

A Balancing Act

**A Balancing Act:
Counsellors' Integration of Professional
Experiences In Their Personal Journeys**

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**A BALANCING ACT: COUNSELLORS' INTEGRATION OF PROFESSIONAL EXPERIENCES
IN THEIR PERSONAL JOURNEYS**

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**A Thesis/Practicum submitted to the Faculty of Graduate Studies of The University of
Manitoba in partial fulfillment of the requirement of the degree
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Abstract

The purpose of this study was to explore the effects of the preparation for and the practice of counselling on counsellors personally and interpersonally. Ways to maximize the benefits and manage the dangers were also addressed. The qualitative study gathered data through three rounds of in depth, semi-structured interviews with seven participants. The participants were all female counsellors with a minimum of 10 years of counselling experience who were practicing clinically with adults. The question was investigated using a grounded theory design. A theme analysis of the data found results consistent with those of previous studies in the area.

The analysis produced some key themes which repeatedly reflected that becoming a counsellor has definite impacts upon counsellors and their relationships. They felt that much of who they are is linked to what they do and they also provided some insight into their process of change. Overall, the changes they experienced were regarded as life enhancing despite hazards. The benefits participants spoke of included growing personally, having greater social and political awareness, becoming more accepting, psychologically minded, introspective, self-aware and responsible, and having greater self-esteem. They also changed their perceptions of people. Having met a diverse cross-section of people, they appreciated people's resiliency and their ability to change. They also saw an improvement in their own communication skills and ability to be assertive, had clearer boundaries, and created and maintained more intimate mutual friendships.

According to the participants, the most difficult aspects of therapeutic work were related to the intense nature of the work, the expenditure of emotional energy, feelings of powerlessness, fluctuations in confidence, increased awareness of the more dangerous or negative aspects of the world, decreased spontaneity, feelings of isolation, and a sense of separateness from others.

The methods participants used to cope with these stressful circumstances and effects were diverse. All of the counsellors acknowledged having their own share of personal problems which they worked through via introspection, peer support and personal therapy. They felt that the experience of having and working through these issues not only helped them develop personally but also made them better counsellors.

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TABLE OF CONTENTS

Abstract.....I

Acknowledgements.....iii

Table of Contents.....iv

List of Tables.....vi

Chapter

1. Introduction.....1

Relevance of the Study.....2

Literature Review.....6

Journey to Become a Counsellor.....6

Impact of Training and Practice on Personal Lives.....14

Effects on Interpersonal Relationships.....28

2. Method

Research Perspective and Method.....41

Research Design.....41

Participants.....42

Participant Demographics.....43

Participant Descriptions.....44

Data Collection.....47

Data Analysis.....48

3. Findings

Introduction.....49

Themes of Personal Impact.....51

Themes of Interpersonal Impact.....73

Themes of Getting the Most out of Becoming a Counsellor.....88

4. Discussion.....95

Limitations.....98

Implications.....100

Recommendations for Future Research.....101

References.....102

Appendices.....106

Appendix A.....107

Appendix B.....108

Appendix C.....110

Appendix D.....114

Tables

Table 1.	Table of Personal Impact.....	50
Table 2.	Table of Interpersonal Impact.....	73
Table 3.	Table of Getting the Most out of Becoming a Counsellor.....	88

Chapter 1**Introduction**

Through clinical training and practice, counsellors become fluent in theories of psychological processes and human relation dynamics in order to be able to facilitate change and growth in the lives of their clients. Through this unique perspective, counsellors can potentially apply this knowledge of human experience and development to themselves in order to work on their own growth and relationships. Conversely, counsellors may, consciously or unconsciously, choose to separate their professional and personal lives, and fail to incorporate their professional knowledge into their personal lives. In this study, I explored the impact of preparing to be a counsellor and the practice of counselling on the personal development and interpersonal relationships of counsellors.

Surprisingly, counselling professionals have paid relatively little attention to how their work affects their personal lives. An examination of the research in this area reveals few early studies, the results of which are being disputed by the more recent work. While the body of literature is growing in this area, it has methodological problems, contradictions and limitations, making it sometimes difficult to interpret and understand the results.

Although this chapter is divided into discrete sections addressing becoming a counsellor, personal impact, and interpersonal impact, these distinctions are somewhat artificial, due to the dynamic nature of the change process. Making personal changes by learning, applying, and integrating knowledge is an interactive process, which makes it difficult to differentiate where one part of the process begins, and ends, and to identify the influencing factors.

In the first portion of this chapter, I will examine various aspects of the process of becoming a counsellor, beginning with the decision to enter the field. Training, forming a

professional identity, developing competency, and the practice of counselling will also be discussed.

In the second portion of this chapter, I will address the impact that the preparation for, and the practice of, counselling has on personal development of the counsellors. Within this section catalysts for change will be addressed, along with the positive and negative effects of becoming a counsellor as they are outlined in the literature.

The third section centers around how becoming a counsellor, and the resulting personal growth, affects the counsellor's interpersonal relationships. It includes the discussion of some significant catalysts for change, as well as the negative and positive effects on relationships found in the literature.

Arguably, there are differences between various helping professionals, such as counsellors, clinical psychologists, clinical social workers, and psychiatrists. To reflect the writer's academic affiliation, the terms 'counsellor' and 'counselling' will be used inclusively to encompass all of those professionals who are employed in the profession of talk-therapy.

While it is recognized that both men and women are counsellors, singular feminine pronouns are used throughout this paper for the sake of brevity and simplicity, except where direct quotes are used.

Relevance of the Study

The practical importance of the topic is threefold. First, the personhood of the counsellor is increasingly being recognized as important (Johns, 1997). It is generally understood and accepted that the personal qualities of the counsellor are more closely related to success in counselling than the use of specific techniques (Wahl, Guy, & Kuhn Brown, 1993). The essential 'tool' counsellors use in clinical work is themselves (Guy & Kuhn Brown, 1992); their

personalities, philosophies and beliefs. Therefore, it is important to ensure that the counsellor develops qualities considered conducive to successful client outcomes.

Second, it is becoming increasingly clear that counselling affects the counsellor personally. There are both potential benefits and liabilities to providing counselling (Guy & Kuhn Brown, 1992). Frequently, the only acceptable reason for personal growth is to “work on self ... in the service of work with clients” (Johns, 1996, p.26). Therefore, while some may argue against the idea of purposefully trying to achieve personal growth for personal benefit, there can be ‘fringe’ benefits regardless of intent. However, it makes sense that professionals who are helping others gain knowledge, awareness, understanding, and acceptance should value the same things for themselves. On the other hand, possible hazards also relate to the practice of counselling, which can be detrimental to the wellbeing of counsellors personally and professionally. Therefore, the process of change needs to be better understood. “To ensure that private practitioners receive the maximum benefits possible, attention must be given to reducing the liabilities or hazards that occasionally accompany private psychotherapeutic practice” (Guy & Kuhn Brown, 1992 p. 33). While Guy and Kuhn Brown were discussing the impact on private practitioners, I believe their analysis is applicable to other counselling contexts.

The existence of potential benefits and hazards justify further research in this area to protect the personhood or quality of life of the counsellor, as well as to protect the tool and integrity of the psychotherapeutic relationship, and thus the quality of service.

Third, it is important to accurately understand and portray an up to date image of the profession based on strong research methodology, due to the development of consumerism in the field. While there are several myths and stereotypes perpetuated regarding the practice of counselling and counsellors themselves, there is little concrete evidence to support them. Two

dangerous and commonly held myths of counsellors which need to be dispelled are of the wounded healer, and the guru. The wounded healer is the person who, both because of and despite unresolved personal problems, is capable of being a guide to others in the healing process. The guru is the paragon of adjustment, “devoid of personal problems and capable of fostering mental health by both teaching and demonstrating” (Mahoney, 1997, p. 3). These stereotypes oversimplify what it means to be a counsellor, and are dangerously inaccurate standards for professionals to follow and for clients to expect. If counsellors are set upon a pedestal, they are bound to fall off when they do not meet the expectations of clients or themselves. A more accurate picture of counsellors, from my experience, is that they are imperfect, fallible people, who experience stressors and have personal difficulties, who are also knowledgeable about human growth processes, and are skilled in helping people resolve their problems.

While there has been a substantial amount of research examining the impact psychotherapy and counselling has on the client, there has been limited systematic investigation of how this process affects the counsellor. This is ironic for a profession which has self-scrutiny as its cornerstone. Farber (1983) cites three major reasons the impact on the counsellor of practicing counselling has been ignored. He blames defensive attitudes of professionals, models traditionally focusing on the client, and methodological difficulties for its exclusion from study. When the effects on the counsellor are addressed, they are often embedded within the hazards or perils of performing counselling (Sussman, 1995; McElfresh & McElfresh, 1998; Freudemberger, 1983). As a result, the possible changes are frequently framed in a negative light, or as a warning of pitfalls to avoid, rather than as positives or even non-judgmental statements of fact. This may not be surprising, as it reflects a profession of people who think in terms of seeing human behaviour in degrees of dysfunction or pathology.

Since Freud (1937) first pointed out the potential dangers of conducting psychoanalysis, very little research was done in this area until the late 1960s. Since the 1970s more people have taken an interest in this topic area. (Freudenberger, 1979; Pearlman, 1972). There is a surprisingly large amount of personal observation, speculation, generalization, clinical data, and personal impression within the literature. For the studies which did use research designs, I believe, there are problems including small subject numbers, issues with subject selection and poor methodology.

While such historical data is often a benchmark on which to build, in this case it may be more useful as a baseline from which to compare how much the profession has changed. Some of the results from older studies, while accurate for their time, may be so dated that they no longer reflect practitioners today. Psychotherapeutic education and practice reflects the society whose demands it seeks to meet. Today's society is very different from that of thirty years ago, and affects its citizens differently. The profession and its practitioners have changed with the rest of society. During the relatively short life of the field there has been a burgeoning and branching off of knowledge, theory, technology, philosophy, areas of interest, techniques, values, problems, and solutions. As a result of these developments, counsellors of today train, practice, and live differently. Like other accounts of human experience, some of this body of literature may be helpful in understanding the experience of today's counsellors, and some may be better used as historical reference. In reading the literature, I observed that over the last 15 years there has been increasing interest in the impact counselling has on the counsellor as a person, and her relations with others. This more recent body of literature acknowledges the importance of these issues and reflects increased methodological rigor. However, it is still lacking for several important reasons.

Although the research has been increasing, it remains somewhat superficial, in that it is not

comprehensive, and often only itemizes the results (Farber, 1983; Mahoney & Fernandez-Alvarez 1998; Brody & Farber, 1989). In addition, the effects themselves are frequently explained using jargon, and when no definition for the term is provided it is difficult to understand and interpret the results in a meaningful way. Readers are left to infer what phenomenon is being referred to when terms such as self-awareness, self-understanding, self-knowledge and insight into the self appear to be used interchangeably. Therefore, when reading the literature, it is difficult to compare the results of different studies and find trends. Researchers may be using the same terms in a similar way. However, they may be using the same term to refer to a different phenomenon. This problem also raises issues of validity when jargon is used since subjects' personal definitions may differ from those of the researchers. Therefore, subjects may use a word to refer to a different concept than the researcher intended. Part of the purpose of this study is to clarify these issues, by going beyond the jargon, and finding out what these terms mean to people. This is important to clarify in order to genuinely understand their experiences. Depth and description need to be added to create a fuller, more complete understanding of the impact of becoming a counsellor.

Review of the Literature

Journey to Becoming a Counsellor

The term 'becoming' was selected for several reasons. It reflects the ongoing and dynamic nature of gaining new knowledge and continually reassessing or improving the way it is used. Essentially, as a counsellor, there is always room for growth: even the most famous practitioners, such as Freud and Rogers, did not perfect their practice and continued to change their theories and styles throughout their lifetimes. For many, the idea of not mastering their profession is unsettling. However, it can also be seen as an opportunity for continued improvement and room

for growth. For many, this evolving process begins in training when prospective counsellors are trying to understand new information, gaining new skills, and experimenting with how to use them. This transformation is intended to continue during the years of practice through innovations in the field and personal growth.

Talk-therapy is arguably an art that is never mastered. There are as many solutions as there are problems. In the 1980's, 250 different types of therapies were available to clients (Zur, 1994). This reflects the fact that there is more than one helpful approach, and that there are always new theories to learn, new techniques to try, and new developments in the tool itself: the counsellor. Counsellors are always evolving, as they modify their views, techniques, and themselves.

In addition, entering and being socialized in any profession has a profound impact on the continued growth of an individual. This may be more true for counsellors, who enter a lifelong process of learning to understand human development, and to assist others in their growth or healing process. Somewhere along the path to becoming a counsellor, a person begins to take on the identity of the professional, and begins to feel that she 'is' a counsellor. This happens for different people at different points in their professional development.

Forming a Professional Identity

Though there is a great deal of conjecture as to which childhood conditions generate potential counsellors, a study of 4300 psychotherapists found that no single factor can account for choosing to enter a career in mental health (Henry, Sims & Spray, 1971). Beginning with the family of origin and developmental experiences, there are many possible motivations for entering the counselling profession. While teaching psychiatric residents, Ford (1963) collected impressions and data on crucial factors contributing to the adoption of a therapeutic role and

identity. Ford felt identification and developmental conflicts in childhood experiences and adolescent exploration and resolving of these conflicts set the stage for the desire to enter into a talking therapy profession. One popular hypothesis is that people who are attracted to the field of mental health generally have a predisposition toward psychological-mindedness (Henry, 1966; Farber, 1985). Psychological-mindedness, discussed in more detail later, is a trait which allows one to “reflect upon the meaning and motivation of behaviour, thoughts, and feelings in oneself and others” (Farber, 1985, p. 170). Childhood psychological-mindedness facilitates preparedness to enter the counselling profession, which is reinforced by practice, and eventually becomes a framework for understanding and responding to personal experience (Farber, 1985). Once an individual has chosen and begins to go down the path of becoming a counsellor, her history, personality and ongoing experiences will shape how she practices.

In counselling, as in other professions, the strong connection between the work a person does, her identity and actions outside of work, and the reciprocal relationship between developing personal and professional experience is well acknowledged (Johns, 1997; Brody & Farber, 1989). While practicing, the immediate personal life of the counsellor can potentially affect the functioning of the counsellor professionally, and vice versa.

Developing Competency

Part of establishing a professional identity is developing a confidence in one’s ability to practice competently. There are several components of competency. Wheeler (1997) describes competence as the result of being a reflective practitioner, which leads to action informed by judgement and skill.

Competency as a professional practitioner encompasses a complex mix of theoretical knowledge, advanced skills, practical experience, confidence in performance, ability to

manage unpredictable, unexpected and hitherto unencountered events using problem-solving experience, all of which lead to an acceptable or positive outcome for those using the service provided (Wheeler, 1997, p.121).

Wheeler (1997) developed a model of what is needed to create a competent counsellor. The first part of the frame encompasses the counsellor's sense of self. To feel competent as a professional, the counsellor must first have a personal presentation which is emotionally stable, and have a secure grasp on her own identity, which instills in clients a perception that their counsellor is confident that she can be helpful. Self-preservation (maintaining one's integrity) and professional backup are also essential to maintaining a sense of competence. Second, while remaining self-aware, counsellors need to be able to be centred upon the needs of others. Third, it is essential that counsellors are able to build strong working relationships and therapeutic alliances based on genuineness, respect and empathy. Fourth, counsellors need to be clear about a therapeutic frame which will provide a paradigm to facilitate change based on a certain understanding of human growth processes. Fifth, counsellors need to be aware of the larger environmental context, or social realities, within which they are working.

How professionals begin to identify themselves as competent practitioners depends on their own assessment of themselves, as well as external validation. A recognizable symbol of competence is attainable in the form of a university degree. Another is accreditation, and the use of a professional designation, regulated by a governing professional body, which sets a standard of competence through various qualifications and/or requirements. Positive feedback from clients regarding a counsellor's intervention, along with positive client outcomes provides evidence confirming that she is successful. Similarly, feedback from clinical supervisors can substantiate a course of action and thereby increase the counsellor's confidence. Referrals from colleagues and

clients provide an indirect endorsement of the counsellor's skill and capability. All of these validate the counsellor's competency.

Preparation to be a Counsellor

People prepare to become counsellors through the acquisition of knowledge and skills in educational programs. This process is also a catalyst for personal change. To achieve a sense of competency it is essential to go through a comprehensive training program which includes theory, practice, personal growth, and supervision. Ford (1963) cites learning academic theories, seeing clinical clients, receiving personal counselling, teaching, and supervising others, as integral parts in the development of fulfilling the role, and taking on the identity, of a counsellor.

Training for mental health professionals includes both formal and informal elements. As described earlier, it can be (and arguably should be) ongoing, and continues to affect counsellors as long as they are open to developing professionally and personally. Most counsellors have gone through a formal training program to attain the competence and credentials necessary to practice. Typically this training is in graduate and post graduate programs in a variety of fields such as social work, educational psychology, clinical psychology, and psychiatry. During this time students can be expected to gain in-depth knowledge of several theories of human development and behavior, as well as counselling techniques and practical experience.

The overarching goal of counsellor education is to help counsellors develop skills and knowledge, and advance counsellors' personal and interpersonal ability so that they are able to create and maintain the client - counsellor relationship. Johns (1996) describes counselling training as involving both a task of gaining competency as a counsellor, and a process of personal learning. To be an effective practitioner it is necessary to be able to perceive others clearly, have insights into patterns of behavior, be able to express oneself effectively, and respond to people in

a range of ways. In attempting to master these tasks it is almost inevitable, but at times not expected, that this will trigger significant changes in her and in the way she relates to others.

Methods facilitating personal development such as focused activities, individual exploration, supervision, and receiving individual counselling can be smoothly integrated into training programs (Johns, 1996). The common objective of focused activities, which can be done individually and in groups, is to focus thoughts and feelings on processing new techniques and ideas. Similarly, individual exploration and reflection lends personal meaning to the implications and practice of aspects of the course, such as skills, theories, and work with clients. To complement exercises and individual work, feedback from supervisors is an opportunity to explore interpersonal issues triggered by clients and identify sensitive subjects, vulnerabilities and blind spots. The assessment and corrective work of supervision is intended to become internalized so that the counsellor develops the ability to automatically monitor herself (Johns, 1996). Finally, becoming a client allows a focused time for the purpose of self work.

During training the counsellor will find herself immersed in a world geared to psychological understanding. While, as might be expected, psychological-mindedness is intensified by years of professional socialization (Farber, 1985), existing tendencies toward psychological-mindedness amplify markedly during in-depth programs of education. A trainee has many different experiences. She has contact with clients, debriefs colleagues, receives supervision, takes courses and workshops, reads, socializes with friends in the profession, and has friends asking for advice. All of these experiences reinforce psychological-mindedness.

