COUNSELLORS’ EXPERIENCE OF BEING CHANGED BY CLIENTS: A NARRATIVE AUTOETHNOGRAPHIC INQUIRY

A thesis submitted to the University of Manchester for the degree of Professional Doctorate in Counselling in the Faculty of Humanities.

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The School of Environment, Education and Development.
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Abstract

Counsellors’ experience of being changed by clients: A narrative autoethnographic inquiry.

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This thesis addresses four research questions:

1. Are counsellors changed by their clients?
2. If so, how do they make meaning of any change?
3. How does the academic literature explain these changes?
4. How do counsellors ensure change is positive?

Previous research has largely focused on the negative effects of clients’ stories on counsellors. The potentially positive impact is relatively unexplored — despite the fact that research suggests that it is possible for people who directly experience a wide range of traumatic experiences to grow as a result (Tedeschi & Calhoun, 1996). Moreover, a handful of research studies has suggested that it is possible to experience these changes vicariously (Manning-Jones, deTerte & Stephens, 2015).

This thesis describes a qualitative research study carried out with eight counsellors who worked either in a hospice (counselling clients experiencing bereavement or illness) or in private practice (counselling clients who had experienced sexual violence). Narrative inquiry and autoethnography were used to collect and analyse counsellors’ stories of being changed by their clients and re-presented as poetic representation, visual art and polyvocal texts.

The results show that counsellors do indeed share stories of being changed: sometimes for the worse but often for the better. These changes are in the areas of self-perception, interpersonal relationships and life philosophy and are largely consistent with conceptualisations of vicarious posttraumatic growth. However, what drives change is different. In hospice counsellors, mortality awareness is the driver for change; whereas human cruelty and brutality is the driver in counsellors who work with clients who have experienced sexual violence.

Counsellors draw on a number of alternative discourses to make meaning of their experience and this reflects different counselling modalities. The counsellors’ stories of change may represent personal growth or reflect western metanarratives linked to a quest for identity.

These findings are discussed in relation to the training and supervision of practitioners.
Declaration

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Acknowledgement

I am indebted to my husband David for all his support and to my participants who generously shared their stories.

This thesis is dedicated to my husband, David and to my parents, Les and Pauline.
1. Introduction

1.1. Setting the scene

Driving home from my last client at the hospice, the sun seems brighter; the countryside seems greener. I search for the words to encompass how I feel. Grateful, appreciative. I feel so lucky to be alive, to feel healthy and to experience this day. I can’t wait to get home to my husband because I think, who knows how much longer we may have together, we must make the most of the day, of us and of now. The client I just left is younger than me — her husband younger than mine — when he died. (Journal entry, April 2013)

These are not unusual feelings for me, some might say I have a “helper’s high” (Kottler, 2010, p.56) others may say I was showing signs of “vicarious growth” (Tedeschi & Calhoun, 2004, p.416). However, my positive feelings were only one side of the coin. Aspects of my client’s story had been challenging to listen to. The speed with which her husband’s disease had spread, her graphic descriptions of the physical symptoms of his cancer and necrotizing fasciitis (flesh eating bug) acquired in hospital, his swift decline and death, her tears as she described the depth of her loss and loneliness, would all prey on my mind. Though aspects of her story had been hard to listen to, they had not been the most challenging that I had heard. Other stories that my clients had shared over the years had haunted me, left me feeling disturbed, troubled and angry. The imagery their stories generated seemingly stuck in my head. I had particularly found this when I’d worked with adults sexually abused as children.

I could identify with the helper’s high that Kottler (2010, p.56) describes as “an incredible surge of tranquillity, inner peace and well being”, which results from knowing we have “made a difference”. I could also identify with research that describes the emotionally disruptive nature of being a counsellor, especially when we work with those who have been abused (for example: McCann & Pearlman, 1990; Pearlman & Saakvitne, 1995). As counsellors we are presented with stories of loss, powerlessness, violation and disruption as well as those of hope, adaptation, resourcefulness and
healing. I wondered how had my clients stories affected me as a person and how did I make sense of their influence?

1.2. The development of my research questions

My research questions are a culmination of a number of strands from my personal and professional life. I will attempt to describe how each of these informed my research questions.

Before training as a counsellor I worked as an occupational psychologist for almost twenty years. Early in my career I worked on a one-to-one basis with people with physical and psychological health problems. I would often come home exhausted and not wanting any more human contact. Although the relationships I had with my clients were relatively short, I still carried certain client stories that would stay with me forever. It is often said that the choice of research topic has personal significance for the researcher (for example, Etherington, 2000, p.110) and I think it speaks volumes that during this period I chose to do a research project on burnout as part of my route towards becoming a Chartered Psychologist. Later in my career, I was accustomed to researching the risks and hazards in work, such as occupational stress. Generally, the positive aspects of work received little attention.

During my Postgraduate Diploma in Counselling, I was particularly affected by Irvin Yalom’s writing. In his book “The Gift of Therapy” he posits that the therapist and client can simultaneously serve as each other’s therapist. Yalom writes (2002, p.106) “I believe it is commonplace for therapists to be helped by their patients” and he advises that clients should “enter your mind, influence you, change you” (ibid., p. 27). This was a fresh idea to me coming from a background where the “emotional labour” of working with people was seen as risky, and a possible source of burnout and stress. The notion that counselling could be a potential opportunity for personal change and growth for the counsellor felt fresh and exciting. I think that my reading of Yalom led me to expect that I would change for the better through being a counsellor.
During my training I do not remember any discussion about how we as counsellors might be affected by our clients. Overall, when I began to practice as a counsellor, I was unprepared for the depth of emotional reactions I would feel listening to some of my clients’ stories, particularly the degree of anger I’d sometimes feel on their behalf. I found myself experiencing a much more emotional reaction to their stories than I had when working as an occupational psychologist. The key difference in counselling was that the relationship between my clients and myself was different: deeper and more intense, which left me more open to being influenced by them.

Whilst undertaking my MSc research on cancer survivorship I encountered the term “posttraumatic growth” (Tedeschi & Calhoun, 1995). Posttraumatic growth (PTG) is the experience of change that occurs as a result of the struggle with highly challenging life crises. PTG can manifest in a variety of ways: increased appreciation for life; more meaningful interpersonal relationships; an increased sense of personal strength; changed priorities; and a richer existential and spiritual life. PTG has been noted to occur across a diverse range of experiences, including bereavement (e.g., Bogensperger & Lueger-Schuster, 2014), serious medical conditions (Baník & Gajdošová, 2014; Milam, 2004) and childhood abuse (Woodward & Joseph, 2003).

The concept of PTG has informed the focus of all my doctoral assignments. For example, one of my assignments examined PTG from the point of view of an ex-client who was a survivor of childhood sexual abuse and breast cancer. I presented the results of this research as a narrative in stanzas that spoke of posttraumatic growth: of positive change through the struggle with the traumas of childhood sexual abuse and cancer survivorship. But my ex-client’s eventual growth was only part of the story. Her story also spoke of the depth of pain and the enormity of the struggle involved in achieving growth, alongside the long term counselling support that she needed. My participant’s narrative showed that descriptions of PTG within a counselling relationship do occur, but her story also illustrated that the struggle with trauma takes time, requires support and is hard won.
More recently I explored the possibility that a counsellor could experience posttraumatic growth vicariously (vPTG) (Arnold, Calhoun, Tedeschi & Cann, 2005) through witnessing their clients’ growth in counselling. My participant, a counsellor in private practice, narrated some positive changes in herself as a consequence of her client work including increased resilience and feeling more able to cope with life’s challenges. However she also shared stories about being changed for the worse, including withdrawing from interpersonal relationships, which resulted in feelings of loneliness and isolation. I concluded that her experience of being changed by her clients was multistoried and multifaceted. Though she did describe elements of positive growth as a result of her client work there were also negative aspects, which were perhaps closer to what I understood to be vicarious traumatisation. This assignment (which served as a pilot study for this thesis) made me want to question more about my own and other counsellors’ experience of being changed by their clients.

