

How psychotherapists make use of their experiences from being a client:

Lessons from a collective autoethnography

Abstract

First-hand experience of being a client is regarded by many psychotherapists as making an essential contribution to professional development. Although research has not established any direct influence on client outcome, arising from therapist participation in personal therapy, qualitative studies have explored how therapists transfer learning from one context to the other. A group of six therapists-researchers engaged in a collective autoethnography in which we shared narrative accounts of our own experiences as clients. Together we covered a wide set of therapies, sought for varied purposes, and from different stages in the life-course.

Different areas of learning were identified: negative experiences could strengthen own convictions for acting differently; positive experiences worked as inspiration and support; being in therapy early in life represented a significant formative experience; working through complex personal issues in therapy gave the courage to identify similar conflicts in phantasies and realities of clients. The link between having been a client and working as a therapist is a subjective, reflective process of reworking figure and ground in the search for professional sensitivity.

Keywords: autoethnography, client experience, personal therapy, reflective learning, therapist development

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The experience of being a client has been regarded as one of the principal means through which psychotherapist skills and personal qualities have been nurtured. This has been reflected in the practice of mandatory personal therapy in many therapy training programs (Rønnestad, Orlinsky & Wiseman, 2016; Taubner, Zimmermann, Kächele, Möller, & Sell, 2013). Recent surveys have reported that more than 80% of therapists have experiences with personal psychotherapy, with many clinicians reporting multiple therapy episodes over the course of their career (Rønnestad, Orlinsky and Wiseman, 2016; Orlinsky, Schofield, Schroder and Kazantzis, 2011). Therapists tend to enter therapy for personal as well as professional reasons (Bike, Norcross and Schatz, 2009), and their personal accounts describe a wide range of ways the experience of being a client has had a beneficial impact on their confidence in the effectiveness of therapy, as well as fostering procedural professional competence and therapeutic skilfulness (Geller, Norcross & Orlinsky, 2005; Kumari, 2011). The idea that personal therapy functions as an arena for emotional learning is consistent with the finding that therapist capacity to handle emotionally challenging clinical situations represents a crucial area of professional expertise (Anderson, Ogles, Patterson, & Lambert, 2009; Jennings, Goh, Hanson, & Banerjee-Stevens, 2003; Moltu, Binder & Nielsen, 2010).

There is minimal evidence linking personal therapy to eventual client outcomes (Gold and Hilsenroth, 2009; Sandell et al., 2000). While this finding could be explained on the basis that there are many co-occurring mediating factors that influence therapist effectiveness across a range of clients, it is notable that Chow, Miller, Seidel, Kane, Thornton and Andrews (2015) found a strong relationship between client outcome and a simple measure of therapist involvement in professional development (amount of time spent improving knowledge and

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skills). However, interview-based qualitative research into therapist experiences of being a client has shown how learning and insight can be transferred from the one context to the other and identified ways in which the role reversal across contexts are configured into developmental narratives (Probst, 2015a). Reviews of the findings of these studies highlight self-reported positive effects in areas such as self-awareness, sensitivity to relational aspects of therapy, appreciation of the importance of boundaries, confidence in the effectiveness of therapy, capacity to cope with the stress of the therapist role, enhanced emotional functioning, and sense of professional identity (Norcross, Strausser-Kirtland & Missar 1988; Rønnestad, Orlinsky & Wiseman, 2016; Wigg, Cushway & Neal, 2011).

The present study reports on the use of an autoethnographic approach to facilitate intensive exploration of how therapists actively engage in the process of transferring learning from their personal therapy to their practice with clients. Autoethnography is a form of qualitative inquiry that provides a structure for the analysis of culturally and theoretically-relevant themes grounded in personal experience (Muncey, 2010; Ngunjiri, Hernandez & Chang, 2010). Autoethnographic methods are being increasingly used in psychotherapy research to provide contextualized narrative accounts of theoretically significant episodes of lived experience (Brooks, 2011; Fox, 2014; Meekums, 2008; Rober & Rosenblatt, 2017; Speciale, Gess & Speedlin, 2015)

In an ongoing research project directed at understanding the interconnections between professional and personal experiences in the lives of psychotherapists (reference withheld for anonymous review), we conducted interviews with mid-career psychotherapists and reflected upon and discussed with each other how these therapists described and accounted for specific experiences in the format of episodes, as well as more generalized reflections about the theoretical foundations for their work. One aspect of how research participants made links between their professional and personal experiences particularly caught our attention.

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Interviewees consistently attributed positive effects in therapy practice to having been a client in psychotherapy themselves. Yet, when interviewers and interviewees addressed such experiences, the conversation sometimes seemed to be so loaded with mutual understanding that the accounts offered by informants lacked both rich immediate description as well as further reflection around this topic. It was as if the two parties shared the assumption that personal therapy was of significance, and therefore they did not really exchange and explore the issue. These somewhat meagre descriptions of how possible effects of personal psychotherapy evolved, together with the expressed significance of having been in therapy, were paradoxical and intriguing. We hypothesised that, in these qualitative interviews, the existence of taken-for-granted shared understanding and values might have hindered active exploration. This made us ask ourselves whether it might be valuable to explore our own experiences of being a client, as a means of looking more closely at what was not being said in our interviews with research participants.

