

A qualitative exploration of the experience and personal and professional impact of psychodynamic and integrative counselling training on adoptee counsellors

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Abstract

Background: Adoption research has tended to focus on associated emotional and developmental challenges. There is little research on how adoptees experience counselling training and its personal and professional impact on adoptees. The aim of this qualitative study was to explore the counselling training experiences of four counsellors who were adopted as babies (under 1 year of age).

Methods: One-to-one semi-structured interviews were conducted with two psychodynamically trained counsellors and two integratively trained counsellors. Interpretative phenomenological analysis was used to analyse the training experiences of adoptees, and the personal and professional impact of training.

Findings: Four group experiential themes were identified: disclosure; place in world; relationships; and reflexivity.

Implications for Practice: The findings contribute to the growing body of research on counsellor training and provide insights into adoptees' experiences of counselling training. These insights enable improvements in the provision of such training by counselling training providers to adoptees, and in the provision of the specialist training either required or recommended to provide adoption support. The research also furthers the understanding of adoptees' experiences more generally and may also help noncounsellor adoptees deal with issues perceived as related to their adoption as well as others who face similar issues, due to their own lived experiences.

Conclusion: Both modalities of counselling training helped participants deal with difficulties presented by their adoptions, in particular regarding identity and relationships, affording opportunities for growth and healing.

KEYWORDS

adopted/adoptee/adoption, counselling, integrate/integration/integrative, psychodynamic, trainees/training

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1 | INTRODUCTION

Research on the experience of counsellor training helps advance training and improve counselling services (Grafanaki, 2010) and so is important not only for counsellors themselves but also for trainers, supervisors and clients (Rønnestad & Ladany, 2006). It is likely that there is a considerable number of adoptees who have trained, or will train, as counsellors. However, there is only one study (Parkes & Mintz, 2021) that expressly addresses how undertaking counselling training may affect adoptees and one study (Baxter, 2020) that considers the issue parenthetically. Both of these studies are concerned with the impact of person-centred counselling training on adoptee counsellors. This study investigated adoptee counsellors' experiences of training as psychodynamic and integrative counsellors and the personal and professional impact of such training on them. This research therefore builds on and further explores issues highlighted by the existing research.

1.1 | Statement of the research problem

This study aimed to answer the following questions:

- What are adoptee counsellors' experiences of training as psychodynamic or integrative counsellors? What is the personal and professional impact of such training on adoptee counsellors?
- Does the experience of training as a psychodynamic or integrative counsellor embody the challenges experienced by adoptees generally and does training provide any help to adoptees in resolving these?
- What can providers of counselling training do to support adoptees undertaking counselling training?

1.2 | Reflexive statement

I am an integratively trained BACP-accredited counsellor. I was also adopted as a baby. As regards my positionality, at a macrolevel, I have insider status (having been adopted and trained as counsellor), and at a microlevel, I have both insider (*vis-à-vis* integratively trained participants) and outsider (*vis-à-vis* psychodynamically trained participants) status; that is, I am both an insider-insider and an outsider-insider. However, even where apparently an insider-insider, given the variance in integrative training, there is 'space between' to acknowledge that not all experiences are the same for everyone in any particular population (Dwyer & Buckle, 2009). This research was the final year project of my MA in Counselling and Psychotherapy at the University of East London.

I kept a reflexive research journal to facilitate reflexivity in which I catalogued my internal dialogue regarding my own research journey. Such self-scrutiny of my relationship with both the research and participants was vital to ensure the validity of this research. As Finlay (2003, p. 4) notes, 'although not always referred to explicitly

Implications for practice and policy

- This research facilitates a better understanding of adoptees' experiences of counselling training, which, in turn, allows for improvement in the provision of such training, and the specialist training currently required to provide adoption support to adoptees. For example, counselling training providers may use the results of this study to implement changes in training policy, such as by training with an assumption of 'healer woundedness'.
- This study also furthers the understanding of adoptees' experiences more generally (in particular, adoptees' lack of voice/language) and may also help noncounsellor adoptees deal with issues perceived as related to their adoption, as well as others who face similar issues, due to their own lived experiences.
- Finally, by contributing to the growing body of research on counsellor training, the research benefits not only counsellors but also trainers, supervisors and clients.
- The research also raises the issue of whether, in light of the Department of Education's recent removal of the requirement for providers of adoption-related therapy to be Ofsted registered, there should, as a matter of policy, be some other requirements for the providers of such support, given the particular challenges faced by adoptees as highlighted in this study.

as reflexivity, the project of examining how the researcher and intersubjective elements impact on and transform research has been an important part of the evolution of qualitative research'.

2 | LITERATURE REVIEW

The aim of this literature review was not to provide a comprehensive review of the extensive and discrete bodies of literature on both counselling training and adoption but rather to focus, first, on certain aspects of the counselling training experience, which may have more impact, both personally and professionally, on adoptees and, second, on some of the emotional and developmental challenges often associated with adoption.

2.1 | The counselling training experience

Studies on experiences of counselling training highlight work on self as an aspect of the training which differentiates it from other types of training (McLeod, 2004). This self-exploration may raise unresolved issues for trainees, necessitating (further) personal therapy (Kidd, 2004) and/or supervision.