So, with regard to how we might be changed or affected by our clients I have been presented with different narratives. In the language of social constructionism, I think these represent different realities, not simply different perspectives on the same reality (Freeman, 1993; Gergen, 1994). From my occupational psychology training and experience I was presented with a reality that counselling was potentially risky, putting me in danger of burnout, stress, compassion fatigue and perhaps even vicarious traumatisation. But from writers like Yalom and my increasing knowledge of PTG and vPTG I was presented with the reality that counselling could be a source of positive change for both counsellor and client. I noted that this reality seemed to receive little attention in the research literature. There was a large body of research on the potential negatives of counselling with survivors of trauma but relatively little research on how counsellors are changed positively by their clients especially outside of the trauma field or with counsellors that have a mixed caseload of clients.

I became increasingly curious about what my reality was. I was increasingly aware that my knowledge was situated within a certain context, which
changed over time. I thought that one of the factors influencing this context was tied up with my motivation to be a counsellor. I believe that our motivations to do the work and perhaps the client groups we choose to focus on, could be an indicator of where we ourselves are open to change or indeed are seeking change. I began to question whether doing counselling serves as a surreptitious way of getting counselling for ourselves. When I started my Postgraduate Diploma in Counselling, I thought that my interest in counselling was altruistic. This naïve idea very quickly disappeared when it became clear to me that my interest in counselling had at least partially arisen as a way to counteract my own feelings of isolation and alienation connected to having life-threatening cancer in my mid-twenties and to try and make some meaning of this experience. Yes, I had elements of an “altruism born of suffering” (Staub & Vollhardt, 2008) but I also wanted to make meaning of my own life, come to terms with my own loss, engage in conversations where mortality and vulnerability were discussed and generally have a space to consider what life was all about. I wanted to be changed through my work as a counsellor. It is surprising to me that none of my supervisors ever questioned my understanding of my motives. This is perhaps especially surprising because I chose to do my training hours in settings focused on clients who had experienced loss through life changing illness and bereavement. My time as a counsellor has brought an increasing awareness of my motivation to do counselling, which I think has undergone considerable change as I have become more experienced. For example, with further physical health issues during the process of my doctoral research I questioned whether counselling was something I wanted to continue to do at all or perhaps even should be doing. Perhaps this questioning of myself was all part of the research process; as McLeod (1999, p.47) points out, “becoming aware of the personal meaning of research can be a painful process.”

Lastly, when I have struggled emotionally with clients’ stories I have found supervision of limited help in processing my emotions. For example, when I have discussed at supervision clients’ stories of sexual abuse in childhood I have generally found my supervisors apparently unwilling or unable to listen to my retelling of the client’s story or my emotions associated with what the client shared. I think Judith Herman (2001, p.9) was onto something
when she said, “repression, dissociation and denial are phenomena of social as well as individual consciousness”. Journaling, both written and art based, helped me process my feelings much more effectively than supervision and I think facilitated both coping and positive change in me. I wanted to explore how other counsellors thought they had facilitated their own growth and kept themselves psychologically healthy to examine potential good practice.

Figure 1: Research journal art work “A month of stories”
Research Journal poetry

A sort of paradise lost

You pour your stories into my ear
they seep into every corner of my brain.
Squat there like a toad
waiting to shift shape and return unbidden
as images and fleeting memories of words and feelings.

What is it about your story that stays with me?
The sheer desolation
the enormity of loss
man’s inhumanity to man
or just the impossibility of a solution?

1.3. My research questions

In endeavouring to take all of these personal and professional strands of interest into account that I’ve described above, I defined my research questions as:

1. Are counsellors changed by their clients?
2. If so, how do they make meaning of any change?
3. How does the academic literature explain these changes?
4. How do counsellors ensure change is positive?

1.4. How I intend to answer these questions

1.4.1. My stance as a researcher

I see my journey as a researcher as part of a continuing odyssey. Early on, through my psychology degree and my training and employment as an occupational psychologist, I was very much schooled in the scientific method
and would have described myself as a positivist. In the course of my professional development and employment in psychology I was accustomed to doing quantitative studies, utilising qualitative data only rarely, perhaps to use a few participants’ comments to illustrate a point. I moved further away from this stance in my MSc (Higgins, 2009), utilising a heuristic methodology (Moustakas, 1990). Then during my Doctorate I explored narrative and arts-based approaches to research.

I have undergone tremendous change moving from a research stance that valued and strived for objectivity to gradually throwing off the constraints of seeing subjectivity as a contaminant and embracing it as an important source of data. This shift has challenged my core assumptions concerning ontology (what is the very essence and nature of reality and being), epistemology (what I regard as knowledge or evidence, the acquisition of knowledge and the relationship between me as a researcher and participants), and methodology (the process and procedures of research), (Ponterotto, 2005).

I would now describe my stance as a researcher as a pragmatic postmodernist. I say postmodern to describe my belief that there are multiple truths and that we construct our own reality within the social and cultural contexts of our lives (Lyotard, 1984). This postmodern stance means that I view the representations I produce as a result of my research as situated, partial, transient and constructed and I am especially interested in “postmodernism as a style of knowledge production” (Marcus, 1994 p.384).

As I learnt more about postmodern philosophy I felt myself descending into scepticism and even nihilism before I began to recognise the need for a certain degree of pragmatism to deal with sensibly accomplishing a piece of research in a way that is based on practical as well as theoretical considerations. This is echoed in Rorty’s writing on pragmatism as a philosophical outlook which, emphasises the truth or value of an approach if it works satisfactorily (Rorty, 1982). So I use the word pragmatic to describe my efforts to balance the scepticism generated by my postmodern views with a sense of direction and accomplishment of results and to sum up my best efforts to understand my research topic and myself and hope that this does not mean that I come across as a “fuzzy minded positivist” (Rorty, 1982, p.xvi).
1.4.2. The methodology I used to answer my research questions

My methodological choices led directly from my stance as a researcher and the phenomenon of human experience that I am investigating. I took a narrative and autoethnographic approach to answer my research questions. I envisaged my narrative and autoethnographic inquiries as two simultaneous and intertwined studies employing narrative interviews with my participants and autoethnography to explore my own experience.

**Narrative Inquiry**

I took a narrative approach because I believe narratives are a fundamental way of communicating and creating meaning from an experience and the stories we tell provide a way of gaining insight into that experience (McLeod, 2001, p.104). The type of narrative research I will be using is “narrative inquiry” which is informed by the theoretical perspective of postmodernism and poststructuralism and in counselling research has been advanced by Etherington (2000) and Speedy (2008). Etherington, (2004, p. 75) explains that narrative inquiry is a “methodology based upon collecting, analysing and representing people’s stories as told by them”, a view to which I concur. More specifically my methodology will employ alternative representations that involve creative analytic practices (Richardson, 1997, 2000) or are arts based (Bochner & Ellis, 2003). Lincoln & Guba, (2005, p.211) describe creative analytic practices as “texts that seek to break the binary between science and literature to portray the contradiction and truth in human experience”. This means that I chose to analyse and represent my participants’ stories in evocative and creative ways including poetic representation, creative writing and visual art.

