BECOMING A THERAPIST IN BULGARIA: A GROUNDED DEVELOPMENTAL MODEL

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ABSTRACT

INTRODUCTION: The relative novelty of psychotherapy as practice and profession in Bulgaria allows for a therapist-centered study of the beginnings of psychotherapist careers. The existing models of psychotherapist career development focus on career factors or personal professional transformation. The current study builds upon developmental career models by examining closely the early stages of becoming a psychotherapist through the perspectives of therapists themselves.

AIM: This qualitative study explored how psychotherapists and counselors in Bulgaria choose their career path and how their experiences and interaction with context shape their professionalization.

MATERIALS AND METHODS: Ten therapists were purposefully sampled to represent a diverse gamut of experiences and therapy modality. Data were collected through in-depth interviews and analyzed via a phenomenological and a grounded theory approach.

RESULTS: A developmental model with seven elements was produced: Early Influences, The Passage to Therapy/Encounter with Therapy, Creating One's Own Concept of Therapy, Choice of Therapy, Training, The Responsibility of the Tutor, and The Self-Awareness as a Therapist.

CONCLUSION: The grounded model is compared to a factor model and a personal-professional development model for psychotherapy career choice. Compared to their Western colleagues, Bulgarian psychotherapists follow similar pathways into the profession, but are more likely to engage in life-long learning.

Keywords: *psychotherapy, counseling, career selection, career development, psychotherapist development, counselor development*

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INTRODUCTION

This study examines how Bulgarian psychotherapists choose and enter into their profession. The work of therapists is understudied in Bulgaria (1), and there are no published studies of the process of becoming a therapist. The Bulgarian context is intriguing: after decades of institutional suppression under socialism, the first formal training began in 1994 (1), and the profession is still relatively young, with few

internationally certified therapists in each modality, and major modalities of psychotherapy still entering the country (e.g. Gestalt therapy had its first training in 2013, and organized person-centered therapy is non-existent). At the same time, the demand for therapy services is meager, which therapists explain with the national context: the stigma attached to psychotherapy, the prevalence of traditional non-conventional healers, and the fact that it is not included in public healthcare funding (2). Thus, it is still possible to research therapy in Bulgaria as a more inchoate professional form, with competing schools, many therapists-in-training, and detached from the medical systems. The novelty of therapy in Bulgaria can be gleaned from the way the participants in the study described their initial notions of therapy with words like "mystery", "magic", "art", "exotic", "not explicable", "what is done there, what spells are inside." Added to this lack of clarity is the fact that there are no common standards for the training of therapists despite their declared need (3). The exploration of the process of becoming a therapist can have a significant value for students and trainees of mental health and counseling services in Bulgaria and other countries that are just beginning to develop mental health systems.

How therapists become therapists is a question of significance beyond a single cultural context. Research suggests that variation in therapy effectiveness is better explained by the practitioner "variable" than the therapy method (4). The personal and professional qualities of the therapist should be the object of more intensive research (5). The choice of career and the path to professionalism are part of this bigger investigative project. In the United States, the classic study of Henry, Sims, and Spray (6,7) explored "the becoming of therapists." In a useful synthesis of prior studies, Farber and others (8) identified two approaches to answer the question why therapists choose their profession. The common elements approach "seeks to identify career choice factors (including early childhood experiences) that are characteristic of most therapists, regardless of their theoretical orientation, professional degree, gender, cultural background, or work setting" (8). The specific factors approach, on the contrary, attempts to explain the particular choice of career as a function of variables such as gender, ethnicity, family background, temperament, and the cultural context. No essential commonalities are to be posited between therapists. Farber and his colleagues (8) do not adopt a single approach; rather, they recognize the usefulness of both approaches in explaining career choice – common and specific factors determine the outcome.

Another direction of study is to examine becoming a psychotherapist not as a choice shaped by factors, but as a developmental process where the therapist transforms from a "lay helper" (9) to an experienced psychotherapist. The grounding for this approach was first laid out in Super's now classic theory of counselors' vocational development (10) where career choice is shaped by a self-concept, which in turn develops within the experiences of that career (see (11) for a current overview of the theory). Rønnestad and Skovholt's (9) longitudinal study of 100 counselors and therapists led to the conceptualization of a model of career development with six phases: lay helper, beginning student, advanced student, novice professional, experienced professional, and senior professional, with eight topics of inquiry within each phase. In their model, the process of becoming a therapist can be observed in the first phases. However, the two authors were interested in the lifelong professional development, so the entry into the profession was not the main focus of their study. Actually, their Lay Helper phase is, as the name suggests, a pre-training helping role where the influences or factors leading into it are not examined; the vocational choice is a given. The phases are also formulated as degrees of expertise (and training), closely following the stages of a therapist's training. A plausible reason for this conceptualization is that they apparently used a more structured and early approach to grounded theory (12) where their model was specified before their interviews and the themes emerged within the phases and topics the authors had posited. The grounded model proposed in this paper emerged from the collected data and is thus less clearly structured. However, it enriches the life-long developmental study of the therapy profession by focusing on a meaningfully extracted section of it, saturated with themes that emerged from the stories of Bulgarian therapists.