Folkes-Skinner et al. (2010, p. 91) recognise that the training experience is 'a potentially disturbing personal journey that requires a deconstruction of the self in order to make space for the new therapist-self to emerge'. Disintegration and feeling deskilled, confused, lost and anxious were also Keys' (2004, p. 71) experiences of training. Dryden and Thorne (1991, p. 3) note that counselling training is a 'daunting task, not least because if things go well they will not go smoothly'.

Personal development (both intra- and inter-) is a key component of all types of counselling training with which some trainees may struggle. Intrapersonally, learning objectives may include the following: developing an understanding/appreciation of self; becoming aware of and utilising personal strengths/assets; and identifying blindspots, blocks and vulnerabilities (Connor, 2000).

From a professional development perspective, Stages 2 and 3 of Skovholt and Rønnestad's (1995) eight-stage career life span model of the evolving professional self are helpful in understanding the emotional impact of counselling training. In the former (entering into and the first year of training), enthusiasm and insecurity are the predominant emotions, whereas in the latter (rest of training and initial post-training period), bewilderment, at the chaos and complexity of applying new learning, dominates.

In summary, whilst there may be undeniable pain involved in training, there may also be distinct gains to be had. Kidd (2004, p. 61) experienced a newfound self-belief and the knowledge, intellectually and emotionally, that it was possible to take risks and allow others to get closer; that is, disintegration led ultimately to reintegration (Keys, 2004, p. 78).

2.2 | Psychodynamic counselling training

Studies on the specific experience of training as a psychodynamic counsellor are limited in number and not recent, presenting a significant limitation in this research field. Most of these studies are focussed either on experiencing psychodynamic training as a second training or the impact of further training on initial psychodynamic training (Mackay et al., 2001; Owen-Pugh, 2010).

In terms of personal development, intrapersonal learning objectives for psychodynamic counsellors may include the following: developing insight, particularly regarding early attachment experiences, and becoming aware of one's own counter-transference (McLeod & McLeod, 2014).

2.3 | Integrative counselling training

Studies on training as an integrative counsellor have highlighted the particular difficulties of developing a personal integration. Anxiety around the ambiguity inherent in an integrative or pluralistic approach is contrasted with the (perceived) certainty, or 'feeling of being right' (Scott & Hanley, 2012, p. 29) and 'charismatic lure of...pure paradigm models' (Lowndes & Hanley, 2010, p. 167). For trainee counsellors, the challenge of finding ways to integrate

successfully can be a struggle and feel risky (Gordon et al., 2021; Lowndes & Hanley, 2010).

The lack of a tribe (Gordon et al., 2021) and difficulties with professional identity, together with the anxiety and conflict that can result (Lowndes & Hanley, 2010), are key themes in research on the challenges of integrative training. On the contrary, the nomadic existence implicit in not being part of a tribe and the flexibility it affords are seen as a positive and a strength of the integrative model. Furthermore, for Fear (2004, p. 121), finding a way of integrating also opened the door to individuation and, ultimately, integrity, the final two stages in Skovholt and Rønnestad's (1995) model of the evolving professional self.

A key factor identified by Gordon et al. (2021) as facilitative of the integrative process is the ability to reflect, not only on the experience of practising as an integrative counsellor but also on personal life experiences. Fear (2004, p. 114) found that working towards a professional integration mirrored her journey towards personal integration, which necessarily involves the ability to own feelings that were previously too painful and distressing.

In terms of personal development, as McLeod and McLeod (2014, p. 57) note, it is 'not possible to identify distinctive personal development goals associated with integrative...approaches to therapy' as these will depend on the nature of the integration.

2.4 | Adoptees' experiences of adoption

Roszia and Maxon (2019) identify the following seven core issues in adoption: loss, rejection, shame/guilt, grief, identity, intimacy and mastery/control. These core issues are both a structure and a process for understanding adoption (Roszia & Maxon, 2019, p. 28). These issues, and in particular the issues of loss and identity, dominate the adoption literature.

For example, as Meulen et al. (2019) note, the experience of adoption comprises two very different processes: relinquishment by the birth mother/parents and becoming part of the new adoptive family. Adoptees may feel very differently about those two processes, for example negative about the former and positive about the latter (Barn & Mansuri, 2019; Nydam, 2007), but research often fails to distinguish between them, or acknowledge that adoptees may feel differently about their adoption at different stages of their lives (Kowal & Schilling, 1985; Meulen et al., 2019). According to Rosenberg and Horner (1991, p. 76), clinicians' and adoptive parents' focus on adoptees' rescue by their adoptive families, rather than their abandonment by their birth mother/parents, may 'interfere with the child's need to assimilate his/her story in developing a cohesive sense of self'. It may also result in a lack of open communication with adoptees, that is, a lack of information about the birth mother/family and difficulties discussing adoption with the adoptive parents/family, a key theme in discussions about adoptees' experiences of adoption.

The research suggests that this lack of open communication may impact adoptees' development; for example, unlike nonadoptive children's family romances, which serve adaptively to allow them to deal

with conflicting emotions about their parents, adoptees' fantasies about their birth parents may continue throughout adoptees' development and beyond, until the birth family is 'demystified' through a search and reunion process (Lifton, 2007; Rosenberg & Horner, 1991). According to Levy-Shiff (2001, p. 102), the lack of information about biological background creates a 'hereditary ghost, which may contribute to a confused, unstable and distorted sense of self'. Darnell et al. (2017) and Grotevant et al. (2007) also note difficulties with identity.