**Autoethnography**

Since my research is practitioner based I consider it especially important to incorporate my own story both as a researcher and practitioner of counselling. Reflexivity, the concept that the researcher is part of the phenomena being studied, calls for self examination and exploration of my personal experience. I consider the best methodology for me to do this is autoethnography because it envisages the researcher as participant, encompasses personal narrative, formalises reflexivity and focuses on the
researcher in a sociocultural context (Ellis & Bochner, 2000). Richardson & St. Pierre (2005) consider autoethnography to be an example of creative analytic practice but more specifically, autoethnography is defined as “an autobiographical genre of writing and research that displays multiple layers of consciousness, connecting the personal to the cultural” (Ellis & Bochner, 2000, p.739).

1.4.3. The participants that helped me answer my research questions

My research had eight participants (including myself). I began with five hospice counsellors whose clients had experienced bereavement or life limiting/changing illness. All of these counsellors had experience either formerly or concurrently with other diverse client groups. I also later expanded my research to include two counsellors in private practice who had more experience of working with children and young people and within sexual assault and abuse. My own counselling experience has been within a workplace counselling service where I have encountered clients with a wide range of issues and in a hospice and agency focused on loss from physical illness and bereavement. I describe the participants’ background in more depth in the methodology section.

1.5. The structure of this thesis

In the remainder of this thesis, I explore my research questions using the following structure.

In Chapter 2, I critically review the literature. After outlining the methodology I used for my literature review, I examine the literature that describes how counsellors are changed by their clients. I also review the concepts or labels that have been developed to describe counsellors’ experience of being changed and consider the theories and ideas about how these changes are explained.

In Chapter 3, I discuss my stance as a researcher. I describe my choice of research methodology and describe how I did my research.
In Chapter 4, I present my results. This chapter is structured around three of my four research questions (the remaining research question is dealt with in Chapter 5):

- Are counsellors changed by their clients?
- If so, how do they make meaning of any change?
- How do counsellors ensure change is positive?

In Chapter 5, I discuss my results. I review the extent to which my research questions have been answered and describe how my findings and the interpretations I made of my data compare to the literature. I refer back to my results to answer my remaining research question, “How does the academic literature explain these changes?” Then I reflect on my research including my methodology, the relevance of my research and its impact on me.

Finally, in Chapter 6, I present the conclusions of my research.
2. Literature Review

The reader may wish to bookmark the glossary in Appendix 2 where I define key terms that I use in this literature review.

2.1. Preamble

During the course of this review, it became evident that researchers who take a positivist/postpositivist epistemological stance have carried out the bulk of the published research. As will be clear from the Methodology chapter of this thesis (Chapter 3), this stance is quite different from my own. However, restricting myself to studies that reflect my own epistemological stance would have resulted in a very short literature review. Nevertheless, some of the qualitative studies in particular do provide glimpses into participants’ stories. Since this is the focus of my research interviews, I have therefore combined a review of this research with some quantitative findings where they help to flesh out a suitable background for my research questions.

2.2. Introduction

This literature review is structured into six sections that cover my four research questions.

In section 2.3, I outline the methodology I have used for my literature review, my search terms and parameters, the literature I have used in this review and what I have excluded.

In section 2.4, I address my first research question — “Are counsellors changed by their clients?” — summarising the research that describes counsellors experience of being changed or affected both positively and negatively as a result of their work.

In section 2.5, I consider the theories and ideas about how counsellors make meaning of these changes to help answer my second research question: “How do they make meaning of any change?”
In section 2.6, I look at the concepts or labels that have been developed to describe these to help answer my third research question: “How does the academic literature explain these changes?”

In Section 2.7, I will consider the literature regarding my final research question: “How do counsellors ensure change is positive?”

Finally in Section 2.8, I describe methodological limitations and conceptual weaknesses with existing research.

**2.3. Literature Review Methodology**

In this section, I outline the methodology I used for my literature review, my search terms and parameters and the literature I used in this review (and what I excluded).

My previous Doctoral assignments (especially the one that served as a pilot study for my thesis) have informed my approach to my literature review in two ways. First, they gave me an awareness of various synonyms of positive counsellor change: *posttraumatic growth; vicarious posttraumatic growth; adversarial growth* and *vicarious resilience*. I used the PsychINFO, ScienceDirect and SCOPUS databases to search for these key terms alongside *psychotherapist growth, counsellor growth* and *counsellor change* with the key words *psychotherapy* and *counselling*. To gain a rounded view of counsellors’ experiences I searched the databases with the synonyms for negative change using the keywords *vicarious trauma, secondary traumatic stress, compassion fatigue, empathy fatigue, burnout* and the key words *counselling* and *psychotherapy*. I found that combining search terms in the databases was of limited efficacy. For example combining *vicarious posttraumatic growth* with *psychotherapy* on the PsychINFO database returned only 2 results. Keeping my search terms broad returned a larger number of results, for example *vicarious posttraumatic growth* on Scopus returned 23 results and *vicarious resilience* returned 41 (I list more examples of the number of results returned for each search I undertook in Appendix 1).
I searched for literature published in English between 1990 and 2015 and my searches were undertaken in June 2015. I chose 1990 as a lower date parameter because I was aware of this being the publication date for McCann & Pearlman’s defining research on vicarious traumatisation. When I found relevant articles or books I checked other research that had cited it using Google Scholar. In total, I checked over 500 results for relevance.

In this literature review, I intend to incorporate elements from 28 unique research papers that I summarise in Table 1. I judged all of these papers to have something to say about counsellor change because the participant sample as a minimum contained a proportion of counsellors or the participants’ roles at least partially involved counselling or psychotherapy as far as I was able to judge. I also reviewed a number of texts that contain reports of the authors’ individual experience with clients written as case studies (for example, Kottler & Carlson, 2008).

With one exception, I chose not to include research that focused on the experiences of interpreters, psychiatric nurses, nurses or other ‘helping roles’ that clearly didn’t include counselling. The one exception is Vishnevsky, Quinlan, Kilmer, Cann & Danhauer (2015). These authors looked at American oncology nurses’ experience of change as a result of caring for cancer patients. Though the participants were nurses rather than counsellors, I chose to include this paper in my literature review because the participants in this research dealt with struggles and growth around their awareness of mortality that was directly relevant to my research with hospice based counsellors.

