Being chosen by client's due to experiential felt sense Knowing clients Comparing self to others who say they have never worked with complexity Being able to hold distress due to history Reflecting how a difficult history may be communicated unconsciously and encourages clients to feel it's safe to disclose Using herself in therapy Utilising countertransference to work with clients

know, how do I need to, I need to be, you know, now I'm aware of it I'll be able to use it in my work with client's differently.	Becoming aware of aspects of self and using it in work with clients	
Does it impact the client's that you are drawn to working with?		
Yeah, well I'm certainly drawn to work with bereavement, work with, work very overtly with loss, um…it's, it's I was going to say it's a big issue for me. Its um, loss was, I became fragmented over a significant loss. Um and before I even realised why, I was drawn to loss and work with bereavement and that's my speciality if you like, I mean what isn't loss that people bring what, where isn't. Um and adolescence, as a group I am drawn to adolescence because Im very very very aware of my own adolescent and as I say I have all the evidence there, for example I wouldn't be interested in younger children, I don't have much, I don't have many memories of that. But I have, they are very alive for me, my adolescence is very alive.	Being drawn to work with bereavement and loss Becoming self-fragmented over a significant loss Being drawn to loss before realising why (unconscious) Specialising in loss Being drawn to adolescence Being aware of own adolescence Not being interested in younger children as doesn't have memories Feeling adolescent memories are very alive	Being drawn to area of wound both unconsciously and consciously Highlights the need to understand why drawn to certain areas, if unconscious, riskier Vicariously healing self? Specialising in areas with overlap of experiential knowing?
So you use yourself as a therapist to understand others?		Using self as therapist to understand others
Yeah and I think it informs who and what kind of presentation I'm drawn to work with um… yeah.	Using self to inform who and what presentation she is drawn to work with	Compulsively repeating past wounding?
Have you benefitted or grown personally from your career choice and if so how?		
Yes. I don't even know if I need to elaborate there. Yes		
Have there been any less desirable aspects to training or this career choice?		
Yes…um…Yes there's the how much it involves of yourself. How much it	Finding it involves lots of yourself	

costs you personally to work with um, to work with psychological distress. How much, I think the more aware I become of myself and my history if you like, the more and differently I can work with people in distress. And emotionally its um …not just emotionally, there's a huge cost to working in this way which can be depleting, not just personally, but in personal relationships, um…um, when an area or an issue that you are working with rubs up against your own wound it can involve…you needing to do more of your own personal work and that costs you financially if you go for therapy around that, or I don't know, some body work, massage, whatever and also your energy, I can hear it in my voice when I'm talking, it, it's less for loved ones. Um and there are times when I become overwhelmed, um when I need to take myself away and just be on my own too. I don't know that that's true of friends for example who are sales people or um, it can, it can, yeah, just be depleting in every area. Um and I am thankful as I say with my husband, he's done, he's been open enough to do his own personal work and will understand and give me that space, but it costs us, this…this job. And it's so enriching for us all as well. There's the extremes. **So with such great costs – do the benefits outweigh the costs?** Yes, Yeah I think…well when I said what I would be doing if I wasn't doing this, the idea of living a life that is, is um…so less free, is as I said earlier so suffocating, it feels frightening actually considering not doing that. And there's still for me I can hear in my narrative an emphasis on the cost and the difficulty of this and what I haven't emphasised enough is the… as I say	Experiencing a personal cost to working with psychological distress Increasing awareness of self and history changes how to work with distress Finding the work depleting emotionally and in relationships Needing to do more work on self when client's issues rubs against own wounds Increased financial costs from needing further therapy Having less energy for loved ones Needing to be alone to counteract overwhelm Comparing to other careers and not feeling they leave you as depleted Feeling thankful to her husband for giving her space and understanding Experiencing two extremes from the job - a personal cost and also enrichment Being set free Being suffocated Feeling frightening not doing this job to her personally Reflecting emphasis on cost in narrative	Finding the work personally costly Needing self-awareness to work effectively with distress Becoming aware of self Feeling depleted emotionally and in relationships from the work Having own wounds activated by clients Having less energy for loved ones Why sacrifice resources for those close to you for strangers? – must be self-needs Needing to detach to counteract overwhelm Experiencing two extremes from the job - a personal cost and also enrichment Being set free/liberated Needing the job for personal survival

having exposure to my feelings now, yes to all the difficult stuff, but also there's the flipside to that if you like the range, the joy, the liberation, the um, enthusiasm that I've also grown in that way, I have access to, you know the easier end of the range of emotions as well. And my relationships, relationships that have survived which there are many, are so enriched, I think it touches not just on client's and um supervisors and professional relationships, personal relationships have developed – there are ripples you know in every relationship that I have. I think you are not just helping your clients, you are reaching far wider than that I think when you are a therapist.	Needing to emphasise the increased exposure to full range of emotions as positive Feeling a sense of enrichment in relationships Thinking training touches the professional but also the personal as well Experiencing ripples in all relationships Reflecting being a therapist reaches further than clients	Feeling liberated from increased emotional range Reconnecting emotions Experiencing enriched relationships Experiencing ripples in growth into personal life Engaging in a reciprocal healing process
Finally, is there anything else that you would like to say?		
I can't think now…er, I suppose I've talked, I don't know why, but this might only be important to me, um, but I've talked a lot about my, my mother and the medical way of understanding distress and managing it if you like, that for so long my motivation to become a therapist and even a psychologist was around, it was almost an anti, anti-medical, an alternative, what I would say is through, through the training and through all of the work, professional and personal bits involved in it…what my model if you like, or paradigm or the way that I now view um psychological distress is, it , it, it accommodates the medical view, the medicalised view as easily as it accommodates you know a more sort of narrative way of understanding things. As I say I started out thinking it was that or another way, a medical way of dealing with it, or…and actually what	Reflecting this may only be important to her Reflecting main motivation towards career was anti-medical model Changing understanding through training Accommodating medical view into paradigm of psychological distress as easily as a narrative view Starting out looking for an alternative to the medical model	Needing to contextualise distress Developing a narrative Developing an in-depth understanding of psychological distress