2.5 | Impact of counselling training on adoptee counsellors

As already noted, there is very little research indeed on the impact of undertaking counselling training on adoptee counsellors. What the little literature highlights is how the focus on personal development in counselling training is therapeutically helpful to adoptees and draws attention to the final three core issues in Roszia and Maxon's (2019) process model, namely identity, intimacy and mastery/control.

Baxter (2020) examined trainee counsellors' experiences in training of personal change resulting from the exploration of childhood and one of the participants (Sophia) was adopted and chose to focus on that. She described writing an essay on childhood adversity for her training course as 'life-changing' and experienced greater self-acceptance, increased confidence and greater empathy as a result of her training.

Parkes and Mintz (2021) explored the training experiences of three person-centred counsellors who were adopted as babies. Data were analysed using interpretative phenomenological analysis (IPA), and the findings highlighted both the challenges presented by adoption, as outlined above, and the positive impact of person-centred training on personal development. Participants felt that the 'preverbal pain' (p. 998) of their rejection/abandonment and the associated grief were not recognised by others. Prior to training, participants felt out of touch with, and a loss of, self and struggled with self-acceptance, intimacy and attachment. During training, participants gained self-awareness and found experiencing the core conditions, especially congruence, very powerful.

The findings in Parkes and Mintz (2021) support the theory that undertaking counsellor training may present not only challenges but also opportunities for growth and healing for adoptees. However, they are based on a small-scale study focussed only on person-centred counselling training.

3 | METHODOLOGY

3.1 | Design

This study used IPA as the qualitative methodology for the research. IPA subscribes to a relativist ontology (Willig, 2013), which this research adopted, and is focussed on subjective

experience and how meaning might be derived from that experience. Most importantly, IPA is consistent with the constructivist-interpretivist epistemological position of the research questions. Constructivism-interpretivism is relativist, idiographic and aims to understand lived experiences through a hermeneutical approach involving deep reflection stimulated by the interaction between researcher and participant, who then co-construct the research (Ponterotto, 2005).

Given the lack of research into the experience of counselling training for adoptees, the research was explorative and inductive. To ensure the trustworthiness and methodological integrity of the research, at all stages of the research process regard was had to Levitt et al.'s (2018) reporting standards for qualitative research.

3.2 | Ethical considerations

Ethics approval was granted by the University of East London. The British Association for Counselling and Psychotherapy's (BACP) ethical guidelines for research in the counselling professions were adhered to at all stages of the research process.

Participants were provided with a participant information sheet, a consent form and the interview questions in advance, to mitigate any potential adverse effects of the research, given the sensitivity of the issues being discussed. Sources of appropriate support were also provided in a participant debrief sheet.

As well as obtaining participants' written consent to take part in the study, their oral consent was requested before commencing interview recordings. Participants were also reminded that they could withdraw for any/no reason at any time until after 2 weeks of being interviewed.

3.3 | Participants

Participants were adopted as babies (under 1 year of age) and qualified as either a psychodynamic or an integrative counsellor (to a minimum of diploma level/level 5 or equivalent). Given the potential sensitivity of the adoption experience, only those who self-defined as sufficiently grounded in that experience to be able to talk about it without experiencing undue distress were invited to participate.

Participants were recruited (a) by advertising on the BACP research noticeboard; (b) by advertising via institutions offering psychodynamic or integrative counselling training; and (c) by contacting psychodynamic and integrative counsellors advertising on BACP as specialising in adoption. Four participants (two with psychodynamic training and two with integrative training) were recruited and interviewed. All participants were White females aged 55 years or over, living in the UK. Participants completed their psychodynamic or integrative training between one and approximately 22 years before being interviewed (the two psychodynamically trained participants

completed their training 13 and approximately 22 years, respectively, prior to interview and the two integratively trained participants completed their training 1 and 6 years, respectively, prior to being interviewed).

3.4 | Data collection

Semi-structured interviews with participants lasting approximately 45–90 min were conducted via Microsoft Teams and transcribed. An interview schedule was loosely followed to ensure key areas were covered and give some consistency. Questions initially focussed on the experience of training as a counsellor (when and where; why psychodynamic/integrative; and what was enjoyable/difficult) and then moved onto the impact of training on adoption (what it means to be adopted and have trained; and whether training changed feelings/understanding about adoption) and finally to the circumstances of the adoption itself.

3.5 | Data analysis

Data were analysed using IPA. Interviews were initially analysed idiographically on a case-by-case basis to identify each individual participant's experiential statements (i.e. statements relating 'directly to [the individual participant's] experiences...or to the experience of making sense of the things that happened to them') (Smith et al., 2022, p. 86), make connections across experiential statements and produce tables of personal experiential themes. The same process of moving from observation to interpretation was followed for each interview individually before identifying group experiential themes (GETs) across interviews.

When analysing the collected data, sense was made of the data through the lens of a double hermeneutic (Smith et al., 2022). As Myers (2004, p. 112) notes, 'the double hermeneutic recognises that social researchers are subjects and are just as much interpreters of social situations as are [participants]' (p. 112). Such an analytical process requires not just personal reflexivity but also functional and disciplinary reflexivities (Tomkins & Eatough, 2010). The focus of personal reflexivity in the context of this research was my own adoption and my counselling training. Functional reflexivity was focussed on phenomenology, given my use of IPA, and disciplinary reflexivity was driven by my role as a counselling practitioner. Being aware of these layers of reflexivity and moving between them from the unconscious to the (more) conscious helped me consider why I might pursue some interpretative possibilities more than others.