The aim of this autoethnographic study was to look in more detail at therapists' experiences of what and how they learn from and use their experiences as clients. We sought to transcend the potentially limiting influence of adopting a cause-and-effect inquiry strategy that asked whether personal therapy has an impact on the ways one act as a therapist, or not. Instead, our aim was to explore and document the active process of learning that took place within this domain. Our primary research question was: How do therapists reflect on and use their experience of being a client to inform their work with clients?

Method

The present study comprises a collective autoethnographic inquiry, where six experienced therapists wrote independently about their lived experiences with the topic at hand, shared and explored these written narratives in a series of structured meetings, and worked together to identify significant lessons and agree on a set of exemplar narratives that represented key

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aspects of the phenomenon. As stated in the introduction, the present study grew out of our experience from working together in a larger research project. When we experienced that it seemed to be hard to make sense of what therapists we interviewed had learned from their own therapy, we agreed to embark on a collective autoethnographic study of our own experiences to elaborate on and widen our understanding of this complex area of knowledge.

Participants

The research group consists of eight researchers. One lives on another continent and was therefore not able to participate in this sub-project. Another researcher has a different profession and academic background. The other members of the research team took part in the study. The reflexive inquiry group therefore comprised six therapists (four women and two men) with extensive experiences from psychotherapy research and training as well as seeing clients and conducting supervision. Two members in our group (one woman and one man) were approaching the end of their career, the four others were mid-career. Two of those in mid-career were training to become psychoanalysts, and therefore in personal therapy for the time being. The therapeutic approach espoused by these two members was primarily psychodynamic, while the four others were integrative therapists influenced by psychodynamic, humanistic, emotion focused, narrative and systemic ideas and methods.

Procedure

When the members in the research group started working to consider what their experiences from being a client could possibly mean to them, one group member took the role of coordinator. The procedures followed in the present study followed the general principles of collective autoethnography (Sawyer and Norris, 2012), and in particular the version developed by Bright, Boland, Rutherford, Kayes and McPherson (2012).

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The procedures consisted of two steps: First, all members independent of each other produced their own written notes with experiences from being in therapy and reflections over them. Each participant was invited to generate data, in a format that could include description of events, as well as considerations of what was taking place, and eventually connect to forms of awareness and procedures as psychotherapists themselves. There should be at least one account from each person. Second, we read the collection of reflective notes and discussed and expanded upon them in groups repeatedly over a period of 24 months. During this process, each participant generated further examples of how they had applied experiences from being a client, within their own clinical practice. Analogous to field notes, such case records had a written format that allowed them to be interpreted and reinterpreted, without changing the basic written text. Both steps in the process of analysis were designed to open up the taken-for-granted-ness of our own assumptions, by allowing own written records to encounter those of others in conjoint efforts to offer interpretations and spell them out for inspection.

In the reflective phase of the project, all group members returned to the full material repeatedly. As a consequence of discussions, the author of any account was invited to provide further detail, and all participants engaged in comparing content across authors, and across reasons for being in therapy. Each of these written accounts served as the focus for separate 90-minute group discussion sessions, in which other members shared their responses to the account, including their own similar or different experiences. The collective work on the analysis was directed at bringing to attention the many possible formats of transfer of experiences from the one context and position (being a client) to the other (being a therapist). These lessons were facilitated by all participants, sharing and comparing experiences and what they made of it.

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The coordinator made notes of these discussions, which were circulated, commented on, and eventually agreed upon by all members of the group. The group met over multiple further occasions to identify significant areas of learning and to work on the present paper. Not all members could participate each time. Additional email correspondence between members of the group occurred throughout the process. All members of the group were aware of the literature on personal therapy, and debates within the profession around the value of this activity. Discussion of connection between autoethnographic data and this broader literature took place in the closing stage of the project. In the write up phase, drafts of the paper facilitated additional discussion, comments and further revisions.

All participants subscribe to the four subheadings in the result section as ways to select, draw on and use lived experiences from being a client. Each of the developmental domains presented in the results section (below) were endorsed by all participants as forms of learning that were meaningful to them. Typical of collective autoethnography (Sawyer and Norris, 2012), findings are presented in the form of narratives that have been selected to convey our collective understanding.

Ethical issues

In studies where the participants and the researchers are the same set of people, one cannot comply with the usual procedures for securing anonymity. In written accounts of experience, and ensuing discussion, we did not refer to third parties (e.g., the therapists we had seen) by name, or in ways that would allow them to be identifiable (Tolich, 2010). It was possible to anonymize the mentioned therapists since the therapies took place in different countries and different part of countries, and at different times over a 50-year period. In addition, the meaning of actual episodes and the further discussion of them was not to evaluate the therapists, but rather to reflect upon the ways in which our therapists had

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contributed to shape our own way of being psychotherapists. The meetings in the inquiry group facilitated additional interpretations of the written material. In order to handle possible conflicts or disagreements between interpretations, the process was very tentative and was kept open for an extended period. In the process of writing up this manuscript, we created additional procedures for transforming our personal experiences into more general results. The specific identities of inquiry group members contributing data within the present publication are not disclosed for the individual quotes (Chatham-Carpenter, 2010). Gender is disguised in all cases except one where gender was essential according to the meaning of the narrative. All participants gave their consent to use this material in the current study and read through and approved of the full manuscript.