I've come to realise is that there are so many and of course what counselling psychology is about is, is being open enough to you know, hold multiple ways of, infinite ways of understanding something. So it hasn't offered me an alternative way of viewing things its, this job, this profession, this training has just added to what I….I don't know, I'm not articulating this well at all…it offers so much…its…maybe I'll have to come back to you on this in terms of what I am saying…(long pause) the way that we are encouraged to think about understanding a presentation, it, it…is that it isn't either or, it isn't that, or that or that even, there's so many ways of understanding and I haven't said that well and maybe I will get back to you about that if I think of a more articulate way of putting it.	Realising counselling psychology is about being open and holding multiple ways to understand Finding the training and profession added to understanding Struggling to articulate Being encouraged to explore the many ways of understanding a presentation Questioning self-coherence	Being open-minded to holding multiple understandings of distress - counselling psychology values Having an enquiring mind Struggling to articulate understanding Perceiving infinite ways of understanding others because of training
I think there is also a link between our own needs and the areas we are interested in researching. I realise that for me the personal development piece was arguably the most difficult piece, because as I say I come from this family system where the process is quite borderline, any change is viewed as a betrayal or an abandonment, um so to develop, to change, um is to betray the system, so there is only one way to deal with this is to cut them off, to split. So, development for me looking at that area, and researching that area is around talking about change as being a natural part of life and actually it's almost important to develop so that you can go back, separate so that you can have a…so yeah. It's all very…for me very related to my history, the research, my choice of research, even the methodology, reflects my development or my process if you like	Reflecting on link between own needs and areas interested in researching Finding the personal development piece difficult Coming from a family where change is considered betrayal Dealing with resistance to change by cutting off and splitting Gaining self-development but researching the area and considering change as a natural part of life Finding the research very related to history Noticing methodology reflects her development or process	Being motivated to research areas which meet own developmental needs Is this primitive defence mechanism of splitting necessary when family are not willing to acknowledge new self? Choosing to research areas related to history Is this more conscious for some than others? Choosing a methodology reflecting own process

Appendix I – Reflective Journal Extracts

A. After an interview with a powerful positive countertransference with a participant with a similar history:

It felt like there were two histories colliding in the intersubjective space, communicated via a parallel process. Does this undefinable chemistry impact the connection experienced without the need for words? Is it this process that occurs in therapy whereby therapists with a history of developmental/relational trauma connect with clients as this history is communicated in the intersubjective context and enables the client to feel heard and validated – walked in the same shoes?

B. Motivation to all helping professions

Bryan, who was previously a GP, was pulled towards becoming a doctor due to having epilepsy as a child and wanting to fix others with the same wounds. Rose, who struggled to learn, was motivated to become a teacher to help others learn. Does this mean that there is an increased awareness of how to help because of the same experiential wound?

Question – Should I interview professionals from other professions in theoretical sampling?

C. Developing reflective function

I observed that several participants appeared to be using reflection on clients' emotions to understand their own. This is interesting, are individuals who lack reflective function due to their relational wounding pulled towards a career where they will have exposure to emotion which unconsciously develops reflective function? Those with avoidant/dismissive attachment may find the career highly gratifying by meeting attachment needs at a safe distance, whilst helping them develop reflective function.

D. Searching for answers

If childhood dynamics don't make sense and are confusing and not taught by parents in these contexts how to understand others and emotions, do we grow up needing answers and seeking to understand others behaviour and emotions? Is it this that draws us to the subject of psychology? Do we choose psychotherapy to understand what was incomprehensible in our own childhood?

E. Contextualisation Vs medical model

What makes someone challenge the prevalent medical model of distress in society and families? Do individuals question their distress and want/need to find an alternative explanation to depathologize the self? I relate to this. My family believed that all distress should be treated medically and I felt pathologised for experiencing emotions. My pull towards psychology was to find answers and attempt to heal myself. This choice of career has enabled me to depathologize myself. This appeared represented in participants accounts also, without the career they believed they wouldn't have 'survived' and would have remained stuck with ingrained negative beliefs about themselves.

F. Reclaiming the self

The childhood environment creates an 'other-focus' so drawn to the helping professions. Then realise that reason for wanting to help others is because of relational wounding and needing to reclaim a self-focus which has positive gains for the self. This self-development then motivates to continue to pursue the career – a continuous journey of self-growth. Therapists are healing themselves under the disguise of helping others, though only some are fully aware of this process → this has ethical implications.

Appendix J - Grouping Codes into Sub-Categories & Categories with Memos

SUSTAINING A WOUND TO THE SENSE OF SELF/BEING INVALIDATED

- **Experiencing relational trauma/narcissistic injury**
  - Having a map of unhealthy/abusive relationships
  - Reigniting trauma wounds in the workplace context – via supervisors, clients

- **Struggling to understand emotions**
  - Being taught it's dangerous to have emotions- medical paradigm
  - Existing in a culture of emotional suppression "British stiff upper lip"–
  - Having own emotions invalidated

- **Craving attachment and connection**
  - Failing to have emotional needs being met
  - Lacking a maternal bond or affection
  - Becoming insecurely attached
  - Struggling with intimacy & connection

- **Feeling inherently defective/flawed**
  - Internalising shame – culture, society, family scripts
  - Developing a negative self-identity as too damaged
  - Identifying with being viewed as an outsider/different/defective
  - Lacking coherent identity – feeling like a nobody
  - Struggling with internal validation

DEFENDING THE VULNERABLE SELF (DESCRIBED AS USEFUL SKILLS AS A THERAPIST)

- **Constructing a false self**
  - Constructing self-worth as dependent on being useful to others and external factors/status/role (is the self- identity developed through training fragile and based on professional role???)
  - Putting on a mask to gain approval
  - Concealing aspects of self/history feared to bring disapproval/rejection

- **Turning away from and denying the self – Developing an 'other' focus (where interest in others emerges)**
  - Being trained to help others -Sacrificing/sublimating own emotions/needs to please others-Learning to prioritise perceptions and needs of others over own
  - Developing a hypervigilance to others' emotions leading to anticipating responses (which is useful therapeutically)
  - Mediating and becoming skilled at engaging others
  - Developing a hypersensitivity to rejection

- **Avoiding and Disowning emotions – Becoming intellectualised and shut off**
    - Becoming dismissive of own and others' emotions
    - Having an intellectualised/cognitive response– emotionally detached (talks in 2nd and 3rd person)
    - Avoiding emotional experience – developing avoidant coping style
    - Splitting from emotions

- **Developing an emotionally self-reliant script**
    - Perceiving others as unreliable, not dependable
    - Suppressing and internalising own emotions
    - Struggling to legitimately ask for help or communicate emotions to others
    - Withdrawing & shutting off emotionally

- **Minimising & resisting acknowledging experiences (self and other)**
    - Disowning trauma – disconnecting from history
    - Normalising own childhood
    - Minimising self-experiences – too threatening – deluding the self
    - Engaging in a self-presentational deceptive process pretending childhood ok
    - Reflecting unconscious resistance inhibits understanding self as threatening

- **Developing a tendency to question and reflect - finding a path out of pathology**
    - Questioning early experiences looking for deeper meaning
    - Grappling to make sense of and integrate childhood trauma story
    - Using reflectiveness as a protective factor to negotiate difficult experiences
    - Being motivated by needing to understand own emotions through a necessity to be self-reliant to heal self as sensed others can't cope/help.