The amount of emphasis placed on self-growth of trainees varies amongst programs (Johns, 1996). While in some programs this idea is embraced, in others its importance is sometimes neglected and somewhat abstract. Johns argues that along with the development of

knowledge and skills, personal development is the most essential element of counselling and “should be purposeful, integrated, and at the heart of the learning journey to become a counsellor” (p. XI). This argument is based on the idea that who is doing the counselling is more important to success than the techniques that are used (Johns, 1996; Guy, 1987).

Self-work is needed for several reasons relating to both professional and personal success. Professional success depends on counsellors not letting personal issues interfere with the client’s process, and not attempting to get their own needs met through the therapeutic relationship. This requires that the professional be able to recognize her emotions and needs, give clarity to personal values, challenge her assumptions, and identify areas that need improvement. To ensure this, ethical standards relative to professional affiliation provide rules and guidelines for the appropriateness of counsellor’s feelings and actions according to the professional role and its limits.

While there are several elements fundamental to counselling training, there are some variations according to orientation. Orientations are distinguished by differences in theory, philosophy and values, and each one will impact trainees differently. Each orientation provides a potential framework for relating to the etiology and treatment of human problems. However, practitioners of different orientations can work very similarly, and those of the same orientation can work very differently (Guy, 1987). Psychodynamic and person centered theories offer some of the most influential concepts currently used to understand the impact counselling has on professionals.

Much of the current research assessing the impact of counselling is reflective of psychodynamic theory. The core therapeutic process involved is transference dynamics, often referred to as an ‘as if’ relationship. This ‘as if’ relationship is based on “allowing the client

through his relationship with the counsellor to relive, explore and rework significant relationships from her past” (Johns, 1996). To achieve this, the counsellor’s role is to provide timely interpretations of transference responses. In addition, she must understand and use her own countertransference reactions. The therapeutic relationship is maintained by well defined boundaries and authority. A mandatory part of the training process, and the main source of personal development for psychodynamically oriented trainees, is to undergo their own individual counselling. The stereotypical image of an aloof, distant, expert analyst is taken mostly from the psychodynamic therapist. But within this orientation there is increasing recognition of the importance of real relationship. Psychological mindedness is most closely associated with psychodynamic theory. “[T]he influence of psychodynamic theory has waned considerably in terms of treatment options but has nevertheless remained a powerful tool frequently used by therapists to understand themselves and their patients” (Farber & Golden, 1997, p. 216). Some feel that the client centred approach of Rogers was not sufficiently attentive to the underlying processes or causes of a client’s problem (Johns, 1996).

Person centred counselling entails “a highly concentrated and committed process in which one individual puts all her resources, including herself within ethical limits, at the service of another who is seeking help” (Johns, 1996, p. 33). Client centred counselling values the creation of a real relationship, respect for individual experience, personal responsibility and empowerment, and belief in the client’s capacity for self awareness, understanding and acceptance. To facilitate this, the role of the counsellor is to provide the optimum conditions for growth, characterized by the core conditions, described by Rogers (1961) as genuineness, unconditional positive regard, and empathic understanding. Therefore, training places a strong emphasis on examining the counsellors’ attitudes, philosophy, qualities, and beliefs. Rather than attempting to remain

detached, there is a strong investment of the counsellor's self, and in becoming involved in the client's story. Professional and personal development are closely related, and are achieved somewhat reciprocally. Personal development is sought, first, by identifying personal needs and obstacles to self acceptance. Second, personal theories of human nature and growth are made explicit and challenged. Third, expanded knowledge of human experiences is encouraged to increase acceptance of diversity and heighten empathic responses. Fourth, and most importantly, trainees should consistently be striving to realize how to be genuine and open, not just with clients but also in their personal lives and relationships. There is a step back from the explicit role of counsellor-as-expert, and instead the counsellor should "learn to wear her expertise as an invisible garment" (Mearns & Thorne, 1988).

Continuing the process of growth throughout practice is equally important. The pursuit of personal development can take many forms, including further clinical training, personal counselling, recreational and cultural learning activities, self-awareness in the maintenance of personal relationships, and reflective clinical practice (Johns, 1996). "There should be the potential in counsellors and psychotherapists who continue to work to develop [sic] the core qualities of empathy, acceptance, and above all genuineness. They are perhaps more likely to sustain high quality relationships, [and] be of positive significance in others' lives" (Johns, 1997, p. 39).

Impact of Training and Practice on Personal Lives

Although becoming a counsellor does not guarantee personal development, it does consistently offer the opportunity for it (Guy & Kuhn Brown, 1992). The majority of counsellors have reflected on how their work affects them. When 155 practitioners were questioned on a self-report rating scale about how much thought they had given to how psychotherapy had affected

them, 88% surveyed said they 'occasionally' thought about it, and 52% surveyed reported giving it 'much thought' (total is more than 100% due to multiple response questions) (Farber, 1993). In Mahoney's examination of how the practice of counselling had affected peoples lives, 89% of subjects identified being affected in a variety of ways, noting positive changes in themselves which they attributed to providing counselling. Farber (1983) found that counsellors felt that the personal changes they experienced were multidetermined and ranked them as 'somewhat' attributable to practicing psychotherapy.

Mahoney (1997) found that the effects of clinical work increased with years of experience. Further, 75% felt that their work with clients had accelerated their own psychological growth.

The need for counsellors to repeatedly engage in an empathic way with clients has consequences for the psychological processes of the counsellor. As McElfresh & McElfresh (1998) note:

attending to the pain and suffering of others, bearing witness to and even engaging in another's struggle for greater personal power, and accompanying another along the edge between death and life has the powerful effect of challenging and supporting the therapist's unconscious mental, emotional, and psychic processes. (p. 236).

Catalysts for Personal Change

The training and practice of counselling provides a set of theories, knowledge, and ways of being, which influence the formation of a set of congruent values and philosophies. As a result, a paradigm is created which shapes not only how the practitioner interacts with clients, but also potentially affects her very personally and permeates her interactions in the outside world. The line between who-you-are and what-you-do becomes very fine. "The career of a mental health professional... is a commitment to lifestyle, as well as an investment in a line of work" (Henry,

1966, p.54).

Witnessing clients' change processes may inspire counsellors to make changes in their own lives. While practicing, counsellors work with clients who have overcome a certain problem, perceive an issue differently, and have gained insight into different feelings which have not been accessible to the counsellor (Bugenthal, 1964). They work with clients through their problems, and learn from their processes. Exposure to a variety of client issues can bring forth or accentuate areas of personal need. Also, seeing clients work on their problems, or not work on their problems, can also be a great source of motivation for counsellors to make changes in their own lives.

Counsellors also report that contact with clients exposes them to a wide range of human perspectives and circumstances (Guy & Kuhn Brown, 1992). The increased respect for individual differences counsellors report may be due to the multitude of world views and experiences clients bring to sessions. The mitigating factors for this occurring may be being open to differences among people, and being nonjudgmental. By internalizing the guidance, encouragement and help that they offer their clients, counsellors are able to progress towards a more complete sense of themselves (Guy & Kuhn Brown, 1992).

“[P]sychotherapists may be unusually good specimens of psychological development. Because of their emotional involvement and professional responsibilities in so many lives over the course of their careers, therapists may experience significant amplifications and accelerations in their own development” (Mahoney & Fernandez-Alvarez, 1998, p. 9). Understanding this process could impart “important insight into basic processes of human adaptation and development... by studying emotionally amplified and accelerated lives of therapists, we may hope to improve our understanding of the very principles and processes that lie at the heart of their work” (Mahoney &

Fernandez-Alvarez, 1998, p. 10).

Ford was “convinced that the developing psychotherapist acquires large portions of his own personal identity and self-concept collaterally with his acquisition of professional and therapeutic role and identity” (1963, p. 476). He found that the acquisition of therapeutic capacity also facilitated the expansion of personal identity.

Perception of Changes

Several studies have found that counselling has a positive impact on the lives of practitioners (Farber, 1983; Goldberg, 1992; Mahoney, 1997). Farber (1983) used a self-rating scale and interviews to study counsellors’ perceptions of personality changes since beginning practice. He found that for all the personal changes that were noted, the most substantial were all in a positive direction. Further, he found that psychological internships and residencies can result in several changes including those of a general salutary nature, professional development, increased insight, and more mature social relationships. Farber also found that being in the role of the counsellor has three major consequences: 60.4% found that the role was pervasive, resulting in counsellors becoming more psychologically-minded, 58.5% felt the work they did brought up personal issues and encouraged further introspection, and 20.8% felt that their self-esteem and self-confidence were enhanced. Subjects felt that they had become more self-assured, assertive, self-reliant, introspective, disclosing, reflective, and spontaneous as a result of conducting psychotherapy.

The research illustrates many positive effects of counselling work. However, not all people report these benefits. Counsellors face a great number of stressors which can have a negative impact on them. Mahoney (1997) found that 51% of counsellors cited feeling their work was too consuming, leaving little time for family, and 47% felt it was too pervasive overall.

Changes in Self

In Mahoney's (1997) examination of how the practice of counselling had affected people's lives, 89% reported greater self-awareness, and increased tolerance for ambiguity. He also found counsellors reported being better people with increased self-awareness and wisdom. Furthermore, 34.5% of the sample felt practicing had substantially changed their views of people. Fifty-six percent also felt that they more greatly appreciated human diversity, allowing a deeper understanding of universal vulnerabilities and difficulties. Mahoney & Fernandez-Alvarez (1998) found that approximately 83% of subjects described themselves as happy, 89% as healthy, 87% liked themselves, and 94% liked their work. Henry (1966) also found a "systematic liberalizing of values" (p.51) among clinical psychology trainees.

Pearlman (1972) had 30 clinical psychology and psychiatry residents perform a Q-sort of 100 self statements related to self and ideal-self congruence at the beginning of their training and again nine months later. A t-test for the comparison of matched pairs for these time periods showed an increase in self / ideal-self congruence, affirming Pearlman's hypothesis that it was attributable to changes in the self-concept, rather than the ideal self-concept, illustrating that the self was becoming more like the ideal.

Development of Psychological Mindedness

One of the major impacts of becoming a counsellor and using analytical skills is the development of psychological-mindedness. It is a kind of awareness informed by the knowledge of psychological processes. As mentioned earlier (p. 8), the term psychological-mindedness is used to describe a trait which allows people to make connections and "which has at its core the disposition to reflect upon the meaning and motivation of behavior, thoughts, and feelings in oneself and others" (Farber, 1985, p.170), and the belief that awareness can be expanded. Other

terms have been used to refer to the same concept such as intraception, self-awareness, insight, introspection, and empathy. Attention is aimed at awareness of internal processes facilitating the experiencing and expression of emotions. Psychological-mindedness is “the mechanism by which the subtlety and nuances of life are understood and appreciated” (Farber & Golden, 1997, p.212).

As a result, people’s behavior is not seen as isolated single incidents, but is recognized, and responded to, as a part of patterns which reflect traits and motives. It enables people to not blindly trust the apparent and to “distinguish between surface appearances and the deeper reality” (Farber, 1985, p. 172). Psychological-mindedness operates as a unique cognitive style, highly esteemed by the psychological community (Farber 1983, 1985). “It is seen as facilitating insight into oneself and others, as improving the quality and furthering satisfaction of psychotherapeutic work” (Farber & Golden, 1997, p.218).

Farber (1985) differentiated between two types of psychological mindedness. The first, apperceptive or experiential knowledge, grows directly out of an immediate experience and one’s emotional reactions to it (Farber, 1985). It is being “in touch with one’s inner experience and perceiving and sharing another’s feelings” (Farber, 1985, p. 174). This knowledge gives a person empathy; the ability to understand the emotion communicated implicitly by others. It is exhibited through sensitivity to psychological and relational dynamics and the ability to use one’s own emotions to understand and help other people.

Farber (1989) found that compared to those with low psychological-mindedness scores, those who scored high also had significantly higher scores for measures of overt emotional expressiveness, as well as significantly higher nonverbal scores of emotional expressiveness. A high degree of emotions experienced is congruent with the theory of apperceptive psychological mindedness (Farber, 1989).

The second, intellectual, type of psychological-mindedness is a more linear and logic oriented activity. It is gained through hypothesis testing, making diagnoses, and understanding clients through well defined psychological constructs (Farber, 1985). It is the cognitive understanding of psychological matters, but lacks a feeling component. It is the knowledge 'about' psychological matters rather than knowledge 'of' such matters. Literature, and some popular references to the profession, tend to dichotomize representations of counsellors' presentations. The exclusive use of intellectual psychological-mindedness embodies the caricature of the aloof, distant, overly analytic counsellor. Alternatively, highly apperceptive counsellors are personified by excessively emotional and sentimental characters.

Both types are equally important and are necessary for clinical work to be effective. Farber (1985) points out that the intellectual mode of thinking is often more emphasized in training programs, resulting in technically correct counsellors who also have difficulty expressing feelings and being spontaneous. With the focus on intellectual development, the experiential dimension is left to grow independently, outside of professional recognition and nourishment. Therefore, counsellors run the risk of being more likely to depend on using intellectual psychological-mindedness (Farber, 1985). I believe a balanced combination of the two is valuable for both establishing a therapeutic relationship and guiding treatment plans.

Satisfaction

Mahoney & Fernandez-Alvarez (1998) found high degrees of professional and personal satisfaction. In Farber's 1990 study, counsellors were most satisfied by the elements of practice which promoted growth in their clients, and also allowed them to grow, learn, and develop their skills. In "an age where an increasing number of workers experience their work as alienating, therapeutic work apparently still offers the opportunity for personal affirmation and self-

fulfillment' (Farber and Heifetz, 1981, p. 628).

Stressors and Hazards

Counsellors face a number of stressors which have the potential to affect not only the quality of their work, but also them personally. Farber and Heifetz (1981) found that the most commonly experienced therapeutic stressors were dealing with the depletion counsellors experienced personally, coping with pressures of creating and maintaining a successful therapeutic relationship, and struggling with difficult working conditions. The most stressful patient behaviours were identified as the overt pathologies such as delusions, overt suicidal thoughts and behaviours, and resistance to treatment. In Farber's 1990 study, most of the participants cited a 'lack of therapeutic success' as the most stressful element of therapeutic work.

Mahoney (1997) inquired into the personal problems of counsellors using a self-report questionnaire, completed by 155 practitioners. He found that the most common problems cited were issues of emotional exhaustion and irritability, concerns about caseload and effectiveness of treatment, sleep, fatigue and difficulties in intimate relationships, along with anxiety and depression. The extent of these problems varied. The most commonly cited problem, emotional exhaustion, was expressed by less than half of the respondents. A third also had episodes of anxiety or depression.

In 1998, Mahoney & Fernandez-Alvarez found a similar cluster of life span problems in the self-reports of South American counsellors. The main problems cited were financial concerns, followed by anxiety, physical exhaustion, and family problems. However, only 25% felt that these problems negatively affected the quality of the service they were able to provide. Though 4.6% were embarrassed to admit to struggling with personal problems, a full 40.6% felt that dealing with these problems had humbled them.

As discussed earlier, though psychological-mindedness is an esteemed quality it also has some detrimental effects. Dangers exist in being overly apperceptive when it is at the expense of cognitive objectivity. This involves the threat of overexperiencing emotions without the use of defense mechanisms to control the flow of emotion. Counsellors in training are especially vulnerable to overidentifying with clients' difficulties, and as a result they may begin to doubt their own psychological strength.

Psychological-mindedness can also lead to "an overemphasis on examination of the motivations of themselves and others... and could result in a loss of spontaneity" (Farber, 1983, p. 179). Farber also recognized its potential to interfere with emotional expressiveness, and result in feelings of detachment.

Farber's 1989 results indicated that high levels of psychological-mindedness correlate with low levels of self-esteem. The inclination to doubt the surface appearances and find hidden meaning in situations, along with a decreased use of denial as a defensive mechanism, results in personal weaknesses being more apparent, which lower self-esteem (Farber, 1989).

Psychological-mindedness has also been attributed to making people feel too much (Farber & Golden, 1997), exaggerating any disparities between conceptualizations of the ideal self and the real self (Farber, 1989).

In addition to daily stressors, and negative repercussions related to counselling work, counsellors who work with clients around traumatic experiences are more likely to experience secondary or vicarious traumatization. Vicarious traumatization can be defined as "the transformation of the therapist's or helper's inner experience as a result of empathic engagement with survivor clients and their trauma material" (Saakvitne & Pearlman, 1996, p.25). Counsellors who engage empathically with traumatized clients are made vulnerable to the hallmarks of

traumatic stress: intense feelings, profoundly disrupted beliefs, and loss. This work changes counsellors as it “assaults [their] self-protective beliefs about safety, control, predictability, and protection” (Saakvitne & Pearlman, 1996, p. 26). The specific impact is determined by the interaction of situational work variables and qualities of the person of the helper.

Vicarious traumatization affects counsellors in the same ways, although to a lesser degree, as it does survivors. Saakvitne & Pearlman (1996) use constructivist self-development theory (CSDT) to understand the impact of vicarious traumatization. CSDT explains that the impact of traumatic events occurs in the context of self-development, within a larger frame of early experiences and environmental context. It emphasizes that ‘symptoms’ are adaptations to events, which are actively constructed to find meaning in events.

According to CSDT, the components of self which are affected by vicarious traumatization are: frame of reference, self capacities, ego responses, psychological needs and cognitive schemas, and memory and perception. Signs of vicarious traumatization will be evident in these areas. Trauma workers may find themselves experiencing any number of possible effects. These include: feeling disconnected from their sense of identity; changing their fundamental beliefs about the world and spirituality; being unable to maintain a sense of inner balance; feeling despair and aloneness; making poor decisions due to compromised resources; changing beliefs about basic needs, including safety; feeling a lack of trust of self and others; and feeling a loss, or giving up, of control. In addition, symptoms which mirror those of PTSD such as intrusive imagery, nightmares, withdrawal, emotional flooding and numbing are also common. When these changes are experienced as severe, pervasive and unchanging, they can impair professional and personal functioning. As a result the counsellor may require leave from professional duties.

Another possible hazard resulting from the cumulative impact of counselling stressors is

burnout. Maslach defines burnout as “a syndrome of physical and emotional exhaustion, involving the development of a negative self-concept, negative job attitudes, and a loss of concern and feeling for clients” (Maslach, in Farber and Heifetz, 1992, p.47). Common symptoms of burnout include feeling physically and emotionally depleted, experiencing greater degrees of anxiety, sadness, and/ or irritability, and holding negative attitudes about self, others, and work. There is also the possibility of psychosomatic symptoms, substance abuse, and increased familial and social conflict (Farber, 1990). Farber and Heifetz (1982) studied what causes burnout using 60 in-depth interviews with counsellors. When counsellors perceive their efforts to be inconsequential, they are prone to becoming burned out. The syndrome of burnout was most commonly cited as resulting from the responsibility, giving, and nonreciprocated attentiveness dictated by the therapeutic relationship. Contributing factors included overwork, general difficulty handling client issues, an erratic and slow pace yielding discouragement, generation of personal issues, passivity of the counselling role, and isolation.