Results

As a group, we encompassed a wide range of therapeutic experiences. Some therapies arose from personal need and choice, while others were mandated or recommended in the context of undergoing therapy training. Relevant examples were both coming out of being clients in long-term psychoanalytic therapy, and also from brief therapy of different kinds, as well as single consultations for particular problems. Encounter formats varied from individual therapy to group therapy, couples therapy, family therapy and growth groups. Each member of the inquiry group offered contrasts between therapies that they had received that were helpful, and those that had been unhelpful or had mixed outcomes. The lessons arising from these episodes could not be described in terms of linear effects, but rather as processes through which realization of how the most recent experiences of personal therapy invited reinterpretations of earlier ones. The links between having been a client encountering a particular therapist and becoming and being a therapist oneself were established by an active agentic process. Rather than condensing the material into abstract categories, we paid

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attention to the concrete, contextualised narratives that each participant brought forward. How participants have transferred their experiences from one position (being in therapy) to the other (being a therapist) can from the viewpoint of the researchers be seen as transformation and validation of the experiences. The reflective conclusion from participants “this is how it worked for me” is not just seen as a one-time event, but explored as a possible lesson that can be repeatedly revisited and made sense of. In the following sub-sections we present a selection of narratives that represented particularly salient and theoretically significant areas of learning.

Table 1

Psychotherapists' experiential learning from being a client

- Being helped by a therapist – before I had any idea of becoming a therapist
 - Exploring fantasies and realities in client work as a result of having worked through complex personal issues
 - Transforming negative experiences from personal therapy into knowledge as a professional therapist
 - Powerful positive experiences in personal therapy as a central aspect of professional practice
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Being helped by a therapist – before I had an idea of becoming a therapist

Four narratives described occasions where the protagonists had been clients in their early years during the stage of transition from adolescence to adulthood. They reflected on what such experiences came to mean for their choice of profession, in ways that they could not realize at the time.

One participant introduced his/her early therapy as having a distinct character compared to later ones:

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I have had three therapies; I was about 17, 22 and 35 years when these therapies started. The first therapy lasted for two years, the second for more than ten, and the last for about two years. The first therapy meant a lot to me *and was the most important one*. I would probably never have gotten the idea of becoming a therapist without this experience of therapy as something meaningful and powerful.

Another participant presented a similar account, but referred more directly to how the immediate experiences of relationship qualities provided crucial learning around what matters in therapy:

My experiences with therapy as a young adult (19 years) impacted on the way I developed at a personal level (S/he refers to, in terms of becoming an adult, making choices regarding important life-issues and also for the handling of close relationships). In addition, I think the *experience with therapy as something helpful and my relationship with the therapist* formed a kind of early basis for my motivation to study psychology ten years later. In particular, I remember the strong positive emotions towards my therapist, and the sorrow I felt when we came to an end. And this is something that I later have thought of as my first insight and acknowledgement of the powerful forces of the therapeutic relationship

A third member of the group offered an account of earlier experiences, and, in retrospect, pointed to the value of having learned the lessons of trying out many ways to facilitate learning and change:

The therapeutic experiences that have had the biggest impact on me as a person were groups that I attended over a five-year period in my early twenties, more than ten years before I made the decision to train as a therapist... At these events, which were transformative for me, there were many different activities on offer – small group

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sessions, large community meetings, talks, and workshops, some indoors and some outdoors. I learned from this that when someone is engaged in attempting to resolve an issue, it will be helpful to approach it from different angles at the same time. Also, that it can be helpful to devote a particular block of time to an intense examination of an issue. What I learned from these groups has influenced the way I now do therapy.

In the phase of life, before any decision to train to be a therapist, it was the immediacy of the experience of being in a therapeutic relationship that seemed to matter. The full potential of these early experiences seemed to be realized much later, from a reflective stance. In addition to providing specific areas of learning (e.g., the importance of the bond with the therapist, the value of extra-therapy adjunctive activities), all four referred to these client experiences as providing a touchstone belief in the usefulness of therapy as a means of addressing personal issues, which then operated as a backdrop to subsequent training.

Exploring fantasies and realities in client work as a result of working through complex personal issues

One of the participants brought to attention how the revelations from a young female client she was treating by means of an open-ended psychodynamic psychotherapy reactivated issues from her own adolescent period with regards to sexuality and a complicated father-daughter relationship¹. What the client brought forth resembled what she herself had fantasized about in her own adolescence and had worked through in her personal therapy. Her experience was that having worked on these issues extensively in her personal therapy aided her in maintaining more of a 'containing function' towards the young girl's material, rather than acting out the worry and distress she instantly felt when hearing about the girl's fear of being raped. She wrote about the ways in which having worked through some conflictual

¹ The case has also been reported in another publication (reference withheld for anonymous review).

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matters concerning sexual fantasies and realities in her own life, added to her capacity to assist and guide her young client. The theoretical understanding here points to the potential relevance of countertransference reactions as informing the therapist's understanding of delicate sexual issues that the young girl presented. Personal therapy is included in this equation as transforming potential disturbances from personal matters into resources for conjoint exploration of the dynamics of intrapsychic conflicts of clients. The narrative explains in more detail how this could happen in the case, by moving into the tension filled interpretations of sexual feelings as coming out of fantasies or realities.