- **Projecting own wounds onto the other /Constructing an enfeebled other (interpreted from the data – needs further exploration)**
    - Preserving a self-maintaining belief "I'm Ok, others have issues"
    - Not taking responsibility for own emotions and behaviour

AFFILIATING WITH WOUNDED OTHERS **("you're the same as me" Secret mutual identifying process out of conscious awareness)**

- Being unconsciously drawn to others with similar struggles unspoken shared understanding
- Attracting those who are missing something they have – getting needs met reciprocally through the other
- Bolstering the self by being around/hearing others with issues

Or could be seeking a meaningful career – either via the other or for the self - SEEKING A MEANINGFUL (OTHER FOCUSED) CAREER - DRAWN TO AN 'OTHER-FOCUSED' CAREER THAT MEETS A DISGUISED NEED FOR SELF-UNDERSTANDING help others (justified conscious motivation); to gain self-understanding (unconscious defended against hidden motivation). Does it become meaningful as allows re-enactment of own wound?

- **Needing a caring profession**
    - Seeking a meaningful and worthwhile career

- Enjoying mediating others' issues
- Becoming disillusioned with teaching or healthcare as not fully meeting needs or personal values -Needing sustained intimacy with clients through the therapist role not obtained through teaching or healthcare
- Observing a pull to certain careers to understand own personal history
- Needing a profession that is engaging and meets needs for intimacy and connection not obtained through teaching

- **Wanting to fix others**
  - Helping others due to being trained in childhood- Being drawn to a fulfilling role to help others
  - Fixing others to fix the self
  - Finding it easier to identify others' issues, needs emotions and help others more than self (leads to vicariously helping self through helping others???)

- **Being fascinated with psychology and others behaviour**
  - Being drawn to the subject of psychology and exploring human behaviour
  - Being fascinated with people - watching and exploring others behaviour

- **Succumbing to an unconscious calling**
  - Being driven by the 'unthought known' towards the profession
  - Feeling a fit with the therapist role without knowing why – unconsciously meeting needs and values and training from childhood- results in a connection
  - Matches belief system and connects with heart and soul

BEING CALLLED TO THERAPY TRAINING FOR SELF-UNDERSTANDING

- **Legitimately accessing self-help/healing**
  - Accessing therapy through training is unconscious legitimisation for those unable to ask for help (shame to reach out – unthought known – pulled to the environment to meet needs

- **Seeking to make sense of self and experiences**
  - Being drawn to psychology to make sense of self and the confusing childhood environment – wanting to process and understand own relational dynamics
  - Seeking to explore and understand emotions as opposed to suppression
  - Being drawn to psychotherapy/psychodynamic/ systemic models contextualising subjective meaning of distress (Over CBT?)
  - Seeking to understand personal distress beyond label of madness as didn't fit lived experience
  - Needing to find an alternative to medical model of emotions
  - Searching for answers

- **Striving towards personal growth – PTG (be interesting to explore this further in theoretical sampling)**

NEEDING THE WOUNDED OTHER TO GRATIFY THE SELF (out of conscious awareness – other focused but why do people want to help others – because get something missing/needed for the self) risky if unaware as more likely to be unethical

- **Gaining pseudo intimacy and connection**
    - Gaining unmet needs for intimacy and connection through clients
    - Utilising the therapeutic dyad to re-work issues with intimacy and attachment
    - Enjoying the exclusivity (being chosen as a trusted other to disclose)
    - Finding it rewarding engaging clients who struggle to engage
    - Learning to process issues with loss/abandonment
    - Choosing a career offering one-sided 'safer' intimacy – listener/sharer

- **Being motivated by intense CHEMISTRY with clients – is this part of intimacy??**
    - Experiencing the powerful chemistry between therapist and client which emerges when similar wounds, shared unspoken connection with clients with relational trauma who feel she 'gets it'

- **Gaining validation (wanting to do a good job to be told worthy/good enough)**
    - Needing to feel valued and special by clients
    - Feeling more of a person/worthy and self-affirmed for helping

- **Vicariously feeling through the other**
    - Needing drama and others' emotions to feel alive and emotionally connected
    - Relating to others' emotions more than own
    - Getting in touch with own emotions and learning to feel emotions vicariously through exposure to others distress - learning to feel through clients
    - Seeking out strong emotions to reconnect own
    - Experiencing a buzz from emotional sessions

- **Needing exposure to others' stories to neutralise own trauma**
    - Exposing self to clients allows comparison, & normalisation/minimisation of own story as validates own experience/distress
    - Feeling grounded by exposure to others with difficulties
    - Exposure to others trauma promotes self-identity as okay

BEING DRAWN TO THE AREA OF OWN WOUND – is this another category? (this is important as some are drawn out of conscious awareness before training and some realise the greater power of wounds after deep reflection of own trauma which increases awareness reduces unethical practice and being drawn into unhelpful dynamics)

(Need to determine the difference between just needing a wounded other and needing the same type of wounded other – interesting)

- **Vicariously attempting to heal the self via helping others (Wanting to give back and help others – PTG process – may only be helpful if understand why)**

    - Engaging in 'hole filling' and a lifelong process aiming to repair past and get unmet needs met through a career helping others
    - Seeking a self-reparative script through vicarious healing -Wanting to help/fight for others where not helped
    - Being drawn to clients with similar issues
    - Needing an external other focus to make up for lack of attention to her in childhood - Wanting to make it right for self via the 'other'

- **Re-enacting the past with the other**
    - Being motivated to re-enact family dynamics and figures from past
    - Experiencing a masochistic compulsive urge to expose self to re-traumatising personal dynamics to master/overcome own trauma and change.