While many counsellors experience work related stress, those who are genuinely burned out suffer a significant impairment in their ability to perform their professional role. The incidence of burnout among counselling professionals is relatively low. Between 1.6% and 6% of counsellors are actually burned out (Farber, 1990). This is in comparison to 10 - 21% of school teachers (Farber, 1990). There were demographic differences distinguishing those who are likely to experience burnout from those who are not. Hoeksma, Guy, Kuhn Brown, and Brady (1993) surveyed 201 APA psychologists. Though males and females experienced relatively similar degrees of burnout, they also found that the older subjects experienced burnout less than their younger counterparts. Their explanation for this difference was that as counsellors age, and gain experience, they become more confident in their abilities thereby bolstering their sense of personal

accomplishment. Farber notes that younger, typically inexperienced counsellors, are basically less prepared to handle the expected stressors of therapeutic work. He also found that professionals working in institutional settings are more at risk of burning out than private practitioners. He attributes this difference to the fact that those in institutions feel greater amounts of stress stemming from larger and more difficult case loads, lack control over their practice, and are forced to deal with a host of administrative issues. Hoeksma et al. (1993) added that the more satisfaction counsellors felt participating in leisure activities, the less they had feelings of being burned out. Their hypothesis was that enjoyable leisure activities guarded against burnout.

While many continue to hold the belief that mental health professionals are especially vulnerable to suicide, there is little consensus as to the actual extent of the problem. The findings are contradictory and somewhat inconclusive, due to methodological problems largely linked to underreporting. While there are reports that psychiatrists' suicide rates reflect national averages (Ross, 1973), others put the rates at four to five times higher (Freeman, 1967). One frequently cited study of suicide rates among psychologists, based on death certificates of APA members, found that the suicide rate of males was lower than that of the general population of males. However, female psychologists had a rate three times greater than the female general population (Steppacher & Mausner, 1973).

Self Care and Coping

Much of the most recent literature in the area of impact on counsellors is focused on the concept of self-care. Acknowledging the universality of hazards and negative impacts contributes to an understanding of the need to minimize these impacts. Counsellors need to find protective factors to moderate the potential hazards of their work, and establish a means of integrating counselling-related material in a way which is self-enhancing. This is necessary for both personal

and professional reasons and as the tool of the trade. Lazarus (1997) provides some personal reflections on how he dealt with his own personal and interpersonal issues. He stresses the normalcy of therapists, like any other people, in having difficulties, and suggests that:

perhaps the most seriously disturbed professional therapists are those who believe that they should have (or admit to) no personal problems and be capable of solving any difficulty of their own. This type of grandiosity and personal supremacy removes them from the realm of human interaction. (p.30)

In a personal account, Lazarus (1997) describes how he has never hesitated in talking to family and friends about his problems, and using the myriad of skills he endeavors to teach his clients, which is reflective of his belief in a “practice what you preach” philosophy. This illustrates how counsellors can take advantage of their expert knowledge, and grow from it.

Norcross and Brown (2000) compiled 10 self-care strategies to prevent burnout and maintain one’s ability to be a helping professional that are “clinician recommended, research informed, and practitioner tested” (p.710); (a) recognize the hazards of psychological practice, (b) use broad categories of strategies rather than specific techniques, (c) use self-awareness, monitoring, and responsibility, (d) use multiple strategies from a variety of origins, (e) employ environmental control and counterconditioning, (f) emphasize personal and professional interpersonal self-care, (g) seek personal counselling, (h) avoid wishful thinking and self-blame, (i) diversify clinically, professionally, and personally, (j) appreciate the rewards.

Guy (2000) addresses the need to maintain appropriate avenues to satisfy needs of respect and nurturing, through personal relationships with friends, family and co-workers, as well as through other non-clinical professional activities such as teaching, speaking, and writing.

In their investigation Illiffe and Steed (2000) found several adaptive strategies to deal

with the effects of domestic abuse counselling, including: monitoring caseloads, debriefing, using peer support, practicing self-care, and becoming socially or politically involved.

In recognition of the need to counteract stressors and maintain balance, a majority of counsellors engage in various forms of self care. In Mahoney's 1997 study, he found over 80% had hobbies, took vacations, and had interests in theatre, museums, and art. In Mahoney and Fernandez-Alvarez's (1998) study, self-care strategies most frequently included socializing with others, watching television, reading for pleasure, and exercising. Seasoned counsellors emphasized the importance of balancing work with "strong friendships, family ties and linkages with community projects in order to be effective and not burn out" (Goldberg, 1992, p.52)

On another level, more than a third of counsellors had been in personal counselling during the last year, and 87.7% have had counselling at some time in the past, with significantly more women than men doing so (Mahoney, 1997). Comparatively, the Mahoney and Fernandez-Alvarez, (1998) study found 43.4% of respondents were currently in counselling, and 95.7% had been a client at some time. Counsellors felt this had improved their skills as therapists (84.9%) and helped to resolve personal issues (86.1%). These results reflect individuals who are aware of the necessity to take care of themselves.

For those professionals specializing in trauma counselling who are more likely to experience trauma symptoms themselves, it is important to attend to these symptoms directly. Brady et al. (1999) also note that those who utilize peer support report fewer trauma symptoms. They also stress the need to focus on establishing a physically safe, consistently respectful, emotionally supportive work environment, and consultation and continuing education in the area of trauma. The trauma symptoms these therapists displayed were relatively mild. The researchers theorized that the rewarding aspects of the work buffered the negative aspects.

Effects on Interpersonal Relationships

It would seem reasonable to assume that the personal changes and growth brought about by the preparation for, and practice of, counselling will affect the way counsellors relate to others. Indeed, evidence is accumulating which supports the idea that counsellors' interpersonal functioning is significantly affected by their work with, again, both positive and negative consequences. Becoming a counsellor "is a pervasive experience that influences all the interpersonal relationships of the individual" (Guy, 1987, p. 73).

Effects on Ability to Relate with Others

The impact an event has on a relationship is dependant upon the characteristics, abilities, and needs of each person. When each person involved has "a strong sense of self with clear psychological and emotional boundaries, the hazardous impact will be less" (McElfresh & McElfresh, 1998). As a counsellor it is necessary to possess the qualities which maintain the balance and focus of a successful counselling relationship. When a counsellor has these qualities, she can presumably generalize their use to successfully establish, build and maintain other interpersonal relationships.

One hypothesis regarding the positive impact of providing counselling is that it "may either enhance interpersonal strengths already present or serve to correct interpersonal deficiencies" (Guy & Liaboe, 1986, p. 113). The variables affecting the interpersonal impact remain vague. Guy and Liaboe (1986) postulate that "the most adequate explanatory model will be a transactional one ... where it is a result of what the psychotherapist both brings to and takes from therapeutic relationships that determines the outcome" (p. 113). They feel negative consequences may be more attributable to personality than practice, and to problems existing prior to becoming a professional.

Another variable moderating the interpersonal impact of becoming a counsellor is the degree of professional experience and personal maturity of the individual (McElfresh & McElfresh, 1998). A seasoned counsellor is likely to have more completely integrated her professional socialization into her personal identity. McElfresh & McElfresh hypothesize that a seasoned counsellor has had more opportunities to learn how to manage herself in her intimate and work relations. They believe the impact on interpersonal relations would vary with the time spent in the field. While there would be considerable overlap, new counsellors would be dealing with different issues than their more experienced counterparts.

Vicarious traumatization also has powerful effects on interpersonal relationships. With changes in beliefs around trust, safety, and control, trauma workers' attitudes toward intimacy may also change. Inability to be open, and feelings of isolation may result from increased or decreased emotionality along with feeling constrained by issues of confidentiality. Interpersonal difficulties are compounded by the feeling that others are unable to understand the source of this stress. For those working with survivors of sexual trauma, sexual intimacy with partners potentially becomes a struggle (Saakvitine & Pearlman, 1996).

Communication

The process of communication with a counsellor can be a unique one, given that counsellors are trained "experts in the mechanisms of clear, intimate, and life-enriching conversation... used to facilitate mental clarity, emotional awareness, and behavior change" (McElfresh & McElfresh, 1998, p. 234). Being able to clearly express oneself and allowing others to do the same creates an opportunity for people to grow together. As noted by Marjorie Cray of her therapist husband, "the tools that he employs, are the very same tools which are necessary for a good marriage - the elements of communication" (Cray & Cray, 1977). Therefore, in their own

relationships, counsellors have the ability to avoid the relationship quagmires “of mental confusion, emotional difficulty, and behavioral disturbance ... due to duplicitous communication” (McElfresh & McElfresh, 1998, p.234). However, conversations run the danger of being perceived as, or turning into, a clinical intervention. A genuine attempt to show caring and assist a loved one can be perceived as an attempt to teach or fix a partner.

Developing Relationships

Becoming a counsellor may have repercussions for the closeness of relationships. Conditions exist within and outside of the counsellor which can decrease intimacy in relationships. Conducting counselling has the potential to have a negative impact on the interpersonal relations of counsellors. In Mahoney’s 1997 study, slightly more than one third of respondents acknowledged difficulties in intimate relationships. Farber (1983) found that 71.9% of counsellors acknowledged occasionally acting therapeutically towards people in general outside of the office, and 39.5% of these counsellors acknowledged the occasional tendency to act therapeutically towards their families, which may not always be appropriate.

“[E]motional growth resulting from clinical practice can also work to enhance and improve interpersonal relationships in the therapist’s private life” (Guy & Kuhn Brown, 1992, p. 31). A seasoned psychotherapist in Goldberg (1992) reported that being a counsellor “has helped me with my family. I’ve changed some of my earlier concepts about relationships. With family and friends I have been more open about my feelings and willing to trust them than when I was younger” (p. 52). Farber (1983) found that 41% of respondents stated the intensity of their work did not take away from their emotional involvement in personal relationships. Within that group, one person specifically “rejected the implied notion of a finite energy supply” (Farber, 1983, p. 179). However, the results were conflictual. Farber found an opposing 53% of respondents who

said that the emotional intensity of their work affected their families, attributing the lack of involvement and lack of affect they had at home as stemming from the depleting effects of the clinical work (Cray & Cray 1977).

How Counsellors are Perceived

Very often counsellors' interpersonal contacts are limited to clients and colleagues in the field. However, socializing presents some unique circumstances for counsellors due to public perceptions of professionals, and the confidential and intense nature of the work. Counsellors must be conscious of how the perception of their public persona will impact their professional reputation, and they always have to be aware of the possibility of running into clients outside of the office. Becoming a counsellor also has social consequences related to people's perceptions of counsellors. People respond to counsellors in conflicting ways depending on their positive or negative perception of the profession. People's understanding and knowledge of counselling, together with their degree of comfort, security, and sense of self, greatly determine their perceptions. The mystery of the field attracts and intrigues some people, while counselling is disdained and met with social resistance by others. Popular cultural depictions of the counselling profession typically do not accurately portray the role of counsellors or their methods.

Social situations have the potential to create unique dynamics of interaction between the counsellor and others. Farber (1983) found counsellors' perceptions of people's reactions to their presence in social situations was split. Nearly 65% of counsellors found people disclosed more to them and actively sought their advice, and 53% perceived people to be threatened by them and were less disclosing. These results are confusing as the statistics seem to overlap. For the counsellors' perceptions of their own behavior, 31% felt being a counsellor had an effect on their own social behavior, and 41% felt that they were more selective, socializing less overall, while

meeting more with close friends.

How Counsellors Perceive Others

The process of clinical training and socialization affects how counsellors see the world and relate to people. "The tendency to adopt a psychotherapeutic perspective in response to personal as well as professional events becomes a natural reaction - a familiar, predictable, organized, useful, and professionally sanctioned system of ordering the world" (Farber, 1985, p. 173).

Counsellors "may use a psychological perspective to process and evaluate not only professional situations but also personal, family, and social events" (Farber, 1985, p. 171). As Farber (1985) states,

relationships with relatives become understood in terms of transference difficulties, problems with classmates are analyzed in terms of group processes, unfriendly neighbors are seen as manifesting borderline tendencies, and difficulties in accepting supervisory input are attributed to unresolved oedipal issues. It is not just the language that changes; a new way of thinking has taken shape. (p. 173)

Psychological mindedness can be overused and needs to be applied selectively. While personal changes may result and a new paradigm for intrapersonal and interpersonal understanding is adopted, this does not mean that the 'tools' of the trade are automatically used with others. Many acknowledge times outside of sessions when they have been remarkably unpsychological, missing the meaning of the obvious (Farber & Golden, 1997). In fact, there is evidence that professionals purposefully avoid being counsellor-like with friends and family (Guy & Liaboe, 1986). In addition, when these skills or tools are used within personal relationships, they may not have the intended therapeutic effect. Guy and Liaboe (1986) account for this difference by explaining that clients seek professional help because, presumably, they want

assistance.

Conversely, in personal relationships, when guidance is not requested, an unwelcome intervention may more likely result in a person feeling invaded. It is therefore important for the professional to balance, and moderate, the actions of 'the helper' that are inherently a part of them with being unduly therapeutic. A counsellor's therapeutic skill must be used appropriately, consciously, and within bounds.

While psychological-mindedness is an essential tool for successful counselling outcomes, it can also be a significant catalyst for changes in interpersonal relationships. Psychological mindedness provides an avenue for healthy relationships with self and others (Farber & Golden, 1997). It is "considered an asset inasmuch as it provides insight into others ...[and] an increased self awareness" (Farber, 1983, p. 179). Greater awareness of emotions, and an increased ability to express them, results in being able to share oneself more fully, facilitating increased intimacy. Counsellors see its value in their personal lives as it greatly enhances "interpersonal relationships, adding depth, subtlety, nuance, and irony to the understanding and appreciation of others" (Farber, 1985, p. 174).

Isolation

Some counsellors find the practice of counselling to be an isolating experience. In great part, this isolation is attributed to the physical and psychic isolation of practice (Guy & Liaboe, 1986). Physical isolation is a result of the long hours, and little contact with colleagues or the outside world. Psychic isolation is created by the unidirectional nature of the counselling relationship, with little self-disclosure, and limits of confidentiality, resulting in a limited sense of connectedness. This "lack of genuine relatedness, resulting from prolonged participation in 'as if' relationships, may very well carry over into the therapist's relationships outside of therapy" (Guy

& Liaboe, 1986, p. 112).

When counsellors feel and act in a superior manner to their clients, and clients respond to them as subordinates, counsellors can get wrapped up in this expert role and extend it into personal relationships where they maintain an interpretive stance, resulting in all of their relationships taking on the 'as if' quality. The interpersonal distance created by this dynamic can be further compounded by others reacting to the counsellor either negatively (in disdainful ways which compound interpersonal gaps) or positively (engaging the person as a professional, requiring a therapeutic stance to be maintained) both of which perpetuate distance in relationships (Guy & Liaboe, 1986).

Farber (1983) has noted that psychological-mindedness is a highly esteemed and desirable quality. Too high a degree of intellectual psychological mindedness could interfere with natural, affective social interaction, decreasing feelings of connection and intimacy. It has been attributed to increasing interpersonal distance (Farber, 1997), said to be exaggerated by the loneliness that is created by the ability to have dialogues with oneself, leaving out the need for the participation of important loved ones. People who relate to the world exclusively through the psychologically-minded perspective are at risk of becoming an "interminable analyst" (Rose, 1974), "detached, controlled, and emotionally neutral in their interpersonal relations" (Farber, 1985, p. 174). In contrast, it can also lead to "an overemphasis on examination of the motivations of themselves and others...[and] too high a degree could interfere with natural, affective social interaction" (Farber, 1983, p. 179).

In his work with seasoned psychotherapists, Goldberg (1992) found respondents were split around the idea that being a counsellor had inherent limitations for friendships and community involvement. Many discussed alienation from family and friends, and a lack of

community involvement, because of the confidential, intense nature, and long hours of the work. Some noted a paradoxical effect in their relationships, admitting to being less involved and sympathetic than with their clients. In addition, some practitioners reflected on the stifling effects of having to resist from making pathologizing, and highly psychologically-minded social commentary. A notably larger number of male than female respondents were ambivalent about the effects on personal life, whereas females admitted to negative effects in larger numbers than males (Goldberg, 1992).

Friendships

In a study of friendships of psychotherapists, Cogan (1977) found that the majority (57%) of therapists felt a greater depth, intensity, and openness in their friendships as a result of the effects of their chosen career path. They felt it increased their ability to participate in relationships in a more meaningful way, created intimacy, and refined their ability to avoid unhealthy relationships. Mahoney & Fernandez-Alvarez (1998) found 94% of their respondents reported having good friends.

Partnering Relationships

Interpersonal changes may manifest most obviously in intimate relationships. Couples comprised of one partner who is a counsellor have even co-authored articles testifying to the positive and negative experiences they have had as a result of the influence of counselling work (Cray & Cray, 1977; McElfresh & McElfresh, 1998). Kottler (1993) made note that often counsellors try to protect family and friends from the intensity of their professional lives.

McElfresh and McElfresh (1998) identify three ways partnering relationships are potentially affected. The first effect relates to the communication dynamics in the relationship. The second involves the social implications of being involved with a counsellor. The third is of the

'unconscious processes' of each person in the dyad.

In addition, relationships in different developmental stages will be affected differently (McElfresh & McElfresh, 1998). The interest in beginning a new relationship with an established counsellor would be based on all of the usual elements of attraction, along with the social status and qualities uniquely associated with counsellors. This can raise suspicions about interpersonal neediness motivating potential partners or friends to seek out 'therapeutic' relationships. For relationships which exist prior to the entrance of one partner into the field of counselling, the "relationship will evolve in distinct ways, for better and for worse, as a direct result of the personality changes in the therapist-in-training due to the life-changing nature of clinical training in psychotherapy" (McElfresh & McElfresh, 1998, p.234).

Counsellors theoretically know what it takes to have healthy long-lasting relationships, yet they are not immune to the common problems of intimate relationships. Wahl, Guy, and Kuhn Brown (1993) found that while the practice of counselling had minimal impact on counsellors' marital satisfaction, male counsellors had significantly greater satisfaction in their marriage compared to females. Females cited the combination of trying to maintain both the home and the career as a major stressor. However, stress variables specific to counselling were not significantly related to marital satisfaction. Traditionally, a negative correlation is expected here. Wahl et al.'s discussion of these results suggests that they may be confounded by self-selection: the subjects' marriages may have been more satisfying to begin with. Also, they hypothesize that counsellors may be better equipped to resolve stress and prevent it from having a negative impact on their marriage. Wahl et al. found that the counsellors may more readily recognize the need to try harder to maintain the relationship during the times of stress, and increase the amount of work they put into it.