The work with this client activated even deeper layers in the therapist when she, a year into the therapy, disclosed fantasies of sexual assault and rape. After some careful inquiry by the therapist, the client confessed that these fantasies were mainly about her father, leaving the therapist for a while confused and worried. What had happened to her? Was the disclosure of fantasies and nightmares of rape a way to tell the therapist that she had been a victim of sexual abuse or incest? Alternatively, were her fears products of her fantasy and unresolved earlier conflicts—the fusion of longings and fears, lust and aggression, which can re-emerge in the context of a developing mind and body? The therapist had her own reasons for struggling with this dilemma. In the therapist's own relational history, she had experienced strong feelings toward her father. The truth is, the client's father reminded her of her own father (...): The therapist had herself as a child felt a deep longing for closeness with her father, yet at the same time a fear of his aggression and authority. There had been tensions in her own upbringing, especially in her adolescence, regarding the testing of boundaries and conflicting feelings between longing for closeness and fear.

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The therapist noted that the reactivation of her own personal issues was not beneficial in itself. Rather, the therapist was sufficiently aware of the roots of her response to the material brought forth by the client because she had worked with similar issues in her personal treatment process to avoid “acting out”. Without this level of insight, the course of treatment might have been different. Her response to the client was that of listening to it while keeping both the intrapsychic and real world present, providing a sort of a normalizing and empathic response to the client but without intervening as if her young client had been a victim of actual rape. After exploring the fantasies, the client convincingly reported that these empathic interventions had relieved her from much of her agony, the nightmares faded, and she confirmed that no actual child sexual abuse had taken place.

What this therapist described about how she proceeded was not a direct effect of personal therapy. In her account, she drew attention to how she had been able to make something disturbing into ‘a window of opportunity’. The lesson seemed to be that when realities and fantasies get enmeshed, experiences from personal therapy might guide the therapist towards understanding. It was the reflective oscillation between own experiences and those of the client that allowed the therapy sessions to be a site for the exploration of incompatible emotional reactions and transform them into a developmental task.

Transforming negative experiences from personal therapy into knowledge as a professional therapist

The members of the inquiry group also wrote about and discussed examples that made them conclude that being in therapy had not served their needs in the sense of addressing personal issues and problems. Nevertheless, taking a critical stance in respect of the therapy they had received enabled them to increase their awareness of what might be helpful or unhelpful in their work with their own clients. In the following examples, there were no direct

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transfers from seeing a professional to becoming one. Rather, these experiences provided reasons for doing things in a different way.

In an episode of therapy that lasted for twelve months, I remember talking to friends, after about three months, and telling them it was going well for me and that I had a good relationship with the therapist. Later events in the therapy process made it clear to me that I had gained little or nothing from the therapy and that the therapist did not care about me or understand me. This experience led me to the idea of “false hope”. I also recall instances with another therapist, where, after an initial phase of telling my therapist about my life, I asked them what they thought, or perhaps asked them a direct question (e.g., do you think I am depressed?). Each time this happened, they deflected my request; leaving me with a sense that they were unwilling to share ideas about me that I was very sure they had in their heads and were sharing with their supervisor. At the time, I think that I turned this on myself, and viewed it as an example of my failure to be willing to take responsibility for myself. It was only after the therapy had finished – long after – that I developed the position that I now hold, which is that these therapists were hiding behind a particular type of “professional” mask and unwilling to risk entering into authentic dialogue.

This group member connected the negative experiences from being a client to some reflections about how therapists may nurture false hopes in their clients. Just by making a commitment to enter therapy, clients are expressing hope that things can get better in their life. This hope can lead to the client interpreting what is happening as beneficial to them, when in fact no meaningful learning or change is taking place. This phenomenon can be unhelpfully exploited by therapists. Such exemplars of negative practice have motivated this therapist to develop ways of working that are more collaborative and transparent, and thereby will reduce the risk that her/his own clients will have the same kind of experience.

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Another negative experience that was transformed into a lesson also touched upon what can be said and what cannot.

During my second therapy, I realized after long time that the relationship [between my therapist and myself] had turned into something s/he needed more than me. I feel kind of ashamed to admit this – it is easier to acknowledge this now, than it was at the time. I know from working as a therapist that some clients feel very vulnerable and dependent, and that being a therapist is sometimes about accepting that you are very important to someone – even if one not always feel that solid or like someone who can protect the other. I think my relationship with this therapist had some of those qualities. S/he enjoyed my company, but I think the relationship moreover had some quality of being more about some of his/her needs and longings to be seen and held and affirmed and feel valuable, and that s/he sort of “counted on my existence”, which became a burden for me as a [young] client. It was something which we did not articulate or discuss between us. I had a friend/colleague whom I eventually discussed this with, and s/he challenged me to end the therapy. So one day and after hesitations, I just bought [my therapist] flowers and told him/her that this was our last session, after having had up to three sessions a week for more than 10 years. We both cried. I felt very ruthless, and after a while relieved.

This narrative is about how hard it can be to bring a therapy process to an end, and how it can be complicated to negotiate the unspoken premises of what can be shared and not shared in therapy. The participant struggled with finding a way to leave a therapy that partly had become a burden to him/her, while at the same time s/he was trying to avoid hurting the feelings of the therapist.

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Another group member used a negative stance as his/her driving force for more direct and open procedures for learning to become a therapist:

Back then, I did not belong to a camp that considered “psychotherapy for yourself” as essential. Theoretical knowledge as well as practical training is important, but entering therapy without any urgent need for help with a psychological problem was viewed as an initiating ritual and as a loyalty test administered from older to younger members of the profession... That was outside of and carried little relevance to the needs and prospects of ordinary clients. Rather, it was better to learn to tailor therapy to the needs and capacities of actual clients with real life suffering and problems, than to spend time exploring oneself ... Together with a group of colleagues I developed a perspective on psychological treatment in which therapists were more active in responding to what was at stake in the contemporary lives of the clients. We believed that the personal therapies that most young therapists entered, which were based on free association, several sessions every week, and a process that was stretched over years, were too far away from what was possible and relevant in the lives of the clients we met.