Seeking nurturing/caring other – supervisors etc

- **Receiving care and being re-parented through the supervisory relationship**
    - Seeking supervisors with same values, experiences and reflectivity
    - Being reparented (meeting unmet needs for support)
    - Having significant figures re-evaluate unhelpful ways of relating to self
    - Having supervisors share their experiences – taught ok as a person
    - Engaging in a personally restorative process (gaining internal validation) through validating supervision
    - Modelling professional self from inspirational supervisors

- **Seeking a caring work environment for relational healing**

DESTABLISING AND EXPOSING THE FRAGILE SELF IN TRAINING

- **Destabilising the false self through unexpected focus on self-reflection**
    - Becoming aware of false self through training
    - Being flooded with suppressed emotions triggering incoherence and self-fragmentation
    - Experiencing self-truths as difficult to hear and questioning whether to open the door or close it – ignorance was bliss
    - Identifying issues in childhood previously minimised - Shifting understanding of childhood from unconscious minimisation to conscious awareness
    - Threatening the integrity of family system/relationships

- **Re-awakening an insecure self**
    - Fearing being found out - imposter syndrome
    - Realising unable to hide behind a mask as therapist
    - Struggling with self-worth

- **Being forced to consider self-focused motivations behind wanting to help others**

DENYING/AVOIDING THE SELF – more likely unethical practice & acting into scripts – does the avoidant path happen due to lacking mentalization rather than a deliberate effort??

- **Resisting and lacking willingness to self-reflect - Denying self-motivations**
    - Failing to consider where an interest in others originated
    - Overlooking the importance of underlying motivation to the career

- **Failing to identify own relational trauma or label self as wounded (part of prof minimisation)??**
    - Defending against admitting wounds or showing emotional vulnerability

- **Remaining defensively other/externally focused**
    - Asserting a purely client focus – ignoring the therapists' self
    - Not perceiving therapists' history as important
    - Favouring technique to fix others rather than relationship, using therapists' self
    - Seeking supervisors focusing on technique and not – collusive avoidance
    - Failing to bring self-material to explore in supervision

- **Promoting professional minimisation (**Experiencing threat to self of relational trauma)
    - Minimising impact of and having a block to acknowledging the importance of own and others relational wounds to psychological wellbeing
    - Failing to contextualise distress leading to inaccurate labelling and ineffectual treatment
    - Lacking understanding of attachment and childhood from it being ignored in training results in missing indicators/poor assessment
    - Minimising impact of emotionally suppressive culture – seen as the norm and strong emotions pathologised

- **Possessing a conflicted process around the usefulness of therapy**
    - Doubting the benefit of emotional expression in therapy – questioning validity of role
    - Feeling disillusioned from therapist role

- **Avoiding and Deflecting emotional expression**

- **Maintaining an us and them divide**
    - Adhering to a medical model over contextualisation of distress to preserve self as healthy and patient as sick
- **Burning out**
    - Needing to acknowledge self within the role to prevent burn out from being other focused

- **Acting into scripts and reacting defensively with clients**

CONFRONTING & INTEGRATING THE TRUE SELF

- **Committing to the hard & beautiful journey towards self-development/growth**
    - Compelled by the self-developmental journey of counselling
    - Examining the past to understand self
    - Shifting from defending against aspects of self and being drawn to resolve issues out of conscious awareness to recognising the reasons behind the unconscious pull to understand self linked to childhood
    - Engaging in a necessary self-reflective process for self-awareness and growth
    - Gaining insight into wounds to prevent unethical practice

- **Committing to all aspects of training for personal growth**
    - Considering therapist training as the ULTIMATE in personal development
    - Needing to engage in all elements of training (theory, self-reflection and personal therapy) to process issues and achieve self-growth

- **Owning material and split off parts**
    - Being unable to hide self
    - Acknowledging own wounds, trauma and vulnerability
    - Confronting and integrating new understanding of childhood as a result of learning in training
    - Identifying with being a wounded healer
    - Owning a deeper unrecognised motivation behind wanting to fix others is a need to be fixed/heal self - Moving from a paradigm of wanting to fix others to one of self-awareness of issues
    - Integrating the self (Owning split off parts)
    - Removing the mask and connecting with repressed emotions and self - Becoming more real and valuing previously hidden self
    - Becoming more present in self-experience and emotions not deflecting
    - Learning to take responsibility for own role in interpersonal dynamics

- **Reclaiming the disowned self**
    - Questioning the personal reward in sublimating needs to others - Becoming aware of skewed boundaries towards others and overlooking self
    - Moving from ‘other-ish to self-ish’ -Reclaiming a disowned self-focus
    - Developing a more balanced focus on self needs and development rather than just others which reduces burnout

- **Re-Asserting the self**
    - Identifying self needs and asserting these in relationships
    - Learning to see self as equal to others
    - Discovering a new positive way of relating to self and others by expressing emotions which feels more comfortable than old way of being
    - Taking off mask and be open with feelings without fearing rejection
    - Gaining increased personal freedom

HEALING THE SELF VIA THE THERAPEUTIC CONTEXT

- **Re-working interpersonal issues to bring mastery**
    - Having interpersonal wounds triggered and developing alternative ways of relating in a safe boundaried environment – breaking patterns
    - Developing capacity to respond in a more considered way to others in training
    - Feeling a need to keep exploring and re-working issues
    - Being drawn to the 'right' clients to bring mastery in safety of therapy

- **Developing mentalization capacity**
    - Gaining self-healing in areas relationally damaged by CIT (Emotions/understanding others) through the therapeutic context
    - Developing mentalization from being in process group and learning people respond and process emotions differently

- **Appreciating the reciprocal healing context**
    - Acknowledging an intersubjective, dynamic, reciprocally healing environment for therapist and client.
    - Engaging in a shared learning process with clients who have similar issues
    - Developing self-awareness, inter-relational flow and emotional control via therapeutic context
    - Symbiotic relationship between therapist and client – growth for both

CONSTRUCTING MEANING MAKING

- **Validating self experience through psychological theories**
    - Being affirmed validated by theories of relational trauma/attachment

- **Choosing to research areas required for self-growth** - Gaining self-coherence in narrative from focused academic enquiry

