EJQRP (2024) Vol. 14. 125-140 ISSN: 1756-7599

European Journal for Qualitative Research in Psychotherapy
www.EJQRP.org
European Association for Integrative Psychotherapy

"Feeling at home" or not? A qualitative investigation into therapists' experienced congruence between their personal self and their professional role

Ida Stange Bernhardt, Helene A. Nissen-Lie, Christian Moltu & Marit Råbu

Department of Psychology, University of Oslo, Norway *E-mail:* i.s.bernhardt@psykologi.uio.no

Abstract: Research suggests that conducting psychotherapy successfully involves an integration of professional and personal knowledge on the part of the psychotherapist. The concept of congruence has been used to convey an adaptive fit between the two, but less is known about how this integration is experienced by psychotherapists in their actual therapeutic work. Through in-depth interviews we aimed to explore how therapists experience their personal self as related to their professional role. Sixteen psychotherapists participated in the study, each interviewed twice. Interpretative Phenomenological Analysis yielded the superordinate theme: "Feeling at home" in one's professional domain. Three constituent themes conveyed both congruence and dissonance between the personal and professional domains: 1) Experienced correspondence between the psychotherapist's professional and personal selves; 2) How handling personal challenges is reflected in their work as psychotherapists; and 3) How personal issues are experienced as disruptive in relation to the psychotherapist's professional role. The findings both consolidate and expand on the view of congruence as a predominantly useful state by adding experiential detail to recent models of therapist development. The main implication is suggested to be the need to develop and maintain an active awareness of the potential tension and/or fusion between one's personal and professional self.

Keywords: Psychotherapist personal self, congruence, professional self, psychotherapist development, qualitative research

Recent research has provided evidence that psychotherapists` interpersonal qualities, such as their authenticity, responsiveness and humility are necessary components of therapeutic effectiveness (Ackerman & Hilsenroth, 2003; Allen, 2022; Anderson et al., 2009; Constantino et al., 2023; Gelso et al., 2018; Stiles & Horvath, 2017). It seems likely that such qualities are rooted in therapists' personal experience and develop throughout their professional life through an ongoing integration between their personal self and professional self (Barkham et al., 2017; Delgadillo et al., 2020; Finlay, 2022; Heinonen & Nissen-Lie, 2020; McLeod & McLeod, 2014). A growing body of qualitative and quantitative studies supports such an interplay between therapists' personal self, life experiences, their past and present relationships on the one hand, and their professional skills, training, development,

and theoretical affiliations on the other, (e.g. Bennett-Levy, 2019a; Bernhardt et al., 2019; Heinonen & Nissen-Lie, 2020). Various concepts are used to refer the therapist`s personal life such as "personal domain," "personal self," as well as "inter-/ intra-personal qualities" and/ or "skills." These concepts can be difficult to distinguish and are often used interchangeably. In the following, *personal self* is defined as how the therapists see themselves as persons relating to other people in light of their own life experience, relationships and personal beliefs/ values, while the concept of *professional self* is defined as how the therapist see themselves in the context of their workplace, their patients, their theoretical affiliation and so forth (Rønnestad & Skovholt, 2013, p. 145; Finlay, 2022). The aim of this study was to explore in depth how psychotherapists experience the interplay between their personal self and their professional role in the context of their actual work with clients.

The concept of congruence has been used to denote the authentic personal presence and personal quality of the therapist. It is assumed to play a vital part in the establishment of a real relationship and the therapist's ability for appropriate responsiveness – as in Roger's description of the therapist as "a congruent and integrated person" (Rogers, 1957, p. 96) and for the therapist's ability to be their genuine self (Gelso, 2011; Goldstein & Suzuki, 2015; Rihacek & Roubal, 2017). However, the term congruence is also commonly used to convey the presumed adaptive integration that takes place between the (genuine) person of the therapist (i.e., their personal self) and their professional skills, knowledge, and theoretical approach (i.e., their professional identity). Much of the literature on psychotherapist development emphasizes the value of this form of congruence, often described as a fit between the psychotherapist's personal and professional domains that contributes to the therapist's effectiveness (cf. Barron, 1978; Rønnestad & Skovholt, 2013; Skovholt & Jennings, 2004; Spinelli & Marshall, 2001). To reach congruence is generally emphasized in the literature as highly constructive, both as an intrapersonal quality and as a goal in one's professional development as a therapist.

In their seminal study of more than 100 therapists in different developmental phases, Skovholt and Rønnestad (2013, p. 145) found that optimal professional development "involves integration of the personal self into a coherent professional self". The authors introduced the concept of *anchored conceptual structures*, implying that theoretical and professional knowledge is gradually internalized and rooted in each individual therapist's inner world through repeated processing over time, optimally leading to an increase in experienced congruence between the therapist`s personal self and her professional identity. Other researchers have found congruence to be part of the therapists' growing maturity and autonomy and a typical characteristic of the experienced phase of therapist development, contributing to therapeutic efficacy (Skovholt & Jennings, 2004; Vasco et al., 1993; Wampold et al., 2017).

Concepts such as "private theories" (Philips et al., 2007; Sandler, 1983) and "embodied theories" (Spinelli & Marshall, 2001) address how therapists' personal self is integrated with their preferred theoretical model and professional role. "Private theories" concern how therapists' implicit (sometimes unconscious) clinical formulations affect their therapeutic work and clinical understanding (Sandler, 1983, p. 36). Researchers have investigated how such private theories of therapists and patients can either match, complement or contradict each other, and how this might affect therapeutic outcomes (Philips et al., 2007; Østlie et al., 2016). In their indepth exploration of eight therapists' accounts of "the ways in which they live their chosen theory" (p. 7), Spinelli and Marshall (2001) showed how their participants constantly engaged in personal theory building, experimenting with "trying on" and "trying out" different theoretical and methodological "outfits". This led the authors to formulate the concept of *embodied theories*, describing the process of how therapists continuously interpret – and re-interpret – their preferred theoretical models as part of their embodied selfexperience (Spinelli & Marshall, 2001, p. 2). Within this paradigm, *how* the therapist "metabolizes" theory (Bitar et al., 2007; Rihacek & Roubal, 2017), adjusting to the gaps and discrepancies between theoretical elements and clinical practice, is theorized to depend on her own clinical and personal experiences, and to have an impact on the therapist's professional role and how she conceives of therapeutic change (Sandler, 1983; Østlie et al., 2016).

Finally, congruence can be seen as a "match" between the therapist's underlying personality and her theoretical orientation. In a review of the research on psychotherapists' personality, personal epistemology (i.e., their individual conception of knowledge) and their choice of theoretical model, Arthur (2001) found that two distinctly different and internally consistent patterns of personal traits were associated with, a cognitive-behavioral orientation and a psychodynamic orientation, respectively. Arthur argued that when such congruence is established, it is likely a result of various personal variables "drawing" therapists toward a particular orientation, which seems consciously and unconsciously more appealing to them (Fear & Woolfe, 1999; Poznanski & McLennan, 2003; Safi et al., 2017; Topolinski & Hertel, 2007; Vasco et al., 1993, p. 183). In other parts of the literature, it is argued that if this embedded "fit" does not take place, dissonance occurs, leading therapists either to re-adjust – i.e., by changing/revising their theoretical stance to increase the experience of congruence (Castonguay et al., 2015; Råbu &

McLeod, 2018) – or, ultimately, to abandon their career as a therapist (Rihacek & Roubal, 2017; Vasco et al., 1993).

These conceptual and empirical contributions have explicated how making the professional domain "one's own" takes place through the process of theoretical appropriation and metabolization (Bennett-Levy, 2019a, 2019b; Heinonen & Orlinsky, 2013; Rihacek & Roubal, 2017; Rønnestad & Skovholt, 2013; Spinelli & Marshall, 2001; Spruill & Benshoff, 2000). Taken together, this literature seems to support an implicit understanding of congruence as a global adaptive concept, and developing congruence is highlighted as desirable and a fundamental part of an optimal trajectory in therapist development. However, if we consider the ongoing and fluid nature of these processes - involving the intertwining of our personal and professional selves (Finlay, 2022, p. 2) - in turn enabling us to stay present and responsive to different clients at different moments, it becomes clear that we have to do with a capability that is not developed once and for all. For example, in instances where the therapist`s personal presence is guided by personal needs or emotional state this could result in inadequate responsiveness and interventions, as well as stagnation or worsened outcome of the therapeutic process (Castonguay et al., 2010; Norcross, 2011; Rønnestad & Skovholt, 2013; Stiles et al., 1998; Stiles & Horvath, 2017).