One important point to make about this table is that none of the papers (with the exception of Harrison & Westwood, 2009) uses a narrative or an authoethnographic research methodology. I will argue (in the methodology section) that telling and retelling one’s story helps a person create a sense of self and meaning. As a consequence, the research papers listed in Table 1 provide at best a partial insight into counsellors’ experiences.
### Table 1: Summary of literature reviewed

<table>
<thead>
<tr>
<th>Authors</th>
<th>Focus of research</th>
<th>Participants</th>
<th>n</th>
<th>Methodology</th>
<th>Data gathering used</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arnold, Calhoun, Tedeschi &amp; Cann, 2005</td>
<td>vPTG</td>
<td>US psychotherapists</td>
<td>21</td>
<td>Qualitative-thematic analysis</td>
<td>Naturalistic interviews</td>
</tr>
<tr>
<td>Barrington &amp; Shakespeare-Finch, 2013</td>
<td>vPTG &amp; VT</td>
<td>Australian employees with refugees and asylum seekers, including “frontline clinical”</td>
<td>Total 17 (13 frontline)</td>
<td>Qualitative-IPA</td>
<td>Semi-structured interviews</td>
</tr>
<tr>
<td>Bell, 2003</td>
<td>VT, STS &amp; burnout</td>
<td>Australian domestic violence counsellors</td>
<td>30</td>
<td>Qualitative-grounded theory</td>
<td>Two semi-structured interviews a year apart</td>
</tr>
<tr>
<td>Benatar, 2000</td>
<td>VT &amp; positive self transformation</td>
<td>US therapists working with adult survivors of childhood sexual abuse</td>
<td>12</td>
<td>Qualitative-thematic analysis</td>
<td>Open ended in-depth interviews</td>
</tr>
<tr>
<td>Ben-Porat &amp; Itzhaky, 2009</td>
<td>vPTG</td>
<td>Israeli domestic violence therapists</td>
<td>143</td>
<td>Quantitative-analysis of variance and hierarchical regression</td>
<td>Battery of standardised questionnaires including PTGI</td>
</tr>
<tr>
<td>Brady, Guy, Poelstra &amp; Brokaw, 1999</td>
<td>VT</td>
<td>US female psychotherapists</td>
<td>446</td>
<td>Quantitative-analysis of variables</td>
<td>Battery of questionnaires</td>
</tr>
<tr>
<td>Brockhouse, Msetfi, Cohen &amp; Joseph, 2011</td>
<td>vPTG</td>
<td>UK cognitive behavioural and cognitive analytic therapists</td>
<td>118</td>
<td>Quantitative-correlation and regression analysis</td>
<td>Battery of questionnaire including PTGI</td>
</tr>
<tr>
<td>Authors</td>
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<td>Participants</td>
<td>n</td>
<td>Methodology</td>
<td>Data gathering used</td>
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<tr>
<td>Clemans, 2004</td>
<td>VT &amp; STS</td>
<td>US rape crisis therapists</td>
<td>21</td>
<td>Qualitative-thematic analysis</td>
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<tr>
<td>Engstrom, Hernandez &amp; Gangsei, 2008</td>
<td>VR</td>
<td>US mental health professionals working therapeutically with torture survivors</td>
<td>10</td>
<td>Qualitative-grounded theory</td>
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<tr>
<td>Fitzgibbon, 2008</td>
<td>The impact &amp; ethics of helping</td>
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<tr>
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<tr>
<td>Hernandez-Wolfe, Killian, Engstrom &amp; Gangsei, 2015</td>
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<td>Iliffe &amp; Steed, 2000</td>
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<td>Adversarial growth</td>
<td>UK counsellors &amp; psychotherapists</td>
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<td>Pistorius, Feinauer, Harper, Stahmann &amp; Miller, 2008</td>
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<td>VT &amp; VR</td>
<td>Australian employees working with refugees and asylum seekers (including counsellors)</td>
<td>Total of 26 (9 counsellors)</td>
<td>Qualitative-thematic analysis</td>
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<td>Authors</td>
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<td>Participants</td>
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<td>Satkunanayagam, Tunariu &amp; Tribe, 2010</td>
<td>STS &amp; adversarial growth</td>
<td>Sri Lankan Mental health professionals working with trauma</td>
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<tr>
<td>Silveira &amp; Boyer, 2015</td>
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<td>Canadian counsellors of young trauma survivors</td>
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<tr>
<td>Steed &amp; Downing, 1998</td>
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<td>Australian counsellors and psychologists working with sexual abuse and assault survivors</td>
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</tr>
<tr>
<td>Tehrani, 2010</td>
<td>STS</td>
<td>UK helping professions (including counsellors)</td>
<td>Total n= 319 (44 counsellors)</td>
<td>Quantitative-factor analysis</td>
<td>Battery of standardised questionnaires</td>
</tr>
<tr>
<td>Vishnevsky, Quinlan, Kilmer, Cann &amp; Danhauer, 2015</td>
<td>vPTG</td>
<td>US oncology nurses</td>
<td>30</td>
<td>Qualitative grounded theory</td>
<td>Semi-structured interviews</td>
</tr>
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</table>
2.3.2. Caveats

*My use of the terms “counselling” and “psychotherapy”*

Riessman & Speedy (2007, p.427) state that the terms counselling and psychotherapy, although contested, are used fairly interchangeably and flexibly in the UK. However they note that in the US they used somewhat differently primarily denoting context of work. Because of this I should qualify my use of the terms counselling and psychotherapy. For the purposes of my thesis I am using counselling and psychotherapy interchangeably because both indicate help of a psychological nature based on a client talking to a counsellor about his or her problems. Because of their common theoretical background and professional goals, the overlap between psychotherapy and counselling is greater than the differences between them (BACP, 2016). However, I have noted in Table 1 the country where the research took place and have commented if it was unclear from a paper about the participants’ roles, especially with regard to how much counselling the participants actually did.

*My literature review relies on data from trauma research*

A great deal of my literature comes from the field of trauma research. This presents some potential problems. Firstly, it could be said that data derived from counsellors working solely with clients who have survived a specific trauma bears little relevance to counsellors working with a mixed caseload. Secondly, trauma does not have a consistent definition between different researchers, which leads to confusion and a lack of clarity conceptually. I turn to these specific issues now.

*Is data drawn from trauma counsellors relevant to more generalist counsellors?*

One might question whether data derived from counsellors working exclusively with clients who, for example, are torture survivors, bears any relevance to or is transferable to counsellors working in a hospice setting. I acknowledge that not all of my or my participants’ counselling experience is with clients that have experienced trauma. Additionally, not all of what we see in counselling is trauma. However, it has been argued (for example, Silveira & Boyer 2015, p.523) that so many reported commonalities exist in
the way that counsellors describe being changed by their clients that “counsellor transformations are independent of the specific type of client trauma or type of clientele”. Additionally, Ben-Porat & Itzhaky’s (2009) research suggests that dealing with a broader range of clients is related to higher positive change in therapists.

Inconsistent definitions of “trauma”

My research area suffers from inconsistent definitions of trauma. The literature on the negative impact of being a counsellor largely comes from research on vicarious traumatisation and its synonyms. I think that researchers in this area would probably view trauma slightly differently to include more extreme experiences only. This is evidenced by the client groups that counsellors worked with which are largely drawn from victims of sexual violence (abuse, rape) and human rights abuse (torture and kidnap). Indeed, Pearlman & Saakvitne, (1995, p. 60) define trauma as where “The individual experiences (subjectively) a threat to life, bodily integrity, or sanity”. Though this definition of trauma is fairly broad, Pearlman & Saakvitne describe that an event or situation creates psychological trauma when it overwhelms the individual’s ability to cope, and leaves that person fearing death, annihilation, mutilation, or psychosis. The individual may feel emotionally, cognitively, and physically overwhelmed. The circumstances of the event commonly include abuse of power, betrayal of trust, entrapment, helplessness, pain, confusion, and/or loss.