- **Perceiving the power of one's wounds as healing to others**
    - Having heightened empathy and sensitivity to the emotions and needs of clients' due to own history – heart/ felt sense, not just head/theory
    - Perceiving personal history being communicated unconsciously to clients - Being sensed by others as being safe and able to contain emotions due to therapists' history communicated in the room promoting connection
    - Utilising own experiential knowledge to understand and validate clients
    - Identifying with clients with similar relational issues
    - Increased acuity of the subtleties of CIT which facilitates engagement
    - Being perceptive to hidden trauma
    - Possessing a sense of hardiness to contain trauma

- **Re-defining the meaning of wounds in context of the career**- (Only possible through acknowledging and processing wounds)
    - Perceiving own experiences as meaningful as improves connection to others (realising the power of wounds and makes a career as therapists worthwhile)
    - Finding personal meaning from own adversity from becoming a therapist
    - Re-evaluating own life struggles and 'damaged self-identity' in the context of them offering something important to the role (increased empathy etc)
    - Transforming personal trauma into something positive through career helping others because of own wounds shifting sense of identity leading to growth
    - Transforming personal trauma into something positive through career helping others because of own wounds which makes them meaningful

- **Developing a coherent self-narrative concerning self and motivation**
    - Developing a coherent personal narrative
    - Becoming aware of motivation as a constantly evolving lifelong narrative construction process

TRANSFORMING SELF-IDENTITY

- **Transcending of an identity defined by CIT**
    - Transcending the legacy, belief system and identity defined by trauma
    - Finding a path out of pathologised view of self
    - Reincarnating the self and bringing self alive/back to life through the career
    - Prioritising this 'way of life' as a personal necessity - Being saved personally
    - Becoming something despite history
    - Developing self-worth/acceptance from the personal journey out of trauma

- **Holding strong professional values linked to personal history**

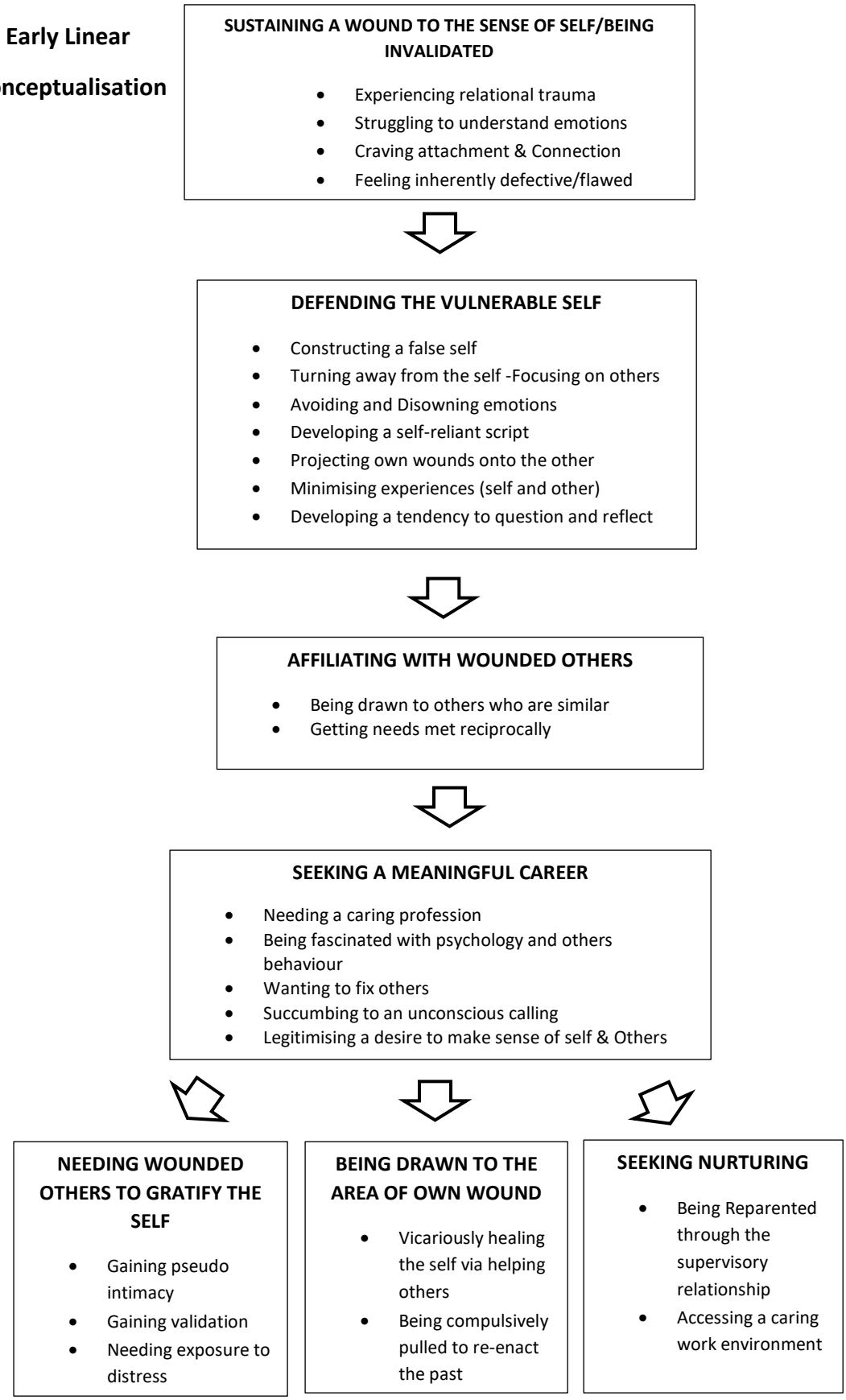
    - Being anti-medical model - Needing to contextualise distress
    - Feeling able to work with most presentations and complexity that others avoid
    - Holding strong ethics around working inclusively with clients
    - Being politically motivated to change the experience for clients
    - Relating to clients with a common sense of humanity (no us and them divide)