AIM

The current study describes the process of choosing and developing a career. Instead of asking "why" (8) the study explores "how" therapists became therapists. The question "how" instead of "why" has a long tradition in psychotherapy (13). Asking "how" helped my participants narrate the constitutive events in their past, their experiences and the meanings they constructed out of them (14). The findings from the study, resulting from a grounded theory analysis (15), present a process of becoming a therapist with common elements in a loose. The elements of the process are entwined in personal narratives and saturated with reconstructed events, experiences, connections and explanations. Thus, the readers can interpret the process of becoming a therapist in pluralist ways, identify common and specific factors, and ultimately answer the "why" of becoming a therapist.

MATERIALS AND METHODS

The study was part of a larger project aimed at exploring and describing the experience of psychotherapy work in Bulgaria.

Participants

The most important consideration in the purposive and maximum variation sampling was to include participants who had direct and maximally diverse experience with the phenomenon under study (16). A list of 20 well-established Bulgarian therapists was created in consultations with the Chairperson of the Bulgarian Association for Clinical and Counseling Psychology. Then I invited 16 of them to participate in the study. Two declined stating lack of time as a reason; two expressed reservations for the study; and two did not respond to the invitation. Eight women and two men took part in the study (reflecting closely the ratio of the recommended list). There were two psychoanalysts, two solution-focused therapists, two positive psychotherapists, two cognitive-behavioral therapists, a Neo-Reichian and a psychodrama therapist. Of the major communities of therapists in Bulgaria, the Jungian group was not presented in the study. It is worth noting that these were the official affiliations of the participants, but seven of the ten had qualifications and used methods from other schools of therapy in their practice. On another important dimension, the study included therapists who started their practice in the 1970s, 1980s, 1990s, and the 2000s. Nine therapists practiced in the capital city and one – in another city in Bulgaria. Each participant had at least three years of continuous practice.

Data Collection

The experiences and meanings of participants were collected via in-depth interviews (14,17). Those were ten face-to-face conversations between a participant and the researcher, lasting from 60 to 90 minutes. The interviews were conducted at their workplace, where the physical context facilitated my understanding and their reconstruction of experiences.

Using Seidman's (14) guidelines for in-depth interviewing, the interviews were structured along three broad questions: How did it happen that you became a therapist? What happens in your work as a therapist? What does it mean for you to be a therapist? The goal of the interview was to produce a narrative about the experiences of the interviewee in the most natural and meaningful for the participant way. The data for this report came mainly from the answers to the first question. The question was phrased in this particular way to include both the external influences and the actions of the therapist. (A question such as "How did you become a therapist?" implies a focus more on the individual and less on the context).

Data Analysis

The analysis followed the guidelines of Charmaz (15), Creswell (18) and Moustakas (19), as I used both grounded theory and phenomenological approaches to different data segments. First, I read all interviews three times to get a general feeling of them. The overall text volume was approximately 250 single-spaced pages. Then, in each interview, I highlighted the passages that related directly to the research questions and contained a complete idea. I identified over 360 significant statements, varying in size from a sentence to a page-long paragraph. In the next phase of analysis I worked with the statements only, coding them according to the experience and the context they contained.

After coding the data, I started to group the codes in themes using the constant comparative method. On one hand, I identified inductively emerging themes and similar experiences. On the other hand, I ascribed deductively some statements

to already formed themes. During the process of analysis, the names of the participants were masked to guarantee the anonymity of the statements. After identifying the themes, I drew a general picture of the experience and meaning of therapy work and the connections between themes. Then I described the results in a coherent text.

Validation

Using Lincoln and Guba's criteria for rigorous qualitative research (20) and Creswell's strategies for validation (18), I implemented various tools for validation of my findings. Detailed, clear and tried procedures for data collection and analysis were implemented. A clarification of my biases and experiences and constant reflexivity were present during the research process, supported by my research advisor. The interviewees reviewed the preliminary results and proposed clarifications and alternative explanations in a process of member checking (20). A dense description of the results was written, using extensively the words of the participants and allowing the readers to interpret the results themselves and transfer them to other contexts and people. External evaluation was conducted by a research advisor who tracked the process and assessed the results with regard to rigor and precision.