It is not always a smooth transition from the office to home. After a day of drawing intensely on emotional resources for clients, a counsellor has to adjust to the balance of being emotionally available at home, as well as being open to taking emotionally from others. In addition, the clinical perspective and skills which are so useful in the office can backfire and put distance between people when used in the home environment.

Parenting Relationships

Becoming a counsellor also has implications for parenting. Golden and Farber (1998) concur that there are recognizable commonalities between parenthood and counselling. Both are care-giving roles that frequently require the parent/counsellor to be able to recognize the needs of the child/client and put them ahead of her own. The main purpose of both is to guide the growth of the child/client. Parents/counsellors cheer their child's/client's successes, and comfort them in their disappointments. However, the boundaries around the relationships differentiate the two roles. Golden and Farber state that "the emotional connection to the patient and child is of a different order, and a therapist's behavior toward each is necessarily mediated by this difference" (1998, p. 137). Because of the similarities in the nature and the goals of the roles, it seems reasonable to assume that the therapeutic tools integral to successful counselling outcomes would also be used to assist parenting. However, the tools, or skills, used in the office are not taken out and used in the same capacity. "The transfer of knowledge from one sphere to the other is not perfectly smooth" (Golden & Farber, 1998, p. 137).

The hypothesis of Golden and Farber (1998) that many counsellors generate a healthy home environment contradicts a small body of literature (Maeder, 1989; Ford, 1963). Differences in outcome are attributed to the amounts of therapeutic behavior the counsellor engages in at home, suggesting that it is helpful when used in moderation. Golden and Farber concluded that

“the professional skills used by therapist parents in raising their children are neither helpful nor harmful per se; rather it is the appropriateness and balance with which those skills are used that determine how they are experienced by children” (p. 139). The previous work in this area by Maeder (1989) interviewed adults reflecting back on their childhood experiences. Golden and Farber hypothesize that the process of recollection may have resulted in distortion of memories and, therefore, an underestimation of what they knew then in comparison to what they know now.

It can be inferred from Golden and Farber’s (1998) study that counsellor-parents inform children about the nature, purpose and structure of their work. These parents also communicated that there was a fundamental difference between the relationship they had with their children versus their clients. The children were able to clearly articulate the distinction as a professional involvement with clients and a personal involvement in them, “hinging on the personal emotional stake most parents have in their children” (Golden & Farber, 1998, p. 138).

In discussing how having a parent who is a counsellor affected them and their relationship with that parent overall, children agreed that they liked having a parent who was a counsellor, and expressed that they felt their parents “were skilled in handling childhood crises and emotionally laden situations, were available to help the child ‘for free’, and could avail themselves of professional judgement, knowledge, objectivity, and restraint that other parents could not” (Golden and Farber, 1998, p. 137). Children reported that the greatest personal benefit of being a child of a counsellor was the parent’s competence or professional knowledge, and saw the parent’s skills as a valuable thing. Most children communicated that, in their experience, their parents were “more approachable, accepting, and tolerant by virtue of their profession” (p. 138).

The children in the Guy and Liaboe (1986) study reported that the worst part of having a counsellor as a parent was when they acted like one at home, by asking for lots of details, being

intrusive, and behaving as if they know everything. Further, these children also noticed a parental tendency to focus on emotional undertones. However, it is crucial to note that the children reported that the parent rarely or almost never acted like a therapist in the home, and strongly to slightly disagreed that parents were too inquisitive at home. Some of the children had complaints about the long hours their parents worked, and the occasional intrusion of client phone calls.

While there was some ambivalence in regards to the effects on them, overall, the children liked and enjoyed the benefits of having a parent who was a counsellor. In fact, most of the children would consider the possibility of becoming a therapist. Implicit within this is that they like the profession and perceive the effects on the parent-counsellor and her relationships to be positive.

Farber (1983) examined the validity of the stereotype of counsellors having 'crazy children'. Forty-nine percent disagreed with the idea that their children were any crazier than others. They based the existence of such ideas on people needing stereotypes to demystify, and that their children are more emotionally expressive.

The other 51% in Farber's 1983 study agreed that their 'children are crazier' than others, explaining that they raise their children therapeutically, attending too much to emotions, resulting in children who are overly interpretive. Further, the subjects felt that because they as counsellors have distinctive problems, it followed that their kids do as well, and that their children's acting out was to get their parent's otherwise diverted attention.

Conclusion

The literature illustrates that becoming a counsellor has an impact on emotional growth, personality, psychological processes, and relationships with intimate partners, children, and friends. It also identifies some of the ways this change process takes place, and suggests that

counsellors may be more happy and trouble-free than was previously thought. In this thesis, I will explore how the education, practice and socialization of counsellors changes them and their personal relationships. This study will provide a more personal, first hand look at what seven counsellors perceive as important issues in this regard.

Chapter II

Method

Research Perspective and Methods

In this study, qualitative research methods were the most appropriate way to learn directly from people about how becoming a counsellor has affected them and their relationships. This study adds depth and description to the existing literature to create a fuller and more complete understanding of the impact of becoming a counsellor, by finding out what meaning the experience has for each participant. Qualitative research proceeds on the assumption that meaning and process are crucial in understanding human behaviour; that descriptive data are what is important to collect, that is, the words and behaviours of the participants; and that analysis is best done inductively, wherein emerging patterns are identified and accounted for (Bogden & Bilken, 1992). There is strong validity in this type of research, because it reports directly on the participant's words and actions. In this study I provide a clear description of the perspectives of counsellors regarding how they have been changed by becoming a counsellor. I will avoid the confusion related to the use of jargon by encouraging participants to explain what a term means to them and how it has affected their lives.

Research Design

As in all qualitative studies, the research design was flexible within certain parameters based on questions of inquiry. A grounded theory (Strauss & Corbin, 1998) research design was used. Conceptual ordering enabled the identification of themes pertaining to the effects of becoming a counsellor on the participants and their relationships. Grounded theory is derived from data, systematically gathered and analyzed through the research process. In this method, data collection, analysis, and eventual theory stand in close relationship to

one another. A researcher does not begin a project with a preconceived theory in mind... Rather, the researcher begins with an area of study and allows the theory to emerge from the data” (Strauss & Corbin, 1998, p.12).

Because findings emerge from the data, they offer insight, clarity, and meaningful direction to proceed upon (Strauss & Corbin, 1998).

Participants

Participants were recruited through purposeful sampling using a snowball sampling technique, where participants were chosen “because they are believed to be able to facilitate the expansion of the developing theory” (Bogdan & Bilken, 1992, p.71). The committee chairperson for this thesis began this process by graciously nominating several possible initial candidates. Participants then nominated other possible candidates. All candidates were first approached by the person who nominated them, to outline a description of the purpose and structure of the study. Upon their verbal agreement to participate, I contacted each of the participants to further discuss their participation. Eight people were nominated as candidates, seven of whom were used. The sixth person nominated was excluded due to ineligibility as he was no longer counselling. Upon candidates’ agreement to participate, the interviews commenced and participants were provided with a written description of the study (see Appendix A), and signed the consent form (see Appendix B).

The criterion for participating in the study was that participants be counsellors who had been working clinically with clients for a minimum of two years, ranging upward to an unlimited number of years experience.

I interviewed seven participants for three one hour sessions each, with the exception of the second participant who agreed to be interviewed a fourth time due to technical difficulties.

Participants were given the opportunity to decline questions or leave the study at any time they wished. The original methods outlined in the proposal, and other ethical standards and guidelines for research involving humans participants were followed. A total of twenty-two, approximately one hour data sets were obtained, for a total of 537 transcript pages. Throughout the Findings section of this thesis, quotations from the transcripts will be cited according to participant name, data set number, and page number within the data set, for example; Liz 1:22.

Demographic Information

Actual demographics for the participants vary slightly from the initial criteria of the study. My original intention was to interview both men and women. However, as the sampling progressed with one female participant recommending another (with the exception of one male who was a potential participant but did not fit criteria), in order to recruit men I would have had to direct the participants' choices to include men. This would have compromised the sampling technique. Therefore, all of the participants are women. A decision was made after the fourth interview to maintain a single gendered data pool due not only to sampling referrals, but for the sake of consistency. As well, all of the participants have a minimum of ten years counselling experience. The participants range in age from 35 to 66, and have been practicing for 10 to 28 years. One of the participants has a Ph.D., five have completed a Master's Degree, and one is currently completing a Master's. The participants all show a preference for a specific theoretical orientation, while maintaining a technically eclectic approach. The caseload of the participants varies in numbers from one participant who is winding down her career and sees three to four clients a week, to another who maintains a busy practice of up to 28 clients a week. The participants currently carry a caseload with diverse issues; one participant had previously specialized in trauma counselling. The participants were interviewed in their home or office,

which was sometimes one and the same, with the exception of two interviews which occurred in my office. The interviewer was able to establish rapport with all participants and found them to be very welcoming, friendly and forthright.

Participant Description

Pseudonyms are used in order to maintain confidentiality of all the participants.

Liz. Liz is a fifty-five year old woman who has been counselling for fifteen years. The former nurse left the health care profession in the seventies and completed her Bachelor of Arts Degree in English in 1985 at a western Canadian university. While nursing she developed a preference for psychiatry as it afforded the opportunity to help by interacting with people, which influenced her decision to become a counsellor. She completed her Masters Degree in Educational Psychology specializing in Counselling at the same university in 1989. Liz has divided her counselling career between practice in a health care facility and private practice, which she currently maintains. Liz has counselled individuals, couples, and families. During the interviews Liz considered her career to be in major transition and was evaluating her future possibilities. Liz has continued her education through other extended university programs, workshops and following the literature. Liz described having to be a caretaker in her family of origin which was sometimes neglectful and abusive. Liz is married and has two grown children.

Sara. Sara is thirty-five years old and has provided counselling for eleven years and counsels from an holistic mind/body approach. She completed her Bachelor of Arts Degree in Psychology at a western Canadian university, and her Master of Arts Degree in Counselling Psychology in the eastern United States. Sara has counselled in hospitals, specialized schools, and post secondary institutions, in conjunction with a part time practice for 5 years. Her practice has now been full time for two years. Another important part of Sara's work is the many and varied

workshops she provides in the community. Sara has done extensive post-graduate work in national and international programs ranging in duration from one to five years. Sara has worked with adults, families, groups, and children. She grew up in a family of therapists and Sara always knew she would be a counselling professional, it was only a question of exactly what that would look like. Sara resides with her husband.

Rita. Rita is fifty-one years old and has been counselling since 1982. She says she is happy to be a counsellor and wants to continue to be a counsellor. She describes her orientation as being based primarily in feminist philosophy. Rita attained her Bachelor of Arts Degree in 1970 and began working in a technological field. A volunteer experience whetted her interest in people as well as a desire to help, and she subsequently enrolled in a Bachelor of Social Work Program, and then a Master of Social Work Program which she completed in 1986. She received all of her degrees at the same western Canadian university. Rita has worked in community based health centres, including one where she currently has a busy case load of individual clients, in addition to several weekly speaking engagements. Rita characterizes her childhood family as disengaged. Rita is divorced and currently lives with her teenage child in their home.

Alice. Alice is fifty-one years old and has been volunteering and working as a counsellor since 1977. After leaving the teaching profession, Alice counselled for six years and in 1983 began her Master of Educational Psychology Degree in Counselling, at a western Canadian university, which she found to be a valuable asset to her clinical work and theoretical understanding. Alice has worked in community based health centres, addiction treatment facilities, and women's shelters. She has maintained a private practice for 12 years, overlapping with an EAP practice for the last three. She keeps extremely busy seeing adult clients individually. Alice describes her theoretical orientation as being founded in feminism and acknowledges several other theories

integral to her practice. Alice also involves herself with teaching post secondary courses and continues her own education with a variety of workshops. Alice says she grew up in a “safe nurturing family” (2:12) . She currently lives with her partner, and another important family member, their dog.

Andrea. Andrea is thirty-five and has been practicing since 1990. Andrea received her Bachelor of Arts Degree, and Bachelor of Social Work Degree from the same western Canadian university where she is currently completing her Master of Social Work Degree. She has worked in a family service agency, women’s shelter, aboriginal community health centre, and is currently a social worker in the public school system working part time with children using drama and play therapy. She is actively reflecting on changing her career path. Andrea includes art and drama therapy in her social work orientation. Andrea describes her family of origin as one that was safe, nurturing, protected, encouraging, and that instilled values involving awareness of others which made service of others the only career that ever occurred to her. Andrea is currently single and lives on her own surrounded by many family members and friends.

Gwen. Gwen is fifty-nine and has been practicing as a counsellor since she obtained her Master of Educational Psychology Degree in Counselling in 1981, following a Bachelor’s Degree in sociology. Before becoming a counsellor Gwen was a registered nurse, and immersed in community volunteer work. Gwen counselled in a health care facility from 1981 to 1990 when she began her Doctor of Philosophy in Applied Psychology at an eastern Canadian university, which she completed in 1994. Gwen maintains the private practice she began in 1991 part time, and sees individuals and couples. She also teaches and lectures at post secondary institutions and has other professional speaking engagements. Gwen describes herself as feeling “really satisfied with her work” at this time. She describes her approach as eclectic and actively pursues ongoing

development of her education. Gwen is divorced, has two adult children, and is also a grandmother.

Lori. Lori is sixty-six and has been counselling since 1972. Previously a teacher, Lori became a counsellor in 1978 when she completed her Master of Educational Psychology Degree in Counselling at a western Canadian university. She has had additional education through an affiliated university and has continued her professional development through a variety of workshops. In her current private practice, she has a light caseload which she says is winding down. She sees her work as a “luxury” at this point in her career. She has worked at a community based centre and as a school counsellor. In addition, she teaches post-secondary courses, lectures, and is a published author. Lori describes her childhood as “serious”. Following a divorce Lori remarried and presently lives with her husband. She is the mother of four adult children as well as a grandmother.

Data Collection

The data for this study were collected in a series of three in-depth interviews. The interviews were semi-structured and open-ended, encouraging participants to talk about their experiences and the meaning they give to them. Each of the three interviews had a distinct focus. The first interview broadly explored how the participant came to be a counsellor and, as required, more specific probes were added. The second interview broadly inquired whether the process of becoming a counsellor had resulted in other changes for them, followed by deeper probes into the personal impact of becoming a counsellor. The third interview focused on whether those personal changes meant that their interpersonal relationships were impacted, followed by deeper, more specific probes into the impacts. An interview guideline was used for each interview (see Appendix C).

Each interview was taped and then transcribed as soon as possible after the interview.

Traditional field notes (transcriptions of the interview with the addition of observer comments) were generated soon following. Audio tapes, used only for the purpose of accurate transcription, will be destroyed upon completion of the oral defense of this thesis.

Data analysis

Each transcript was analysed by themes: a concept or idea that emerges from the data, some signal or trend, master conception, or key distinction (Bogden & Bilken, 1992). The focus of the analysis was to isolate personal and interpersonal effects participants attributed to becoming a counsellor. In some instances themes, (e.g., change in communication) were composed of clusters of lower-order themes (e.g., communication skills improved, amount disclosed changed, and nature of disclosure changed). Four of seven participants identifying a specific change was the criteria required for a theme to be included in the results. Formal analysis of the data was ongoing, beginning early on, and nearing completion by the end of the data collection process. The interviews were transcribed and observer comments were documented to create the sets of data or field notes. Discrete categories were identified within each data set. As new data was accumulated, common categories were groups together. Those categories were then refined into sub-themes as necessary. The end product was a set of themes which represent the effects of becoming a counsellor as reported by the participants. The final set of themes was compared to the current literature.

Chapter III

Findings

Fundamentally, becoming a counsellor involves an ongoing process of constructing a theory of how to best facilitate change so that it may be put into practice with clients. There are many sources from which to learn how change occurs. The sources the participants cite are divided into two intertwined areas: “It’s a combination of the learning and the experiential stuff - the learning that informs the experience. I don’t know that I can separate the two” (Lori 2:24). The first, ‘formal education’ provides an understanding of psychology and counselling theory and skills, through post-secondary education classes, post-graduate education and workshops, reading, and models. While valuable, formal education alone is not sufficient because “you can learn intellectually and then still...something will happen to trigger you” (Liz 2:39). The second part, ‘experiential learning’ requires “working with people and understanding where I get caught” (Sara 3:1). It is a shift from “the intellectual realm [to] going through it and experiencing it that [makes] it come alive” (Sara 3:4). This includes doing clinical work, receiving personal counselling, supervision, peer support, teaching others, and personal experience. These not only contribute to the construction of a theory of how to best facilitate change, they are also the mechanisms which facilitate personal and interpersonal impacts.

Themes of Personal Impacts

Table 1

Themes of Personal Impact	Number of Responses
Theme 1: Perception of Impact	7
Theme 2: Derives Satisfaction from Work	7
Theme 3: Formulation of Orientation	7
Theme 4: Ongoing Learning and Growth	6
Theme 5: Incentives to do More Personal Growth Work	7
a) Counselling	7
b) Introspection	7
c) Encouraged by Education	7
d) Credibility of Profession	3
e) Personal Credibility	4
f) Client-Motivated	7
g) Course Work Related	7
Theme 6: Personal and Professional Integrated	6
Theme 7: Increased Confidence in Counselling Ability	7
a) Factors Generating and Undermining Confidence	7
b) Fluctuation in Confidence	7
Theme 8: Shaped Perspective	7
a) Increased Spirituality	4
b) Perception of World	4
c) Expanded Social and Political Awareness	4
Theme 9: Changed Perception of People	6
a) Resiliency	4
b) View all People as Equal	4
c) Ability of People to Change	7
Theme 10: Less Judgemental / More Accepting	7
Theme 11: Increased Psychological Mindedness	6
Theme 12: Increased Introspection	6
Theme 13: Increased Self-Awareness	6
Theme 14: Heightened Personal Responsibility	7
Theme 15: Increased Self-esteem	6
Theme 16: Intense Work Requiring Personal Energy	4
Theme 17 Feelings of Powerlessness	5

Theme 1: Perception of Impact

While the journey to become a counsellor began for different reasons and at different times for the participants they are unanimous in their shared belief that they and their relationships have been affected by becoming a counsellor. As Andrea remembers about one job, “I knew in that moment that this was big. If I chose to do this, this was going to change my life” (3:28). Not everyone is affected the same way or to the same degree. The numerous effects attributed to becoming a counsellor will be discussed throughout the body of this thesis. Liz begins, “I just feel like a very different person because of” (2:32) hearing people’s stories. “There are ways this affects me that are probably unique to this profession. I think in terms of the energy it requires, and I think that it’s a very different energy than if I were doing physical work” (Alice 3:28). “There is a pretty huge impact because, by the nature of the work, you have to be always exploring the dimension of human understanding” says Gwen (2:29). “It’s the lens that we see things through” said Sara (2:1), who also described the process of becoming a counsellor as a vehicle on the path of learning (2:13). While concerns about some of the effects exist, participants feel that, overall becoming a counsellor has been beneficial to them personally and interpersonally.