Thus, the ways such personal aspects are integrated (or not) with the therapist's professional being needs to be explored further (Hannigan et al., 2023; Norcross, 2011; Rønnestad & Skovholt, 2013). Few empirical studies have focused explicitly on investigating how therapists themselves experience the relationship between their personal self and their professional role in their actual therapeutic work setting. Such contextualized knowledge about how synergies between the personal and professional potentially promote growth or stagnation in clinical work could be useful for clinicians faced with a particular stalemate in their practice. It could also provide insight into areas that can contribute to positive trajectories in therapist training and development (Castonguay & Hill, 2017; Moltu et al., 2010; Rønnestad & Skovholt, 2013).

In the present study, we aimed to explore how psychotherapists experience their personal self and their professional identity within the context of their actual work. We investigated the following research questions: How do psychotherapists experience their personal self as related to their professional identity? How is this relationship between the personal and professional experienced in the context of their clinical work?

Method

As part of a larger research program to which this present study belongs, we interviewed 16 therapists about how they draw upon and combine knowledge arising from life experience and professional work (Råbu et al., 2013). All participating therapists worked within the public mental health care system in Norway and were judged by their clinic managers as particularly able to establish constructive psychotherapy processes with patients. The overarching research program focused on dyads and included four in-depth qualitative interviews with each therapist over a period of two to four years, as well as one or two interviews with patients (depending on treatment and what was feasible), providing a rich and extensive dataset (see Kvale & Brinkman, 2008). The two initial interviews with the therapists mainly focused on personal and professional development and their experience with and views on psychotherapy. The current study is based on analysis of these two initial interviews with the therapists, with an analytic approach exploring how *their personal life experiences could be seen as related to their professional role.*

Participants

Recruitment

To recruit a sample of skilled therapists working with patients in naturalistic settings, we approached nine managers of public psychiatric outpatient clinics for adults in two metropolitan areas in Norway by email and asked them to nominate two of their staff members who were "actively working with clients, and whom they considered to be particularly trusted and effective clinicians". Public mental-health services in Norway are highly specialized and mainly staffed by professional specialists in clinical psychology and psychiatry, thus providing a sample working in the same type of setting seeing a range of patients with different problems but with a similar degree of severity. We then contacted the nominated therapists and provided them with written information about the broader aim of the larger collaborative project, which was described as follows: "To understand how therapists draw upon different sources of formal knowledge as well as more personal experiences in their therapeutic work". Of 32 nominated therapists, half declined to participate due to lack of time. 16 therapists completed the interviews used in the present investigation.

Therapists

The participants were 30–60 years old; two were psychiatrists, and 14 were clinical psychologists. Five identified as male and eleven as female. Thirteen had received their formal training at

Norwegian universities, consisting of a six-year program of professional studies in psychology or medicine, and three had received their training in other European countries. All participants had completed or were in the process of completing a postgraduate specialization program in psychotherapy. Their work experience ranged from 5 to 30 years, and they all performed clinical work and psychotherapy with adult clients. Their methodological affiliations (as selfdescribed) were eclectic, with differing theoretical orientations as a point of departure: psychodynamic (n=10), integrative (n=4) and cognitive/cognitive behavioral (n=2).

Researchers

The authors are all clinical psychologists and (Associate) Professors involved in research, teaching, and clinical practice. They are trained in various psychotherapeutic approaches (psychodynamic, integrative, and humanistic), and each has 20–25 years of clinical experience.

Interviews

The interviews were semi-structured, open-ended conversations aiming to establish an exploratory dialogue revolving around the questions in the respective interview guides developed for interviews with therapists and patients (see online appendix).

After the therapists had given their written consent to participate in the project, a researcher contacted each participant to make an appointment for the first interview. We informed the participants that the first interview would focus on their personal background, and that the second interview would be a continuation of the first, with the possibility of exploring possible central themes in greater depth. All interviews took place face to face, either in the office of the therapist or that of the researcher. The first author conducted 16 interviews, the second author 4 interviews, the third author 4 interviews and the fourth author 8 interviews. The interviews were conducted over a time span of 12–18 months, depending on the therapist's schedule. The interviews lasted 60–90 minutes and were audio-recorded and later transcribed verbatim.

Our design of two interviews allowed the relationship to develop over time and enabled the generation of more contextualized and rich descriptions of personal and sensitive topics that are less accessible in the initial interviews or if the interview takes place on only one occasion. When provided with an opportunity to go deeper into matters over the course of the two research interviews, the participants elaborated on specific topics, providing a description with more depth and complexity (Kvale & Brinkmann, 2008). Furthermore, serial interviews allow for validation from participants of the data coming from earlier interviews, or to get reformulations when needed (i.e., member checking, cf. Elliott, Fischer, & Rennie, 1999).

Data analysis

Because of the relational and dialogical nature of psychotherapy, the reflexivity and interpretative practice that characterizes human language, communication and relations becomes particularly relevant, highlighting the need to embed and integrate these aspects in the methods we use (Finlay, 2011; Finlay & Evans, 2009; McLeod, 2011). To get as close as possible to the meaning and essence of the participants' lived experience, we applied Interpretative Phenomenological Analysis (IPA) which was developed specifically to approach psychological and clinical phenomena and questions within the field of applied psychology (Smith et al., 2009, p. 4). As qualitative researchers we identify with an epistemological stance originating in theories and philosophies of science such as critical rationality, hermeneutics, phenomenology and ideography (Kvale & Brinkmann, 2008; Smith et al., 2009, 2022) stressing the nature of all social scientific knowledge as temporary in the sense that it can never be fully objective and always subject to revision. Our transcribed data-material includes the context and psychological dimensions of the participant, circumstances that in themselves may be subject for interpretation (F. Schleiermacher, 1998 in Smith et al., 2009, p. 22). By combining and integrating hermeneutic and phenomenological perspectives IPA provides both a framework and research method for exploring personal meaning in a detailed way with a focus on each participant`s lived experience (Nizza et al., 2021; Smith et al., 2007, 2022).

Smith et al. point out in their 2nd edition of IPA that analytic processes are complex, and IPA provide a framework that leaves considerable room for flexible use of the provided analytic strategies (Smith et al., 2022, pp. 75 – 76). As we were most familiar with the terminology and analytic approach described in the earlier version of IPA (i.e., Smith et al., 2009) we chose to conduct the analysis of the data-material according to the 6 steps described in the 2009 edition. The first author initiated the analysis by a close reading and re-reading of both interviews for all 16 participants (Step 1). This process involved initial noting/exploratory commenting (Step 2), searching for recurrent themes and common/differing experiences both within and across cases (Step 3, 4). From the beginning of the analysis, it became evident that the interviews brought forward a wide array of examples and reflections on how the participants experienced their personal self as related to their professional role. At this point these steps highlighted

material relevant to our research questions pointing to the notion of "feeling at home" in different ways as a tentative superordinate theme across all participant narratives (Step 4). The first author presented and discussed these preliminary findings thoroughly in several research meetings and symposia with the other members of the research group. In line with IPA and recommendations for the analysis of qualitative data (McLeod, 2011; Smith et al., 2009), members of the research group were further engaged in a stepwise collaborative process to identify and discuss central recurrent themes and sub-themes in the narrative of each participant (step 5-6). The preliminary themes and the condensed text segments for each participant were presented and compared, with detailed reference to the transcribed material, showing how the preliminary categories had emerged from the interviews and were consistent with what the participants had highlighted as significant and how these were similar or differed from each other (Table I exemplifies how the analysis proceeded through specific content, interpretative activity, and emergent themes and Table II shows the distribution of themes). Thus, the whole analytic process was characterized by a movement between the parts (i.e., particular statements or central themes in the narrative of one participant) and the whole (i.e., the use of the theme "feeling at home" as a guiding metaphor for the further exploration of how the participants expressed their experienced relation between the personal and professional domains) in line with IPA´s theoretical underpinnings (Nizza et al., 2021). Finally, the whole research group reviewed and discussed the themes on multiple occasions, until we reached a consensus about the number of themes and their descriptive labels (step 6).

To enhance transparency and trustworthiness, we performed member checking procedures with the participants when we had preliminary findings and themes from the analysis (Elliott et al., 1999). The themes were further validated by returning to the interview transcripts repeatedly to ensure a fit between the interpretation and the empirical data.