4 | RESULTS

Four GETs related to the experience and impact of training on adoptee counsellors were identified: disclosure; place in world;

relationships; and reflexivity. The group-level subthemes observed for each GET are set out below:

GET	Group-level subtheme
Disclosure	Adoption and secrecy
	Impact of disclosure of adoption
Place in world	Not fitting in
	Ignorance/lack of personal history
	Finding place by seeing likeness
Relationships	Birth family
	Adoptive family
	Lack of understanding/empathy of nonadoptees
Reflexivity	Positive impact of training—understanding self and others
	Positive impact of training—vocalising/processing adoption experience

Data relating to the first GET (disclosure) focussed on participants' experiences of secrecy around their adoption and the impact of its disclosure. Data associated with the second and third GETs (place in world and relationships) focussed on the challenges participants experienced as a result of being adopted. Participants felt that these experiences of secrecy and adoption-related challenges regarding their place in the world and relationships were present and, in some respects, highlighted during training. Finally, data for the fourth GET (reflexivity) considered the positive impact of training as a counsellor on participants and the help provided by training in dealing with the issues and difficulties identified in the other GETs.

Quotes from interview transcripts are referenced as (page, line). [...] indicates editorial elision in which nonrelevant material has been eliminated. In keeping with the idiographic approach but to preserve anonymity, pseudonyms have been used. Ruth and Lydia were psychodynamically trained, and Becky and Joy underwent integrative training.

4.1 | Disclosure

Keeping and not keeping secrets was a strong theme for participants, including those told about their adoption at a very young age. Even when participants knew that they were adopted it was not something that was discussed openly, especially with their adoptive parents, and, for one participant, not even during her counselling training.

Some participants experienced a strong reaction to the disclosure of their adoption.

4.1.1 | Adoption and secrecy

Both Becky and Lydia were told about their adoption at a very young age. Becky and her adoptive sister:

were brought up with being adopted, we've always known so we didn't have the sit down at seven or

anything. So it's like I've got brown eyes and I'm adopted[...]I don't hide it.

(9,28)

However, both Ruth and Joy did 'have the sit down', Ruth when she was 9 years old and Joy when she was 10 years old. For Joy, her adoption and her feelings about it:

were so intimate to me that it couldn't be shared[...] except in the therapeutic environment.

(10,35)

As a result, not only did Joy not disclose her adoption to her peers when training but even a friend of 20 years plus had not known that she was adopted. Although Joy recognised her sensitivity around disclosing her adoption, she described herself initially as selective rather than secretive and when she did later use the term secretive there appeared to be some confusion and reluctance around owning her secrecy:

I don't know whether adoption is something that I don't feel that I've been secretive about it but, you know, maybe there, you know, maybe there is something about it at that point in my life, you know, in the, when, when I would have, when I would have known about it, it would have been the early 60s[...]people didn't talk about things freely and openly[...]so that kind of schema, that trait obviously is still pronounced now.

(11,9)

The lack of open discussion about their adoption was a common theme across all participants, even those who always knew. For Lydia, adoption was:

not something that was ever really talked about

(8,38)

and for Joy, adoption was:

not to be discussed.

(11,14)

After telling her she was adopted, Ruth's adoptive parents:

never spoke about it again, never.

(4,36)

Interestingly, even though Lydia always knew about her adoption she did have:

a very strong feeling of unsaid things[...]things that were unspoken[...]but I knew they were there.

(4,1)

Participants diverged in how they handled the search for their birth families in that both participants who had always known about their adoption told their adoptive parents. Becky:

felt really strongly that I had to tell [my adoptive parents].

(15,14)

and had felt compelled to ask her adoptive parents for her birth parents' details for her 18th birthday even though it upset her adoptive parents:

immensely[...]but it was just, I had to do it.

(12,1-2)

Lydia also informed her adoptive parents of her search and reunion, which suggests an openness between participants who always knew about their adoption and their adoptive parents regarding contact with birth families.

Participants also diverged in whether they disclosed their adoption or not during counselling training. As already noted, Joy did not disclose her adoption to her peers when training (although her dissertation for an earlier BSc in psychology was on adoption) as:

when you're training you're in a small group.

(9,22-23)

and

you have to feel safe and you have to feel trust[...]and I didn't feel a continuum of safety and[...]our group was difficult.

(9,26-30)

As a result:

the adoption side of things I felt was not something that I would discuss within the group.

(11,6-7)

Becky did disclose her adoption during counselling training and discovered that:

in my group[...]no one else was adopted and no one else knew of anyone that was adopted or anything.

(23,14-15)

which surprised her, given that:

there were thousands of us that were adopted in the late 60s, early 70s...and it's still happening.

(23,16-18)

Becky's experience hints at a lack of open discussion about adoption at a wider, societal level.