At the time of the study the author was a Bulgarian student in a Master's program in clinical and counseling psychology at a university in Bulgaria. He had had exposure to positive psychotherapy, psychoanalysis, cognitive behavioral, Neo-Reichian, and solution-focused therapy. He was interested in humanistic approaches broadly, which influenced the choice of qualitative research methods. The research advisor was a well-known university professor with a syncretic therapy practice. She advised the design of the study, the choice of participants, and reviewed the drafts of the report for the interpretations and conclusions.

RESULTS

"It is a very long story," one of the interviewees began. All stories seemed long, but their beginnings were not in childhood or formal training. Rather, most stories began in a peculiar border space and time I decided to call *The Passage to Therapy*. The phase is important with *The Encounter with Therapy* that happens within it. From the different stories of becoming a psychotherapist, I extracted several main elements and arranged the therapists' experiences around them. In a rough chronological order, they are: *Early Influences, The Passage to Therapy/ Encounter with Therapy, Creating One's Own Concept of Therapy, Choice of Therapy, Training, The Responsibility of the Tutor, and The Self-Awareness as a Therapist*. This sequence is a construction of the author's understanding of the data; this is not the uniform order of progressing through the stories as they were told, but an interpretive attempt at summarizing their logic. I decided to call these elements stages as there was an obvious progression from the encounter with therapy to thinking of oneself as a therapist; however, the stages were not neatly separated in the lived experiences of the interviewees and sometimes stage processes interlaced. Finally, within the themes I did not state subthemes at the start of paragraphs in order to keep the narrative flow of experiences more authentic and natural.

The Passage to Therapy, Encounter with Therapy

"In the very beginning I had no idea this could happen"; "As a student I did not have the idea, I did not imagine I would be a therapist" this is how two participants expressed a state of lack of clarity and certainty. For another one, "this period of my life I was unaware and drifting with the current, something like wondering what to take on." One of the participants described her way from economics through theater to psychodrama as a gradual and hard to explain from the outside entering into therapy.

The context of career choice looked also unfavorable for many participants. "There wasn't much popularity, no writing about it, as far as I knew," according to a therapist who moved from medicine to psychotherapy in the 1990s. A therapist of the same generation stated that "there was no [professional] realization at all for therapists in those years." Earlier, before the 1980s, "the idea of counseling and therapy simply did not exist"; "that was the time when psychoanalysis was prohibited, as it were – it was a bourgeois thing, a capitalist thing" – two older therapists recounted. It was almost "an illegal business… a romantic, sort of clandestine period."

In this way, for the majority of interviewees, the encounter with psychotherapy looked acciden-

tal. Two of them described how they saw an advertisement and enrolled in a class "without having any idea what lay ahead." Others assessed their encounter as a chance that happened to them. One participant called himself "an error" that mistakenly showed up at a training. Another described her surprise at the invitation to a psychoanalytical training as "a schizophrenic phone call." Several participants used words like "coincidence", "happened", "like a joke" and I was left with the impression that the Encounter with Therapy happened "by chance."

While for the majority of therapists the encounter looked accidental, for some of them the Passage to Therapy seemed much more ordered. Those were the ones who started their story in an institution – a psychiatric ward, a prison, or a hospital. There their work was driven "by the needs of the institution" – diagnostics and support for medics and psychiatrists. Psychotherapy did not exist as a field of work there. One of the interviewees, who started his first psychology job in the prison, described his workplace as a space of "violence and non-freedom" for all within it. Another one talked about the hospital as a place of disillusionment with medicine as therapy. And a third one appreciated the institution as a place to gain experience. In any case, while not a place of chance but of necessity, the institution was again not a space of clarity, of *choice* for the psychotherapy career. So why did this "accident" happen, how did this "chance" come across? How did the Encounter with Therapy happen in so many different places, in so many unique Passages?

The therapists described their situations as a vague, restless search, often without direction. In the words of one of them, "I had no family, I had money, I had contacts, I had wind in my head – an awful lot of things." The Encounter with Therapy might seem fortuitous, because the therapists "stumble across" an ad, "receive" a phone call or get assigned to an institution, but – their *readiness and preparedness* to "take on this terrific chance" were not fortuitous. One of the interviewees described her first sessions as a counselor: "When you let a person speak about something they do not dare discuss with their closest people, a question arises in you: Alright, I am listening, but what now? How can I be helpful?"