Theme 2: Derives Satisfaction from Work

All of the participants express satisfaction in their work. They take pleasure from it and find it rewarding. One reward is related directly to the purpose of the work, helping people: “it feels absolutely wonderful. Of all the troubled people there are, if there’s some change that can happen in their lives and you can be a facilitator in that change and invite their process it’s very humbling and gratifying” (Lori 3:1). The participants also talk about deriving satisfaction and pride from doing something well that translates into making a difference in their lives and the lives

of others: “I want to get really good at this, I want to become the best I can. And then from that I think I can be happy” (Sara 2:4). They enjoy (Lori 1:13, Rita 3:21) and really like and, in fact, love their work (Gwen 2:22). Respect for both the clients and the counselling process was expressed by participants. They gave descriptions of finding joy in counselling (Lori 3:21&22), being humbled (Gwen 3:1) and honoured (Liz 2:32) by it. “The biggest gift is that people are willing to share some of the most intimate moments of their lives with me, and why should they, they don’t even know me. I just feel privileged to have been told their stories” (Andrea 3:7). One way participants find the work rewarding is by being able to witness people’s lives. As Alice says, “What’s really wonderful about doing this? There is something wonderful in everybody” (3:13).

Theme 3: Formulation of Orientation

When participants were asked about their orientation, or philosophy, of how to facilitate change, they all described an orientation which is “eclectic” in that they used many theories or skills to counsel effectively, with one theory having a dominant influence. “I integrate so many different types of work. I don’t believe one thing heals, I believe many things heal. And they’re all doors to the same place” says Sara as she likens her philosophy to a

toolbox, and if you have a big hammer that’s wonderful but, hammers are only good at fixing certain things and you may need a screwdriver, or you need a wrench. I don’t care how good your hammer is, it isn’t going to be effective. So it’s learning what you need to develop in order to have a repertoire of skills (2:28).

Theme 4: Ongoing Learning and Growth

Because there are so many ways to facilitate change, there is much to learn. All of the participants are adamant that the process of continuing to learn and grow is integral to becoming a counsellor.

If you're going to be a responsible therapist, you can't ever stop learning, reading or struggling to understand or getting more wisdom on what is happening with these people, am I being the best helper I can be?...So it puts you on a path ...to always keep learning (Gwen 2:30).

Learning and growth are ongoing processes. There is always something unknown or an area that needs more expertise. One's theory of how to facilitate change evolves as new information and experiences are integrated on an ongoing basis. "One of the latest workshops I went to...it's now in the mix of my philosophy" (Lori 1:24). Even though the participants have between ten to 28 years of counselling experience they all feel they have more to learn. "There's always more that I need to know" (1:11) says Alice after 21 years of experience, "I'm always learning, I'm never quite there. That's a good thing I think, the more I do this, the more I'm aware of what I don't know, all the possibilities". "It's a constant process... I see that till the day I die" (Sara 2:3).

The participants actually want to continue to learn: "I want to grow, I want to be different" (Liz 1:28). It is another way they remain satisfied with counselling as a profession; as Alice says "I continue to do this work because I continue to really learn quite a bit from doing it" (1:1) and is echoed by Sara, "I won't ever stop. Because that's what keeps filling me up" (1:14).

While desirable, along the way there are also frustrations with having to constantly learn: "it's a little bit of a pain because I think 'oh, I've done so much already'" (1:21) reflects Liz as she attempts to find a new direction for her career. Andrea adds,

I was constantly being turned upside down and challenged. I was constantly having to look at things in a different way to be in someone else's shoes...it was constant. I remember one day standing in the kitchen and I jumped up and down and said 'I am so sick and tired of learning something new everyday'. Like I couldn't trust my instincts

anymore (2:3).

Theme 5: Incentives to do More Personal Growth Work

The participants believe that as a result of becoming a counsellor they have done more personal growth work than they otherwise would have done. Participants express feeling that their way of being and relating in the world has been enhanced by the process of becoming a counsellor. (Alice 2:10, Andrea 2:16, Sara, Lori 1:22). All of the subjects identified a variety of reasons for why being a counsellor resulted in growing more personally.

All of the participants have gone for counselling themselves (Rita 1:6, Andrea 3:10, Alice 2:8, Gwen 1:21, Sara 2:19, Liz 1:18, Lori 2:18). They also cited working on themselves through introspection, which will be addressed later. Other conditions which have prompted them to do personal growth work include: belief in the value of personal change, credibility of the counselling process, personal credibility, being prompted by the work their clients are doing, and education. The incentive to do personal work in order to facilitate work with clients is apparent but appears secondary to its intrinsic value (to be discussed on p. 89).

The first condition is related to a previously discussed belief that changing and growing as a person is desirable for everyone. Some graduate programs require that students will do personal work (Sara 1:3), while others only encourage it. "I've heard it said that you shouldn't be a counsellor unless you're willing to go into therapy yourself. I really think that whichever way you do that, where it's...with a therapist or...looking into myself, it's necessary" (Lori, 2:18).

Another condition prompting self-exploration is the credibility of the profession; a belief in the integrity of the counselling process itself. Clichés such as "walk the talk, and put your money where your mouth is" (Gwen 3:11), and 'practice what you preach' embody this issue. Professionals develop a theoretical orientation and compatible skills based on what they believe to

be necessary to attain 'a good life'. Counsellors witness the possibilities of counselling, and possess knowledge and skills to help create more fulfilling lives for people. They can use their wisdom on themselves as well as receive counselling for themselves to accomplish this for themselves. Lori reflected "if it's going to work it's going to have to work for me" (2:18). Sara elaborates on this point:

I don't use anything that doesn't heal me, on my clients. That's why I will always do the journey first. I don't necessarily do their journey but I do my journey to learn how to work with these problems and what's helpful, and what hasn't been helpful I don't incorporate it, I can't truly endorse that (2:19).

The integrity of the counselling process was tested by Lori as a result of a personal crisis;

I decided that I would either do some of the things that I tried to help other people do in a counselling relationship, or I would give up counselling entirely because the whole concept would be bankrupt for me. If I couldn't use it on myself, I couldn't expect other people to do that. So it became a bit of a crucible for me. You deliberately do some of the things you've talked about with other people or you say goodbye to the profession, because you're in crisis lady and you better do something about it. So that was one thing and the other thing was I went to get therapy for myself (2:3).

A related condition is the issue of personal credibility, that one can be believed, both by oneself and others. "My journey is different than my client's journey, but the more I can do, the more credible I am to say this is possible too" (Sara 3:5). Lori explains how resolving a crisis using what she already knew as well as receiving counselling was valuable to her: "it actually gave me a lot more credibility.... Because I've lived more of it myself now...I would be a fraud if I didn't" (2:4). Liz agrees: "I could confront them on these issues because I've been there" (2:18).

Credibility is gained because of following the adage 'I know that of which I speak'. The participants felt that they should have the same expectations for themselves as they have for clients: "you're trying to help people live better. I do think it's an ethical responsibility... to work at your own relationships in the same way you are inviting other people to do theirs and keep looking at them" (Gwen 3:4).

Counsellors are restricted in helping others resolve issues that they have not resolved themselves. The participants were encouraged to improve themselves from an understanding that the more 'together' they are the more they will have to offer as counsellors. As Sara says, "you can only take people as far as you're willing to go" (3:10). Others reiterated this conviction with only slight variations; "they can only go as far as you've gone" (Liz 2:2), "you can really only take people as far as you've come" (Gwen 2:14). Alice concluded, "I think it would be very hard to do this work if you were also struggling personally" (3:14).

Participants spoke of not seeing themselves as different from their clients. While they experienced some internal pressure to perform their jobs to the best of their ability, they did not set themselves on a pedestal as 'healed', or 'perfect', or 'a paragon of adjustment': "I can think 'I'm off today, and it's not okay to ever be off'. And of course it is but I think it's not" (Alice 2:8).

Another important prompt for counsellors to do personal change work is being motivated by the work their clients are doing. This motivation is twofold; one, learning from clients, and two, personal issues getting aroused by clients. Participants found that clients taught and inspired them: "Almost every session, I think, you learn from clients if you stop and focus in that way; just knowing all the domains of human experience" (Gwen 3:8). Participants cited learning from clients how to communicate effectively (Rita 2:23), relate to others (Andrea 3:17, Gwen 3:8), and

gain alternate perspectives (Rita 2:27, Gwen 1:3,18). Seeing other people work through their issues makes it possible for counsellors to face their own: "People do amazing things, and that gives me a lot hope, if I'm tested at certain moments...I absolutely feel inspired by people" (Andrea 2:13).

When counsellor's issues are triggered by clients this provides an impetus for counsellors to resolve the issues. All of the participants acknowledged this. "A client will often mirror back parts of yourself to you, and you see that as an opportunity for your own growth" (Gwen 2:29). "Theirs is a very mirroring reality to bump up against your stuff, your countertransference. You try to stop that, you stop the flow of life...it's just a medium to keep growing and learning" (Sara 3:8). This personal growth can get channeled back into working with clients more clearly. "That's one of the neat things about counselling is (sic) that I'm always dealing with myself. I'm always coming back to what I need to do for me in order to be effective in what I do" (Lori 1:21).

All participants found that taking courses and learning theories is also a vehicle for personal change. "Inevitably, going into courses...one does a certain amount of introspection" (Gwen 2:1). Theory and information gained are not just academic, "it was personal for me" (Andrea 1:8), it is "very, very emotional because you were doing a lot of your own stuff (Liz, 1:33).

Theme 6: Personal and Professional Integrated

There is a perception among participants that their personal and professional lives are interrelated in that one piece informs the next. Gwen described how for her "everything is kind of interwoven - the threads of my being a therapist, and growth as a therapist are all interwoven with the personal relationship" (2:16), adding, "you become more of who you are because of the therapy you do, and then you do the therapy you do because of who you are. It's almost really

hard to separate them out” (2:29). Sara speaks very passionately about the integration process: “I don’t separate my professional development from who I am” (2:2), using different metaphors to describe what the interactive nature of the work has meant for her:

originally, it was two separate paths that merged...One was the personal, and one was the professional and then all of a sudden they merged at a junction... It wasn’t like I was making them merge. I was shocked, I always thought they’d go in a parallel line. I had no thought that they would actually come together, in that way...but I think they had to be separate for a long time because there’s different things that were parallelly happening and both needed to happen so they could come... and now I can’t imagine them not being together... (2:20). I don’t think I can differentiate between becoming a therapist and becoming a person. I think my goal is to become a healthy person (3:1)

Therefore, Sara sees her personal and professional journey as one and the same. Further, it was specifically noted that it is difficult to distinguish between personal and interpersonal because the two are inherently interconnected (Alice 1:1, Lori 1:1) and the others alluded to how this was apparent as well. (Liz 2:34, Andrea 3:15)

In addition to noting the convergence of paths, participants identified feeling that their personal and professional identities were integrated; that they felt congruent. The process of integrating two previously separate identities involves bringing the parts together into a whole. The drive to be congruent is central to the nature of change. Personal change work helps to integrate all experiences, old and new, into one congruent identity.

As novice counsellors who had not yet had the opportunity to integrate all of their professional experience, the separateness between professional and personal identity is more apparent. “I think when I first started [counselling] it felt really different, like, now I’m putting on

my counsellor hat and I'm conscious of talking differently, so I think everything has become more entrenched" (Alice 2:9). Sara concurred: "It's embodied more. Whereas before it was more like... you put on a suit.... now it seems like, not even clothing, it's my body, you can't take it off" (2:6).

The others were equally clear that they could not separate who they are as a professional from who they are personally. Alice even uses the same metaphor as Sara:

it's not like there are different paths. I feel how I talk with you is how I talk with clients is how I talk with friends. Topics may be different, or the degree of disclosure may be different but this is pretty much me! (2:9).

"It will always be a major part of who I am" (Gwen, 1:22). "There's a very strong connection between who I am and what I do... I have a different consciousness and it's not something I can turn on and off" (Andrea 2:16)

While participants feel that what they have gained as a professional is fundamental to who they are, they are adamant that it does not define them exclusively. Alice says that she "absolutely" (2:11) tries to not define herself by her profession. Others agree and found that by becoming more integrated as a whole person, they have less of an investment in defining themselves in this way:

So while I used to express who I was by what I did for a living so that I could feel okay about who I was, so that I could maintain my integrity...who I am is now more integrated in terms of it's not all wrapped up in being a social worker (Andrea 3:14).

Theme 7: Increased Confidence in Counselling Ability

All of the participants addressed the fact that the identification of oneself as a counsellor is tied to the development of confidence in one's ability to counsel. Because the measure of ability is an individual's perception, and there was no objective test of actual competency, 'confidence in

ability' is a more accurate descriptor than competence. Participants addressed two issues relating to confidence: factors generating and undermining confidence and fluctuations in confidence.

People's confidence in their ability to counsel well is something that evolves throughout a career and is closely linked with professional development. For Sara, as with others, it was something that "came in increments" (4:18), marked along the way by milestones of being a student counsellor, getting paid to counsel, doing private practice part time and then full time, where with each "milestone and each time I've done that, they provide a whole new opportunity of huge learning, and you have to learn to fill the shoes again" (2:11).

Confidence develops with experience. When mastery of an area or skill is achieved there is confidence in that area, but there is always another to be conquered. "In some areas you say 'that feels good for now let's just leave it at that. Where else do I want to grow, where else do I want to learn, in which capacity, in which way?' (Sara 3:10). Another way to gain confidence is by testing the limits and finding a place where you feel comfortable (Lori 1:20).

Feelings of competency are also frequently based on expectations and measurements of accomplishments such as building groundbreaking programs (Andrea 3:19), meeting institutional expectations for counselling outcomes (Sara 4:19,20), and client success stories: "experiences where people really took hold and changed their lives, and that made me feel like I was on the right track; I was in the right profession" (Lori, 1:20).

However, there are many things that can undermine confidence. External measures that make one feel successful and confident one day can make one feel like a failure the next. Presumably, though a counsellor's job is to help people make their lives better, this is not always going to happen. When one does not get the affirmation one expects from positive client outcomes or kudos from peers it can be a humbling experience. "You can have a really bad day

or a really bad thing happen between a client and I think ‘oh, that was horrid’” (Liz 1:36), and “there are days when you think this is going nowhere, or you feel a hostility of the resistance of people” (Lori 1:20). When others question one’s credibility that can also undermine feelings of confidence, such as when it is questioned by the legal system or other professional bodies (Liz 1:6,7).

One can also undercut one’s own feeling of competence through self-doubt, or by not trusting instincts and abilities (Andrea 2:7). Because “the work is so important, I can get into the place of sitting here with somebody and thinking ‘oh, I’m not as present as I should be’ ” (Alice 2:7). During difficult personal times feelings of incompetence can sneak in: “well nobody will come to see me anymore because I [can’t] get it together in my own life” (Lori 2:7).

While overall feelings of competency increase and become more stable over time, the participants continue to be plagued by its fluctuation.

It doesn’t [fluctuate] the same way as it used to. When I first began it really did. It was like: I had it, I lost it, I had it, I lost it, where’d it go? (laughter) depending on what hour you asked me or who came into my office. It doesn’t in the same way, it’s much more stable, it’s much more in the foundation at this point (Sara, 3:5).

It appears that the most important fact about confidence is that it “comes and goes” (Gwen 1:29, Rita 1:22), maybe for good reason in that it keeps counsellors humble and pushes them to keep improving. While Alice trusts that her education and experience have built her competency, she says, “I still wrestle with that sometimes. And I think that’s probably a good thing. I think that if I started to think that I was actually competent I’d be dangerous (laughter)!” (1:10).

Theme 8: Shaped Perspective

Participants felt that becoming a counsellor has been a central influence in creating or shaping their perspective on a variety of levels. They specifically cited perception of reality, spirituality, and social-political perception to have been influenced. During a lifetime all people shift their views in response to a variety of experiences, no matter what their occupations. Counsellors acknowledge other factors which contribute to their development in addition to the counselling: “it’s really hard to determine what caused what” (Alice 2:12), adding, “I think it may be something that happens getting older too” (3:7) . The counselling profession may be exceptional in its ability to facilitate development in the practitioners as it functions to help people change and live more fulfilling lives. It may therefore accelerate growth and shape beliefs in specific ways.

Being a counsellor involves being exposed to and then involved in the stories and lives of many different people. It involves learning a variety of theories about people, and the systems they exist in. The cumulative impact results in a changed perspective. “I’ve really had to look at all my beliefs” (Liz 2:32). For some, like Gwen, her “world view has gradually shifted, if I tracked it from when I was twenty to now, I mean it’s in a very different place” (2:19). Sara reflected on how becoming a counsellor provides perspective: “It’s the lens that we see things through” (2:1). People’s “thinking is influenced” (Gwen 1:24), beliefs change (Liz 2:23, 35). For others, new awareness is created, as Rita describes,

I developed a world view, I never actually had that before (2:18)...I now have some beliefs and values....I believe that people should all be treated well, I believe that people should live safely and not be hit, I believe all those kinds of things. And I didn’t even know they were things to be believed or not before (2:20).

Like Rita, participants' values, or perceptions of what is important, were shaped and strengthened (Liz 1:24,30; Gwen 2:20; Sara 2:16).

One specific value that was affected was spirituality. Participants reflected on the effect counselling has had on their spirituality. Liz and Gwen both illustrated the belief that spirituality is something internal, rather than external. This point is illustrated by Gwen stating "that's now how I want to live...and it's not a religious thing...It's more a sense of how we're connected to the divine, or source of being", a sentiment echoed by Liz, "My religion is within myself... its more of a personal thing now". One of Andrea's positions involved traditional Aboriginal spiritual responsibilities.

That affected me personally. I began to see how much of a difference it makes to integrate that spiritual part of ourselves into not only our work, but also in... our lives. So, that started to happen when I was learning at work and sort of transferred in to my personal life (Andrea 2:1).

She added that learning about the impact of Christianity on Aboriginal cultures challenged her own Christian religious beliefs: "it did bring into question a lot of beliefs that I thought that I had and now were being shaken" (2:2), "I really grew spiritually during that time"(2:6).

Due to the high amount of negative material counsellors are exposed to, there is a chance that they may perceive the world to be a bad place. While participants expressed a heightened awareness of the negative they quickly countered it with an awareness of the possibility for good. Having worked extensively in trauma counselling Alice was still able to say " I don't think the world's gone to hell, I think there's a lot of goodness and joy in the world, and I like to think I notice that too" (2:6). Liz also reflected "you could get like that for a while, you'd feel preoccupied about the dark side of life,...but maybe I became more realistic which isn't bad

either". Participants also reflected on how the work affects their sense of safety, "working with women who are abused and you see those kids every day. That also affects how you see the world, how you view your safety, how you look at relationships that you're in" (Alice 3:19-20).