4.1.2 | Impact of disclosure of adoption

Being told that she was adopted and then choosing to tell others about it made Ruth feel:

really important.
(10,14 & 10,18)

For Joy, however, the disclosure of her adoption:

was the beginning of feeling an enormous amount of mistrust.
(5,8)

which made her question:

the validity and truth of what people told me.
(5,11)

She used a very vivid metaphor to convey the mistrust engendered by the disclosure of her adoption, which was vital for her self-preservation:

I've got my fingers gripping onto the side of a cliff, I've got to let go and trust I'll be cool. So it has that feeling not quite of terror but of preservation.
(16,16)

When Becky disclosed her adoption to her peers during training she felt:

it's almost like in some ways it's frowned upon to say that you're adopted[...]isn't it?
(23,29–30)

and that:

there's almost an assumption, or maybe there's a stigma or shame or something attached to it.
(23,32–33)

Rather than make her feel closer to her training cohort, the disclosure of her adoption made Becky feel like the outsider she had always thought she was.

4.2 | Place in world

Participants struggled with their identity and place in the world. They experienced these struggles as not fitting in and also felt very keenly

their ignorance of their personal history, which underlined their sense of having no place. They sought to establish their place or to fit in by desiring, searching for, or being struck by, their own likenesses in the members of their birth families with whom they had contact. As well as struggling with issues of personal identity, some participants also struggled with their professional identity during training.

4.2.1 | Not fitting in

Whether she would fit in or not was always a key issue for Lydia:

Will I belong? Will someone accept me or will they reject me or will I fit? That's my opening question.
(5,38)

There is a sense that these questions are not rhetorical: it appears that, for Lydia, having to deal with the very real possibility of not belonging is a constant struggle. Distancing herself slightly by switching from the first to the second person, Lydia grappled with this issue at the start of her training, wondering:

are you in or are you out? Do you subscribe to all of these theories, embrace this methodology?
(2,35–37)

Lydia concluded that life is difficult for adoptees:

...if you are struggling to work out how to belong somewhere and how to make attachments or how to overcome your fears that your attachments will be lost at any point[...]it makes it very hard because that's the basis of going into anything, like going into a new school as a child.
(10,29)

The image of a child starting a new school and struggling to make friends seems striking when used by Lydia, a middle-aged professional woman, to describe her continuing difficulties with belonging, even during her counselling training.

Lydia also struggled with her professional identity during training. She concluded that she was not:

that developed by the end of it.
(1,33)

and felt like she was:

being a pupil rather than sort of developing my own thinking.
(2,3–4)

For Becky, the picture around fitting in appeared bleaker, as she had concluded that:

...for me, being adopted essentially means that I don't have anywhere to fit in.

(9,5)

As a result of not fitting in anywhere, Becky knew:

...what it's like to feel completely lost and lonely in the world, and that is partly from being adopted.

(21,20)

During her counselling training, Becky's:

awareness of being different from the group and not fitting in[...]brought to mind experiences in my childhood.

(10,23-24)

Early on in her counselling training, Ruth was confronted very starkly with the issue of where she fitted in and was forced to consider:

where did I sit in all this...where were my roots?

(4,12-13)

when she was asked during training to draw her family tree and, unlike her peers, could not do it as she had:

two mums and two dads.

(4,5)

4.2.2 | Ignorance/lack of personal history

Participants, at least until they searched for, or were reunited with, their birth families, were often ignorant of even their most basic personal history, such as familial health conditions and illnesses. When Joy was pregnant and attending antenatal appointments:

the first thing they say is "what's your history?" "What's your family history?" "Have you got any cancer?" "Have you got this and the other?" And I didn't know anything.

(6,7)

For Becky, this ignorance was felt as emptiness:

Being adopted is that you don't know your history[...] it's just empty[...]there's still so much gap there.

(21,8)

The shift in pronoun from second to third person again suggests a distancing from the painful truth of being empty oneself as a result of this lack of knowledge.

4.2.3 | Finding place by seeing likeness

Participants were keenly aware of both the lack of their own likenesses in their adoptive families and the help that seeing those likenesses could provide. Joy compared herself with children who are not adopted and who:

look at their parents and they maybe see themselves[...]they see the same eye colour, the same skin colour, the same hair colour, the same mannerisms, the same body shape.

(4,20)

Joy felt the absence of these reflections of herself in others as a lack of her own identity. Ruth, on the contrary, simply:

wanted to look at somebody who looked like me.

(6,21)

and when she did meet her birth brother and saw her likeness she wanted:

to keep him to myself [*laughing*], I didn't want to share him.

(14,17)

Lydia also felt that it was:

so helpful to have something reflected back.

(8,11)

when she met her birth family. The experience was positive for her as she was like her birth family, whereas she perceived herself as different from her adoptive family. For Lydia, the similarity with her birth family was not:

so much physically[...]more[...]how you feel about the world and how you think about the world[...]something more internal really.

(8,3)

These external and internal similarities appear to have given Ruth and Lydia (the two participants who were in close relationships with at least some of their birth families) a sense of fitting in and their place in the world. For Becky, who was unable to have children, the lack of physical likeness to her birth mother was reinforced by her being:

a female version of her birth father.

(11,15),

whom she had never met, and her sense of sadness:

about not being able to see what my children would have looked like.

(21,2)

This sense of genetic isolation from both her past and her future seems to have reinforced Becky's existential realisation that:

when I die, that's it. There is no more.

(11,18)

Interestingly, and perhaps for the same reasons as wanting to see their likenesses, participants were often very interested in photographs of members of their birth family, especially if reunion was impossible (e.g. because of death [Ruth and Joy], inability to trace [Becky] or estrangement [Joy]).

The lack of other adoptees on participants' training courses also meant that participants were unable to see their likenesses amongst their peers, and in Becky's case, this was a very isolating experience. Nevertheless, Joy felt that:

it's been massively helpful, my training, to understand those feelings of identity.