On the other hand, research on the positive impact of counselling on counsellors (for example Arnold, Calhoun, Tedeschi & Cann, 2005) generally has a much wider definition of trauma. In writing about posttraumatic growth, Tedeschi & Calhoun (2004, p.1) qualify their use of the word trauma saying they use “trauma”, “crisis”, “highly stressful event” and other terms interchangeably as roughly synonymous expressions. They acknowledge that their use of the word trauma is wider than in some other contexts (for example the American Psychological Association). This means that the research area of (vicarious) posttraumatic growth and its synonyms covers some experiences that may be considered to be the stuff of ordinary life, for example, divorce, illness and bereavement.
A personal experience I have around the confusion generated by the use of the word trauma comes from a group supervision session at the hospice. I was describing my interest in the concept of posttraumatic growth when the supervisor said, “but we don’t deal with trauma here”. I was surprised by this comment on a number of levels. First it didn’t take into account our clients’ individual perceptions. Second, I had heard accounts from my clients that qualified as traumatic to me (for example, a client who had experienced the death of her husband and daughter of cancer within a few days of each other). And lastly I had worked with clients at the hospice that had experienced events that would be acknowledged as traumatic even in the narrowest definition of the word, for example childhood sexual abuse.

I also witnessed confusion around the term vicarious posttraumatic growth in an assignment that served as a pilot for this research. I used and tried to explain the term vPTG to introduce my research interview but even though my participant was an experienced practising counsellor she was confused by the term, partly because she had adopted a narrow and extreme personal definition of trauma.

There is even no agreement on what constitutes a “traumatic event”. Intuitively, it would seem that a traumatic experience would be easy to recognise. However, there is no generally accepted definition of what constitutes a trauma producing event (Mueser, Rosenberg, Goodman, & Trumbetta, 2002). However, it is important to understand that an event or circumstance in itself is not traumatic. The level of personal distress regarding an event or circumstance relates to the individual’s perception of the event, depending upon personal characteristics and context (Roberts & Corcoran, 2000).

2.4. Are counsellors changed by their clients?

In this section, I address my first research question — “Are counsellors changed by their clients?” — summarising the research that describes counsellors experience of being changed or affected both positively and negatively as a result of their work.
In seeking answers to my research question I sought to understand the stories that counsellors told of being changed by their clients. My literature review mainly focuses on qualitative research studies because it is in these papers that I was able to see elements of the stories that counsellors shared. I have also included some quantitative studies where they helped me explore aspects more fully. To write this section, I conducted a rough thematic analysis of the literature to group these descriptions (Appendix 3). This was however more challenging than it might seem because some research contains descriptions of counsellor change that defies easy categorisation. This is partly because the papers include only short participant quotes (because thematic analysis had already been conducted by the author). When fuller participant quotations appear in papers, what they express is open to different interpretations: sometimes it is uncertain if a participant meant their comment in a positive or negative way. For example, consider this participant quote from Arnold et al. (2005, p.252): “Life as I know it could change dramatically overnight, so I have an obligation to live my life more fully because it’s not guaranteed that life will continue the way it has.” Did the participant live with fear or were they motivated to make the most of life — or perhaps both?

Within these constraints, I identified seven main narratives in the literature that counsellors use to describe how they are changed by their clients:

1. I am left with negative emotion.
2. The way I approach my life has changed (including I appreciate life more, my outlook on life is different, my perspective on life has altered and my spirituality is expressed differently).
3. The world is not as safe as I thought.
4. My relationships have changed.
5. I am more active socially and politically.
6. I have learnt from my clients.
7. I have grown as a person.

I describe these in more depth in the following sections.
2.4.1. “I am left with intense negative emotion”

Much of the research on the negative effects on counsellors of their work focuses on those who work exclusively with trauma survivors. Counsellors describe their intense negative emotion on hearing their clients’ traumatic stories with a range of words including anger (Iliffe & Steed, 2000); fear (Schauben & Frazier, 1995); frustration (Satkunanayagam et al., 2010); helplessness (Radeke & Mahoney, 2000); sadness (Schauben & Frazier, 1995); and shock (Pistorius et al., 2008).

Cohen & Collens’ (2013) metasynthesis of the qualitative research summarise these reactions in their theme of emotional and somatic reactions. Alongside the emotional reactions I list above, they identify somatic reactions such as numbness, nausea, tiredness, feeling detached and having difficulties maintaining boundaries. Cohen & Collens identified reports in the literature that many of these reactions lingered beyond a given session including sadness, difficulty switching off, insomnia, irritability and distress from overwhelming feelings. Research exists showing these problems occur not only in counsellors working in extreme trauma but in counsellors with mixed caseloads. Arnold et al.’s (2005) participants, 21 US psychotherapists, had a mixed caseload of clients. The authors’ data analysis revealed all of the psychotherapists reported some transient responses to their clients’ more traumatic stories, with 19 of the 21 having had experience of intrusive thoughts and images or dreams that were relatively short lived and that usually disappeared in a few days. 3 of the 21 participants reported experiencing long-term negative reactions.

It is thought that the indirect exposure to traumatic events can result in the transfer of psychological distress and changes to the way we see ourselves and the world (Figley, 1995; McCann & Pearlman, 1990; Pearlman & Saakvitne, 1995). Once overwhelmed, the affected counsellor may become emotionally distant, minimising their clients’ distress, or overinvolved, idealising their client (Figley, 1995; McCann & Pearlman, 1990). A number of researchers have concluded that working with incest and abuse survivors can be particularly emotionally disruptive for counsellors (McCann & Pearlman, 1990; Pearlman & Saakvitne, 1995; Van Deusen & Way, 2006).
However, research is not consistent in its descriptions of the impact of this type of work. Brady et al. (1999) found that those with higher levels of exposure to sexual abuse work reported significantly more trauma symptoms but no significant disruption of beliefs. Indeed, spiritual wellbeing was found to be higher for those who saw more sexual abuse survivors.

A good example of the range of intense negative emotion that counsellors sometimes report is contained in Steed & Downing’s (1998) research with sexual violence counsellors. Their thematic analysis highlighted a range of emotional responses to clients’ material including anger, pain, frustration, sadness, shock, horror, and distress. Physiological symptoms of low energy and sleep disturbance were common. Three-quarters of the participants experienced overwhelming imagery, dreams and intrusive thoughts, increased feeling of vulnerability and increased vigilance about their own and others’ safety.

2.4.2. “The way I approach my life has changed”

The next narrative I identified in the literature was that working as a counsellor had been life changing. By this I mean that the work had changed the way counsellors thought about their life or the way they approached it, including an increased appreciation for life, a different outlook on life, gaining perspective on life and changes in spiritual or religious beliefs and practices. In much of the research, there are stories of positive counsellor change alongside some notable exceptions. Three quarters of the counsellors in Benatar’s research made comments like, “my view of the world and the people in it (is) somewhat darker, more pessimistic and cynical” (Benatar, 2000, p.15). Schuben & Frazier’s (1995, p.57) participants described a “loss of innocence” and “confrontations with evil” through the course of their work, which reportedly changed their core beliefs about the world.

This narrative typically takes one of four forms: “I appreciate life more”; “My outlook on life is different”; “My perspective on life has changed”; and “My spirituality is expressed differently”. I now review each of these in turn.
“I appreciate life more”

Hyatt-Burkhart’s (2013) participants reported a number of positive consequences of the work. The author writes that participants reported looking at the simple facts of their life with a deeper appreciation. They felt lucky that they had not had to go through their clients’ experience. They identified having a warm home, plenty to eat, safety and security as things they no longer took for granted. This notion of “having” did not relate solely to material possessions but also referred to their appreciation of all areas of their lives (Hyatt-Burkhart, ibid., p.457). Similarly, participants identified as feeling lucky (Pistorius et al., 2008) and being blessed (Bell, 2003). Vishnevsky et al.’s (2015, p.5) participants believed their work motivated them to “live each day to the fullest” and appreciate each moment of life.