CONTENT	EXPLORATORY COMMENTS MADE BY RESEARCHER	POSSIBLE EMERGING THEMES
Therapist A: ...I sometimes feel a bit hopeless in my personal life with regard to… or that I don´t think about, I don´t remember that I can ask for help, or tell someone that I´m not doing so well or… express myself without being afraid... express something that is bothering me or--- yes…. And that I sometimes forget this with my patients as well, to remind them of their opportunity to turn to their network, or that they have the opportunity to protest if someone treats them unfair. I am a good therapist in the sense that I can help them get in touch with their own feelings of sadness or	Therapist relates own vulnerability and stagnation to how he struggles to provide the patients with what they need to move beyond the point where they establish contact and acceptance of their more depressive parts. Identifies with patients, describes himself as one that needs to fix things on his own, as «If nobody´s out there» to catch him when he falls or hear his protests. Communicates a desperate feeling realizing this problem without knowing how to solve it neither for himself or his patients.	Possible struggle to overcome personal (unresolved) issues in relation to client´s needs. (preliminary Theme 3)

loneliness, but not so capable in taking them further, and I have realized that this is related to my own process, and that I do not know how to take myself from such feelings of loneliness and despair.	*The account is verbalized in a rather incoherent, stuttering way with emotional intensity. Possible signs of the unresolved nature of these personal issues?*	
Therapist D: It stays with me, this issue of not having too much focus on my own history or myself… On the other hand, it is very easy for me to connect to the lives and stories of other people. In meeting with another person, I think of it as a resource. However, it is a strength that makes me tired, even burned-out sometimes.	Relates own history to both perceived strengths and personal pitfalls in her professional role as a therapist. Reflects on possible pitfalls and potential for burnout, and implicit communicates that these issues are something she needs to keep an eye on to prevent such negative consequences.	Reflective stance on one`s own limitations and possible blind spots (preliminary Theme 2)
Therapist B: It has always come easy for me, especially at the beginning of my career as a therapist, to take the perspective of the other, and keep the focus on the other. I have never struggled to feel empathy. This has come easy for me from early on, I do not find that very hard. At the same time, I think this sensitivity towards the other, towards what the patient thinks and feels links to my own experiences with conflicts and hurtful experiences from my upbringing.	Conveys a typical straightforward connection between own personal interpersonal qualities that he links to challenging experiences in his upbringing, without much reflection on how these experiences have made him more sensitive/ empathic, and the possible accompanying pitfalls that could play out in his therapeutic practice. The account is told in a rather selfconfident, matter of fact way, without much detail or emotion.	High correspondence between personal and professional domain, but without necessary reflection? (preliminary Theme 1)

Table 1: The initial process of IPA analysis, with examples from three participants

Reflexivity

In quantitative as well as in qualitative research, the researcher's intentions, assumptions, and theoretical affiliation will give direction to the research design and the researcher's interpretations (Alvesson & Sköldberg, 2000; Finlay, 2003; McLeod, 2011). Ideally, the "new" (i.e., the text or the data) is allowed to enter a dialogue with the "old" (i.e,. our beliefs and pre-assumptions) - through the researchers open and reflexive stance (McLeod, 2011; Smith et al., 2009). As researchers we acknowledge that there will always exist competing ways of understanding, and we strived to include these perspectives in our analytic process (Benton & Craib, 2011).

For example, as part of the analytic process the research group systematically engaged in reflexive writing tasks and discussions about their own personal self and experiences as having an impact on their own professional domain when working as therapists within different modalities (McLeod et al., 2021; Råbu et al., 2013; Råbu et al., 2019;). We reflected on our own experiences with being a client/ entering personal therapy, and of meetings with clients where we had experienced our own personal issues to become activated. These procedures engaged and guided us in the search for relevant themes and sharpened our awareness of our own positions and potential pre-understandings that might influence our interpretation of our material in both direct and indirect ways. Auto-ethnography (i.e., a method of selfreflective writing to explore personal experience and connect these experiences to a wider context) provided a framework for the analysis of these personal experiences (Bright et al., 2012; Sawyer & Norris, 2012), and was written up in a separate paper (Råbu et al., 2019).

In addition, as therapists` interviewing other therapists` we reflected on the tendency to want to ask questions that resembled interventions in therapy. While we believe that we in most cases managed to balance this line between being a researcher and being a therapist, we also identified instances where we possibly went "too far" into a more therapeutic dialogue with the participant (see also Ethics on this point). On a more positive note, our clinical background (and thus our pre-understanding) possibly gave us a better understanding of what the participants expressed regarding their experiences of their personal and professional selves in the context of their clinical work.

Ethics

The Regional Committee for Medical and Health Research Ethics and the Norwegian Social Science Data Services approved the main study (Råbu et al., 2013). All participants were informed both in writing and orally about the purpose of the research, expected duration, procedures as well as their right to withdraw from the research. We obtained informed consent from the participants prior to recording their voices for data collection. Audio-files and the transcribed material

were stored in a database specifically developed for storage of sensitive data at the University of Oslo. As anonymity can be a challenge in a small country like Norway, we removed or altered private details about the participants to ensure their anonymity. We ensured openness and possibility for feedback and member-checking by asking the participants explicitly during the follow-up interviews how they experienced being interviewed and being part of the project. Some participants addressed explicitly their concern about being evaluated by the interviewer, and it is possible that others hosted similar feelings without expressing such worries openly. The interviewer being a therapist can also be a disadvantage in terms of losing the necessary distance to produce the knowledge and understanding that we want from a research interview (cf. Reflexivity section on this point). A relationship over time also holds the danger of the researcher`s potential over-identification with the participant, losing the "productive distance" and the opportunity to report and interpret the data in a professional way (Kvale & Brinkmann, 2008). Such blurred boundaries between being an interviewer and a therapist can be an ethical challenge, for example if one evokes personal issues without having obtained informed consent from the participant to do so. On the other hand, many of the participants expressed that they enjoyed getting the opportunity to talk about their own experiences. The combined role of the therapist-researcher probably served as a facilitator, in the way that the participants felt they were talking to a peer who could understand their position.

Findings

Our analyses resulted in a thematic structure consisting of one superordinate theme and three constituent sub-themes. The superordinate theme "'Feeling at home' in one's professional domain" captures the essence of the participants' descriptions of how their professional life (i.e., their therapeutic work, their professional identity and preferred theories and models of change) corresponded in some way with their inner experience, providing them with a feeling of familiarity, belonging and a space for both personal and professional growth. All participants' data contributed either directly or indirectly to the three constituent themes, which describe various ways in which the therapists experienced their personal self and history as creating both congruence and dissonance in interaction with their professional role (see Table II for an overview of the distribution of themes). In the following, we describe the superordinate theme and the three sub-themes in greater detail.

Superordinate theme: "Feeling at home" in one's professional domain (Eight participants contributed with explicit reflection and illustrating examples, and eight offered more implicit reflections on the topic)		
Theme 1: *Experienced correspondence between the psychotherapist's professional and personal selves*	**Theme 2:** *How handling personal challenges is reflected in their work as psychotherapists*	**Theme 3:** *How personal issues are experienced as disruptive in relation to the psychotherapist´s professional role.*
(All participants but one contributed with explicit reflection and examples)	(Eight participants contributed with explicit reflection and illustrating examples, and eight offered more implicit reflections on the topic)	(12 participants contributed with explicit reflection and illustrating examples, and three offered more implicit reflections. One did not address the topic.)

Table II: Distribution of themes

Superordinate theme: "Feeling at home" in one's professional domain

Overall, a distinct sense of fit between the personal and professional domains was articulated by all participants. For example: "I feel there is a match between my professional domain, what perspectives I engaged myself in during my studies and what I personally feel I can contribute to… (participant pausing) I feel very much at home." This sense of "match" and "belonging" was related to various aspects of the professional domain, such as theoretical affiliation and type of postgraduate training, as well as the psychotherapeutic discipline and professional community as a whole: "I feel as if I can contribute something important within this field, as if I belong to this group and to this work. I feel very much at home in my work as a psychotherapist." Others described their initial engagement with the field of psychotherapy and clinical psychology as a very personal encounter, involving a deeper experience of congruence between their own inner, emotional world and the subject content of psychology:

> I immediately found the field of psychology to be very interesting. That is, I experienced it as shedding light on my inner world, my emotions, and my relations. I felt a correspondence between the theoretical concepts and my inner experience.