In his/her argument, this group member would draw a distinction between therapy for personal development and therapy motivated by the wish to resolve specific life difficulties. His/her own record of experiences from being a client was scarce compared to the others, but not totally missing. As indicated already, lessons may arrive from positive as well as negative experiences. The positive experiences seemed to be characterized by a form of emotional immediacy, while the negative experiences tended to come forward as a vaguer kind of uneasiness that is easier to address alone and as afterthoughts. Even strong emotional reactions may however be interpreted as a form of manipulation. The same group member

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referred to his/her own experience from group therapy directed at personal development for students training to become therapists.

The sessions were confrontational and intensely emotional. Attending a marathon with him/her [the therapist] was something one should be able to do. S/he "treated" the young participants one by one with the rest of the group members as bystanders. For some it would be an event filled with support and acknowledgement if they were willing to share difficult experiences from their own life. For others it would rather be an event filled with accusations and degrading due to lack of willingness to give in to this emotional regime. When the turn was falling upon me, I said something about something, and the therapist stopped, looked directly at me and addressed me in the following way: "Now I think the right time is there for you to show us your sorrow." I did not have any clue to what sorrow s/he was referring to, but I could immediately feel something in my eyes, and then, the water came running down my checks. I did not have to say anything, so I could keep my surprise to myself. All the people present looked at me with their warm and friendly faces. The therapist said something in a soft voice. What did I learn from this? That I was a little bit more courageous than I feared, in the emotional sense.

This experience was a lesson in the kind of loyalty that a therapist may put upon clients. It created an awareness that the vulnerability of clients may also follow from the fear of falling short of what they think of as the therapist's expectations for a good and interesting client. It enabled this group member to develop a sense of the value, but also the power, of the immediate creation of emotional states during sessions.

Each of these experiences were transformed into lessons by a kind of double hermeneutic: this is how I interpreted being there at the time, and this is how I will interpret

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such an episode, or such kind of episodes, from the imagined position of an outside observer. Such interpretational work lead to research interests, and styles of practice, that comprised direct efforts to work out a fresh or different position in relation to some aspects of conducting therapy.

Powerful positive experience in personal therapy as a central aspect of professional practice

The first example that we will present here is also about crying, but the lesson is different. What was at first presented as a situational expectation for expressed emotion, turned out to be embedded in biography and carried deep personal meaning.

It took me about eight months to cry in front of my second therapist, even though we worked from the start with issues that were very important to me. It felt like I really wanted to, and needed to, throughout that period, but that I wasn't able to. In one particular session this stronghold burst, and I cried painfully and shamefully, losing my ability to explain in detail. The bursting followed the therapist saying something like "if you could tell the real truth, your truth, however wrong or stupid, if you could be brutally honest, with yourself first and foremost, and with me here now, what would you say this meant for you"? And then I just managed to say that, one brief sentence, nothing extraordinary or different than what most people work on in therapy, but very true, and it happened.

To me, what seems to be the most important from this experience is what happened next. I found it very difficult to look at the therapist during this exchange, and when I did, I saw that s/he was crying too, and did not speak. And s/he nodded, and I nodded, and nothing more was needed and we were silent for a few moments.

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This moment of mutual and unspoken understanding was experienced as a proof that they had arrived at a turning point, a point from where self-accept and change was made possible.

A different group member brought to attention some “simple” lessons, such as the important feeling of being liked from the therapist. Such moments endure, and s/he told about how encounters outside of the realm of the session may confirm this. The participant told about how s/he and his/her therapist ran into each other many years thereafter as participants in the same professional settings:

It was always a bit awkward to me, as I did not fully know the rules of conduct in these situations and did not want to be a former client intruding on him/her. But on each of these occasions s/he has found a time to come over and say that it is nice to see me, that s/he has been thinking of me from time to time and that s/he follows what I do as a researcher with interest. His/her face and body language go along with what s/he is saying.

S/he has the same checkpoint when it comes to his/her next therapist:

Some years after my third therapy ended, I had started working in a different city. I was having lunch at place that is a combined restaurant and bookshop. While eating, I saw my third therapist coming in, and browsing the bookstore. I had not seen him/her for some years, and him/her being a psychodynamic and generally restrained therapist, I again was not sure if it would be okay for me to go over and say hello. Part of me also doubted s/he would recognize me. I looked at him/her from a distance from the café table, and after a while s/he looked straight at me. His/her face lit up and s/he didn't seem to think for a moment before coming directly over and giving me a hug and saying it was nice to see me and asking how I was doing. We talked for a brief

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moment. Afterwards I thought that this had been one of my most important therapy experiences.

These experiences tell a story of how violating the strict rules about professional neutrality may operate as an affirmation of the client as a person. This was not taken as a direct effect of the therapist's friendly actions in meetings in the aftermath of therapy, but was "proved" by the client's comparative interpretations across the two different settings. This group member could draw on the ways in which actual observations exceeded what was otherwise to be expected.