Another therapist described how after a year of doing psychological diagnostics, she felt "an inner desire to be more helpful" by "doing additional things like conversing, advising, supporting." The desire to help people was expressed more pragmatically by others: "I wanted to do something practical – which meant to help people; now we say 'to be useful'." Yet for some therapists the desire to help was expressed from a deep value position: "I often encounter things that look unfair. Why should this happen to a child?" The formulation of the question "How can I be helpful?" was one of the achievements of this search in the Passage to Therapy, and its answer was psychotherapy.

For other therapists the readiness for the Encounter with Therapy came from an experience of personal need for therapy. They started from "the patient's perspective." One of the psychoanalysts in the study shared: "I had my own questions about me; my own neurosis wanted unraveling… From the very beginning I perfectly understood that the issue of treatment is an issue of the treatment of the therapist." The participant described his situation as a prison counselor:

"You end up in an environment of great violence… There is suffering – hard to bear and hard to put into words… Everyone there, on both sides, is exposed to the same phenomena and must find his place… A place where he can think, reflect, work. Otherwise you can stay in a position that is very, very torturous and destructive – you stay, you do what you are expected to do, and you feel how something is happening to you, something wrong… I found a framework to think about what was happening to me and to the others… This had not just theoretical importance; it was about my survival."

As we see from this quote, the situation of choosing therapy is not just personal, but also existential. Two other female therapists pointed to the birth of their children as a moment when they realized the need for therapy, to be able "to orient oneself in life's questions." Finally, a very interesting link between the search for a solution for oneself and the help for others was in the experience of a therapist who started as an actor working with abandoned children:

"When I was in art, my colleagues and their ways of expression were part of the then-marginalized culture of artists working outside state art institutions… with limited access to public forums… As part of this alternative stage, I felt that these people, in their marginalization, were a lot like that other group we started working with – the people abandoned or forgotten somewhere. I thought it evident that this meeting of the groups was necessary and possible."

The awareness of commonalities between helper and helped created a sensitivity to the chance of encountering therapy. This sensitivity, or readiness, was nurtured by another and broader interest or need – a curiosity toward people and "something beneath." One of the interviewees said with some self-irony: "There was, and there still is, in the young [psychologists] the element of mystery and 'let's uncover what lies in there, beneath, deep, what are the parts'. For me it was about doing a practical thing and uncovering this mystery." A few of the participants described their early ideas about therapy as "enigma", "magic", "art", "exotic", "not explicable." The summative statement was: "The human is a very interesting animal to me." The interest toward the other has a darker side in one opinion:

"I have been there a long time – I know the university [training] and how we are driven, we are captured by a phantasm that barely survives reality… Phantasms that this is a position that grants you a special opportunity to understand things the others don't; that this makes you significant. It is there, it is tempting, but it is not true… This is the phantasm of power."

When examining the experiences in The Passage to Therapy, it can be seen that chance or lack of choice have less influence than it had seemed. The desire and the need to know or do something – for the others or for oneself – are the tension that turns chance into the realization of a career and the discovery of a new path where "there is no idea" about therapy.

Early Influences

Here the sequence of steps in the model is punctuated; the stories of the participants were not linear and they often leaped back, before the beginning, to connect the experience of becoming a therapist to memories from the distant past, in a double retrospective. The process of telling a story is an interpretive one and sometimes the consequence gives meaning to the cause and "you can see the link between events in the now with the period before." The therapists related their career choice with "events back", as "the fruit of some child's dreams, matched with an opportunity." One participant remembered that her dream was to be a cardiologist, which brought her into the medical profession, the hospital, and eventually to psychotherapy. Another one explained his interest in sexology with being a recluse and introvert child who came across a book in sexology and became attracted to "the logic and order in science literature." Childhood experiences can also be traumatic as in the case of the interviewee who woke up in a doctor's office alone and crying because both her parents were doctors on night shifts and emergency calls. She explained her choice to not follow her parents into medicine and go into therapy instead with this moment. One other participant told me that until her seventh year she was reared by her grandparents and probably "some grains of neglect" spurred her interest in marginalized groups. In a similar logic, this therapist explained her career choice as an attempt to heal a problem in her childhood:

"As a child and teenager I was extremely shy, I wouldn't go into a candy store to ask for something; I was awfully unsociable, with very broad interests, reading lots of books. I probably went to heal myself in this way [with psychotherapy]."

The family history and upbringing influenced not only the choice of therapy, but also the way of doing it – this was the conclusion of a therapist from a doctor's family who described how her parents worked in the period of "free healthcare" (under socialism) and she had great qualms discussing money with her patients and kept her fees very low.

Creating One's Own Concept of Therapy

The interviews suggest that therapists did not just choose a school or method to get trained in. They gradually created their own concept of therapy through important events and experiences. The question "What is therapy?" was felt from the beginning when the therapists realized their own or other people's need for it. But this question remained constantly in their professional path and the answer changed, sometimes to the extent that one established therapist no longer wanted to call his work

"psychotherapy." The findings begin with the initial formulations of concept and choice of therapy.