These feelings of correspondence and familiarity were described as providing a developmental space where it was possible to contain both one's personal and professional identity: "I thrive very much at the institute where I do my

postgraduate training. It feels like I have arrived at home, like walls that I can develop and grow within." The recurrent use of the word "home" and other expressions such as "walls", "field", and "inner world" metaphorically indicates a highly personal experience of a space where one can not only feel safe but also learn and develop. The participants' accounts gave rise to three constituent sub-themes specifying variations of how the notion of "feeling at home" was experienced, pointing to how the therapists felt their personal self to be both congruent and disruptive in relation to their professional role and theory of change.

1. Experienced correspondence between the psychotherapist's professional and personal selves.

The core feature of this theme was how personal characteristics described as rooted in formative life experiences seemed to correspond with the therapists' professional role in a notably direct manner:

> To think of others before you think of yourself, that was a strong norm in my family…and I think that has had an impact on me and on why I became a therapist. It comes very easy for me to walk into a session not knowing anything and just taking it from there… I even find this better than preparing and knowing too much, especially when it comes to the first meetings with a client! I have a confidence in myself that I can meet people spontaneously without having too much control over the situation.

This quotation illustrates how personal background is highlighted as a central feature of the therapist role, facilitating an open, not-knowing therapeutic stance. Most participants referred to such personal life experiences or their personal "way of being" as impacting their professional role in a similarly beneficial way – and as something familiar and reassuring. One of the therapists experienced recurrent hospitalizations as a young child. She discussed how these events had had an impact on her development as a person:

> For me, it has become a story about myself and my personality that is good, and that I have internalized in a way… That I was a good girl, not in the silent, well-behaved way, but more in a coping way, I was strong, sociable and amiable.

This narrative is mirrored in her description of herself as a therapist:

> As a therapist, I ask a lot of questions, actively checking whether what we're doing is useful, and to monitor the client's development between sessions. I am very attentive to what the client actually manages to do. I think this is representative of my therapeutic stance. Some therapists look more for pain, while I focus on strengths as the primary therapeutic tool.

The importance of finding capabilities and resources in the client appears to correspond with what this participant stressed as salient in her own personal history, illustrating how core elements of the therapist's personal development can be transferred to their professional theories of change. Such explicit correspondence between participants' personal life experiences and their descriptions of who they are and what they do in their professional setting was also apparent in statements about their theoretical and methodological affiliation:

> There is something about emotion-focused therapy that fits with how I think and what I feel is important in my own life too. More than just delivering a predefined "package," I feel the method as a part of me working to be sensitive and staying close to the other person.

This statement illustrates a feeling of congruence between theory, therapy method and personal inner world that was highlighted by many participants. Taken together, the narratives illustrate how one's therapeutic stance and professional theory of change can both emerge from – and reflect – the therapist's personal self in a quite direct manner, thereby creating a strong sense of congruence between the personal and professional domains.

2. How handling personal challenges is reflected in their work as psychotherapists.

The second theme concerns how personal experiences with change and overcoming challenges and obstacles in the participant's personal life were reflected in their work, as well as in how they conceptualized psychotherapeutic change. Complex narratives about experiences of change ranged from describing past and present significant relationships and life events to the discovery of various sources of contemplation and vitality, including numerous accounts of the value of personal psychotherapy.

One participant described how his decision to rearrange his personal life situation significantly contributed to his professional functioning:

> At one point I sold everything I owned and moved very far away. It was a very big step for me. I experienced a huge feeling of freedom; it was like I left all my responsible-psychologist-issues behind. I searched for different ways and areas where I could develop personally, to engage in physical exercise, yoga, and in general just experience

> nature as a source where I could achieve peace and calmness. I feel that these experiences enhanced my capacity for meeting and being with other people, a capacity so fundamental for our profession and in our work as psychotherapists.

On a general level, many participants reported similar experiences in terms of how their personal processes paralleled the conceptualizations of their work:

> Meditation for me is about achieving a kind of balance, being able to reset and let go of both thoughts and feelings, much the same as we work to achieve in the therapeutic setting. I have an image of myself and the client just sitting together, right now, at this specific point in time.

Several participants reported personal relationships in their private lives as a latent source of change. One participant, an experienced therapist in her fifties, described her vulnerability during adolescence due to several stressful events in her family. She provided a powerful account of the potential of significant personal meetings both for her personal development and for her later professional theories and concept of therapeutic change:

> When I grew up, two people made a huge impact because of their ability to put my emotional state into words. These meetings opened up such a marvelous universe, it changed everything. I think my wish to become a therapist derived from this experience: that it was possible to explore someone's inner world. The fact that someone else thought about me and my struggles, issues that I did not manage to think about at the time.

It is possible to retrace this personal experience of something unspoken being acknowledged and verbalized by another person in her emphasis on the importance of both containing and speaking "the unspoken" as a key mechanism in her conceptualization of therapeutic change:

> My personal experience of a language that could validate my feelings without violating my fragile boundaries. This is something that I think of as important in my current work with clients, that I can be with them, and we can get things done even if we don't always talk so much.

In this case, the ability to hold the other person's pain and vulnerability without fear is advanced as a central "principle of change" for the therapist, closely corresponding to her own history of change.

The above quotation illustrates the close relationship between what the participant considers her most important task as a therapist, the necessary preconditions for therapeutic change, and her own personal experience of change and development. Another participant highlighted her own personal therapy as guiding her in her work as a therapist:

> To experience that my feelings of contempt, shame, what I find most embarrassing … that it is possible to share this with another person, and that it can be contained and endured… To notice that "Wow, it wasn't that dangerous after all!" Gradually, to be able to endure more of myself. This has been most important for me in my own therapy.

This statement illustrates how many of the participants expressed the potential impact of a personal therapeutic experience on their conceptualization of change mechanisms and their way of working. Taken together, this second theme conveyed how the participants had dealt with certain challenges in their own personal lives, and how their professional idea of change principles reflected these experiences. The final theme concerns how ongoing personal issues can impact and create dissonance in relation to the therapists' clinical work.

3. How personal issues are experienced as disruptive in relation to the psychotherapist's professional role.

The third theme conveys how psychotherapists' current – and sometimes unresolved – personal issues can create disruption and interfere with their psychotherapeutic work and theoretical stance. More specifically, the participants verbalized how such experienced discrepancy between personal shortcomings and unresolved issues, on the one hand, and their theoretical knowledge and standards of professional work, on the other, could potentially be activated in working with specific clients or issues which evoked some vulnerability or limitation in them. In consequence, this was experienced as something that could potentially damage the therapeutic work and alliance. The following quotation shows how personal issues can collide with the therapist's theoretical and technical framework, experienced as creating a danger of enactment and losing sight of the needs of the client:

> I often feel the need to signal to the client that the world is not actually a safe place, because I myself experience it as quite dangerous... I also think that because I am quite bad at standing up for myself and letting other people know about my needs, I can easily feel frustrated and provoked when I meet clients that have values that I experience as colliding with my own. I can then feel a need to withdraw from them, not wanting or being able to listen to and support them… . I leave them to themselves, in a way.

Another participant, who described her ability to approach and cope with problems in an active way as significant in both her personal history and her professional work, described how she feels when her professional theory of change emphasizing agency does not match what the client does or wants:

> When the client comes to me, and the person hasn't tried anything [to solve their problems] …such idleness really makes me desperate and angry, angry at the system but also at the client. In short, I find it very challenging to contain the feeling of the client when such passivity meets my wish for agency.

Several of the participants brought up clients' feelings of dependency and need for attachment and closeness as both the most challenging and the most rewarding part of therapeutic work. One participant described her professional and theoretical approach as having a clear focus on the therapeutic relationship and working through emotions with the client. She reflected upon how certain clients can experience her "warm style": "I think a lot about my tendency to become 'too relational', in that my warm interpersonal style can become "too much" for some clients and may even intimidate them a little. I am continuously trying to balance it." At the same time, she also described a tension in how she as a therapist reacts if she feels that the client is too "needy" and demanding, drawing a possible link to her own personal history of having to take care of herself:

> I find it very uncomfortable if people demand to be taken care of in a passive way. I can feel anger and irritation, and a need to distance myself; I just want to let them deal with it on their own. I think it triggers some personal stuff, something from my upbringing?

Similarly, when talking about her childhood and relationship with her parents, another participant reflected on not being properly acknowledged by her parents and having to take on too much responsibility as a child: "I developed a form of avoidant-attachment pattern. It was like the less I asked for, the more I got, the less I was, the more they would love me." Regarding her work as a psychotherapist, she found challenging what she described as "clingy" behavior from clients and their articulating that she as a person is irreplaceable to them, potentially related to her own early experiences:

> A big challenge for me is to feel irreplaceable for someone else. I tend to feel invaded. I have clients who communicate to me in different ways that I am the most important person in their lives, and that they would not manage without me. As a professional I can understand and interpret this, but as a person I find it very challenging to stand it, to be so significant in someone's life… . to become this kind of "therapist-mother" sometimes raises doubt in me about my ability to handle it.