Just like sorrow, the group members' feelings of shame from the position of being a client themselves had to be exposed in order to be shared and explored. This might appear as difficult, just because shame is closely attached to a wish to remain invisible. One group member explained how coming to terms with their own shame had impacted on how s/he would include emotional rather than reflective ways of sharing and confirming emotional content. However, the claim that for many clients' shame could be an important feeling holding them back from closeness, love, mutuality, and emotional experiential freedom, was also reflected upon in a more theoretical language:

For me, especially in processes where shame is an important part, but maybe on a more general level, this leads me to think that being a fellow human being first, and a "therapist" second, is essential [...] On a practical level, I try to open myself up to feel more and think much less in therapies. If I am touched so my eyes tear up, or I feel strong joy over something that the patient experiences, or anxious, I appreciate it and invite it and often try to strengthen it, and often try to show it. I know that the literature is rather strict on the processes of evaluating if an emotional self-disclosure is for the best for the patient, but I think I am more ready to be emotionally authentic,

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honest and straight forward than recommendations, running larger risks also, since I do not want to lose the moment by thinking too much, and because I truly trust reparative processes if something goes wrong in an honest attempt to get closer. I am very skeptical, for my own part, to cold meaning-making, working with insight-oriented or cognitively based talk before emotions are really openly shared and mutually felt. I am also skeptical towards thinking-based validation. I try to work towards deeply touching experience being shared in therapy, actively and also beyond empathic listening. I find that there is a stronger sense of “we” that can make meaning together. I try to keep my own talking and explaining to a minimum, not meaning that I say little, but that I talk short and concrete. I am sure that without the personal therapy experiences I personally, due to own anxiety, would not have experienced and understood the potential depth of these (rather obvious and much taught) processes, and be a much more talkative and less helpful therapist. My natural skill is to be able to understand and formulate understanding quite well, but without these experiences it seems I would have been doing that more from a distance, with less real helpful impact. That still happens, obviously. And I often find myself saying some version of words to patients that once were said to me, after I have gotten to know patients in the first phase of therapy: I want you to be brutally honest, first and foremost to yourself, but also with me here if you can, about what is deeply true for you, no matter how painful, wrong or stupid that truth is [...] These simple, but to me profound, experiences [from my experience of being a client], follow me into my practice as a therapist. I have thought much about the feeling of being liked by somebody who knows plentiful about you, and how important that has been to me. There is something un-cynical and un-ironic about the basic wish to be liked that to me, and probably for many, feels a little silly, in a relationship where one is paid to be there and the other

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one is seeking help. I assume, and I do not really care if I am right or wrong, projective or narcissistic, that patients want me to like them and maybe feel a little silly for wanting this.

While this was the most fully articulated account of how a positive learning experience was carried into the group members own practice, all of the participants in the study had their own version of this type of episode. The essential meaning behind these narratives was of the person experiencing something new and helpful in therapy that stood in sharp contrast to the previous way of being in relation to self and others. The dramatic and powerful quality of the episode – still vividly memorable after a long passage of time – meant that the individual was utterly convinced about the therapeutic value of that particular type of process and had come to regard it as central to their conceptualization of how to proceed as a therapist.

Discussion

In our accounts we dived directly into personal significance of being a client to possible meaning for our professional work. Whether some of our experiences were positive or negative, or a mixture, we made assumptions of the ways in which such personal experiences might carry the same meanings to our own clients. One of the accounts fitted with the notion that working through personal conflicts – in this case about sexual phantasies and sexual conduct – may be essential for assisting a young client properly. Another account argued that personal psychotherapy in the format of psychoanalysis could – in worst case – be misleading or disturbing for the capacity to find and create the proper modes for meeting and assisting people with a variety of psychological problems and goals for change.

What several of our own accounts from being a client had in common was that the meaning of the story was not just to affirm the value of the procedures that the therapist

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conveyed to us, but also to use own experiences as stepping stones for finding our own ways. In some of our narratives, it was as if a sense of loyalty to the therapist still remained, in the sense that, as clients, we had not been able to address some forms of doubts and criticisms directly during sessions. Judged from the accounts that came forward in the inquiry group, the client with an aim to become a psychotherapist will tend to keep negative experiences to themselves. Thereby we demonstrated a willingness to comfort the professional self of those who had been our therapists. What was a source of some discomfort in the therapy sessions, however, may be felt worthwhile after further exploration and reflection. The negative emotional flavour of some experiences may be the source of significant lessons for own work with clients. Råbu and Haavind (2018) found that psychotherapy clients seem to be considerate towards therapist's feelings, and not necessarily confront their therapists if they are somehow disappointed. Often, vulnerable issues seem to be handled carefully and indirectly between client and therapist (Råbu, Binder & Haavind, 2013).

Several members of the inquiry group drew attention to the personal significance of having been a client in advance of commencing training as a therapist. We were also able to differentiate between the learning accruing from therapy undertaken prior to career choice, and learning arising from later episodes of personal therapy, during training and in mid-career. The topic of pre-training therapy experience has received little attention in the research literature, despite the fact that 60% of therapists report that their first experience of being a client occurred before they commenced training (Bike, Norcross and Schatz, 2009). Most interview-based studies of personal therapy for therapists invite informants to talk about their personal therapy without making any distinction between whether it occurred before, during or after training. Some studies have identified differences between mandatory therapy during training and later therapy undertaken later on (Murphy et al., 2018). For example, as well as its benefits as a source of professional learning, mandatory therapy during training may be

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associated with resentment arising from lack of choice, or limited meaningfulness because the therapy has taken place at a time when the trainee may not be ready for it. Clinicians engaging in personal therapy in mid-career may find it hard to let go of their therapist identity and fully participate in the therapeutic process, or their therapist might be inhibited by working with a colleague (Probst, 2015b).