These participants have found ways to balance their perspective by using positive images, attending to the good in people, and remembering people's potential for change. "It could get very dark just looking at that. It's not all black. But it can get like that some days or some weeks" (Liz 2:26).

Another specific change in perspective is an expanded awareness of social and political issues. Classes and literature that provide a background to understand social and political systems as well as the impact these systems have on clients, make these issues come to life:

When I got into the social work program I didn't think I was really naive, but I really was.

All of a sudden we were inundated with contemporary social welfare issues. So I'm inundated with women's issues, poverty issues, history of Aboriginal people, and abuse ...I was overwhelmed with all that negativity and it started to change my world view

(Andrea 1:6-7).

Alice adds "I think I'm much more aware of social issues than I might have been if I hadn't done this kind of work... so it's affected me on that level, politically, I'm much more interested in the aspects of the culture and politics that affect people's lives" (2:6). For Rita it opened up a previously unknown world that she would later come to embrace: "I never knew there was such a thing as feminism until I went into social work" (1:14).

For Andrea, who grew up in a protected and nurturing home, these new awarenesses were shocking and overwhelming at times. Such shifts in perspective are difficult, yet they are still looked upon favorably:

I'm tired of seeing the world through my eyes...but I'm grateful because I wouldn't want to be so naive or uninformed, or egocentric that I didn't recognize the truth of the way all of us as people have to suffer in our lives (2:14), ...I guess I feel like I get it...I'm better off without [those old beliefs]. So I think that's a gift I've gotten from the work (3:18).

Theme 9: Changed Perception of People

Becoming a counsellor also affects participants' perceptions of people. Three main impacts were addressed by the participants: respect for the resiliency of people, belief in people's ability to change and seeing all people as equal.

Witnessing clients' lives and struggles shows counsellors the resiliency people can possess. Resiliency can be described as the ability to grow and thrive despite harsh circumstances. Alice says that counselling has "given me an appreciation...for the tenacity of the human spirit, that people can hang in and survive despite really difficult circumstances" (2:2). Lori shares the same conviction of people's strength saying "one thing that really strikes me is the resiliency of people. I'm just in awe of that. I have so much respect for the way people process their lives" (1:4).

A fundamental part of resiliency is the potential for people to grow. Participants expressed their belief that all people possess the ability to change their lives. As Sara says "I think it's changed my view in terms of everybody has the possibility of growing in one way" (3:10). This view was supported by other participants' beliefs in people's capability to take responsibility for their lives and commit themselves to making changes.

Being a counsellor has provided the opportunity for participants to meet and connect with people with whom they otherwise may not have had contact. This opportunity is a good fit for those who entered the field based on an interest of people (Liz 1:4,10,30,31; 2:6, Rita 1:3, Alice 1:1,4; 3:2, Gwen 2:27, Lori 1:4). "I've been so enriched by meeting so many different people of

all ages, of all walks of life” (Lori 1:10). This applies not only to therapeutic relationships but also to the development of friendships. “I’m really thankful for the diversity of my relationships. If I hadn’t gone into social work I would not have that” (Andrea 2:14).

By working with a variety of people who are struggling with personal and interpersonal issues counsellors learn that human suffering is an equalizer. “If you’re in trouble with yourself it doesn’t matter what age you are or what salary you make, you’re in trouble and so you need to work through that and get some help with that” (Lori 1:10). Counsellors do not see themselves as any different in regards to healing; “really the truth is I don’t believe my journey is any different from someone else’s journey. Although I might struggle with different issues or I might struggle with a different history for sure they’re parallel” (Sara, 3:2).

Theme 10: Less Judgemental / More Accepting

The need to remain objective as a counsellor requires the suspension of judgment. All participants described the impact of being less judgmental. “There are so many different people in the world and they live in so many different ways and there’s all kinds of variations on things, who’s to say what’s right or wrong? The longer I’m in counselling the clearer that gets” (Rita 2:17).

Being less judgmental means being open to a variety of possibilities and becoming more accepting of people and their circumstances.

I think I can more easily now accept people who are very different from me, and not only accept them but sort of embrace them rather than be fearful. That’s where it comes from, it comes from fear. When there is judgement and criticism of other people, it’s based in my own fear. Accepting other people allows me to let go of some of my own fears, and see how wonderfully resilient they are, how much I owe them respect (Lori 2:16).

Liz adds that because she is non-judgemental and open to a variety of possibilities, it has allowed her to develop more inclusive values and be comfortable with non-traditional roles and people (1:24).

Theme 11: Increased Psychological-Mindedness

The development of psychological-mindedness was another important effect described by participants. A combination of the curiosity in people that prompted many participants to be counsellors, coupled with the desire to learn which keeps them in the profession, generates a propensity to be analytical as illustrated by Liz when she said, “[I’m] very curious. And always wanting to learn. And always wondering why did that person do that or how did they get to that point in their life. Almost too analytical” (2:6). They described how this ability to be aware of and have insight into psychological processes spills over into their personal lives in a way that is sometimes a gift and other times inhibiting. “I feel like I sometimes am overly analytical, and so I was saying that absolutely, that nothing is just simple anymore...I’m so tired of having to analyze this stuff all the time. I just want to be” (Andrea 2:21). A heightened awareness of human behaviour and social dynamics was also illustrated: “I think I have a really finely tuned antennae, so if I’m in a public place and I see dynamics that are the least bit suggestive that something isn’t okay, I’m noticing that” (Alice 2:2). They also demonstrated that with insight “you see how things are going to happen, you get a little intuitive” (Alice 3:4), which can translate into not being surprised by people or outcomes (Liz 1:24).

Psychological-mindedness involves an element of looking-below-the-surface and around-corners, which for some translates into not being able to “enjoy something for the present moment. I have trouble doing that” (Liz 2:7). Psychological-mindedness can also interfere with spontaneity as Andrea says, “I can’t just go! Because I have to think about everything that I do”

(2:21) and Alice agrees, "I'm less spontaneous. I'm much more thoughtful and absorbing of things, and considering of things than I used to be. So it probably gets in the way of spontaneity" (2:9). This phenomenon may be best described by the catch phrase 'analysis paralysis' (Quinion, 1996).

Theme 12: Increased Introspection

Becoming a counsellor leads to greater introspective. Introspection is the ability to reflect upon one's own internal experience. It is to be psychologically-minded about oneself. Participants describe themselves as more introspective, asking themselves questions about who they are, who they want to be, how they are coming across, how they are similar or dissimilar to other people, questioning their motives, and puzzling about the meaning of new experiences. "I think it's made me more introspective, and I'm certainly much more aware of my issues in my own life because of doing this work with other people"(Alice 1:4).

Theme 13: Increased Self-Awareness

Introspection or self-reflection is a process which places people on the path to greater self-awareness. Self-awareness is an understanding of oneself and one's processes. All of the participants saw themselves as more self-aware in a variety of ways as a result of becoming a counsellor. Andrea related being more aware of her needs (3:9) and preferences (2:18); Sara, of her reason for being and her personal journey (2:21); Liz, of her reactions (2:23) and personal struggles (2:38); and Gwen, her coping (3:5). Rita feels a large shift occurred for her: "I didn't really have a sense of who I was, what things meant and what my philosophy of life would be" (1:24), now

I feel pretty strong in some ways, that I don't think I did before, I'm pretty clear about who I am and what is important to me, and what I'm going to put my energy into, and

what kind of things I'll let go of, and how I feel about things (Rita 3:22).

Theme 14: Heightened Personal Responsibility

Self-awareness is an essential component for being responsible. Personal responsibility is displayed by a person who holds herself accountable for meeting her needs and wants while taking into consideration the boundaries and feelings of others and maintaining an awareness of the impact her behavior has on herself and others. All of the participants demonstrated that they have become more personally responsible. It involves being more independent, self-reliant, and owning and separating one's feelings and behavior from others. Rita shares "I'm responsible for my life, and if I want to make changes they have to come from me, which is the biggest thing I learned from becoming a counsellor" (2:2).

"[I] see myself as the master of my own destiny" (Rita 3:21). "I began to believe in my own power to take care of myself and to be able to make things happen" (Lori 2:19). These statements also reflect the sense of empowerment found in being responsible. "Take responsibility for your own life and for those of your children. That's what I believe" (Liz 2:18).

The impact of the participant's behavior on others translates simply for Sara into "I treat people the way I would want to be treated" (4:12). Gwen also says she has been "digging much deeper into my own patterns and much more with an eye toward owning my own behavior as opposed to blaming [others]" (2:15). A connection between psychological-mindedness and responsibility is illustrated by an exasperated Andrea. "I have to think about everything I do! I have to think about whether it's healthy, or whether it's going to be good for me, or if I'm going to compromise my integrity, or is it hurtful to someone else...it's endless!" (2:2)

Theme 15: Increased Self-Esteem

Participants articulated that becoming a counsellor made them feel better about themselves. This increase in self-esteem cited by participants was attributed to a variety of conditions associated with doing counselling work including being successful, feeling valuable, and personal growth. Gwen portrayed how her success and visibility in the field led to falling in love with her own image (1:14), which paralleled Andrea's insight "it's been good for my ego" (3:19) as it gave her permission to feel okay about herself and focus on herself (3:16). A variation of how doing the work builds self-esteem requires understanding that the person is the tool to do the work; "that was really exciting that you use yourself. It kind of made sense that you're valuable and you have something to offer, so I think it changed my view of myself ... [before] I didn't really have any self-esteem" (2:15). Liz addressed the fact that another contributor to higher self-esteem is personal growth, "I worked through a lot of that stuff, so that makes my self-esteem better" (2:37). As with confidence in counselling ability, participants saw fluctuations in esteem and room for further improvement. "It wavers all the time" (Rita 2:15). "I think I'll probably struggle with that forever" (Liz 2:37).

Theme 16: Intense Work Requiring Personal Energy

One difference between counselling and other professions may be found in the expenditure of emotional energy that is required to be present for others, to bear witness to painful and often traumatic experiences, and to use one's being as the tool to facilitate change. For novice counsellors this may be particularly overwhelming as they have not had the opportunity to develop competence and faith in their abilities or establish ways to cope with what they are hearing. Alice recounts what it was like for her at the start of her career which coincided with the time period when trauma and abuse were becoming major therapeutic issues,

I think that I was more affected by things I heard initially. We were astounded at what we were hearing...I scrambled, and I felt knocked off balance lots. I still can feel knocked off balance but...I'm not reacting to the drama of things as much as I used to (2:17-18).

Gwen also vividly recalls an experience early in her education:

I remember the power of it, the power of reaching into someone's story like that. And having such awareness of the impact of her story on me...and I was just struck with the power of the poignancy and loneliness I felt (2:2).

Participants talked about the intensity of the work and also the personal energy that is required for a one-sided interaction: "it's exhausting work" (Liz, 1:29). "I put lots of energy into being intensely present with people" (2:2), "its very draining, I find it really does take a lot of energy" (Alice 2:13). In regards to the emotional impact of hearing terrible stories daily, Alice raised the issue of "secondary trauma... I think it definitely affects me on some level. I don't think you can have it not affect you" (2:4). Similarly, Andrea talked about reading,

police reports about sexual abuse or physical abuse disclosures...with pictures...reading graphic details of children's disclosures, and I don't know where we put that in our body. I'm not sure how we carry that or what we do with that. There were times when I couldn't read anymore. It was just so terribly unhealthy to be exposed to that day and night (2:12).

Theme 17: Feelings of Powerlessness

Many people enter counselling out of the desire to help other people. When they are not able to provide assistance in a way that has meaning for them or to the degree that they would like they can feel powerless. When clients do not make the expected gains, counsellors can feel ineffectual and unrewarded in their work (Rita 1:20), or because clients typically address issues

that are not going well in their lives counsellors may not hear about the things that are going well or all of the client's successes. Also,

you don't see immediate gratification for what you do. It might be two or three years down the road they send you a Christmas card and say this is what's happening. And you could have been the impetus for that, but how do you know? So, you have to be kind of patient. You just don't see instant results from this work (Liz 2:9).

At times there are also systemic restrictions placed on counsellors which render them powerless such as caseloads that are unreasonably high (Andrea 3:3), a lack of resources (Andrea 3:4), having to work according to someone else's agenda (Andrea 3:21, Lori 2:18), or a workplace orientation that is contrary to a counsellor's beliefs (Andrea 2:17, Liz 1:10, Lori 2:18).

Themes of Interpersonal Impact

Table 2

Themes of Interpersonal Impact	Number of Responses
Theme 1: Reaction of Others	4
Theme 2: Communication Improved	7
a) Skills Improved	7
b) Speak so Others Can Hear	6
c) Disclose More Appropriately	4
Theme 3: Increased Assertiveness	4
Theme 4: Clearer Boundaries	5
Theme 5: Isolation	6
a) Retreat from Interaction	4
b) Nature of Work	5
Theme 6: Need for Affiliation	5
Theme 7: Sense of Separateness	4
Theme 8: Impact on Friendships	7
a) Consciously Maintain	6
b) Importance of Mutuality	7
c) More Intimate	7
Theme 9: Effects on Partnering Relationships	7
Theme 10: Effects on Parenting	3/4

Participants feel that, in addition to the personal changes that take place as one becomes a counsellor, interpersonal abilities and relationships are also affected. Not only does becoming a counsellor have implications for how they relate to others, it also has implications for how others relate to them.

Theme 1: Reaction of Others

People relate to others based on certain expectations which are sometimes generalizations or stereotypes. Counsellors are no less likely to experience people relating to them as caricatures of their chosen profession. People's reactions can be characterized in one of two ways; they relate either therapeutically or suspiciously. In describing her experience, Sara says, "usually there's two main reactions. One, that people will tell you the most detailed part of their story at a cocktail party, or they run for the hills scared of you." (4:9).

Relating therapeutically is exhibited by a person who engages in a conversation with a counsellor and discloses more deeply, often in inappropriate ways, than they would with other people. A related expectation is that the disclosure be one sided. "With a couple of people it hasn't been a very good experience, they want me now to listen to all their troubles, but it's very one sided and they get mad at me if I am (counsellor like)" (Lori 3:10-11). Rita had a similar experience in the workplace; "they saw me as a counsellor and had a whole lot of ideas about what that would be...that I wouldn't talk but I'd be available to them" (2:29), "so I think that some people thought well, you're a counsellor and you should be a certain way, which was mostly sweet and loving and listening. And meanwhile I wanted to talk" (3:8). Liz (2:5) and Lori (3:15) also cited that in general people are interested in talking with them, which they attribute to their ability to build rapport with ease and communicate effectively and openly.

In contrast, when relating from a position of suspicion, people are distrustful and guarded. This can apply to new social situations as Lori describes, "there's a wariness sometimes that I notice. There's a sense of 'don't try that on me' or an uncertainty of how to behave with me...it can be a little threatening for them" (Lori 3:15). Sara recounted her husband's reflection on their first meeting at a retreat:

If I knew what you did I never would have gotten close to you. I would have never talked to you. I would be so scared you'd analyse me and figure me out. I would have never in a million years discussed anything with you (3:8).

This pattern of relating extends to familiar and intimate social circles: "it got to the point where people were like, 'whoa, we better be careful because Andrea's here' " (1:8). Alice (3:6), however, found that neither of these reactions were typical of her experience and that her relationships were balanced, which was also a large part of the other participants' relationships which will be discussed directly.

Theme 2: Communication Improved

All participants confirmed that their communication skills were improved by their professional experience. Communication is the means by which the counselling process happens. Therefore, it is essential for counsellors to skillfully express themselves and understand others to be effective. The communication skills gained through the preparation for and the practice of counselling become integrated and generalize to the professional's personal life. "I'm a much better communicator by far than I would have been if I hadn't done this work" (Andrea 3:19). "I have more communication skills than I might otherwise have had, that are there in my personal situations as well as my professional situations, so they really do serve me well" (Alice 2:9). These range in degree from basic to advanced. Participants found that fundamental skills were improved, such as listening (Liz 2:4) and paraphrasing (Sara 2:24), as well as more highly developed skills such as empathy (Alice 3:4).

Just as it is part of a counsellor's job to teach "clients how to communicate in a way that people can hear them" (Sara 3:15), counsellors can also benefit from this valuable knowledge. Participants found that they have been able to utilize this for themselves. Delivering challenging

messages in a way that is non-threatening has meant for Liz that she speaks from her own experience without expectations of others (1:26). Andrea's communication style is now characterized by greater assertiveness and equanimity:

if someone says or does something that I find offensive or uninformed I'm a lot more gentle in my approach with that and a lot more humorous...I don't get angry...I communicate things in a much more respectful kind of way, and I'm usually able to say what I need to say or I'm able just to let it go (3:11).

Several participants portrayed having learned to disclose more appropriately in relation to the amount and the nature of material disclosed, as well as to whom. Once Rita learned about effective communication she was excited to use it, in contrast to the behaviours of her repressed childhood. She says,

I swung the other way and I was expressing myself all over the place...I didn't have any limits and so I was kind of discounted...so it's only in the last couple of years where I've been able to kind of keep a lid on it and try not to speak so spontaneously, and try to think about and say it in a way people want to hear (3:18).

Liz also found that she changed the amount she discloses. "I was always too open. When most people come into counselling, they probably have to learn to open up, I had to learn to shut up" (2:40).

For others the nature of disclosure changes so that they express themselves on a more intimate level. "I'm able to share my process...of what is going on inside...as a counsellor I've learned to do that" (Gwen 3:3). For Andrea this includes sharing the impact of becoming a counsellor with her family and friends so that they are better able to understand her (3:6).

Theme 3: Increased Assertiveness

Participants felt that becoming a counsellor has cultivated their assertiveness skills.

Assertiveness is the ability to make a statement in a clear and direct way that is neither passive nor aggressive in order to maintain or defend one's integrity. This has meant finding and using their voices to get their needs met. Rita recounts her experience in university courses, "the difference was if I had questions, I asked them...I had never done that before...I just wanted answers, or I wanted to understand...and apparently it was kind of an okay thing to do" (2:4). Other times assertive self-expression is necessary to defend against others compromising one's rights. "I've had to really stand up for my rights and who I am as an individual" (Liz 2:15). "I've learned how to tell people what I think and still be able to maintain relationships with them" (Andrea 2:18).

Theme 4: Clearer Boundaries

Participants feel that they have developed clearer boundaries. Boundaries are established around the expectations of what one is willing to do and what is acceptable treatment by others. This setting of limits is important in order to maintain a balance. Because the work is so intense it can be consuming. This intensity, combined with a desire to help others, can predispose one to be overly involved in work. "I've been forced to save myself from being too far into this, I've had to learn to protect myself... ten years ago I didn't know how to say "No, I won't do that, this is what I really think.... I guess the best advice I would give is, trust when you know that you can't do anymore" (Andrea 3:20). Another important boundary to be maintained is to not behave therapeutically in one's personal relationships. Given the integration of professional experience into personal and the resulting congruency, counsellors need to find a way to maintain a different function in personal relationships:

I hope that I don't become a kind of professional counsellor in all my relationships.