Through the highly personal quality of these accounts, this theme demonstrates how such disruptive inner experiences create dissonance precisely in relation to the theoretical model the therapist affiliates with, and the expectations of how the therapist role is supposed to be performed according to this model. Even if this was not explicitly stated, there is an underlying notion of "not feeling at home" when such dissonance occurred. Thus, one's professional "home" not only implies adaptive experiences but also provides boundaries that can create friction when our personal issues bump into its "walls". In sum, the three themes demonstrate and elaborate on different ways the psychotherapists' personal life histories can give rise to the overarching experience of "feeling at home", through both congruence and dissonance in relation to their professional work.

Discussion

Building on the rich knowledge base of studies on how psychotherapists' personal histories and personal characteristics influence their therapeutic work (e.g., Castonguay & Hill, 2017; Farber et al., 2005; Guy, 1987; Heinonen & Orlinsky, 2013; Heinonen & Nissen-Lie, 2020; Orlinsky, 2005; Rønnestad & Skovholt, 2013), we aimed to go one step further in this line of enquiry by specifically exploring the ways in which psychotherapists experience the integration between their personal self and their professional role in the context of their ongoing clinical work. Through two in-depth interviews with 16 therapists about how they experience their personal self as related to their professional role, we hoped to be able to reach the specific experiences of the dilemmas and tensions arising in the intersection between the personal and professional domains in the daily psychotherapy practice of the participants. Indeed, the participants' statements and personal narratives about how they "felt at home" in their professional work indicated an overall personal resonance with the insights and principles characteristic of their preferred theoretical approach. However, this sense of belonging/familiarity was formulated in different ways and with different degrees of experienced tension according to the nature of client states and clinical material. In some areas/instances, congruence with theory or practice was expressed in a quite straightforward fashion – as in, "this is who I am and have always been" – whereas in other instances the participants expressed a greater degree of friction and need for negotiation.

As explained in the introduction, much literature on psychotherapist development emphasizes the value of congruence – i.e., that a high degree of fit between personal experiences and professional ideas can be helpful (cf. Arthur, 2001; Rihacek & Roubal, 2017; Rønnestad & Skovholt, 2013; Skovholt & Jennings, 2004; Spinelli & Marshall, 2001; Heinonen & Orlinsky, 2013) – implying an understanding of congruence as a global adaptive concept. That is, the person of the therapist "as a whole" is seen to be somewhere on the continuum between incongruent and congruent in a certain stable sense, and achieved congruence is seen as an optimal trajectory of therapist professional development.

The findings of the present study, however, downplay the notion of a direct link between personality and theoretical preferences, delineating how experienced congruence and dissonance from the therapist's perspective is more of a fluctuating process, in which congruent and incongruent states can be present in a therapist simultaneously, regardless of theoretical orientation. Furthermore, these states seem to be mediated and influenced by both the therapist's personal life and the material presented by the client. This supports recent research highlighting therapist relational characteristics such as responsiveness, flexibility, and authenticity as more prominent for therapeutic outcome than the specific method used (Allen, 2021; Barkham et al., 2021; Gelso, 2011) – that is the therapist`s way of being rather than what they specifically are doing (Finlay, 2022).

The first theme (Experienced correspondence between the psychotherapist's professional and personal selves) illustrated how the participants expressed a considerable degree of congruence between their personal and professional domains without an explicit narrative about struggle or negotiation between the two. The descriptions were characterized by a pre-reflective experienced overlap between their own personal qualities and both their theory of choice and their therapeutic stance. These narratives could, on the one hand, be an expression of the therapist's "natural ability" in desirable therapeutic skills such as acting empathically, listening and staying present. On the other hand, such a high degree of experienced congruence between the personal and professional domains runs the danger of not being subject to the reflective attitude necessary to prevent premature/inadequate closure (Rønnestad & Skovholt, 2013, p. 233). Thus, congruence in the sense of an uncritically close fit between one's own psychological history and one's professional convictions may pose a danger of "blind spots" in the therapist and subsequent countertransference behaviors (see Gelso & Hayes, 2007; Hayes et al., 2018; Tishby & Wiseman, 2022). Moreover, such a lack of "friction" could arise from over-identification with some part of the client and perceiving their needs as corresponding to one's own past or present needs (cf. Gelso & Hayes, 2007), which could be framed as a narcissistic motivation on the part of the therapist (e.g. Barnett, 2007). It could also result from a personal need on the part of the therapist to keep dissonance at bay by staying in a certain therapeutic position, such as maintaining the feeling of being "the good helper" (Barnett, 2007; Bernhardt et al., 2019). In such instances, the congruence that is experienced could result in inadequate responsiveness to the other, as well as stagnation, and ultimately contribute to poorer therapeutic outcomes (Castonguay et al., 2010; Norcross, 2011; Rønnestad & Skovholt, 2013; Stiles et al., 1998; Stiles & Horvath; 2017). If we accept this premise, congruence can lead to productive processes insofar as it is accompanied by structured self-reflection and possibly even by professional self-doubt (cf. Nissen-Lie et al., 2017).

In Rønnestad & Skovholt's cyclical model of therapist development, an active and continuous process of professional reflection is associated with achieving functional closure promoting an adaptive pathway or trajectory (Rønnestad & Skovholt, 2013, p. 162). Our second theme (How handling personal challenges is reflected in their work as psychotherapists) represented narratives of personal challenges that seemed to be subject to such active work by the therapist to accommodate these experiences to their professional theory of change and role performance. These statements were characterized by a higher degree of ongoing reflection and often included verbalized experiences of *both* dissonance and congruence. Typically, this included accounts of how personal therapy, important relationships, or other practices such as meditation, yoga and so on had helped the participants work through their own difficulties, providing direction to their therapeutic work and professional development. Theme 2 thus illustrates one trajectory by which therapists' personal lives influence their "metabolization" and appropriation of theory (Rihacek & Roubal, 2017) and their professional role, namely through actively adjusting or focusing on certain aspects to create a greater degree of fit between personal experiences and professional role.

The third theme (How personal issues are experienced as disruptive in relation to the psychotherapist's professional role) suggests that experienced dissonance also represents a form of "feeling at home" or familiarity related to the professional domain, in the sense that disturbing feelings were acknowledged as potentially carrying relevant information about the discrepancy between the therapist's inner world and their theoretical stance and professional expectations. This came forward in the participants' accounts of how, due to their own challenges, they struggled to adhere to their preferred theoretical model's prescriptions of conducting psychotherapy. Several narratives addressed the importance

of maintaining a therapeutic stance (e.g., staying open and reflective when meeting anger/rejection from the client) while at the same time expressing this as challenging because of one's own personal struggles (e.g., underlying issues related to self-assertiveness, dependency versus autonomy). Thus, by describing how a *lack* of congruence could trigger a constructive reflection process and inner work in the therapist, this theme illustrates ways in which dissonance potentially plays a constructive part in the integration of the psychotherapist's personal and professional domains.
Conversely, when therapists miss out on the opportunity to handle and reflect upon such difficulties and challenges, it increases the risk of inadequate closure, negative therapeutic processes and therapist disengagement or stagnation (e.g., Gelso & Hayes, 2007; Rønnestad & Skovholt, 2013, p. 162). This is in line with recent research on therapist development stressing the importance of the therapist's capacity to contain his/her negative affect, insecurity, and the position of "notknowing" (Nissen-Lie et al., 2017).

We are not able to judge whether certain narratives in the material could be an expression of counterproductive therapeutic processes. However, some statements and themes in the material that were interpreted as examples of high congruence/high dissonance (as in themes 1 and 3) were interpreted as being of a less reflective character. For example, in several accounts the participants conveyed a strong sense of correspondence between their own personal history and their professional theory of change (high correspondence) or expressed confusion regarding how their personal issues interfered with their therapeutic work (high dissonance). Thus, in line with the cyclical/trajectories model of practitioner development, both limited or no experience of difficulties/challenges (high experienced congruence) and a high degree of experienced challenge can indicate a risk of enactment of countertransference (Hayes, 2002) and pave the ground for possible non-adaptive trajectories in the therapist's development (Rønnestad & Skovholt, 2013, p. 162; Vasco et al., 1993). This can happen either through the therapist's use of oversimplification or misattribution as defensive processes against the complexity in therapeutic processes (premature closure) or by the therapist's being overwhelmed and unable to integrate their understanding of the client in a useful manner (inadequate closure) (Rønnestad & Skovholt, 2013, p. 167).