One of the important delimitations of therapy happens in its comparison with medicine. Therapists who had worked in the healthcare system were most clear about this contrast. One of them juxtaposed the "conservatism" of medicine to the novel and unexplored field of therapy where he could "experiment a lot and afford going outside the [therapeutic modality] paradigm." Another therapist described how, in his opinion, in medicine the work is "piecemeal – somebody is sick, you patch him up and let him go," while psychotherapy "is a holistic approach," an opportunity for the therapist to "build on the knowledge about the body." Working for the client's "projects for a beautiful and successful life is a lot more than 'take these pills and drink them down'." Yet another therapist drew the crucial difference between clinical psychology and medicine in the notion that a physician is not necessarily healthy, while in therapy the professional must be psychologically healthy. Finally, a therapist who was disillusioned from the years spent in a hospital talked about the difference in the relationship between doctors or therapists and patients, and the lack of humanity in the medical system. While not all participants would agree with these statements, these personal definitions of therapy depict it, in sum, as creative work with the whole person, which must be performed by a psychologically wholesome person who appreciates the value of human contact in itself.

Psychotherapy is also differentiated, as one participant recounted, in "the differences in behaviors of a psychiatrist, a psychologist, and a therapist toward a patient" (which she saw in a group analysis training). A therapist whose mentor was a neuropsychologist stressed on the rigorous diagnostic process as an integral part and a prerequisite of psychotherapy. The therapist who started in prison saw the murky line between the suffering and the psychologist, which was later crucial for her choice of psychoanalysis and her understanding of the role of the analyst in therapy. In a very different emotional modality, another participant recounted an early moment of his training when he led one of two groups of schizoaffective patients. After the sessions, both groups met: his patients were laughing, while those from the other group were crying. This participant, who eventually became a solution-focused therapist, grasped therapy as a possibly joyful activity.

A touching early experience and insight was described by one of the therapists:

"I worked at a hospital at that time. I was witness to the dying of two patients… They both had families, but they did not want to have them at their bed and see them die. Their only wish was for me to stay with them for a while. As simple as that. This woman asked me to hold her hand and look at her… The therapist is a person who understands; and who does not judge you for anything. Just stays by you and does not expect anything from you."

A remarkable experience was shared by a psychodramatist who worked with marginalized groups and considered therapy to be a social practice reaching out to people who need it:

"My first patient was a man who had not gone out of his home for seventeen years; hardly anyone in Bulgarian psychotherapy would work with such a person… This case was a border one, between social practice and therapy. It was like an upside-down metaphor of therapy: I took the risk to go on a foreign territory, where the frame was set up by circumstances I had no control over."

These pieces of experience show that the creation of an own concept of what the therapist does and why is crucial for the later work of the therapist; not just for the choice of method, but also for the constructed unique version of therapy performed by the individual practitioner.

Choice of Therapy

The participants described their choice of therapy paradigm as "sticking to", "fitting in" "matching", "suiting", "to find one's place", "the comfortable school." This is the most succinct description from the interviews:

"I went through my personal analysis and had tough things happening in my life in those four years, so I experienced on my own skin how much this works… Real therapy done in a real way… I started psychoanalysis by chance. It fitted me well during the personal analysis; I realized that first, this works, this works for me personally, and second, I saw a way of practicing that fitted my way of work."

To feel that it works and to feel that it fits your way of work. These two things are related to the personal concept of what therapy is and to the personal history and "character" of the therapist.

Personal fit.

For example, a therapist described the search for "a paradigm for myself": "There was always something missing. Not so much in the paradigm but in the match with my peculiarities." The interviews described the match of method with the way of work, the thinking and values of the therapist. One participant shared that before choosing positive psychotherapy, she had used "metaphors, proverbs, novels and films" in her work. Another one particularly liked the transcultural method of her school in relationship with her own cultural difference. A third therapist connected the choice of psychoanalysis to her interest in German culture and philosophy. A lively description of the choice of cognitive behavioral therapy was this:

"I am a person who lives here and now, and I want to see the result of my efforts; I am hasty, I want things to happen fast; I am systematic, but I am also impatient for results. It seems like all these things, these peculiarities, did not stand in my way within the cognitive behavioral [paradigm], and I stuck myself to it and realized – it was for me and I was for it."