Because it's not appreciated and it's not helpful.... So, I need my skills, but I don't need to be the 'counsellor' in that setting. So it's a balancing act I guess (Lori 2:14).

Sara concurred, "that's funny because most people will call me, 'Sara, I'm in trouble'. Like, I have no desire to offer that in that way. I don't care to be their therapist. It's so not what I want from a friend" (2:6)... "the distinction that lays before me is one, I'm not taking them on their journey, and two, they're mutual" (2:6).

Theme 5: Isolation

Participants experienced isolation in two main ways. One was the self-imposed isolation that results from needing time alone in order to manage the intense nature of the work and use of personal energy:

Its made me more hermit like, I like to spend my time alone. I think because I put lots of energy into being intensely present with people, I replenish by not having to interact. So I like to spend a lot of solitary time. I'm not keen on a lot of intense personal interaction (Alice 2:2).

She acknowledges this as the downside to counselling for her personally, and says she tries not to withdraw. Andrea reacts similarly:

I cope by shutting out. I can't give out anymore.... I've talked to a hundred million [people] in my day and I don't want to talk to anyone anymore. So I get isolated. Even if my doorbell rings, there's times I don't answer it (3:5).

Isolation also can result from the independent nature of the work as well as the restrictions of confidentiality. The lack of social interaction can result in feeling cut off from others. This form of loneliness is more prevalent in private practitioners working alone, than it would be for counsellors who have the co-workers in their office for built-in support, sharing of ideas, and

water cooler chats. “When you’re working in isolation, ooh, it’s hard, because you haven’t got people to talk to....It’s pretty lonely, and for an extrovert it can become burdensome (Liz, 1:12). Gwen, who is in private practice, missed sharing ideas and social interaction, or ‘water cooler’ conversations of a less isolated workplace. She says that social isolation has “two dimensions to it. One was just social stuff, where somebody says ‘hey, did you see that show on TV last night.... But the second piece was...being in a creativity hothouse...I miss terribly that stimulation” (1:31).

This, combined with the pressure of being solely responsible for the therapeutic process can compound feelings of isolation. Liz (1:12&15) and Sara (4:4) concur that while having freedom and control over the counselling process is part of the appeal, it also means being the only one accountable for it.

Confidentiality restricts counsellors from sharing details of clients and sessions and limits them to sharing the essence of an interaction and their experience of it. However, confidentiality can be overimposed to the degree that counsellors become unable to talk about anything work related. “It was a very lonely job often. Who do you talk to? You can’t talk to anybody because you’re trying to keep confidentiality all the time” (Lori 1:17). For all of these circumstances, participants talked about setting up peer supports and supervision to combat the isolation and loneliness.

Theme 6: Need for Affiliation

All people have a need for affiliation, a need to feel that they belong with a person or group of people. The specific need for affiliation that developed for several participants was that of associating with people who were like-minded or doing the same work as them. Sara described her graduate work experience, “I think just fitting into a group of people that also are still excited about learning about people, that thought that this was their kind of calling. That’s

probably the most exciting part” (3:2), “it was like coming home...I’d finally found the network I was looking for” (Sara 2:22). The need to feel understood and have a shared experience with others provides people with a sense of belonging. Normalization and validation provide the security of knowing that others will accept them. This is reflected in Lori’s feelings about forming a peer support group: “I wanted to do it because I needed that camaraderie, collegiality, that feeling that other people were struggling with the same issues I was” (1:17). Andrea also found value in her coworkers: “They were people living their lives just like me, but they were exposed to something every day that other people couldn’t possibly fathom. So they got it” (3:19), “I can just be with them, and I don’t always have to explain myself” (Andrea 3:8). Frequently, meeting this need means developing new relationships.

Theme 7: Sense of Separateness

Finding a person or group of people to which one feels a sense of kinship is especially important because participants often feel different or separate from people who are not having similar experiences or shifts in beliefs. “I think that the exposure means that we are fish out of water in relation to most people” (Andrea 2:14). This sense of alienation can also extend to people with whom they had previously been close and with whom they now have a hard time relating.

What was really difficult in that time period when I was in school was that most of my friends - I’ve grown up in suburbia - that I hung out with were not in social work. They weren’t doing what I was doing, they weren’t hearing what I was hearing, they weren’t seeing what I was seeing, and I didn’t know how to maintain my friendships with them because I felt like I was often putting my integrity on the line. It was difficult to see things the way I saw them...even my language was different than theirs. We couldn’t

communicate anymore,... these were my friends that I'd had since I was six years old and I didn't know how to just relax with them (Andrea 1:7-8).

Drifting away from people can also happen in marriages, as Rita (3:11,12) and Gwen (2:5) indicated. When one person in the relationship is changing and growing and the other person is not, or is changing and growing in incompatible ways, it can create a chasm between the two people.

Another contribution to a sense of alienation is an unfulfilled need for affiliation. Part of what one learns as a counsellor is the potential and value of intimate relationships. Once people are aware of the possibilities they are also going to be aware of when they are missing out on them. When expectations of having those types of relationships are unmet a sense of disappointment and failure can arise. Rita feels she flounders somewhat in the realm of relationships because, despite knowing theoretically what one needs to do to have satisfying relationships, she has been unable to produce the desired effect and does not have many people in her life she feels close to: "I've been trying to cultivate friendships more so in those years...still that was a big disappointment to me that this fabulous circle of friends wasn't going to appear" (2:9).

Theme 8: Impact on Friendships

The participants were united in the perception that becoming a counsellor had affected their relationships with friends in three specific ways: they valued those relationships more, they were conscious about maintaining the relationships, and they felt their friendships were more intimate.

All of the participants indicated that they valued their friendships. For Gwen, it is an important part of her identity: "my friends give me a great deal. I really, really value friendship and

treasure it and want it to develop” (2:27).

Because there is value placed on these relationships, the participants discussed making a conscious effort to maintain and nurture them. “Friendship is really important... you shouldn’t take your friends for granted and just assume that they’re always going to be there right” (Alice, 2:14). Lori explains that despite being introverted “I know that there’s a richness in our friendships that I don’t want to turn my back on, so I nourish them for that reason. It’s conscious that I do it. It’s deliberate” (3:12). Other ways participants acknowledged consciousness in friendships were choosing friends (Liz 2:5, 3:13, Rita 3:2, Lori 3:10), maintaining regular contact (Rita 3:10, Gwen 3:12, Lori 3:11), regularly scheduling time together (Alice 2:4,16), attending to conflict (Lori 3:14), being responsible for oneself (Lori 3:10, Gwen 2:19), and maintaining boundaries (Lori 3:11, Sara 3:3).

Another factor related to friendships is the importance of intimacy within the relationship. Part of the development of intimacy centres around mutuality in the relationship. This reciprocal sharing differentiates personal relationships from therapeutic ones. “I have no desire to have a one way street because the truth is then they could be my clients...I’m really clear that a friendship has to be both ways, it has to be give and take...the fact is there has to be something in that for me too, it’s mutual” (Sara 4:5). Liz agrees, “I’d rather be with people who I can have a reciprocal kind of rapport with” (2:5).

An additional ingredient in the creation of intimate friendships is that the relationships have depth. “There has to be a sort of depth or interchange between you and the person that you’re friends with. And that’s the biggest thing, I’d say” (Liz 2:2). “My buddies”, Sara explains, “I want to be close to my heart” (4:5). This involves being able to talk to friends (and families) when one is in need of support (Alice 3:10), depth, honesty, intensity, and willingness to work out

difficulties (Gwen 2:19), and drawing energy from friends (Lori, 3:12): “friends are so fueling to me and connecting, some of my friendships just keep getting deeper and deeper. I feel like I just need a couple of really, really good friends to go to that depth with...that to me is what fills me up” (Sara 3:14). As previously discussed in relation to need for affiliation, many of these friendships developed through education and work. “I’d gone through Ed. Psych. and I loved the people there and I had intense relationships...they’re very dear to me and we now have this long, long association...they became rapidly very dear, and very much grew a part of the same story” (Gwen 1:6). Parallel to the desire to have depth in relationships, three participants also expressed an intolerance for superficiality in relationships and social situations. Participants also stated that they are equally likely to have friends who are and are not in the counselling or services fields. However, they confirmed that many valuable friendships were created through education and the workplace (Sara 1:10, Alice 1:12,14, Andrea 1:18,26, Gwen 2:6, Lori 3:2, Rita 2:28).

Theme 9: Effects on Partnering Relationships

Partnering relationships are not exempt from the impacts of becoming a counsellor, though the impact appears to vary depending on the developmental stage of the relationship during which changes occur. While there are hurdles to overcome in beginning any relationship, it seems that counsellors may have a few extra. Sara’s account of her initial meeting with her future husband reflects how people’s perceptions of counsellors can prevent two people from connecting (3:8). Another barrier to forming relationships is the previously addressed sense of being different or separate from others, generated by the feeling that others cannot understand the experience of counsellors. This limits potential partners to those who fall within this purview. Once a relationship begins it can continue to be an issue:

when I talk about...my work...there isn’t the understanding that I wish that there was...I

feel like I don't have the energy to teach him about this. I want to because I feel these good things in him, but this is so much a part of my experience that has brought me to where I am that I just want to be with someone who gets it (Andrea 2:15).

However, there are also dangers associated with partnering with others in the field.

"Sometimes when two people are in the same kind of job...there's a bit of a strain that's put on a relationship...I don't know if it's a competitive thing or if it's just a kind of grating" (Lori, 3:2),

"you can just get mired down in crap if that's all you see everyday" (Andrea 2:16).

Beginning an education involves a refocusing of energies that can detract from previous interests and obligations. Several participants attested to how immersed they became in their studies: "All of a sudden now, I'm out there and in love with what I'm doing, and it was really easy to kind of go overboard with that...and all of a sudden my energy's kind of withdrawn a bit, directed somewhere else, to something he doesn't know what it is" (Gwen, 2:4). The changes that counsellors undergo personally can create an interpersonal gap, especially if the other partner remains the same. Not only can drift occur, but as people learn about human potential and make changes in their own lives there can be the expectation that others will change along with them, and when they do not do this voluntarily, the counsellor can make attempts to engage people in the change process:

I was on the elevator going up on this path and my husband was still on the same floor...

my immediate assumption was he'll want to join me on this path. Well, he did not want to join me, and indeed felt very pushed, about my trying to suck him into this (Gwen 2:5).

This pressure to change may lead to a tendency to behave therapeutically in personal relationships and is most evident within partnering relationships (Liz 2:2, Rita 2:5, Gwen 2:5).

Because becoming a counsellor creates a shift in perspectives, it sometimes opens up the

door to new possibilities as it did for Rita when she ended her marriage: “he became more settled in his ways and I became a feminist, I became a social worker and I became a counsellor, and I could be the face of change, life didn’t have to be this way, and I went and turned [another] way” (3:12). Becoming a counsellor is cited as an important factor in the relationship ending, but not the only one.

Despite the strains that can be placed on partnering relationships, there are substantial benefits to be had as well. The skills and knowledge gained by becoming a counsellor are seen as assets. The improvements in communication previously cited also apply in the context of partnering. Intimacy and conflict management are more likely when one exhibits greater self-awareness, responsibility, ability to disclose, and ability to cope. As Gwen says, “if I could have [had] the skills that I have now to [use in] my relationship with my ex-husband back then, we’d still be together I think” (2:16).

Participants also reflected that they perceived their partners to have acquired more respect for them and their work:

I think he feels that what I have and the journey that I’ve been through really helps him, supports him... I think he was a bit clueless in terms of how to communicate certain ways, or what feelings really were but that door got really opened up, but he was also willing to open the door and really learn a tremendous amount of respect for what I am (Sara 4:8).

Lori (3:3), Liz (2:14), Gwen (3:16) and Andrea(3:20) concurred that their partners gained a greater respect for them and their work, and saw themselves as influencing their partners’ beliefs and self-expression.

Theme 10: Effects on Parenting

The four participants who are parents did feel that their parenting was affected but they did not expound on the issue a great deal. Three of the four felt it facilitated their parenting. Lori spoke at length about learning from child clients and gaining respect for them. She says “I think it’s made me a better mother in some ways, and it’s now making me a better grandmother” (1:22), adding,

I hope I listened better...I hope I learned to respect my kid’s process better and listen for it and not just be laying on platitudes from on high, but approaching them with greater respect...I certainly do that with my grandchildren. I have a great respect for children, I think that helped (3:7).

Liz read parenting and developmental books in an effort to learn to parent her children differently than she had been parented. “Even when they were little girls I remember I was reading books on psychology and I tried these different techniques. Some of them failed terribly, but some of them were okay” (2:17). She recognizes the ripple effect that her personal changes had on the whole family; “even along the way I think your family grows because you demand certain things. And you know the way you want things to be. And so you work towards that. And so it pushes the whole family dynamics to grow in some way” (2:2).

Rita feels she has passed along to her child much of what she has learned from becoming a counsellor beginning with leaving his father so that her child did not see his father treating his mother badly, or see her model an unhealthy relationship (2:26). In contrast to her own disengaged parents, she has tried to parent with directness, openness, and honesty, building boundaries that include how to treat her and other people with respect (3:13-14). She has also stressed the importance of effective communication and being able to get along (3:15).

Gwen was intensely involved in mothering and regrets that she may have “backed off too much” (2:7-8), partly by virtue of her children becoming more independent as teenagers, but also because she went back to school and shifted much of her energy to her studies. This resulted in greater distance between her and her children than she would have liked, not unlike the impact she perceives to have happened to her marriage. “My world is blossoming. So, inevitably I think there was distance...The relationship with my kids was changing a bit, just partly by virtue of their age,... I had a very intense relationship with my kids...but I think I backed off too much” (2:2-8)

Themes of Getting the Most Out of Becoming a Counsellor

Table 3

Themes of How to Benefit from and Manage Becoming a Counsellor	Number of Responses
Theme 1: Need for Balance: Replenish/ Deplete	5
Theme 2: Accept the Benefits of Becoming a Counsellor	7
Theme 3: Define Life by More Than Work	5
Theme 4: Focus on Self - Attend to Self-Care	7
a) Physical Activity	4
b) Have Fun	5
c) Use Creativity	5
d) Enjoy Nature	4
e) Meditate	4
Theme 5: Get a lot of Experience	4
Theme 6: Get support	7
a) Peer Support	5
b) Supervision	4
c) Counselling	7
d) Work Conditions	5
Theme 7: Take Solitary Time	5
Theme 8: Take Vacations	4

Theme 1: Need for Balance: Replenish / Deplete

The key to getting the most out of becoming a counsellor lies in the need to have a balanced life . This was clearly an important concept as it was consistently raised by participants and interwoven throughout the other themes. Balance is created and maintained when equal parts of give and take, replenishing and depleting, exist. There is value in understanding the impacts of

being a counsellor so that people can be prepared for them. Ways of working that consider the impacts and make the work more rewarding can be created, and hazards can be dodged or mitigated.

Theme 2: Accept the Benefits of Becoming a Counsellor

The balancing starts by accepting that becoming a counsellor is not just about giving; there are many things to be received as well. Counselling can and should also benefit the counsellor. The personal potential, rewards, and value from being a counsellor are substantial. The previous section is evidence that all of the participants have gained personally. Sara spoke most directly to the issue of how her profession has served as an important vehicle for growth in her personal journey:

I don't do [the journey] for them, I do it for me. That's really important to be clear about. It's not like this altruistic thing. But as I do it that opens up for others to make that choice... if you don't fill yourself up then you have nothing to give to anybody else. And if you keep giving out from an empty cup, you're just sort of the martyr syndrome who gives to everyone to fulfill your needs or you fill yourself up... and let it flow from there...and I think if you filled yourself up and never gave out that would be about taking and not giving back (3:11).

Theme 3: Define Life By More Than Work

As was previously mentioned, participants identified how much they enjoyed and were rewarded by their work, and they also said that it does not define their lives. To avoid being consumed by work it is necessary to have a full life outside of work. This can at times be a difficult commitment, as so much energy is used to counsel and personal relationships can be taken for granted. "I know what it's like to do this work and try to have another life. I know how

hard that is. I feel afraid of letting it slip as badly as I did last year” (Andrea 3:1). Alice also illustrates this danger:

years ago I remember my partner saying to me, when I would be just kind of quiet and not wanting to relate, that the people that I work with professionally get the best of me and that she should get the best of me, so I’ve held that in my consciousness... the same effort I put in my professional relationship is an effort I have to put in my personal relationship (2:18, 3:8).

“I can’t do this work without my friends and family. I can’t do this without my life at the end of the day” (Andrea 3:27). Having many interests and investments helps to maintain a balance. “ I think other parts of my life are really important.. my relationship,...I’m very active, ...my family,...my friends. So this is just part of it” (Alice 2:11).

Theme 4: Focus on Self - Attend to Self-Care

The basis of counselling work is founded in a one-way relationship where the undivided attention of the counsellor is directed to a client. This exclusive focus on others during work requires time to focus on self to balance it out.

It’s interesting how we go around all day taking care of other people, and at the end of the day sometimes I can’t even bother to wash my face before I go to bed... if you’re not careful you really put yourself last (Andrea 3:6).

In addition, the personal energy depleted by counselling others needs to be replenished. To this end participants were unanimous in the need for self-care. Liz explains, “refilling yourself has to come from yourself...because other people can’t fulfill your expectations” (3:7).

Self-care is frequently a deliberate effort from participants: “In a lot of ways I’ve built into my life now, way more than I ever did all through the years, self-care measures” (Gwen 3:11).

Sometimes, as above, self-care is used proactively as a protective factor and other times it is used reactively to alleviate an immediate and specific stressor. These participants, with a lot of experience behind them, have found a variety of ways to maintain balance in their lives.

To combat the sedentary nature of talk-therapy, physical activity and exercise are commonly used. There is contrast between the 'feeling' focus of counselling and the 'sensing' focus of exercise and nature. "It gives me back some of the joy and going to the gym fress my body up to take in joy and let go of the other junk" (Andrea 3:8). Walking (Gwen 2:29, Andrea 3:4), biking (Lori 2:17), hiking (Gwen 2:21), yoga (Gwen 3:13) "cross-country skiing, and snow-shoeing, and roller-blading and sailing, and golfing (Alice 2:11), and gardening (Gwen 2:21) are other ways of promoting self-care.

In contrast to the complex and analytical work of counselling, time for simplicity, fun, play and creativity are very important in the lives of counsellors. As Sara says, "I work hard and I play hard... my little kid [in me] needs time to play and not be so wise...I give it permission to do that" (2:2). Several participants identified the replenishing and beneficial effects of being outdoors (Gwen 2:21, Sara 2:17, Andrea 3:4) "to focus on nature, is really replenishing" (Alice 2:4). Participants also addressed avoiding other emotionally heavy things like intense, issue laden movies-of-the-week, reading the paper (Andrea 3:6), or watching the news (Rita 2:18).