“My outlook on life is different”

Steed & Downing (1998) noted a questioning of life in their participants which, from the participants’ quotes contained in their paper, I interpreted as a questioning of the meaning of life, which possibly led to the participants living life on a deeper philosophical level, resulting in a richer life. Vishnevsky et al. (2015) identified the theme of uncertainty of life, which acknowledges life’s unpredictability as well as one’s own mortality. The authors state that these realisations resulted in the participants placing more value on the present, which was interpreted as a positive. Change in the area of outlook on life is not all favourable though: for example, Clemans’ (2004) participants reported that their ability to see the world as a good place was challenged, with comments like they looked at the world through “sceptical” and “paranoid” eyes (Clemans, ibid., p.155).

“My perspective on life has changed”

Silveira & Boyer (2015, p.521) comment that, “witnessing clients face highly challenging situations helped counsellors alter their perspectives regarding their own challenges.” This seemed to manifest as a greater acceptance of imperfection in themselves and others. Similarly Hyatt-Burkhart’s (2013, p.456) participants reported being more adaptable and less perturbed by the “small stuff” or having a reduced tendency to get “worked up”, which the author interpreted as a change in life philosophy.
“My spirituality is expressed differently”

It has been suggested that changes to religious or spiritual beliefs are a mechanism through which people can make meaning of extreme situations (Park, 2010). This change is typically reported as being positive in nature because it entails an increase in faith or connecting more deeply with a religion (Tedeschi & Calhoun, 2006). Indeed this is seen in some of the research with counsellors as a result of their work. For example, in Arnold et al. (2005) 16 of the 21 participants noted a new appreciation and acceptance for different spiritual paths or a deepening of religious faith as a consequence of their client work. In Bell (2003), spirituality was seen as a buffer to negative impact whilst Harrison & Westwood (2009) suggest spirituality serves as a coping mechanism to counteract isolation and despair.

Changes in spirituality may not just occur on a personal level: a raised awareness of the importance of spirituality as a resource in therapy is also evident. Hernandez-Wolfe et al. (2015) highlight not just changed personal spiritual beliefs and practices but also an awareness of “how these impact vis-à-vis the therapeutic process” (Hernandez-Wolfe et al. 2015, p.161).

However, there was an interesting counterpoint in the results of Barrington & Shakespeare-Finch’s (2013) research. The participants who provided therapeutic support to refugees did not mention relying on religious or spiritual faith to make sense of their clients’ traumatic stories despite spiritual change being reported as an outcome of their work. The changes in spirituality reported by participants involved a deep questioning of their beliefs or even an abandonment of their faith because of their work. The participants interpreted these changes as positive. Barrington & Shakespeare-Finch (2013, p.102) caution the notion of spiritual change and its purpose with respect to meaning making and warn against limiting our view of positive spiritual change to a deepening of faith or increased religiosity, when the opposite may be perceived positively by participants.

2.4.3. “The world is not as safe as I thought”

The next narrative I identified in the literature was, “The world is not as safe as I thought”. McCann & Pearlman (1990, p.140) state “Therapists may
experience a diminished esteem or regard for the human race in general, as they are exposed to the malicious and cruel behaviour of other human beings.” This can result in lasting change to perceptions of overall safety in the world, which are common in the literature (Bell, 2003; Benatar, 2000; Clemans, 2004; Hunter, 2012; Iliffe & Steed, 2000; Pistorius et al., 2008). For example, Hunter’s (2012, p.185) participants reported being more aware of the potential dangers in life, and loss of the belief that “there was a God who protects the good.” Quantitative findings have also shown some evidence of this. In Tehrani’s (2010) research, 60% of participants expressed beliefs about the world being dangerous and lacking justice.

Allied to this is an increased awareness of personal vulnerability. For example, Clemans’ (2004) participants expressed feelings of vulnerability because of their female gender and a diminished trust in others (especially men) which were viewed as distressing. “I feel angry and upset that I will never feel 100% safe in the world” (participant comment in Clemans ibid. p.153). The feelings of increased personal vulnerability are not only evident in counsellors working in extreme trauma. Arnold et al. (2005) reported that a third of their participants shared this sentiment; for some this translated into a positive change with regard to appreciation of life and or personal relationships.

2.4.4. “My relationships have changed”

The next narrative I identified in the literature was, “My relationships have changed”. Cohen & Collens (2013) note reports of change in relationships in their metasynthesis. These changes have been reported to be both positive and negative. On the positive side, some research reports that counsellors state that they value family and social ties more as a consequence of their work. An example of this includes Hyatt-Burkhart (2013): participants reported improved personal relationships because they had been spurred on to pay more attention to these relationships which in turn made them more meaningful. Fitzgibbon’s (2008) and Silveira & Boyer’s (2015) participants both reported positive changes in their personal relationships. In Arnold et al. (2005) improved levels of sensitivity and empathy were seen to reflect a positive change in participants’ ability to understand, accept and connect
with others thus improving interpersonal relationships. Changes in relationships have also been reported in quantitative studies. For example, Radeke & Mahoney (2000) reported one of the consequences of being a psychotherapist was appreciating relationships more and being more respectful of individual differences.

On the negative side, other research shows an increased distance from friends (Benatar, 2000) and damaged and changed friendships as a result of counsellors’ work (Steed & Downing, 1998).

The impact on parenthood of working as a therapist with childhood sexual abuse is illustrated in Pistorius et al.’s (2008) study. Participants felt they were better parents because they believed that their communication skills had improved and they placed a high value on childhood innocence and the right to be safe. However, participants stated that their normal parental worries were intensified, which led to them being more protective, perhaps even overly protective.

2.4.5. “I am more active socially and politically”

The next narrative I identified in the literature was, “I am more active socially and politically”. McCann & Pearlman (1990) in their exploration of the concept of vicarious traumatisation noted that there was a tremendous sense of personal meaning gained from working with survivors of trauma. A source of this personal meaning was an enhanced awareness of social and political conditions and greater social activism. Hernandez-Wolfe et al. (2015) note an increased consciousness of racial, cultural and structural conditions and awareness of relative privilege, marginalisation, and oppression in their participants.

For some, this theme extends beyond purely social and political awareness and translates into activism, which is seen in a number of qualitative research papers. Iliffe and Steed (2000) in their study with domestic violence therapists write that half of their participants reported an involvement in socio-political groups connected to domestic violence. Benatar (2000, p.15) in her research with sexual abuse counsellors noted that some (she does not say
how many) had become active politically on behalf of women, children, or other oppressed and/or abused groups. Clemans’ (2004, p.156) research with rape counsellors identified activism, in various forms, as a “salve against cynicism” and a way to take action against larger social problems.

2.4.6. “I have learnt from my clients”

The next narrative I identified in the literature was, “I have learnt from my clients”. Puvimanasinghe et al. (2015) highlight that their participants reported learning from their clients, specifically around problem solving. Participants stated that they had “learnt from client’s perseverance, resilience, humanity, love and trust and sometimes these lessons were incorporated into their own lives” (Puvimanasinghe et al. 2015, p.17). These lessons were of particular value in reassessing their own personal problems.