The accounts of pre-training therapy generated in the present study invite consideration of the particular characteristics of such experiences. In personal therapy during training or afterwards, the client is always in a position of being able to make a comparison between what their therapist is doing, and their own personal style as a therapist, in ways that contribute to their role development. This can occur even when the therapist-client is deeply engaged in working on significant personal issues. By contrast, in therapy that takes place before someone has even considered becoming a psychologist or therapist, such comparisons are not possible. Instead, the learning that is, much later, taken forward into therapy practice, appears to relate more to an underlying sense of what therapy is for, rather than any technical details of how therapy is done. It is as if the immediacy of these early experiences was preserved, even after the times have passed. This adds to the ways in which they carry a sense of truth to the present time.

Wampold and Imel (2015) have proposed that one of the attributes of effective therapists is their belief in the efficacy of the model of therapy that they use (regardless of what that model might be) and present a credible rationale for their clinical work based on this framework. It is possible that therapists, whose belief in therapy is based on personal experience of having been a client early in life, rather than scientific evidence or the arguments and the influence of trainers or mentors, possess a complex and idiosyncratic understanding of therapy that is not easily aligned with existing theories. As a result, over the course of their careers they adopt a critical stance from which they engage in a quest to

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assemble or create their own personal theory of therapy. Another possibility is that benefitting from therapy at a point of transition into adulthood, may predispose therapists to be responsive to life-course issues rather than focusing solely on symptoms. In relation to questions about individual differences in therapist effectiveness, these may be important questions to pursue in further research. It may also be valuable for training programs to help trainees to realize and capitalize on their pre-training learning arising from having been a client, for example through workshops or journal writing that invite reflection on prior episodes of therapy.

All of us were able to identify disappointing experiences of therapy. This finding is consistent with both autobiographical accounts (e.g., Curtis, 2011; Dryden, 2001; Hill 2005) and qualitative interview-base studies (Ciclitira, Starr, Marzano, Brunswick, & Costa, 2011; Probst, 2015a) and surveys (Curtis, Field, Knaan–Kostman and Mannix, 2004). However, unhelpful aspects of personal therapy have not been highlighted in most studies, or reviews, which have instead strongly emphasized the extent to which the treating therapist represents a positive role model that is internalised as an image of how to do good work (Bellows, 2007, Bike, Norcross & Schatz, 2009; Rønnestad, Orlinsky & Wiseman, 2016). By contrast, the examples generated within our inquiry group suggested that the occurrence of unhelpful behaviour on the part of an otherwise caring and competent therapist gave us much to think about, to the extent, for some of us, of motivating sequences of reflection, research and practical action that continued over the course of a couple of years. Openness to the limitations of therapy has been shown to be an attribute of therapists who are wise (Råbu & McLeod, 2018), effective (Nissen-Lie et al., 2017) and able to use feedback from clients (de Jong, van Sluis, Nugter, Heiser, & Spinhoven, 2012).

The existence of a strong and pervasive professional consensus around the positive value of personal therapy may inhibit therapists from sharing and reflecting on their

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experiences of unhelpful or negative aspects of the therapy they have personally received. Acknowledging negative aspects of their own personal therapy may enable therapists to be more sensitive to similarly negative processes experienced by their clients. The present study generated several examples of how unhelpful therapy experiences made a make a positive contribution to therapist awareness and professional development, by motivating participants to learn how to avoid making the same mistakes. Therapist commitment to deliberate practice Rousmaniere (2016; 2017) and self-practice (Bennett-Levy, 2019) have been suggested as essential elements in building therapist expertise. Each of these learning pathways assumes that improving and developing as a therapist is guided by a willingness to openly review one's clinical practice for mistakes, unhelpful interventions, areas of lack of understanding, and relational impasses as a basis for deciding on the best focus for further training. Evidence from the present study suggests that personal therapy can be viewed as an additional avenue for intimately experiencing non-helpful aspects of therapeutic practice, personally salient enough to motivate development.

In addition to the episodes and experience described above, the members of the inquiry group described themselves as being open to many different forms of learning. Personal therapy was only a small part of what they had engaged in, in order to grow as therapists. Furthermore, there was no fixed format as to how the role switch between seeing clients and being one may work out. A general conclusion arising from our autoethnographic accounts is that, if personal therapy is to influence one's own work with clients, awareness arising from oneself being a client in therapy needs to be reflected on, and explicitly articulated in the form of a set of principles that may guide practice: discovering (or being aware of) a connection is not the same as applying it in practice. In that respect, members of the research team found that involvement in this collective autoethnography project provided a valuable opportunity to take further progress in making links between being a client and

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working as a therapist. Since the exploration of the possible effects of role switching is a move back and forth in time, comparing one set of experiences with the other, there is no natural endpoint or conclusion. Rather it is an ongoing affair.

Participating in an autoethnographic study was experienced as making a welcome contribution to this reflective work. These findings compare to the conclusions of Bellows (2007) who conducted a similar investigation in which therapists were asked to tell their story of having undergone personal therapy. These therapists described the interview as a chance to 'reconnect', 'update' and 'synthesise' a personal therapy experience that, first time round, had been a 'highly personal and solitary odyssey, undertaken alone'. An implication of these observations regarding the importance of reflection and assimilation of the experience of being a client is that it is possible that establishing causal links between personal therapy and client outcomes requires some way of evaluating the mediating effect of therapist active engagement in reflection, and the availability of professional structures that might facilitate such activities.