(12,18–19)

4.3 | Relationships

There was some divergence in participants' experiences of their relationships with both their birth families and their adoptive families. This is not surprising, given the many variables involved in family relationships and the fact that relationships in families not affected by adoption also diverge. However, participants agreed that there was a definite lack of understanding and empathy shown by nonadoptees, including their peers during counselling training, which adversely impacted them.

4.3.1 | Birth family

The level of contact with birth relatives ranged from none at all (where a birth father had died before being traced [Ruth and Joy] or had not been traced [Becky and her birth father and Joy and her half-siblings]), to limited telephone calls or meetings with a birth mother (due to death [Ruth] or legal process [Joy]), to fizzling out over time (Becky and her birth mother and birth half-sisters), to, for the two psychodynamically trained participants, a continuing relationship with members of birth families (Ruth and her birth brother and Lydia and her birth parents and birth siblings), which is interesting given the particular focus of psychodynamic training of developing insight into early attachment experiences.

For a 24-year old Lydia, establishing a relationship with her birth parents was her way of trying to deal with the issues presented by her adoption:

I found my birth parents and built a relationship with them so it's like trying to resolve [adoption] through actually knowing them.

(6,15)

Lydia felt that this pragmatic approach did solve something for her when she was younger but she recognised that, although overall positive, this approach was:

not without its complications.

(8,17)

This apparent ambivalence was more pronounced with Becky and her birth mother who:

wanted more from me than I wanted to give[...]she wanted me to join her family and be her daughter.

(13,15)

Their relationship seems to have been effectively frozen in time, with her birth mother:

thinking of [Becky] as her little girl, as a little baby.

(13,20)

However, Becky felt very strongly that her birth mother was not her mother and that:

my mum is the person that brought me up, [my birth mother] happened to[...]bring me into the world.

(14,1)

For Ruth, on the contrary, there seemed to be a strong sense of 'blood being thicker than water' when she compared her adoptive and birth nephews and nieces:

[My adoptive brother] had two children but I never felt close to them and yet my birth brother's children, I felt an affinity to them.

(14,14)

Ruth had started her training when she made contact with her birth brother and was very concerned about the possibility of genetic sexual attraction (which she had learned about on her psychodynamic course) and so 'put the brakes on' her reunion with him. Ruth also felt that her training helped her understand her birth mother's decision to relinquish her.

4.3.2 | Adoptive family

Becky's rejection of her birth mother as her 'real' mum is echoed by Lydia's reflections on growing up with her adoptive parents:

It's a very different experience, growing up with someone and being a baby with someone and a little child and being cared for and looked after, that's a very different thing, isn't it? And you can't really ever have a substitute for that.

(8,23)

Participants were grateful to their adoptive parents for taking them in and caring for them. Joy referred to the:

burden of gratitude

(12,19)

adoptees feel towards their adoptive parents and Ruth even referred to her adoption as a:

narrow escape

(9,38)

from an immature birth mother who would have been unable to look after her as well as her adoptive parents did. Interestingly, Becky (whose relationship with her adoptive parents seems to have been difficult at times) is now repaying the 'burden of gratitude' by caring for her elderly and widowed adoptive mother.

4.3.3 | Lack of understanding/ empathy of nonadoptees

The:

extra layer of challenge or difficulty

(10,30)

that adoptees have was, in Lydia's experience, not recognised by nonadoptees:

I don't think people always still recognise how potentially difficult it is to have that early loss[...]the most fundamental sort of loss and then on top of that perhaps not be given an opportunity to try to make sense of it as a child.

(11,4)

Lydia also wanted people to be aware that:

babies, they feel things and they register things and they know about loss and they can be traumatised[...]and it's even harder to get hold of in a way because it's so early and it's pre-verbal and all those ways we process trauma[...]babies don't have that.

(11,18)

As well as these macrolevel attitudes to adoption, participants also expressed frustration and hurt at microlevel experiences showing a lack of empathy or even thought for adoptees. Participants' ignorance of their personal medical history has already been discussed and Joy found repeated questioning on this issue painful:

I said [to medical staff] look, I'm adopted so I don't know[...]of course, nobody ever reads the notes. They ask you the same question every time[...]and I just thought, please read the notes.

(6,10)

Becky experienced a similar frustration on her training course when presented with:

three questions [which] I couldn't answer because I was adopted and I just remember thinking, gosh, you could have had a bit of thought to this.

(9,24)

Becky also had to deal with the expectations of her training course peers around adoption, in particular:

that when you're adopted everything's all hunky dory because you're supposedly, you know, brought up in a household that desperately wants children

(18,32-34)

which was not Becky's own experience of adoption. For both Joy and Becky, there was a sense that the lack of understanding and empathy was more hurtful because it occurred in supposedly caring and supportive environments.

4.4 | Reflexivity

The experience of training as a counsellor allowed participants to achieve greater understanding of themselves, and specifically to reflect on their adoption, and its impact. It also prompted a greater understanding of clients. Training also gave participants a language with which to vocalise and process their adoption. As a result, training helped participants deal with some of the challenges around adoption identified above.