A useful contrast illustrates how intellectual propensity shapes the choice of therapy. A psychoanalyst described how she "always had in my head [these questions]: where does this come from, what is this phantasm, what is it related to, who is saying it, to whom, what does this person want from me." Another member of the psychoanalysis school called this "a propensity, a tuning of the mind to discuss dreams, abstract things." By contrast, the following thought is from a therapist who would not and did not choose psychoanalysis:

"I was even then curious about language; when somebody utters something, what happens? And you can start interpreting and interpreting, crazy stuff. A person is saying whatever he is saying; he does not say anything else; the rest is a product of your head."

No less important is for the therapist to recognize his own values in the values of the method. A psychodramatist shared how much she liked the multitude of perspectives in a psychodrama session and that theater was "sheltering", both of which she related to her desire to be accepted and her personal history.

How it works.

This was the second important consideration in choosing a therapy. The psychotherapist who moved beyond diagnostics to therapy "for the better effect" described her further choice of therapy method in a similar way: "I didn't want to work with too few clients for a long time; I wanted to see the effect sooner… Cognitive therapy seemed very good to me." A therapist who chose the solution-focused approach recounted how he was interested in "something that works for people," so he chose his approach because "when you read about it, you see 'use' very often." A psychodramatist stressed the benefit of the multitude of perspectives produced in a group, which can turn into solutions for the client in a shorter time.

It is worth noting an alternative perspective about fit shared by a therapist who did not choose his method (he came across his training by chance), but remained in it:

"*The Neo-Reichian paradigm works with body and emotions. At that time, they were really alien to me; I was very intellectually minded, and had I found the cognitive method instead, with its clear schemes and work through the rational, I would have been elated. My character likes the precise, the orderly, the rigid and predictable; emotions and spontaneity would have scared me if I had a choice. I would have chosen the comfortable school… But I am not sorry now, because this gave me an awful lot of things.*"

Training

The interviewed therapists talked about the following important experiences of their training: they reached some degree of solution of their own psychological issues; they acquired self-knowledge; they grasped the perspective of the client who gets treatment in the specific method; they tried out the method and became convinced in its effectiveness. Evidently, some of these achievements are directly related to the needs and propensities discovered in the prior stages (e.g. need for self-knowledge or self-healing).

Many participants thought that the therapist should be psychologically healthy, should have "a balance between inside and outside", in order to

keep her "tension and stress" away from the client, to "shine." There were also voices who said that this health was an illusion or that achieving it was a never-ending process, not an outcome. Another important task was self-knowledge, which was not necessarily followed by change. The main goal of self-knowledge was "to distinguish what is related to your personal life and issues from the emotional issues of the client." Said one therapist:

"A person needs to talk about himself – the patient, the therapist, everyone does. Professionalism means that you don't hinder the person in his talk about himself by involving yourself in what he is talking about. And this is possible through personal analysis; you need to be clear about yourself."

There were also critical opinions about these aspects of training. One therapist said that therapy in the form of training was a double-bind situation and that there was no clear reason why someone should undergo therapy to become a therapist and be "useful." Other therapists were skeptical toward long training periods: "when you read books, you become a good book reader; when you watch videos you become a good viewer; to learn to do solution-focused therapy you need to do solution-focused therapy." Another talked about "the risks of the late debut":

"The late debut is a concept from art: a person who has been restricted to express himself for a long time suddenly and a little belatedly starts expressing and wants to say everything he has kept inside in one piece; this usually takes a toll on quality."

The training was also a period of intense emotional experiences. One major theme was the difficulty and gravity of the process, with few people willing "to pay that price." It was "a passing through your castration, your own analysis," a "constant frustration when exploring the weaknesses and blunders in the work, a fear of failure." Another kind of experience though was "exaltation", "enthusiasm" of "a golden time" when "you are thirsty for knowledge; you find something and try it out, then share what's happened." "Great attachment, great hopes, great joy from results."

"The Responsibility of the Tutor"

One important role in the entry to the profession was played by the therapists' tutors. The tutors were not "some kind of gurus" "who want money to tell you the truth." The main things that tutors gave were "the craft" and "support."

The word "craft" appeared in five interviews (four times in the sense that therapy is a craft and once in the opposite). What was meant was the experiences of therapists who observed their tutor, "how he behaves, how he sets up appointments, how he takes patients, how he experiences the meetings with them, how the job affects him." The tutor showed how "to discern", "to recognize", "to catch" key happenings in therapy. The tutor was a model from whom "you take the craft":

"You can learn this better when you see how a qualified therapist does it. You can't take it from the books; it is transmitted in the contact. I had the chance to witness how a psychotherapist functions, so that I could compare him with myself and see what I can do the same, what I can do differently, and to find myself as a therapist in the end."