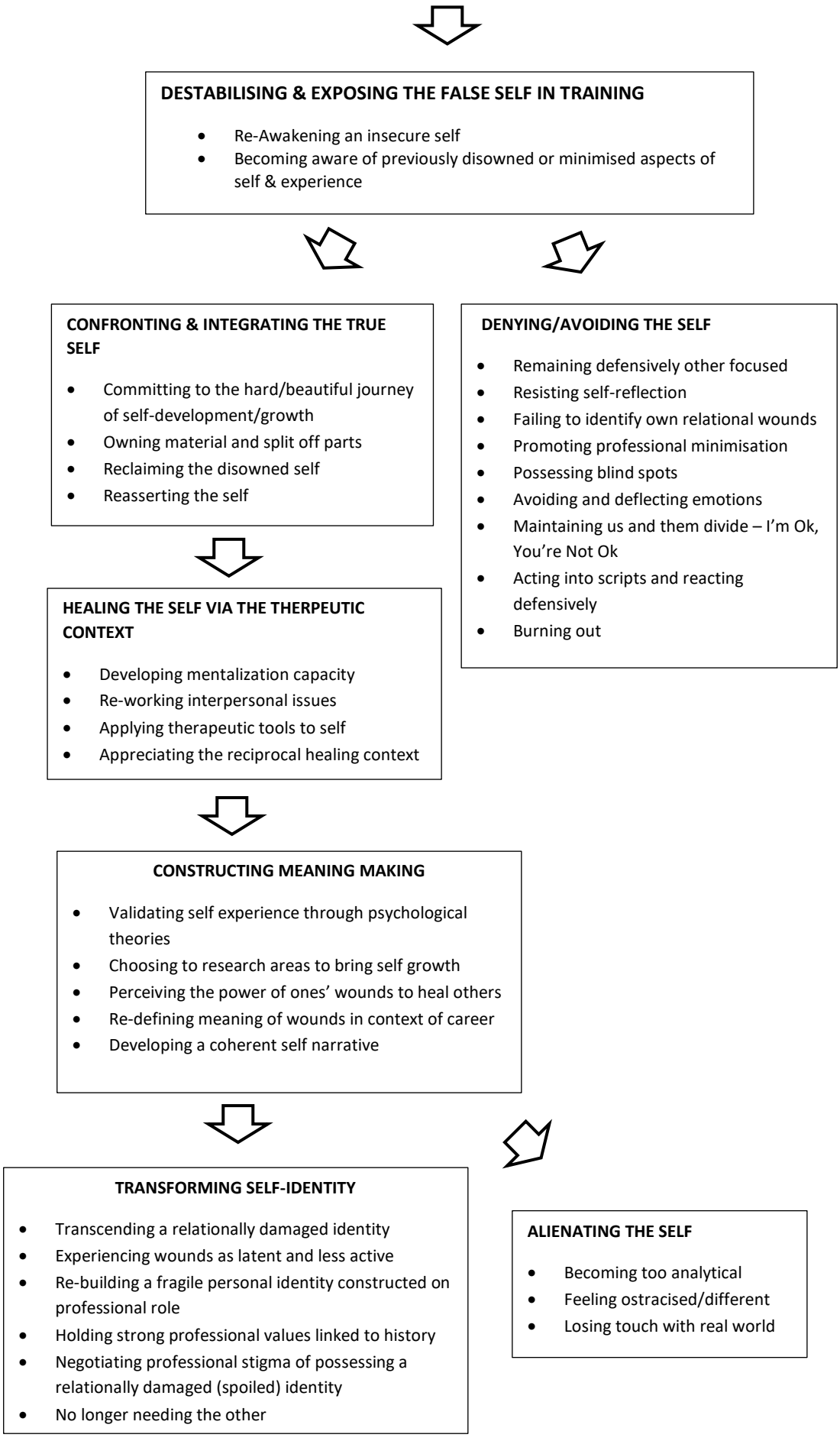
- **Negotiating the Professional stigma of owning a relationally damaged (spoiled) identity** – Fear of judgment maintains professional silence important - spoiled identity
    - Internalising oppression - Hiding history - "concealing the secret resource"
    - Legitimising experiential knowledge from proclaiming a theoretical interest
    - Reading cues to determine who is safe to disclose to
    - Engaging in an isolated private process of self-reflection
    - Seeking those with the same reflective and relational values

- **No longer needing the wounded other**
    - Stopping being a therapist when don't feel the need for the wounded other any longer

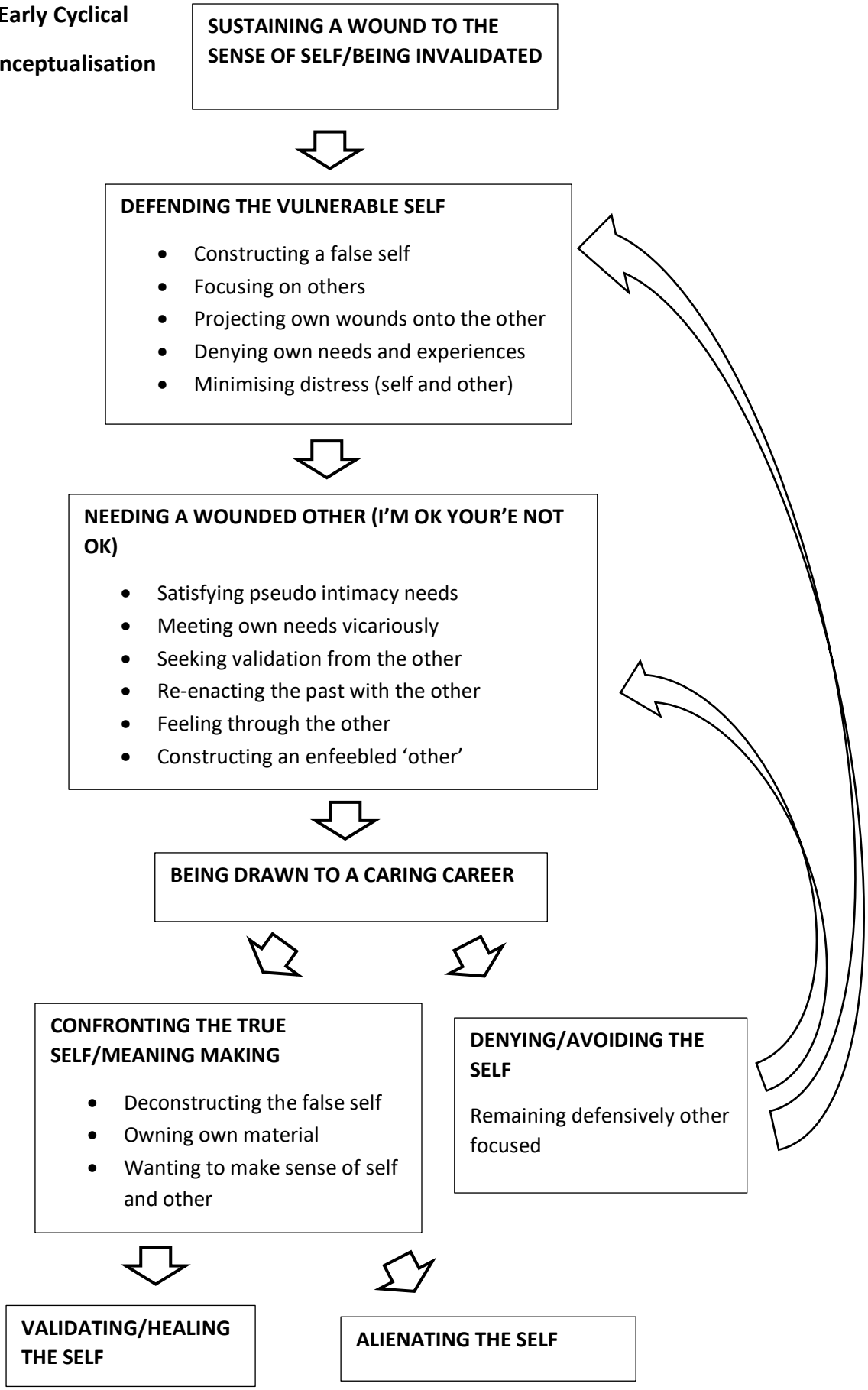
Appendix K – Diagramming – Evidencing Theory Construction