4.4.1 | Positive impact of training—understanding self and others

For Ruth, training allowed her to put:

like a puzzle, if you like, to put things in place and understand

(5,6)

and as she progressed in her training:

it kind of just linked everything, it kind of made sense.
(11,26)

Linking up things was a recurring theme for Ruth. For example, she described a very powerful 'primal' experience in therapy of crying 'like a baby' about being 'wrongly touched' and wanting her mother, which her therapist at the time thought indicated sexual abuse but which Ruth:

never really unpicked[...]until I did the psychodynamic training.
(17,1)

and realised that she was actually crying out for her birth mother (with whom she spent her first 6 weeks) after being separated and was objecting to the 'wrong touch' of someone else.

Joy also felt that after training:

I understand myself better[...]I'm more comfortable in myself.
(13,29)

In respect of her sense of a lack of identity, Joy felt that:

training has been massively helpful to understand those feelings of identity[...]that recognition that when somebody's talking about their family, they're recognising the facial things, so they're both like this.
(11,34)

However, the positive impact of the training experience (in terms of increased self-understanding) was not always easy or even painless. Becky felt that her training:

opened up the wound really
(11,1)

and led to the realisation that:

you've just got this void inside you.
(11,6)

4.4.2 | Positive impact of training—vocalising/processing adoption experience

For Becky, training facilitated greater self-understanding by:

[putting into] language things that you went through[...]you can unpick[...]I felt that it's enabled me

to unpick some of the sadness that I've always had but actually I can now understand a bit more about where that comes from.
(17,35)

The benefit of having such a language was that Becky was:

able to talk about things that you just feel you've just got this void inside you
(10,34)

and:

voice [the adoption experience] in a way that maybe others understand
(19,34)

as she now had:

a framework really in a language that [pauses] rather than just a feeling or a sense you can actually verbalise it.
(20,1)

For Lydia, who had a strong sense of things being unsaid, training allowed her to process the unsaid:

training brings to the surface something, it's like a relief[...]oh my God, thank God, I can think about that. I can feel what I feel about that[...]rather than having to sort of pretend it wasn't there in a way.
(4,9)

Lydia's ability to vocalise the adoption experience after training was transformative:

Actually, now I think [about it, training] had a very profound effect on me, that I had no way to understand, that I had no words for it, partly because it happened so early but also because no one tried, no one really helped me with it subsequently, no one really was able to try and help me work it out and think about it and feel what I felt.
(11,11)

5 | DISCUSSION

Research into the experience and impact of counselling training on adoptee counsellors is limited to the impact of person-centred counselling training. This study contributes to the understanding of these phenomena by expanding the existing research to cover two other counselling modalities, psychodynamic and integrative.

The order of presentation of the findings in this study reflects the adoption journeys of adoptees described in the adoption literature (Lifton, 1994, 1998, 2009; Verrier, 2009, 2010) and the training experiences of the individual participants. As well as highlighting the links between the GETs, the ordering of the four GETs (disclosure, place in world, relationships and reflexivity) mirrors the challenges adoptees generally encounter (in life and during counselling training) and their resolution: first, the secrecy surrounding their own adoptions; second, difficulties regarding their identity and relationships as a result of being adopted; and finally, increased understanding and, ultimately, sense-making, of their experiences. This process towards the resolution of difficulties is also reflected in existing research.

The lack of open communication between participants and adoptive parents (and others) regarding adoption in this study is evident in existing research (Brodzinsky et al., 1998) and may even be a 'taboo wound' giving rise to a 'conspiracy of silence' (Zerubavel & Wright, 2012, p. 485) leading to disenfranchised grief regarding relinquishment (Doka, 2002) and, as Attig (2004, p. 198) notes, 'disenfranchising is not simply a matter of indifference to the experiences and efforts of the bereaved. It is more actively negative and destructive as it involves denial of entitlement, interference, and even imposition of sanction'. Prior studies also highlight secrecy and ignorance/lack of personal history as affecting participants' sense of self (Levy-Shiff, 2001), identity (Darnell et al., 2017; Grotevant et al., 2007; Nydam, 2007) and ability to fit in (Kowal & Schilling, 1985). Interestingly, the experiences of these participants regarding the disclosure of the fact of their adoption by their adoptive parents reflects the change in practice and attitudes to disclosure over time: the two participants who were told later were the two older participants (aged 68 and 73 at the time of interview), whereas the two participants who were told at a very young age were both 55 at the time of interview. This is consistent with the guidance being given to adoptive parents regarding early disclosure in the 1960s.

Participants' attempts to resolve their adoption-related difficulties by seeking their likenesses in their birth families is consistent with the previous research (Barn & Mansuri, 2019; Freundlich, 2007). Ambivalence in relationships with both birth and adoptive families, the burden of gratitude towards adoptive parents and the feeling that the attitudes of others (including training peers) towards adoption creates relationship difficulties are all evident in the existing literature (Heffron, 2016; Verrier, 2010).

The help afforded to participants, in terms of greater self-understanding, by the experience of training as a counsellor is consistent with prior studies (Keys, 2004; Kidd, 2004). Echoing participants' post-training ability to vocalise, Parkes and Mintz (2021) also found that counselling training gave adoptees a language with which to process their adoption experiences and deal with preverbal pain that previously could not be vocalised. Similarly, the difficulties experienced by late discovery adoptees and the strong and continuing feeling of distrust experienced by one participant, prompted by the disclosure of her adoption at age 10, are also present in

the existing research (Caffrey & Haywood, 2014; Maul, 2014; McGinn, 2007; Verrier, 2009).