In a mixed methods study, Schauben & Frazier’s (1995) qualitative data yielded rich descriptions of the counsellors’ experience. Alongside negative changes in belief about the world, participants also reported experiencing similar existential issues as their clients and stated they had suffered and slowly grown with their clients. Participants reported increased self-awareness through learning about themselves through their reactions to clients that helped to heal their own past (Schauben & Frazier, 1995, p.58).

2.4.7. “I have grown as a person”

The next narrative I identified in the literature was, “I have grown as a person”. McCann & Pearlman (1990, p.147) summarise the positive changes they noted tangentially in their participants as they researched vicarious traumatisation as “sadder but wiser”. Other researchers of vicarious traumatisation have noted similar changes (Clemans, 2004; Schauben & Frazier, 1995; Steed & Downing, 1998), including: heightened sensitivity; enhanced empathy; increased self-esteem; self-awareness; insight; and increased compassion. Arnold et al. (2005, p.257) summarise personal growth as an improved ability to understand, accept and connect with others, alongside an increased recognition of personal strength that included increased self confidence. Hyatt-Burkhart (2013, p.456) states she elicited positive stories of personal growth from her participants. Specifically they
described becoming more, “open-minded, tolerant, patient and flexible”. Similarly Silveira & Boyer’s (2015) participants believed that they had become more accepting, understanding, compassionate, hopeful and optimistic as a consequence of their work, and Fitzgibbon’s (2008) participants reported increased self confidence and self acceptance.

Quantitative research has yielded comparable results. Radeke & Mahoney’s (2000) participants talked of an array of positive benefits from their work ranging from feeling their work had made them a better person, increased self awareness and accelerated psychological development to feeling more tolerant of ambiguity and learning to detach feelings.

In summary, counsellors do appear to be changed by their clients and this change can be positive and negative — and sometimes both simultaneously. However, it is possible to question how much insight counsellors have into how we were and what we believed in the past and also to question if we can distinguish how life experience and maturity has changed us. It is also possible to question what these reports of growth and positive change actually represent or even whether they are just “a trendy idea of stressing the positives” (Woodhead, 2014).

2.5. How do counsellors make meaning of any change?

In the previous section I saw that the literature does indeed suggest counsellors are changed by their clients. But how does this change happen? As I thought about this question I considered that counsellors’ core training would play a huge part in how we might make sense of change: for example, we might rely on Rogers’ theories (Rogers, 1980; 2003) if we were trained in that approach or use countertransference if we were psychodynamically trained. Back in the language of social constructionism, I think these represent and/or construct different realities: they are not simply different perspectives on the same reality (Freeman, 1993; Gergen, 1994). In this section, I will outline some possible explanations. Each explanation is not exclusive but possibly overlapping. The possibilities I will explore are:

1. Change stems from empathic engagement.
2. Change stems for the therapeutic relationship.
3. Change is a consequence of building new schemas.
4. Change is an increase in eudaimonic wellbeing.
5. Change stems from countertransference.
6. Change is just a consequence of counsellor development.
7. Change stems from counsellors addressing their own wounds.

2.5.1. Change stems from empathic engagement

My initial counselling training was largely humanistic with its emphasis on the core conditions. Rogers (1980, p.142) describes empathy as “entering the private perceptual world of the other and becoming thoroughly at home in it.” I remember questioning during my training if it was possible to achieve this without being personally changed in some way? Of course, there was an emphasis on offering empathy whilst not losing the “as if” quality. I understood this “as if” concept more clearly as what Corcoran (1982) describes as an emotional self–other differentiation between the experiences of the therapist and the client. He suggests that this differentiation is lost after a certain degree of empathy, implying that high levels of empathy go together with a loss of emotional separation. I wondered if empathy enables us to metaphorically apply what the client has gone through to our own life.

Badger, Royse & Craig (2008) have described the empathic connection as a “gateway of vulnerability”. Whilst Figley (2002) acknowledged the absolute necessity of empathy in counselling, he also recognised the potential risk in offering it: “without empathy there will be little if any compassion fatigue”, (Figley, 2002, p.1436). Whilst Cohen & Collens (2013 p.16) state that, “VT and vPTG stem from empathic engagement”, quantitative evidence to support these assertions is inconsistent. Brockhouse, Msetfi, Cohen & Joseph (2011) and Linley & Joseph (2007) found that counsellor self reported measures of growth and empathy were positively correlated. However, this was not the case in O’Sullivan & Whelan (2011), who found no relationship between their measures of self reported empathy and growth in telephone counsellors. A recent systematic literature review is also inconclusive: Manning-Jones et al. (2015 p.131) write that, “further research is needed to ascertain the nature of the relationship between empathy and vPTG.”
2.5.2. Change stems from the therapeutic relationship

Counsellors and clients exist in the context of a relationship in which they mutually influence each other and construct meaning in the therapeutic relationship (Anderson, 2007, Horvath & Bedi, 2002). This mutual influence is called different things by different counselling modalities. For example Stolorow & Atwood (1996) coming from a psychoanalytic background use the term intersubjectivity to refer to the mutual influence of the conscious and unconscious subjectivities (personal experiences) between client and counsellor. Within my own counselling training the mutual encounter may be described by Mearns & Cooper (2005) concept of relational depth, “profound contact and engagement with another” (Mearns & Cooper, ibid. p.36). The impact of this in-depth connectedness and an indication of its potential relevance for counsellor change is illustrated by one of Cooper’s (2005) research participants when he says in reference to a counselling session, “maybe in a way you can say that I learnt something from them too…(M)aybe it’s a moment of change in me as well. I’m a bit different,” (Cooper, 2005 p.14).

A small number of authors have described counselling as a two-way, reciprocal, process. For example, Sandmaier (2003) describes psychotherapy as potentially transformative reciprocal process and describes it as “an intrinsically, inescapably two-way enterprise ... whenever people open up the contents of their hearts, our own hearts can’t help but thrum in response” (Sandmaier, 2003, p. 24). Whereas Kottler & Carlson (2008, p.12) write, “The influence that takes place in therapy is a reciprocal process, in which the therapist may be affected just as significantly as the client for better or worse”. They consider that this reciprocity stems from the intimacy of the therapeutic relationship, the therapist’s unresolved issues and as a result of the collaborative process of therapy that goes into the innermost thoughts and feelings of the client and therapist. Kottler & Hunter (2010) continued to explore the theme of reciprocity. They argue that through the profound intimacy we have with clients they can be our best teachers, both personally and professionally, and the authors posit that our client work can have unintended and powerful effects on our own lives.
2.5.3. Change is a consequence of building new schemas

Other researchers have explained the changes seen in VT and vPTG within the framework of constructivist self-development theory (Joseph & Linley, 2005; McCann & Pearlman, 1990; Tedeschi, Calhoun & Cann, 2007). Constructivist self-development theory suggests that individuals construct their realities through the development of schemas (synonymous with cognitive structure about a concept) and hypothesises that personal change arises as a consequence of building new schemas. These schemas include our beliefs, assumptions and expectations about self, others and the world. Schemas are used to interpret events and make sense of the world and tend to benevolence and meaningfulness allowing us to maintain an illusion of invulnerability (Janoff-Bulman, 1992, p.51). Janoff-Bulman suggests that in trauma and vicarious trauma these original schemas are “shattered” which requires schema modification.