Meditation is also used to maintain focus on oneself to become more centred (Lori 3:1) and calm and present (Liz 2:12, Gwen 1:28). While counselling requires creative energy, other forms of creativity and generativity such as writing, singing, gardening, drama, art, and clowning allow other outlets for self expression.

Theme 5: Get a lot of Experience

In order to gain confidence in one's counselling ability and work in a way that is most personally and professionally satisfying it is important to acquire as much knowledge as possible. "Really do an overview of all the theories out there and really experience lots, decide 'I have no desire to do this, this very much clicks' ...get a sense of what's out there and what's possible" (Sara 3:18).

It is equally important to continue to challenge oneself to avoid complacency and be replenished. New challenges, goals, and taking risks feed into the previously cited desire of participants to grow. Taking on difficult clients (Gwen 1:2), new jobs (Rita 2:2, Andrea 2:12, Gwen 1:10, Lori 1:9), and trying new theories and new ways of counselling (Gwen 1:18) avoids a "been there done that" (Liz 2:44) feeling. Lori says,

the danger for me is that if I find something that really works well and I hear myself using the same approaches over and over, I think it's time I learned another way. I think that the way of seeing things gets you in a rut. I really don't want to do that (1:18).

Theme 6: Get Support

The isolation and loneliness that participants addressed can be fought by getting professional and personal support from others. Participants' identified interaction with peers individually and in groups as being extremely valuable. Coworkers can provide a built-in support system. The camaraderie was particularly important to Andrea: "the whole idea that you're kind of in the trenches together saved me" (3:18). Peer support decreases isolation by providing a "social component" (Lori 1:17, Gwen 1:31), people to "debrief with" (Andrea 2:4, Gwen 1:21), a "reality tester" (Lori 1:17), "accountability" (Rita 1:22), and other people to "keep up in different territories of research" (Gwen 1:21). Peers can be used as a sounding board, or provide feedback

or a different perspective relating to clinical issues as well as personal assistance. If these relationships are not available within the workplace, participants believe it is advisable to create them with other professionals. Supervision can provide another, more formal process of feedback. Supervision from a senior colleague was cited as especially necessary for a novice counsellor with a great deal of uncertainty (Sara 3:4, Rita 1:19 Liz 1:5). As cited earlier, participants turn to their own counsellors to address personal issues that require more in-depth exploration.

It is important for counsellors to create a work environment that is most fitting for them. Issues that need to be attended to are work setting (Rita 2:2, Liz 1:10, Andrea 3:11, Lori 1:12), type of clients seen (Liz 2:19,44, Alice 1:9), caseload (Gwen 1:17, Lori 1:12), hours of availability (Gwen 3:12), and total hours worked (Alice 3:3). It is important that each individual find the balance that suits her so that she will derive a maximum amount of satisfaction from the work.

Theme 7: Take Solitary Time

Engaging empathically with clients is an intense experience which uses emotional energy. To offset this effect some therapists require solitary time: "It's made me more hermit like...I think because I put lots of energy into being intensely present with people, I replenish by not having to interact. So I like to spend a lot of solitary time. I'm not keen on a lot of intense personal interaction" (Alice 2:2).

Theme 8: Take Vacations

Again, because of the intensity of the work and the effort required to integrate new material, counsellors need blocks of time completely away from the work. Longer periods of time off appear to be most rewarding. "What I've learned is that if I take short blocks off I never really get a rest" (Alice 3:1). "It's exhausting work. It means too that you almost have to have a break

from seeing clients because you're just having a time where you're sorting stuff out. I should give myself a few months to do that" (Liz 1:29).

For a person to maintain a reasonable level of equilibrium while integrating any experience, it would seem to be crucial to keep an eye on maintaining balance and to take action when the scales tip too heavily in one direction.

The participants were impacted in numerous similar ways with subtle variations in the expression of each change that occurred. They have utilized their professional knowledge to facilitate their ability to establish, and continue to develop, ways to maintain balance in their lives. This in turn allows them to continue the integration of their professional and personal experiences, reflecting the interactive nature of the integration process.

Chapter III

Discussion

The purpose of this research was to identify how a career in the profession of counselling affects the individual. While this focus was maintained, the findings show that the personal and the professional cannot be fully separated because of the interactive nature of the two, where each informs the other. The interview questions asked participants to separate the two, but it appears that the more integrated one is the more blurred the distinction between the two becomes.

Although the themes reflect an important part of the participants' stories, they do not tell the whole story. The participants discussed many intensely interesting aspects about themselves and their work that were not addressed in the results as they fell outside the scope of this research topic.

The participants debriefed what the interview process had been like for them. They stated that it had been an experience they enjoyed and that was good for them. They felt that the interviews were thought provoking. As Alice said, "Well, it's been fun, its been interesting to reflect on these things" (3:15). Because their work requires counsellors focus on others, they welcomed the opportunity to be the recipients of some attention: "I hardly ever get to talk you know" (Rita 3:28). For Liz and Andrea who were reassessing their career paths, the interviews were a venue which allowed them to reflect on where they had come from and what those experiences had meant for them.

One of the advantages of qualitative research is its descriptiveness. Despite this, it still requires compartmentalizing similar concepts into 'boxes', which is difficult to do because of the complexity of the participant matter, humanness, and it also overshadows some of the subtle differences and nuances.

Nonetheless, the results repeatedly reflected that becoming a counsellor has definite effects on the counsellors and their relationships. The findings of this study are consistent with those from previous research. For these seven participants becoming a counsellor has provided the context and process for a variety of changes, some more substantial than others. Overall, participants found these changes to be life enhancing despite definite pitfalls. Participants reported being essentially happy people who are satisfied with their work. They felt that much of who they are is very much linked to what they do. They attributed much of their personal development to becoming a counsellor, and in sharing their perceptions they were also able to provide some insight into the process by which some of these changes occurred.

The benefits participants spoke of included growing personally, having greater social and political awareness, becoming more accepting, psychologically minded, introspective, self-aware, and responsible, and having greater self-esteem. Their perspectives of people changed. Having met a diverse cross-section of people, they appreciated people's resiliency and their ability to change. They also saw an improvement in their own communication skills and ability to be assertive. They had clearer boundaries, and created and maintained more intimate mutual friendships.

The most difficult aspects of therapeutic work were related to the intense nature of the work, the expenditure of emotional energy, feelings of powerlessness, fluctuations in confidence, a greater awareness of the more dangerous or negative aspects of the world, decreased spontaneity, feelings of isolation, and a sense of separateness from others.

The methods participants used to cope with these stressful circumstances and effects were diverse. All of the counsellors acknowledged having their own share of personal problems which they worked through via introspection, peer support and personal therapy. They felt that the

experience of having and working through these issues not only helped them develop personally but ultimately made them better counsellors. Participants also spoke to how they were able to personally harness the benefits of the profession and channel these gains back into their profession.

The previous literature shows that the effects of clinical work increase with years of experience (Mahoney, 1997). Being as one of the identified effects is greater self - awareness, participants would not only be more cognizant of themselves, they would also be more aware of the rest of the changes they undergo.

Some themes emerged which had not previously been underscored in the literature. The first was the issue of boundaries. Participants demonstrated how they had developed clearer boundaries and were able to implement them more assertively. This relates to personal responsibility, the second theme which participants highlighted in contrast to its receiving only passing reference in the existing literature. Part of the findings in relation to friendship was that the participants valued their friends highly and were very aware of the impact becoming a counsellor has had in this area. The participants addressed friendship more deeply compared to the literature which focuses more on partner and parent roles. It is possible that deeper coverage of familial relationships in the literature is a reflection of the greater attention and value society places on these relationships. In contrast, participants who were parents talked relatively little about the impact on parenting despite being questioned about it. One possible explanation for this is that participants' children are now adults, with the exception of one in his late teens. With the bulk of their parenting completed it may not be an immediate issue. The lack of discussion may also be related to the developmental point in their lives when they started to become a counsellor. If their children were older when they entered the counselling profession, parenting may not have

been affected in the same way it might have for practitioners with small children. A third possibility is that they did not see a connection between becoming a counsellor and parenting.

Themes that did not emerge in this study were those of burn-out or vicarious traumatization. Normal amounts of stress and emotional difficulty were expressed but not to the degree required to merit these conditions, with the exception of Alice, who refers to feeling this way earlier in her career (see p.71). The absence of vicarious traumatization as a theme may be accounted for by the fact that Alice is the only participant who has had a specialization in trauma, which she purposely no longer maintains, preferring instead to have a more diverse case load. While all counsellors encounter clients with traumatic experiences, vicarious traumatization is more likely for those who work exclusively in the area and are steadily confronted with graphic detail and required to engage empathically with the traumatic material (Saakvitne & Pearlman, 1996). An additional possibility is that, through years of experience, participants developed and fine-tuned coping techniques, referred to in pages 88 through 94, which have provided the buffer required to guard against vicarious traumatization. The beneficial effects identified by participants such as work satisfaction, increased self-esteem, ongoing personal growth, increased confidence, life-affirming perceptions of the world and people, improved communication, better boundaries, increased assertiveness and stronger relationships may counteract the more negative aspects of the work as well.

Participants more frequently cited stressors which created feelings of helplessness, frequently associated with burnout, as those related to working within institutional settings as opposed to private practice, where isolation is more of an issue. This finding, while somewhat counterintuitive, is consistent with the previous literature. Also, the assertion of previous research that older more experienced counsellors are less likely to burn out, matches the findings of this

study where the participants had between 10 and 28 years of experience to prepare them to deal with therapeutic stressors.

Limitations

The findings of the research may have been influenced by variables related to the sample population. The results may have been different if both male and female participants were used. As well, because all of the participants had a minimum of ten years experience, they could only reflect upon what it was like to be a novice counsellor. Novices themselves may have generated different results or added a different dimension. Because the interviews were limited to one point in time, participants also could only reflect upon changes as they recalled them.

While many of the effects the participants discussed were consistent enough to be considered themes, they were not necessarily affected to the same degree or in a similar way. As when any personal change occurs, the change will depend on the starting point and what is needing to be changed or enhanced. The participants have different histories. Therefore, the degree or nature of the impact could be related to the preexisting personality and socialization of the participant. Given that impacts are also shaped by what participants are exposed to, factors relating to counselling preparation and clinical work may be influential. Impact may vary depending on preparation; the form of the educational process, the classes or workshops attended, the type or quality of supervision experienced, the orientations and skills that were developed. Essentially, what was learned? Similarly, clinical experiences vary in a number of ways: specialization, trauma versus non-trauma work, caseload, supervision, and work environment are all factors that can determine impact. Presumably, as practitioners grow and change throughout their careers, the effects their careers have on them will change as well.

A final factor relating to impact is participants' current professional satisfaction and

personal circumstances. A positive or negative bias may exist depending on one's current outlook. However, when participants were asked at the onset of each interview if how they were feeling at that time affected their feelings about the work, they generally said no. Within this research, clusters of issues emerged to form themes. While I believe that quantitative research methods have played an important part in this research area, as evidenced in the literature review, I particularly appreciate the opportunity afforded participants by qualitative research to more fully explore their thoughts on an issue from various vantage points. This helped to provide a fuller more descriptive picture and allowed the themes to emerge.

While the interviewer experienced a good rapport with the participants and believed them to be genuine, the self-report format and lack of anonymity always have the potential to influence answers to be more socially desirable.

Implications

Despite these limitations, the findings have important implications for those currently practicing and those who enter the profession in the future. There are benefits to be gained and hazards to be negotiated.

Continued interest and investigation in this area represents a shift towards acknowledging and accepting the benefits rather than considering such a position unprofessional (Johns, 1997). There are implications for the individual, both personally and professionally, and the work. This shift not only allows but encourages professionals to harness the benefits and maximize the potential for both personal and professional gain. Feelings of being integrated, or 'together', combined with feelings of professional satisfaction, result in being able to do better work. Therefore, it is in the best interests of both the counsellor and the client for counsellors to utilize their knowledge and skills for their own betterment.

Acknowledging the potential hazards normalizes and validates the experience of professionals who encounter them. Creating realistic expectations also allows counsellors to be prepared to deal with the pitfalls of the work and the difficulties they may face. Such advance notice and preparation results in counsellors being able to handle situations more effectively when they arise. Addressing hazards directly underscores the need to take action to alleviate the detrimental effects, and to create conditions which minimize such dangers.

Integrating the issues of balancing personal and professional development, as well as maintaining a balance by maximizing the benefits and managing the dangers is an area that could be more purposefully addressed in education programs in the future.

Recommendations for Future Research

While causation cannot be concluded unequivocally, the participants did directly express that they attributed much of the changes they saw in themselves to becoming a counsellor and they also addressed the process of change when they had insight into it. The process of ‘how’ or ‘why’ these changes occur requires further investigation. These and other findings provide a pool of factors to draw from to explore to what extent each factor cited in fact influences various effects. Research to determine factor loading would facilitate an understanding of the change process.

Using both male and female participants may provide more representative findings. In addition, if one were to pursue this type of research under ideal conditions a longitudinal design beginning when one enters formal training and continuing throughout a career would be preferable.

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APPENDIX A

Appendix A**Description of Study
Effects of Becoming a Counsellor**

This study is being conducted by Tara Carlson, a Masters student at the University of Manitoba for the sole purpose of research for my Masters Thesis in Educational Psychology. The intent of this study is to explore the effects of becoming a counsellor. This will be accomplished by interviewing each participant up to three times. Each interview will be approximately one hour. The interviews will be recorded on audio tape for the purpose only of accurate transcription, and the tapes will be destroyed after the thesis defense. Participants may refuse to answer any questions, and also have the right to withdraw from the study at any time. At the conclusion of the study I will provide each participant will a summary of the results.

Confidentiality of the personal information given is assured. No identifying information will be included in the transcripts. Your right to privacy is taken seriously. Your information will not be used outside the context of this study, and no one will be given your name or any information about you, except in the following circumstances. Like everyone, I am required by law to report child abuse or neglect. If I believe that a child is in need of protection, Child and Family Services will be contacted. You will be given the opportunity to contact CFS first yourself if you need help. Also, if you do or say something that I honestly believe puts the life or safety of yourself or another person at risk, I will warn others and may ask for help from the police and other professionals.

Should you have any questions about me or the study, please do not hesitate to contact Tara Carlson at 452-9078, or my thesis supervisor, Professor Maureen Robinson at her office: 474-8605.

If you are interested in becoming a participant in this study, please call Tara to begin the interview process at your earliest convenience.

Thank you,

Tara Carlson

APPENDIX B

Appendix B

Letter of Consent

I have read the description of the study being undertaken by Tara Carlson. I understand what is expected of me as a participant and give consent to the conditions.

I, _____, give consent to take part in Tara Carlson's Thesis research study.

(Signature of Participant)

(Date Signed)

APPENDIX C

Appendix C

Interview Guideline #1

I'm really glad you agreed to meet with me. Just to give you an idea of what will go on in these interviews, I'll go over roughly what we'll be talking about. Today, we'll talk about how you came to be a counsellor. In the next meetings we'll discuss if becoming a counsellor meant there were any changes in the rest of your life, and then if those changes affected your personal relationships.

Check-in: what's going on for you, how are you feeling right now?

How do you think how you feel right now is impacting how you feel about the profession?

Tell me a bit about yourself and how you got here?

What made you want to be a counsellor?

Did anything else contribute to your decision?

Any life experiences or events (model, sig. event, trauma)

What was your preparation to become a counsellor like?

Education? Degree? When? How long? Where? Practicum?

Internship? Additional clinical training?

What's your practice like?

Primary setting see clients in?

clients? How long practicing?

Primary theoretical orientation?

When did you start to feel like a counsellor?

(Saw clients, got degree)

When did you start to feel competent?

Anything point specific to realization?

Gradual? Specific events?(validation)

Personal Information:

Age? Relationship status?

Is there anything that I've missed that you feel is important to add?

Thank you for meeting with me today.

Interview Guideline #2

Thanks for meeting with me again! Do you feel that there's anything that you didn't mention last week that you'd like to add today? Remember, details; dates, places, anecdotes are good to include. Last time we talked about how you came to be a counsellor.

**Check-in: what's going on for you, how are you feeling right now?
How do you think how you feel right now is impacting how
you feel about the profession?**

Have you given much thought as to how that process lead to any other changes in your life?

**Did any of that process lead to any other changes in your life?
What kind of changes?**

**How did it change the way you thought about yourself?
Has that changed over time?**

Did it change your views? Beliefs? Values? Philosophy?

**Has it changed your personality? Personal qualities?
The way you act? Expectations of self?**

**How do you feel about the changes overall?
Good or Bad?**

**What do you think caused these changes?
Theory? Clients?
Conscious or unconscious process?**

**Any significant events/ turning points/
or Gradual
Self-image
awareness/ insight/ reflection/ introspection
esteem/ confidence
spontaneity
self-reliance
wiser
disclosing
assertive**

**Is there anything that I've missed that you feel is important to add?
Thank you for meeting with me today.**

Interview Guideline #3

Thanks for meeting with me again. Remember, details, dates, places, stories, anecdotes are good. The last two sessions, we talked about how you came to be a counsellor, and what kind of changes that meant for you personally. Is there anything you feel we missed from those topics that you'd like to add today?

**Check-in: what's going on for you, how are you feeling right now?
How do you think how you feel right now is impacting how
you feel about the profession?**

**Today, I thought we'd talk about if any of those changes affected your relationships?
In what way?**

How did it change your views of people?

How did it change the way you relate to people?

Family?

Intimate relationships?

Friends?

Children?

Do you think, overall, these changes have been good or bad?

Have things changed over time?

Is there anything that I've missed that you feel is important to add?

Debriefing: How has participating in this study affected you?

What was the experience like?

What did you gain?

What did you like? Didn't like?

Thank you for meeting with me

APPENDIX D

Self-Care

Counsellors need to take of themselves. If these interviews raise any issues or concerns that you would like to address further, please talk to the family members, friends, or professionals that you find supportive. If you feel additional support would be helpful, I have included a list of some of the community resources available:

Crisis Services

Klinik Crisis Lines.....	786-8686
Mobile Crisis Unit.....	946-9109

Counselling Services

Family Centre of Winnipeg.....	947-1401
Jewish Child & Family Services.....	949-6860
Miriam Centre.....	237-5542
Youville Centre.....	233-0262
Grief Consultation Centre.....	989-4106
Fort Garry Women's Resource Centre.....	477-1123
Women's Health Clinic	947-1517
The Men's Resource Centre.....	489-3200
Winnipeg Gay & Lesbian Resource Centre.....	284-5208
Addictions Foundation of Manitoba.....	944-6200