In the present study, both personal therapy and participation in an autoethnographic process were experienced as providing opportunities for the development of self-awareness. Therapist self-awareness has been defined as "a state of being conscious of one's thoughts, feelings, beliefs, behaviors and attitudes, and knowing how these factors are shaped by important aspects of one's developmental and social history" (Pieterse, Lee, Ritmeester, & Collins, 2013, p. 191). Knapp, Gottlieb, & Handelsman (2017) have argued that accurate self-awareness underpins professional competence in such areas as being able to make use of immediate reactions to patients, capacity to evaluate personal skills, values and knowledge, and monitoring potential biases and decision-making processes. Process research has established the potentially disruptive impact of momentary states of self-awareness within sessions, particularly for trainees (Williams, 2008). By contrast, the types of self-awareness

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described in the present study were experienced as contributing to a capacity to operate securely and productively within the present moment in work with clients, in similar fashion to accounts of clinical practice published by Tufekcioglu & Muran (2015) and Vandenberghe & Da Silveira (2013). Two key processes appeared to be central to this process. First, similar to the “master therapists” interviewed by Jennings & Skovholt (1999), participants made active use any type of significant life experience (including personal therapy) as an opportunity as an opportunity for reflection and building self-awareness. In this sense, therapist self-awareness can be viewed as not just a “state” (Pietrese et al., 2013), but also as an on-going process: it is possible that self-awareness lapses in the absence of a constant attitude of self-curiosity. The other key process, which is made particularly visible through the application of autoethographic methodology, is that self-awareness is anchored in vivid, memorable stories that gain in meaning through re-telling (Hansen, 2009). The development of this kind of complex narrative meaning-making structure may explain why novice therapists become self-preoccupied and anxious when client material triggers personal memories, whereas more experienced therapists are able to use such moments to enhance collaborative therapeutic engagement.

It is important to acknowledge the limitations of the present study. The sample consisted of a group of therapists with university affiliations and concurrent research careers, reflecting a specific set of therapy orientations and clinical experience. It seems likely that other inquiry groups, whose members came from different professional backgrounds, would have generated contrasting experiences and analyses. An important point here may be the general level of acceptance of the value of personal therapy, within our work contexts (Schroeder, Pomerantz, Brown and Segrist, 2015). It is possible that therapists operating in environments in which personal difficulties and personal therapy are stigmatized, might have quite different stories to tell (Richards, Holttum and Springham, 2016; White 2000a; 2000b).

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A systematic review of autobiographical accounts of therapist experiences of being a client, along with the publication or collection of additional accounts of this type, could also make a useful contribution to this area of inquiry.

The present study illustrates the heuristic value of autoethnographic inquiry as a means of accessing aspects of lived experience and meaning of personal therapy that have been less visible in conventional interview-based studies and surveys. We believe that an agentic perspective, conveyed through narrative, that positions a therapist as actively reflecting, making sense, and applying what one has learned from being a client, has the potential to stimulate new thinking about the meaning of personal therapy, and new ways of enhancing its practical significance. We also believe that autoethnographic methodology has relevance in respect of a range of research questions within the field of psychotherapy. Although relatively few autoethnographic studies of therapy have been published, it already seems clear that this methodology is able to provide a distinctive source of evidence, that both complements and extends findings based on other research approaches. Exemplary autoethnographic studies of therapy include accounts of the search for an appropriate therapy (Mckenzie, 2015), vivid first-person narratives that de-familiarise the therapy process (Brooks, 2011; Fox, 2014) and a reflexive critical insider perspective on therapy training (Speciale, Gess & Speedlin, 2015). In addition, engagement with the conduct and procedures of autoethnographic inquiry make it possible to gain new insights into fundamental processes of knowledge construction. For example, established approaches to qualitative research increasingly adopt team-based strategies for data analysis that tend to define consensus as convergence between the interpretive viewpoints of different members of the team (for example Hill, 2012; Schielke, Fishman, Osatuke and Stiles, 2009). By contrast, our experience of collective autoethnography was that the research team dialogues within which we participated were at the same time convergent and divergent. While it was not hard to

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agree on the gist of what we wanted to convey in the present paper, our conversations generated ever-richer, multi-layered understandings that we struggled to accommodate within the structure of a journal article. An important topic for further methodological work would be to clarify the relative advantages and limitations, and areas of applicability, of

autoethnographic inquiry in contrast to more widely-espoused qualitative methodologies such as grounded theory (Charmaz, 2014) or Consensual Qualitative Research (Hill, 2012).

How the experiences as a client were used seemed to depend on the reasons for seeking a therapist, and on when in the life course it occurred. We have identified some of the ways in which our findings might contribute to an understanding of possibilities for a productive use of personal experiences as driving forces in the development of therapist competence. In general, the lessons from being a client are most often not in the format of a prescription, nor even in the pointing out of direct linear accounts of benefits. Rather it is in the format of some experiences that “stand out” and the lesson may go both ways, something to be aware of as a possible accomplishment, and something to be aware of in order to either stay clear of or try to repair. Either way, the crux is reflection on the affective tone of experiences. Instead of seeing the link between having been a client and the effectiveness of own therapeutic work as a matter of direct influence, it is rather a way of reworking figure and ground in the search for professional sensitivity and presence.

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