1. Early Linear Conceptualisation



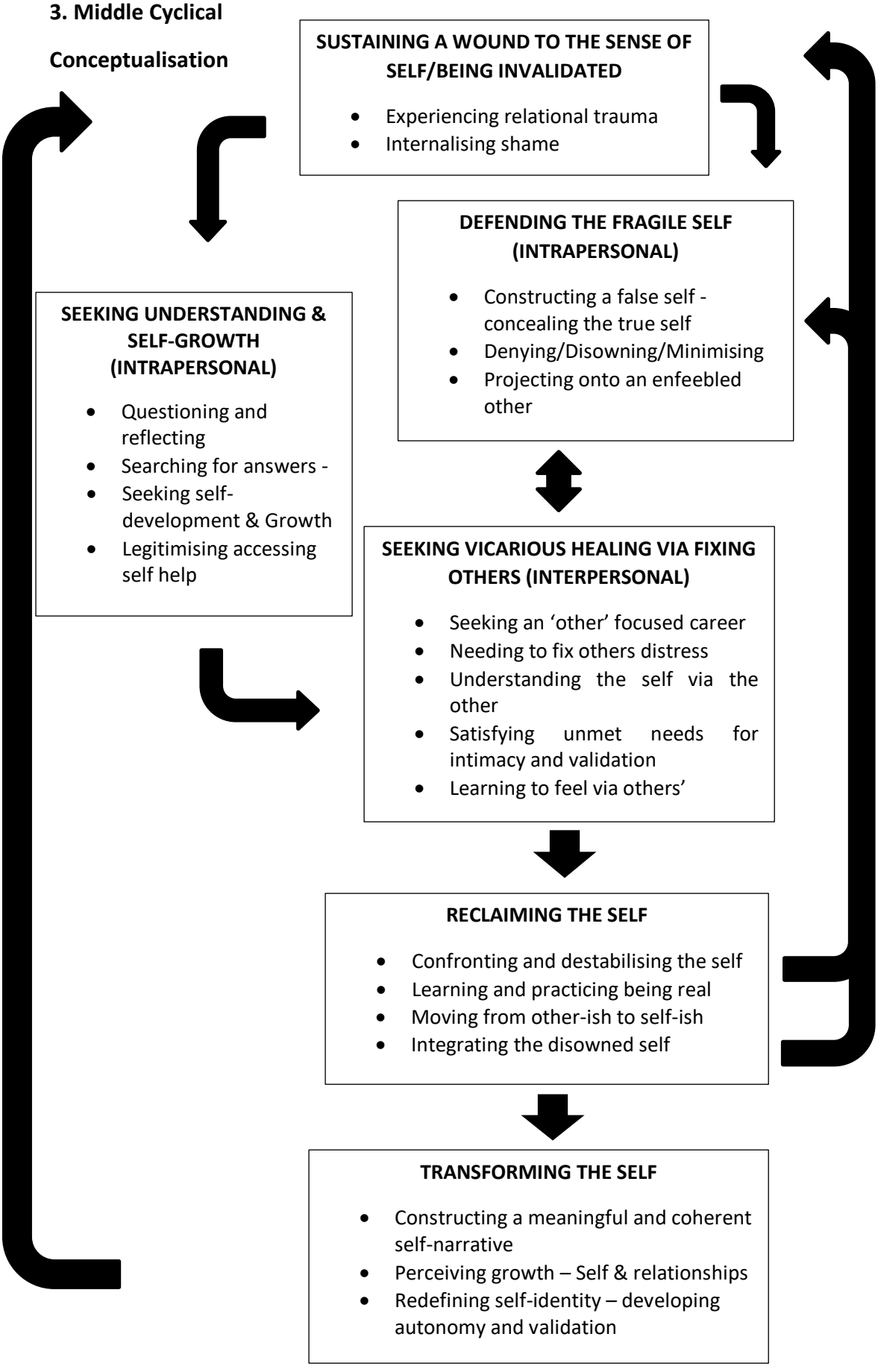

DESTABILISING & EXPOSING THE FALSE SELF IN TRAINING
Re-Awakening an insecure self
Becoming aware of previously disowned or minimised aspects of self & experience
CONFRONTING & INTEGRATING THE TRUE SELF
Committing to the hard/beautiful journey of self-development/growth
Owning material and split off parts
Reclaiming the disowned self
Reasserting the self
DENYING/AVOIDING THE SELF
Remaining defensively other focused
Resisting self-reflection
Failing to identify own relational wounds
Promoting professional minimisation
Possessing blind spots
Avoiding and deflecting emotions
Maintaining us and them divide – I'm Ok, You're Not Ok
Acting into scripts and reacting defensively
Burning out
HEALING THE SELF VIA THE THERPEUTIC CONTEXT
Developing mentalization capacity
Re-working interpersonal issues
Applying therapeutic tools to self
Appreciating the reciprocal healing context
CONSTRUCTING MEANING MAKING
Validating self experience through psychological theories
Choosing to research areas to bring self growth
Perceiving the power of ones' wounds to heal others
Re-defining meaning of wounds in context of career
Developing a coherent self narrative
TRANSFORMING SELF-IDENTITY
Transcending a relationally damaged identity
Experiencing wounds as latent and less active
Re-building a fragile personal identity constructed on professional role
Holding strong professional values linked to history
Negotiating professional stigma of possessing a relationally damaged (spoiled) identity
No longer needing the other
ALIENATING THE SELF
Becoming too analytical
Feeling ostracised/different
Losing touch with real world