In summary, whether the dynamics between congruence and dissonance become useful seems to depend on the therapist's awareness of their own inner experience and ability to subsequently handle such emotions. Thus, the results both consolidate and expand on the view of congruence as being a predominantly useful (global) state by adding experiential detail to recent models of therapist development which highlight the ability to reflect continuously on one's own experience of difficulties and challenges to avoid premature or inadequate closure (Bennett-Levy, 2019b; Rønnestad & Skovholt, 2013, p. 99). One could hypothesize that these inner processes on the therapist's part are especially significant and a necessary precondition for therapists' ability to stay open and responsive towards the individual client's needs, supporting recent research that highlights therapist's responsiveness, flexibility, and authenticity as prominent for therapeutic outcome (Allen, 2021; Barkham et al., 2021; Gelso, 2011).

Strengths and limitations

Levitt et al. (2018) propose the overarching concept of methodological integrity as a common foundation for trustworthiness across various approaches within qualitative research, replacing the traditional concepts of reliability, validity, and generalizability with fidelity and utility. Similarly, Finlay (2011) replaces the concepts of external validity and generalizability with transferability, referring to the idea that readers should be given sufficient information to judge the applicability of the findings to other settings. We believe that our design with serial interviews strengthened the fidelity and sensitivity (Levitt et al., 2018) of the findings by offering the opportunity to expand on central ideas over time and to clarify unclear or implicit aspects of the accounts produced by the informants (i.e., "member checking", cf. Elliott et al., 1999; Knox & Burkard, 2009).

Reviews show that the average number of participants in qualitative studies is 13, which suggests that a sample size of 16, as used in the present study, should be sufficient to obtain robust findings (Levitt et al., 2017; Malterud et al., 2016). Our participants were recommended by their managers as trusted and active therapists, but we lacked measures that could inform us about the overall effectiveness of these therapists. We also lacked direct access to the actual therapeutic dialogue and process between the therapist and their client(s), which could have been an important source for analyzing how each participant's unique personal style could be seen to play out in the therapeutic setting. Nevertheless, we believe that the strong engagement in clinical work voiced by the participants, their extensive training, long experience and the recommendations from their managers indicated that they were likely to be skilled and "good enough" therapists who could provide significant and useful insight into our research questions.

Another relevant concern pertains to the fact that there was an overweight of psychotherapists with a psychodynamic orientation in our sample. One might argue that this could affect the results in terms of the ways in which themes were

expressed and represented. In our study, all participants contributed to all three themes (Table II) regardless of theoretical orientation, thus lending credibility to the pantheoretical quality of the findings. This supports the idea that the use of self in therapeutic work is not determined by the therapist`s theoretical orientation (Finlay, 2022, p. 12). Finally, due to the homogeneous sample in our study we cannot say much about the impact of cultural differences in how one conceives of congruence as a desirable state and goal in therapist development.

Implications and future research

By highlighting the importance of both congruence and dissonance, the main implication of our findings for training and clinical practice are in line with many recommendations of researchers and clinicians within the broader psychotherapy community (cf. Bennett-Levy, 2019ab; Dryden & Spurling, 1989; Farber et al., 2005; Maruniakova et al., 2017) – namely, the responsibility that each individual therapist has to actively acknowledge and maintain an ongoing open and reflective stance towards one's own possible blind spots and personal issues that have the potential to interfere with one's development and therapeutic stance regardless of one`s therapeutic modality (Fernández-Álvarez et al., 2015; Hayes et al., 2018). How can we foster such responsiveness, flexibility, and humility in ourselves and in future therapists? How are we to raise awareness of how feelings of congruence and dissonance may vary according to oneself as well as the clinical material one is exposed to? Are there any cultural differences in how we perceive the adaptiveness of such processes in the therapist? How such learning processes take place would be an interesting area to explore in future research. In training and supervision of students and novice therapists the use of role-play and video-recorded simulations of clients produced for this purpose (e.g., like the FIS-videos used in Anderson et al., 2009), in combination with reflective tasks, could constitute a fruitful approach. Such tasks could also include training in actively addressing self-reflective questions about one's personal strengths and vulnerabilities, such as: What am I good at, and why? What are my personal beliefs about change? Upon which personal or professional grounds did these beliefs develop? When do I experience congruence, and to what extent do I allow potential dissonance to occur? Such "deliberate practice" (Rousmaniere, 2016) of reflective skills could help prevent counterproductive psychotherapeutic processes and enable psychotherapists to develop an active and continuous awareness of the dynamic between their personal and professional domains.

References

Ackerman, S. J., & Hilsenroth, M. J. (2003). A review of therapist characteristics and techniques positively impacting the therapeutic alliance. *Clinical Psychological Review*, *23*, 1–33. doi:10.1016/S0272-7358(02)00146-0

Allen, J. (2022). *Trusting in psychotherapy.* APA.

Allen, J. (2021). The role of empathy in the trustworthiness of the psychotherapist. *Psychiatry*, *84*, 250–255. doi: 10.1080/00332747.2021.1958588

Alvesson, M., & Sköldberg, K. (2000). *Reflexive methodology: New vistas for qualitative research*. Sage.

Anderson, T., Ogles, B. M., Patterson, C. L., Lambert, M. J., & Vermeersch, D. A. (2009). Therapist effects: Facilitative interpersonal skills as a predictor of therapist success. *Journal of Clinical Psychology*, *65*, 755–768. doi:10.1002/jclp. 20583

Arthur, A. R. (2001). Personality, epistemology and psychotherapists' choice of theoretical model: A review and analysis. *European Journal of Psychotherapy, Counseling and Health*, *4*(1), 45–64. doi:10.1080/13642530110040082

Barkham, M., Lutz, W., Lambert, M. J., & Saxon, D. (2017). Therapist effects, effective therapists, and the law of variability. In L. Castonguay & C. Hill (Eds.), *How and why are some therapists better than others? Understanding therapist effects* (pp. 13–36). American Psychological Association. doi: 10.1037/0000034-000

Barkham, M., Lutz, W., & Castonguay, L. (Eds.) (2021). *Bergin and Garfield's handbook of psychotherapy and behavior change.* John Wiley & Sons, Inc.

Barnett, M. (2007). What brings you here?: An exploration of the unconscious motivations of those who choose to train and work as psychotherapists and counsellors, *Psychodynamic Practice: Individuals, Groups and Organisations*, *13*(3), 257–274.

Barron, J. (1978). The relationship between personality of the psychotherapist and his/her selection of a theoretical orientation to psychotherapy. *Psychotherapy: Theory, Research and Practice*, *15*(4).

Bennett-Levy, J. (2019a). Why therapists should walk the talk: The theoretical and empirical case for personal practice in therapist training and professional development. *Journal of Behavior Therapy and Experimental Psychiatry*, *62*, 133–145. doi: 10.1016/j.jbtep.2018.08.004

Bennett-Levy, J., & Haarhoff, B. (2019b). Why therapists need to take a good look at themselves: Self-practice/selfreflection as an integrative training strategy for evidence- based practices. In S. Dimidjian (Ed.), *Evidence-based practice in action: Bridging clinical science and intervention.* (pp. 380–394). The Guilford Press.

Benton, T., & Craib, I. (2011). *Philosophy of social science*. Palgrave Macmillan.