By recognising their adoption (and other) difficulties, participants appear to identify with the wounded healer archetype, and many of the findings in this study coincide with much of the existing research on the wounded healer. Although, according to Jung (1963, p. 162), 'only the wounded physician heals', it is important that there has been some healing by the end of training as otherwise a therapist's own wounds might impair the therapeutic process (Gelso & Hayes, 2007, cited in Zerubavel & Wright, 2012).

Although participants' experiences to a large extent converged, where there were divergences, these were more nuanced and subtle than anticipated (as described below) and generally not on the basis of different training modalities, save that both psychodynamically trained counsellors had continuing strong relationships with members of their birth families, whereas the integratively trained counsellors did not. This divergence could reflect the different focus of counselling trainees' intrapersonal personal development learning objectives. The focus for psychodynamic counsellors includes developing insight into early attachment experiences, and perhaps, that insight helps sustain a continuing relationship with birth families. On the contrary, for integrative counsellors, the focus could be, depending on the particular integration, more on the ability to own feelings that were previously too painful and distressing, which may lead to the recognition and acceptance of the losses associated with adoption but not the need to try to repair those losses by maintaining relationships with birth families.

The findings in this study are in large part consistent with Parkes and Mintz's (2021) findings regarding the impact of person-centred training on adoptee counsellors. This suggests that a comparative qualitative exploration across all three modalities would yield similar results. This echoes the common factors theory on the effectiveness of counselling that a counsellor who has an effective personality is likely to effect change, regardless of the modality in which he/she practises (Duncan, 2010). This study supports a similar view of the benefits of counselling training: a trainee who experiences the challenges associated with adoption may benefit from opportunities for growth that counselling training affords, regardless of the modality of that training.

As part of my process of reflexivity during the research, I became more aware of my own experience of struggling to achieve personal and professional integration during my integrative training, which is consistent with studies on training as an integrative counsellor that highlight the particular difficulties of developing a personal integration and professional identity (Lowndes & Hanley, 2010). I anticipated that these difficulties would make integrative training more challenging for adoptees than the certainty inherent in a unimodal paradigm, such as the psychodynamic, and that the participants who were integratively trained would struggle more than the psychodynamically trained participants during training. I was therefore surprised when this divergence did not appear. Given the lack of anticipated divergence seen in this research, future comparative qualitative explorations between psychodynamic and integrative

counsellors, or other modalities, would be welcome and may show that the experience and impact of counselling training is not significantly affected by the modality in which an adoptee counsellor has trained.

6 | CONCLUSION AND IMPLICATIONS FOR CLINICAL PRACTICE

6.1 | Conclusion

This study explored the under-researched area of adoptees' counselling training experiences. Participants' training experiences embodied the challenges experienced by adoptees generally and helped participants deal with those challenges, in particular regarding identity and relationships, affording opportunities for growth and healing, regardless of training modality.

In conclusion, this study contributes to very limited existing research on the experience and impact of counselling training on adoptees and supports further exploration of this under-researched area, as well as offering significant implications for clinical practice when training (and counselling) adoptees.

6.2 | Clinical implications

This research facilitates a better understanding of adoptees' experiences of counselling training, which, in turn, allows for improvement in the provision of such training, and specialist training (required to provide Ofsted-regulated adoption support to children and young people around adoption issues), to adoptees. It is also very timely in that the requirement for providers of adoption-related therapy to adult adoptees, birth mothers and adoptive parents to be registered with Ofsted has recently been removed (Department for Education, 2023).

BACP has indicated that it intends to create an adoption competence framework and other good practice and CPD resources to enable BACP members to develop their knowledge and understanding of adoption counselling. BACP is also committed to developing a training curriculum to support training providers to deliver training in this area (BACP, 2023). It is hoped that BACP and other counselling training providers use the results of this study to implement changes in training policy, for example by training with an assumption of 'healer woundedness' and being sensitive to both the frustrations adoptees may feel at nonadoptee trainers' (and training peers') lack of understanding and/or empathy and, in some cases, the consequent reluctance of adoptees to disclose the fact of their adoption when training.

This study also furthers the understanding of adoptees' experiences more generally (in particular, adoptees' lack of voice/language) and may also help noncounsellor adoptees deal with issues perceived as related to their adoption, as well as others who face similar issues, due to their own lived experiences.

Finally, by contributing to the growing body of research on counsellor training, the research benefits not only counsellors but also trainers, supervisors and clients.

7 | LIMITATIONS AND FUTURE RESEARCH

This study has limitations. The four interviews were conducted over 5 days. In retrospect, these should have been more spaced out (to allow for greater reflection between interviews) and perhaps grouped by modality (to more easily allow for a comparison between modalities). Time constraints also prevented further discussions with participants to triangulate the sense made by the researcher of their data.

For the two psychodynamically trained participants who completed their training more than 10 years before being interviewed, memories of their training may have faded over time and this may affect the weight that can be placed on their recollections of their experiences.

In this study, all participants were White females aged 55 or over, living in the UK. To better understand the intersectionality of other groups' experiences of counselling training and adoption, future research may wish to engage with different groups of participants, in terms of, for example, gender, ethnicity, age, geographical location and socio-economic status.

Finally, counsellors providing adoption to children and young people still need to undertake specialist training and be registered with Ofsted. Future research could consider whether, if these counsellors are themselves adoptees, this specialist training provides further opportunities for healing.

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