2. Early Cyclical Conceptualisation



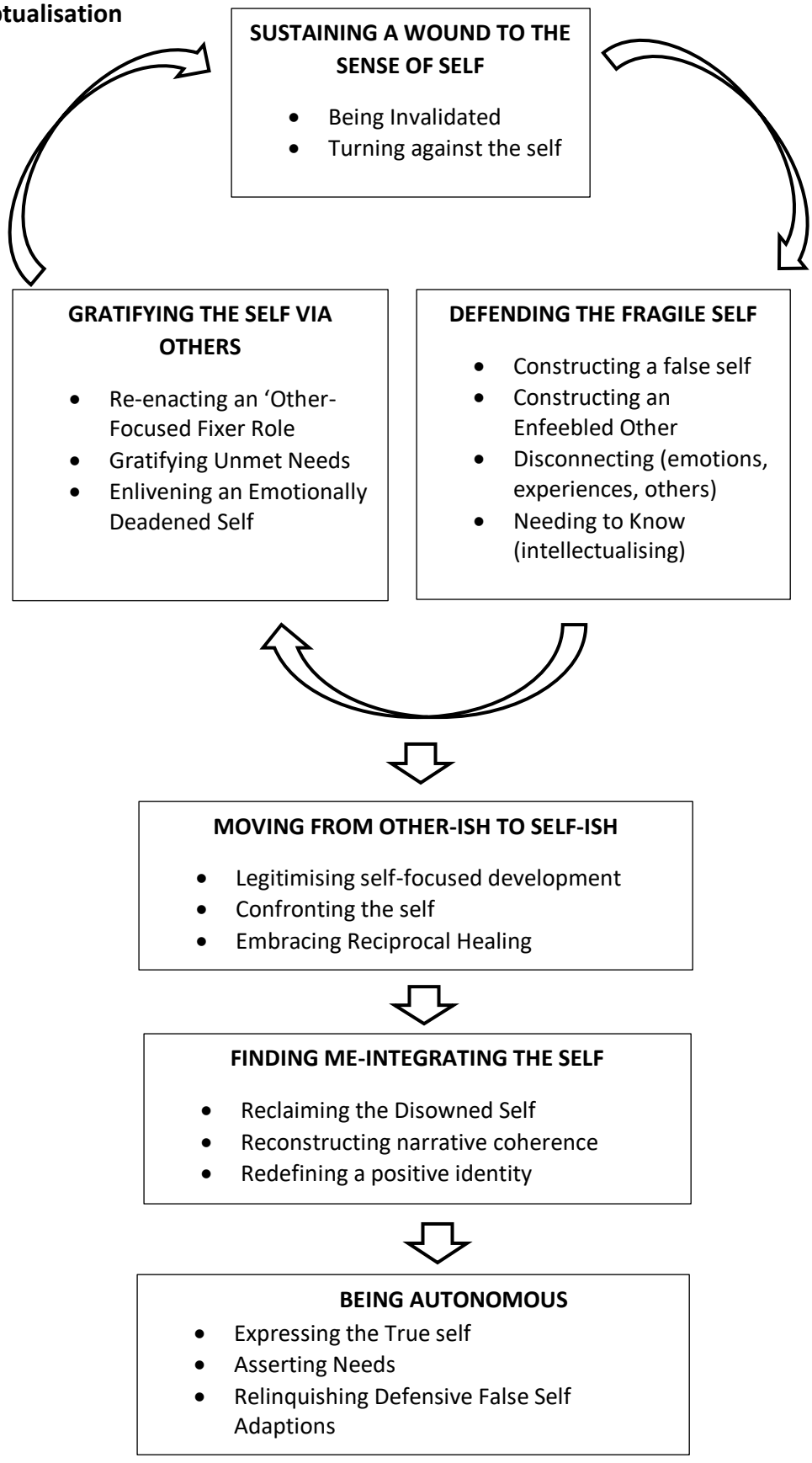
3. Middle Cyclical

Conceptualisation



5. Later Cyclical

Conceptualisation



Appendix L – Rationale for Journal Submission

Rationale for Chosen Journal Submission

I intend to submit my research article to 'Psychology and Psychotherapy: Theory, Research and Practice (PAPT). This BPS journal focuses on disseminating rigorous research and theoretical papers for psychology practitioners, focusing on psychological/mental health difficulties and their treatment, as well as on the promotion of well-being, interpersonal attitudes, behaviour and relationships and implications for practice. PAPT attracts a large international audience and has an impact factor of 1.627.

The Counselling and Psychotherapy Research (CPR) Journal was also considered. This BACP journal prizes reflexivity and a researchers' personal engagement with research and focuses on practice issues and client experiences. Both these journals would have been suitable choices to submit my research to for publication. However, although my values, and those of this research, align with the focus of the CPR on reflexivity, this journal has a more limited audience, mostly comprising of psychotherapists and counsellors, and is not as revered to the same degree as PAPT in the psychological community. As my study has the potential to provide an important contribution to both the fields of psychotherapy and psychology by offering not just a coherent theory of how and why developmental/relational trauma motivates therapists to pursue these careers, but also highlighting professional implications and the importance of self-reflection for practitioners to break the vicious circle, it was felt that PAPT was well matched to broadcast this clinically and ethically important message to as many practitioners as possible aiming to advance theoretical and practitioner knowledge in this field.

Publication Guidelines

The following publication guidelines were adhered to in my article. PAPT states qualitative journal articles have a 6000-word limit including appendices, but omitting the abstract, references, figures and tables. The abstract must be no more than 250 words using the headings: Objectives, Design, Methods, Results, Conclusions. Two-four practitioner points should be included that succinctly describe the implications for professional practice

The article must have a title page which includes a full list of authors with their affiliations and contact numbers. The document must be written anonymously and avoid the use of sexist language and formatted with wide margins, page numbers and doubled spaced throughout with APA style references. Tables and figures should be referred to in the text but placed on separate pages at end of the article, double spaced and clearly identifiable with a title which enables them to stand alone.