Bernhardt, I. S., Nissen-Lie, H., Moltu, C., McLeod, J., & Råbu, M. (2019). "It's both a strength and a drawback": How therapists' personal qualities are experienced in their professional work. *Psychotherapy Research*, *29*, 959–970. doi: 10.1080/10503307.2018.1490972

Bitar, G. W., Bean, R. A., & Bermudez, J. M. (2007). Influences and processes in theoretical orientation development: A grounded theory pilot study. *The American Journal of Family Therapy*, *35*(2), 109–121. doi:10.1080/01926180600553407

Bright, F. A. S., Boland, P., Rutherford, S. J., Kayes, N. M., & McPherson, K. M. (2012). Implementing a client-centered approach in rehabilitation: An autoethnography. *Disability and Rehabilitation*, *34*(12), 997–1004. doi:10.3109/09638288.2011.629712

Castonguay, L. G., Boswell, J. F., Constantino, M. J., Goldfried, M. R., & Hill, C. E. (2010). Training implications of harmful effects of psychological treatments. *American Psychologist*, *65*(1), 34–49. doi: 10.1037/a0017330

Castonguay, L. G, Eubanks, C. F, Goldfried, M. R, Muran, J. C., Lutz, W. (2015). Research on psychotherapy integration: Building on the past, looking to the future. *Psychotherapy Research*, *25*(3), 365–382. doi:10.1080/10503307.2015.1014010

Castonguay, L. G., & Hill, C. E. (Eds.). (2017). *How and why are some therapists better than others?: Understanding therapist effects.* American Psychological Association. doi: 10.1037/0000034-000

Constantino, M. J., Boswell, J. F., Coyne, A. E., Muir, H. J., Gaines, A. N., & Kraus, D. R. (2023). Therapist perceptions of their own measurement-based, problem-specific effectiveness. *Journal of Consulting and Clinical Psychology*, *91*(8), 474–484. doi:10.1037/ccp0000813

Delgadillo, J., Branson, A., Kellett, S., Myles-Hooton, P., Hardy, G. E., & Shafran, R. (2020). Therapist personality traits as predictors of psychological treatment outcomes. Psychotherapy Research, 30(7), 857–870. doi:10.1080/10503307.2020.1731927

Dryden, W., & Spurling, L. (Eds.). (1989). *On becoming a psychotherapist.* Tavistock.

Elliott, R., Fischer, C. T., & Rennie, D. L. (1999). Evolving guidelines for publication of qualitative research studies in psychology and related fields. *British Journal of Clinical Psychology*, *38*, 215–229. doi:10.1348/014466599162782

Farber, B., Manevich, I., Metzger, J., & Saypol, E. (2005). Choosing psychotherapy as a career: Why did we cross that road? *Journal of Clinical Psychology*, *61*(8), 1009–1031. doi:10.1002/jclp.20174

Fear, R., & Woolfe, R. (1999). The personal and professional development of the counsellor: The relationship between personal philosophy and theoretical orientation. *Counselling Psychology Quarterly*, *12*, 253–262. doi:10.1080/09515079908254095

Fernández-Álvarez, H., Gómez, B., & García, F. (2015). Bridging the gap between research and practice in a clinical and training network: Aigle's program. *Psychotherapy Research*, *25*(1), 84–94. doi:10.1080/10503307.2013.856047

Finlay, L. (2011). *Phenomenology for therapists: Researching the lived world*. Wiley-Blackwell.

Finlay, L. (2022). *The therapeutic use of self in counselling and psychotherapy*. Sage.

Finlay, L., & Evans, K. (Eds.) (2009). *Relational-centred research for psychotherapists: Exploring meanings and experience*. Wiley-Blackwell.

Finlay, L., & Gough, B. (Eds.) (2003). *Reflexivity: A practical guide for researchers in health and social sciences*. Blackwell Science.

Gelso, C. J., & Hayes, J. A. (2007). *Countertransference and the inner world of the psychotherapist: Perils and possibilities*. Erlbaum.

Gelso, C. J. (2011). *The real relationship in psychotherapy: The hidden foundation of change*. American Psychological Association.

Gelso, C. J., Kivlighan, D. M., Markin, R. D., Hilsenroth, M. J., Lambert, M. J., & Norcross, J. C. (2018). The real relationship and its role in psychotherapy outcome: A meta-analysis. *Psychotherapy*, *55*(4), 434–444. doiorg.ezproxy.uio.no/10.1037/pst0000183

Goldstein, G., & Suzuki, J. Y. (2015). The analyst's authenticity: "If you see something, say something". *Journal of Clinical Psychology*, *71*(5), 451–456. doi: 10.1002/jclp.22181

Guy, J. D. (1987). *The personal life of the psychotherapist.* John Wiley & Sons.

Hannigan, B., van Wanrooij, T., Gaffney, M., & Quigley, J. (2023). Personal and relational ideologies of master therapists. *European Journal for Qualitative Research in Psychotherapy*, *13*, 1–17.

Hayes, J. (2002). Playing with fire: Countertransference and clinical epistemology. *Journal of Contemporary Psychology*, *32*(1), 93–100. doi: 10.1023/A: 1015543531230

Hayes, J. A, Gelso, C. J., Goldberg, S., & Kivlighan, D. M. (2018). Countertransference management and effective psychotherapy: Meta-analytic findings. *Psychotherapy, 55*(4), 496–507. doi:10.1037/pst0000189

Heinonen, E., & Nissen-Lie, H. (2020). The professional and personal characteristics of effective psychotherapists: A systematic review. *Psychotherapy Research*, *30*(4):417–432. doi: 10.1080/10503307.2019.1620366

Heinonen, E., & Orlinsky, D. E. (2013). Psychotherapists' personal identities, theoretical orientations, and professional relationships: Elective affinity and role

adjustments as modes of congruence. *Psychotherapy Research*, *23*(6), 718–731. doi:10.1080/105003307.2013.814926

Knox, S., & Burkard, A. W. (2009). Qualitative research interviews. *Psychotherapy Research*, *19*(4-5), 566–575. doi: 10.1080/10503300802702105

Kvale, S., & Brinkmann, S. (2008). *InterViews – Learning the craft of qualitative research interviewing.* Sage.

Levitt, H. M., Motulsky, S. L., Wertz, F. J., Morrow, S. L., & Ponterotto, J. G. (2017). Recommendations for designing and reviewing qualitative research in psychology: Promoting methodological integrity. *Qualitative Psychology*, *4*(1), 2–22. doi:10.1037/qup0000082

Levitt, H. M. (2018). How to conduct a qualitative metaanalysis: Tailoring methods to enhance methodological integrity. *Psychotherapy Research*, *28*(3), 367–378. doi: 10.1080/10503307.2018.1447708

Malterud, K., Siersma, V. D., & Guassora, A. D. (2016). Sample size in qualitative interview studies: Guided by information power. *Qualitative Health Research*, *26*(13), 1753–1760. doi:10.1177/1049732315617444

Maruniakova, L., Rihacek, T., & Roubal, J. (2017). How beginning counselors learn: The interaction of personal and professional experiences in counselors with an experiential orientation. *Counselling Psychology Quarterly*, *30*(1), 48–66. doi: 10.1080/09515070.2016.1148013

McLeod, J. (2011). *Qualitative research in counselling and psychotherapy.* Sage.

McLeod, J., & McLeod, J. (2014). *Personal and professional development for counsellors, psychotherapists and mental health practitioners.* Open University Press.

McLeod, J., Stiles, W. B., & Levitt, H. M. (2021). Qualitative research: Contributions to psychotherapy practice, theory, and policy. In M. Barkham, W. Lutz, & L. G. Castonguay (Eds.), *Bergin and Garfield's handbook of psychotherapy and behavior change: 50th anniversary edition* (7th ed., pp. 351–384). John Wiley & Sons.

Moltu, C., Binder, P. E., & Nielsen, G. H. (2010). Commitment under pressure. Experienced therapists' inner work during difficult therapeutic impasses. *Psychotherapy Research*, *20*(3), 309–320. doi:10.1080/1050330903470610

Nissen-Lie, H. A., Rønnestad, M. H., Høglend, P. A., Havik, O. E., Solbakken, O. A., Stiles, T. C., & Monsen, J. T. (2017). Love yourself as a person, doubt yourself as a therapist? *Clinical Psychology and Psychotherapy*, *24*(1), 48–60. doi:10.1002/cpp.1977

Nizza, I. E., Farr, J., & Smith, J. A. (2021). Achieving excellence in interpretative phenomenological analysis (IPA): Four markers of high quality. *Qualitative Research in Psychology*, *18*:3, 369–386. doi: 10.1080/14780887.2020.1854404

Norcross, J. C. (Ed.). (2011). *Psychotherapy relationships that work: Evidence-based responsiveness.* Oxford University Press.

Orlinsky, D. E. (2005). Becoming and being a psychotherapist: A psychodynamic memoir and meditation. *Journal of Clinical Psychology*, *61*(8), 999–1007. doi:10.1002/jclp.20173

Philips, B., Werbart, A., & Schubert, J. (2007). Private theories and psychotherapeutic technique. *Psychoanalytic Therapy*, *19*(1), 48–70. doi:10.1080/02668730512331341573

Poznanski, J. J., & McLennan, J. (2003). Becoming a psychologist with a particular theoretical orientation to counselling practice. *Australian Psychologist*, *38*(3), 223–226. doi: 10.1080/00050060310001707247

Rihacek, T., & Roubal, J. (2017). Personal therapeutic approach: Concept and implications. *Journal of Psychotherapy Integration*, *27*(4), 548–560. doi:10.1037/int0000082

Rogers, C. R. (1957). The necessary and sufficient conditions of therapeutic personality change. *Journal of Consulting Psychology*, *21*(2), 95–103.