No less important was the support and encouragement that tutors gave, especially in the period when the concept of therapy was unclear. Some therapists talked warmly about tutors coming from abroad who saw their "genuine desire" to learn a novel method and committed to their training. The relation of support extended beyond the particular tutor and tutee as the latter found in herself a capacity to give in turn. "We were helped, we are helping you, you will help others." "Something that passes over from one generation in psychoanalysis to the next." Perhaps this is a sign of professional maturity, "to take something, add to it, and enrich practice itself." A crucial part of the responsibility of the tutor was to "let you dare":

"In psychotherapy there is a moment when you must dare. But to dare, you need support, of course. If you don't have it, it's hard to dare… When I say 'dare,' I mean that the responsibility of the tutor, the supervisor, the person who cares about your professional growth, includes your being permitted as well."

The Self-Awareness as a Therapist

The end of the story of becoming a therapist was harder to identify than the beginning. None of the participants identified their graduation from the training or the acquisition of credentials as a moment of self-awareness, of "considering yourself to yourself" a therapist. With greater certainty this mo-

ment can be identified "when you start a real practice," when you start "to work independently with clients", "to know you are alone, there is no institution, no one you can call, it's all there," after the first clients you "manage to keep." This strong link to the practicing of therapy was expressed in one maxim I heard: "every time, on every session, you become a therapist – or not." It is worth noting that this self-awareness was linked to the therapist's own concept of therapy, not to therapy in general. As this concept can change, so can a therapist become a therapist more than once:

"In the beginning this question was very important to me, I wanted to become a therapist and maybe with these groups I started to lead… Perhaps I acquired some confidence, but I also doubted myself a lot… Plus some attempts at private practice… So at that time, I wanted to say, I said, whenever someone asked me, that I was a therapist – but I was very unsure, doubtful about it… There was a second event, when I was accepted into the Psychotherapy Association, after completing a long questionnaire about my training, number of hours, tutors, the books I had read. So I filled it in, submitted it, they reviewed it and decided to accept me. They didn't even call me, I saw it later on their website, that I had been accepted… And the third time – which is most important to me – is from the last summer: it became clearer to me what a psychoanalyst does with her patients and I became more confident that I could keep them."

It is a symbolic, perhaps an ironic fact that one does not get a call that they are a therapist; they must find that out themselves. Perhaps this brings chance and agency in becoming a therapist to a closure.

DISCUSSION

The narratives of therapists interviewed for this study inform the development of a reconstructed grounded model of the process of becoming a therapist. The sequence of the stages in the model is a loose one; not all therapists experienced all the aforementioned stages and in the particular order presented in this paper. The model is useful in highlighting the experiences and the milestones of becoming a therapist in Bulgaria. How does this grounded developmental model relate to the factors model of career choice of therapists (8) and the career development model (9)?

First of all, the different approaches to grounded theory produced different but complementary findings to Rønnestad and Skovholt's model. Their phases use levels of therapists' expertise as a scaffolding (before, during, and exit from training, entry, experience and seniority in practice). The current study is focused on how individuals become therapists, which roughly corresponds to the first four phases of Rønnestad and Skovholt's model, from Lay Helper through Novice Professional. Both the Bulgarian study and the factors model describe also predictors prior to the entry into training (the latter being already a tentative choice of profession). The grounded model is a logical, but not necessarily chronological sequence, and thus is not directly matched to phases or factors. It offers a medium level of abstraction and analysis between personal narratives and factors for becoming a therapist. The grounded approach illustrates themes and factors through their relationships, in an intelligible development. For example, experiences of marginalization or psychological injury are shown by interviewees as leading to a realized need to heal oneself or help others, and to a concept of therapy that blurs the roles of healer and healed. Personal therapy is a part of the stage of training and addresses the realized needs for self-knowledge and self-healing; however, personal therapy is also experienced and interpreted differently depending on the formed concept of what therapy is. All of these elements are presented as separate in the factors model and dispersed in time in the career phases model. In summary, the grounded model allows us to understand the career choice as a process, and becoming a therapist as a step on an intelligible path. This understanding is different from viewing such a choice as an outcome of predictors or as a by-product of training. The medium level of analysis also allows the readers to interpret and infer from the data in ways that are most meaningful to them.