Rousmaniere, T. (2016). *Deliberate practice for psychotherapists.* Routledge.

Rønnestad, M. H., & Skovholt, T. M. (2013). *The developing practitioner: Growth and stagnation of therapists and counselors*. Routledge.

Råbu, M., & McLeod, J. (2018). Wisdom in professional knowledge: Why it can be valuable to listen to the voices of senior psychotherapists. *Psychotherapy Research, 28*(5), 776–792. doi:10.1080/10503307.2016.1265685

Råbu, M., Moltu, C., & McLeod, J. (2013). The art and science of conducting psychotherapy: How collaborative action between client and therapist generates and sustains productive life change. University of Oslo, Department of Psychology.

Råbu, M., McLeod, J., Haavind, H., Bernhardt, I. S., Nissen-Lie, H. A., & Moltu, C. (2019). How psychotherapists make use of their experiences from being a patient: Lessons from a collective autoethnography. *Counselling Psychology Quarterly*, *34*, 109–128. doi: 10.1080/ 09515070.2019.1671319

Safi, A., Bents, H., Dinger, U., Ehrental, J. C., Ackel-Eisnach, K., Herzog, W., Schauenburg, H., & Nikendei, C. (2017). Psychotherapy training: A comparative qualitative study on motivational factors and personal background of psychodynamic and cognitive behavioral psychotherapy candidates. *Journal of Psychotherapy Integration*, *27*(2), 186–200. doi: 10.1037/int0000031

Sandler, J. (1983). Reflections on some relations between psychoanalytic concepts and psychoanalytic practice. *International Journal of Psychoanalysis*, *64*, 35–45.

Sawyer, R. D., & Norris, J. (2012). *Duoethnography.* Oxford University Press.

Skovholt, T. M., & Jennings, L. (2004). *Master therapists: Exploring expertise in therapy and counseling*. Allyn & Bacon.

Smith, J. A., Flower, P., & Larkin, M. (2009). *Interpretative phenomenological analysis: Theory, method and research.* Sage.

Smith, J. A., Flower, P., & Larkin, M. (2022). *Interpretative phenomenological analysis: Theory, method and research*. Sage Publications.

Spinelli, E., & Marshall, S. (2001). *Embodied theories.* Sage. doi:10.4135/9781446218013

Spruill, D., & Benshoff, J. M. (2000). Helping beginning counselors develop a personal theory of counseling. *Counselor Education and Supervision*, *40*(1), 70–80. doi:10.1002/j.1556-6978.2000. tb 01800.x

Stiles, W. B., Honos-Webb, L., & Surko, M. (1998). Responsiveness in psychotherapy. *Clinical Psychology: Science and Practice*, *5*(4), 439–454.

Stiles, W. B., & Horvath, A. O. (2017). Appropriate responsiveness as a contribution to therapist effects. In L. Castonguay, & C. Hill (Eds.), *How and why are some therapists better than others? Understanding therapist effects* (pp. 71–84). American Psychological Association.

Tishby, O., & Wiseman, H. (2022). Countertransference types and their relation to rupture and repair in the alliance. *Psychotherapy Research*, *32*(1), 16–31. doi: 10.1080/10503307.2020.1862934

Topolinski, S., & Hertel, G. (2007). The role of personality in psychotherapists' careers: Relationships between personality traits, therapeutic schools, and job satisfaction. *Psychotherapy Research*, *17*(3), 365–375. doi:10.1080/10503300600830736

Vasco, A., Garcia-Marques, L., & Dryden, W. (1993). "Psychotherapist know thyself": Dissonance between metatheoretical and personal values in psychotherapists of different theoretical orientations. *Psychotherapy Research*, *3*(3), 181–207. doi:10.1080/10503309312331333779

Wampold, B. E, Baldwin, S. A, grosse Holtforth, M., & Imel, Z. E. (2017). What characterizes effective therapists? In L. Castonguay, & C. Hill (Eds.), *How and why are some therapists better than others? Understanding therapist effects* (pp. 37–53). American Psychological Association. doi:10.1037/0000034-003

Østlie, K., Stänicke, E., & Haavind, H. (2016). A listening perspective in psychotherapy with suicidal patients: Establishing convergence in therapists and patients private theories on suicidality and cure. *Psychotherapy Research*, *28*(1), 150–163. doi:10.1080/10503307.2016.1174347

About the Authors

Ida Stange Bernhardt is a clinical psychologist, PhD, and an Assistant Professor at the Department of Psychology, University of Oslo, Norway. She has 20 years of clinical experience and have small private practice in Oslo. Her research interests are Therapist development and training of therapist skills, Psychodynamic therapy, Qualitative methods, Case studies, Psychoanalytic theory, and Psychoanalytic interpretation of fictional literature.

Helene Nissen-Lie is a clinical psychologist, PhD, and Professor at the Department of Psychology, University of Oslo, Norway. She has more than 20 years of clinical experience and runs her own small private practice in Oslo.
Her research interests are Therapist effects and therapist characteristics, Psychotherapy process and outcome research, Psychodynamic/psychoanalytic theory and Mechanisms of change in psychotherapy.

Christian Moltu is a clinical psychologist, PhD, and Professor at the Western Norway University of Applied Sciences, Department of Health and Caring Sciences, Bergen, Norway and District General Hospital of Førde, Norway. He has 17 years of clinical experience. His research interests are Psychotherapy, Clinical Feedback and Routine Outcome Monitoring, Participatory Research Methods, Recovery and Integration of psyche and soma.

Marit Råbu is a clinical psychologist, PhD, and Professor at the Department of Psychology, University of Oslo, Norway. She has more than 20 years of clinical experience and runs her own small private practice in Oslo. Her research interests are Exploring psychotherapy process with the use of qualitative methods, Case studies, Psychotherapy integration and developing qualitative research methods

Appendix 1

Art & Science

We have planned the interviews to be open dialogues around the themes we are interested in, and not as a series of questions and answers. Therefore we will use the interview guide as a starting point from where the dialog can move freely. By sending the informants questions and themes beforehand we will give them opportunity to prepare for the interview, which we think contribute both to make the informants feel in control of the situation and to giving us the opportunity to receive relevant and detailed narratives. From earlier studies we have good experiences by this way of performing qualitative interviews. In this project we will follow up with several subsequent interviews by the same informant. This is to be able to follow up and expand what is told in the previous interviews, when both the interviewer and the informant have reflected further on the themes, and because we are studying change in ongoing processes

Interview with the therapist about being a therapist

Why did you become a therapist? (A multi-layered question) Make better questions that cover "How do you use your formal and informal competence when you work with clients?"

In addition to everything you have learned about therapy, which of your personal qualities are important in your work as a therapist? Have any of your personal qualities been problematic?

What have the experiences you have had as a therapist provided you with – as a person and as a professional?

What have been the costs? Please think of concrete therapy processes which you think have been formative for the way you are a therapist, and which perhaps have influenced your personal life.

How has your work as a therapist influenced your close relations?

What are your thoughts about what therapy can contribute to of change and development for clients?

What are the most important characteristics of a "good therapist"? How will you describe "the good therapist"?

What do you think about the clients own contribution in the therapy process?

What do you think therapists can do to take care of them selves? What has been the impact (meaning, significance) of supervision and your own (possible) personal psychotherapy? Is there anything important I have not asked about?

Interview with the therapist about a specific therapy process If you should give a short description of what has characterized your meeting with this client and this therapy process, what would you say? How did you consider this client when she/he started the therapy? Did you initially have any thoughts about the therapy process, for instance about the length, challenges or other things?

Were there any circumstances from the start that you would like to mention?

How did you consider the client when she/he ended therapy? (if it has ended)

Do you think this therapy helped the client? In which way? What do you think have worked positively in this therapy? What may have been a hindrance?

Was there any turning points?

Was there any special challenges?

Did anything unexpected happen?

How motivated have you been for the sessions?

Has this client triggered any special reaction in you? (Feelings, thoughts, behavior)

Has there been any significant life changes in your or the clients life that have influenced the therapy process?

How will you describe your relationship with this client? What do you think about your own contribution to how the relationship became?

Is there anything important I have not asked about?