Second, there are more specific links of similarity and difference across the elements of the factors model, career development model, and the grounded developmental model. The Passage to Therapy is obviously a different state than the Lay Helper phase. The latter describes a pristine, no-expertise state, while the Passage is more like a prelude with influence on the choice to become a therapist. Common elements in the three models around this state are the

needs of would-be therapists related to helping others. Farber and colleague's (8) themes of the need to help and understand others, the need for intellectual stimulation, self-growth and healing, and the high degree of psychological mindedness correspond to Rønnestad and Skovholt's (9) conceptualization of helping in non-professional roles through sympathy instead of empathy as well as the preparedness for therapy subtheme within the Passage to Therapy in the grounded model. Moreover, Rønnestad and Skovholt did not study early influences, although they mention the absence of wounded healer experiences retrospectively in the Experienced Professional description. The factors model and the grounded model study both found early experiences of being a wounded healer in the stories of therapists. Additionally, the third stage of the grounded model, Creating One's Own Concept of Therapy, is not present in the other two models (see (21) for a concept of practice study). It plays an important role in understanding the Choice of Therapy later, because it is based on the formed Concept. Rønnestad and Skovholt mention the changing position therapists assume toward theory in the Advanced Student and Novice Professional phase – from adherence to one open non-dogmatic theory or multiple serial attachments to the realization of the inadequacy of a single conceptual system. What is described in the Bulgarian study as choice of therapy according to fit is shown in the career development model as a longitudinal fitting of therapy as practice to the therapist's personality.

Finally, the functions of formal training are similar in the grounded and the career development models, which include the following: some degree of solving one's own issues, self-knowledge, grasping the client's perspective, and trying out the method to experience how and why it works. The role of the mentor or tutor has also very similar elements in the two studies ("learning the craft" compared to modeling, support, becoming a tutor), as well as the conditions of self-awareness as a therapist. Some important differences in the Bulgarian study are described below.

Cross-National Comparisons

The findings show that psychotherapists in Bulgaria are influenced by experiences and factors very similar to their US colleagues. Practically all factors synthesized by Farber and colleagues (8) are present in the grounded developmental model. This should not be surprising given the fact that therapy schools are imported from Western Europe and the United States and that the profession addresses similar personal and client needs. This somewhat uncritical importation actually creates tensions within the cultural context of traditional healers in Bulgaria (22), where the Bulgarian therapists denounced "the medicine women" (2) in an effort to underscore the scientific base of psychotherapy.

What is somewhat different is the longer and more meandering path to the profession – what here is framed as constructing one's own concept of therapy and its evolving nature. This path can be explained with the relative novelty and "mystery" of psychotherapy practice. The identity of the profession is formed in contrast and sometimes conflict with the fields of medicine, institutional care and psychiatry, which seems also different from other, more established national contexts. As the personal concept of therapy evolves, becoming a therapist might become a longer process of personal fitting, as one of the participants recounted.

The Bulgarian therapists also had different attitudes to learning compared to Rønnestad and Skovholt's findings. Bulgarian therapists continue their formal training for a longer time; in the case of the participants in this study, training continued into the senior professional phase. They also become tutors earlier compared to their counterparts in Rønnestad and Skovholt's study. These two findings can be explained by the early stage of psychotherapy practice in Bulgaria, where schools and ideas of therapy still enter the field, the professional community is relatively small and training modes inside and outside the university are loosely regulated. A different, albeit anecdotal, explanation often heard among Bulgarian psychotherapists and uttered by one of the study's participants, is that due to lack of demand for therapy services many therapists in Bulgaria engage in training more than they do in work.

Limitations

The first major limitation of the study is the degree of diversity in the sample of participants. While through purposeful sampling a maximum variation was achieved on important characteristics like thera-

py modality and years of experience, the sample was quite homogenous in geographical and gender distribution of the participants. The gender proportion might have been "representative" of the actual ratio of male and female psychotherapists in Bulgaria (estimated from the official list of members of the Bulgarian Psychotherapy Association), but it leaves out important experiential data.

The other serious limitation of the study comes from its cultural rootedness. The resulting model stems from the Bulgarian context, but is it generalizable to psychotherapists' careers in Europe and the US? The lack of important therapy modalities in Bulgaria and the inceptive period of professional practice limit the certainty of application of the proposed model to career choices outside Bulgaria.

CONCLUSION

The study can suggest implications for the training of therapists in Bulgaria and in general. The importance of early influences on the choice of therapy as a career is verified and these should be addressed in the formal training, especially given their functions: self-knowledge, healing and empathizing with the client. The personal-professional synthesis in career choice and practice, confirmed in the study, can be more specifically addressed in training by exploring the links between early experiences, institutional and personal contexts of encountering therapy, the creation of a personal concept of therapy as a learning outcome, and its fit with personal values and styles in practice. The need for creation of one's own concept of therapy can be addressed by a broader exposure to diverse modalities of therapy and counseling. Finally, a life-long learning practitioners' community is possible, although, if we use the study as an example, it might entail blurring some boundaries between training contexts, therapy modalities, and tutors and tutees.

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