This modification can be a positive change to previous schemas (positive accommodation), or negative change to previous schemas (negative accommodation). Joseph & Linley (2005) posit positive accommodation is experienced as growth and negative accommodation as distress. They suggest that schemas can change in different directions within the same person, which potentially explains the multifaceted nature of experience.

2.5.4. Change is an increase in eudaimonic well-being

Joseph & Linley (2008, p.11) point out that their conceptualisation of adverse growth is as a process of change akin to an increase in wellbeing: a focus on meaning and self-realisation rather than an increase in or in the dominance of positive emotions (hedonic view of wellbeing). This positions adverse growth within Aristotle’s philosophy in terms of self realisation that human beings are constantly striving to improve their eudaimonic well being (Shmotkin, 2005). This seems synonymous with Roger’s actualising tendency: a natural impulse to grow psychologically and his notion of the fully functioning person (Rogers, 2003).

Huppert & So (2013), conjecture that both eudaimonic and hedonic are valuable if we are to “flourish” as human beings. Thinking about these
concepts reminded me of a conversation I had with a counsellor colleague when I was describing what my research was about. She said, “I do think I have grown personally as a result of being a counsellor but I live in a sadder world now and that’s not always easy, sometimes I would like to erase things I’ve heard from clients.” One could surmise from this that as a counsellor her eudaimonic wellbeing was greater but her hedonic wellbeing was less.

2.5.5. Change stems from countertransference

Debates over the nature of countertransference mean I am left with a multiplicity of views on its implications for my research topic. McLeod (2003, p.97) defines countertransference as “the emotional response of the therapist to the client is an essential source of data about what is happening in therapy.” However, Casement (2014, p.80) points out that countertransference has been written about in many ways. He sees countertransference as a rich source of learning, offering the psychotherapist new opportunities to resolve old conflicts and to abandon old responses and behaviours. Ruderman (1992, p.54) shared this positive view and posits that countertransference can be reparative and growthful for both the client and psychotherapist, because it “prompts a deeper integration of experiences evoked in the psychotherapist helping her too to heal and grow.”

In the vicarious traumatisation literature, descriptions of the concept of countertransference also vary. Herman (2001, p.140) defines vicarious traumatisation as synonymous with traumatic countertransference and originating from contagion caused by listening to traumatic stories. Sexton (1999, p.394) lists the possible responses of countertransference as, “sadness, rage, fear, grief, shame, anxiety, horror, self doubt, confusion, intrusive images, nightmares, somatic reactions, sleep disturbances, agitation and drowsiness”. However, he makes the distinction that countertransference is temporary whilst VT is “permanent in nature” (Sexton, 1999, p.395). Danieli (1996, p.196) claims that using the term countertransference has been unhelpful because it perpetuated the traditional, psychodynamic attitudes and inhibited professionals from studying, correctly diagnosing and treating the effects of secondary trauma. Wilson & Drozdek (2004, p. 289) see
countertransference as an “old word used to describe the intricate and extraordinarily interesting process of human communication in the context of psychotherapy”.

2.5.6. Change is just a consequence of counsellor development

Perhaps counsellor reports of change are just a consequence of their development in the role. Skovholt & Ronnestad (1992) in their research on models of counsellor development outline two themes that have relevance to my research area. The first is that clients are a major source of influence and serve as primary teacher. Whilst the authors emphasise this learning with regard to professional development, they do not specifically exclude personal development. The second relevant theme is that counsellors’ experience with suffering highlights tolerance and acceptance of human variability: that is, counsellors become less judgemental. Ronnestad & Skovholt (2003, p.22) suggest that therapists can experience personal “healing involvement” with their clients, with clients serving as a source of influence and teaching. These findings are echoed by Freeman & Hayes (2002) who see clients as a rich source of learning and describe being personally and professionally inspired by their clients. Similarly, Turner, Gibson, Bennetts & Hunt (2008) in their heuristic study of trainee therapists learning from experience, list improved self-knowledge as an important source of satisfaction and growth.

2.5.7. Change stems from counsellors addressing their own wounds

I considered the motivation to be a counsellor a potentially influential aspect in my research. This is because I think it may suggest the areas where counsellors are most vulnerable or most open to change. There is longstanding acceptance that motivation to train and work as a counsellor can stem from the need to resolve personal conflicts, existential issues and personal pain (for example, Guy, 1987). Sussman (1992) suggests that the opportunity to deal with deep-seated wounds and unresolved conflict is a major factor in choosing a career in psychotherapy. For me Kottler (2010 p.16) sums up his awareness of his motivations beautifully when he writes, “…though I did and do feel a commitment toward altruism, a significant part of my motivation to become a therapist came from my need to make
sense of the world to stave off my fear of mediocrity, to find acceptance and satisfy my need for control, to win approval and gratitude.”

If practicing as a counsellor allows us to at least partially address these personal conflicts and existential angst then it seems no surprise that we then report growth as a consequence of the work. If there was a relationship then perhaps we could expect to see counsellors being changed in different ways dependent on their motivation to do the work. This was investigated by Jenkins, Mitchell, Baird, Whitfield & Meyer’s (2011) research with sexual violence counsellors. Jenkins et al. (ibid) looked at the relationships between recalled motivations for doing the work, reported subjective personal changes, and symptoms of vicarious trauma and burnout. The authors’ hypothesis—that participants’ motivation to do the work would lead to different ways in how the work affected them—was supported. Those counsellors who said that personal trauma was a motivation tended to report both more negative symptoms and more positive change, which the authors interpret as increased resilience. Participants who reported altruistic motives were more likely to report positive effects on personal relationships whereas those whose motivation was seeking personal meaning reported becoming more hypervigilant and isolated. The counsellors who said they had learnt from clients also reported lower negative symptoms; the authors explain this in terms of stress inoculation¹.

In summary, in answer to my second research question, there are many theories that explain elements of change in counsellors, but no one theory fully describes why change happens. Perhaps all of these theories have something to offer to explain change. In particular, empathy may serve to metaphorically apply the clients’ experience to our own lives; and the therapeutic relationship provides opportunities for us to discover ourselves, reflect, and explore our own experiences and hence “grow” as people.

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¹ Stress inoculation is the idea that individual resistance is enhanced by exposure to milder forms of stress to bolster coping mechanisms and the individual’s confidence in using his or her coping repertoire. (Meichenbaum, 1989)
2.6. How does the academic literature explain these changes?

In this section I examine the research and conceptual labels that researchers have used to describe change.

2.6.1. Concepts used to label positive change

I will outline four concepts that describe positive change: posttraumatic growth; vicarious posttraumatic growth; adversarial growth; and vicarious resilience.

Posttraumatic Growth (PTG)

We first need to be aware of the concept of posttraumatic growth (PTG), the notion of personal growth following a traumatic experience, which lays the foundation for understanding the correlated or related, vicarious process. The idea that people are capable of transmuting traumatic experiences to gain wisdom, personal growth, positive personality changes or more meaningful lives is an old one with roots in philosophy, literature and religion (Saakvitne, Tennen & Affleck, 1998, p. 279) and more recently explored in personal accounts and self help books. Some of this more recent literature is allied to the positive psychology movement (Linley & Joseph, 2007).

In the literature, the positive changes following a traumatic event bear a number of different labels such as: stress related growth (Park, Cohen & Murch, 1996); adversarial growth (Joseph & Linley, 2005); and posttraumatic growth (Tedeschi & Calhoun, 1996). None of these concepts discount the negative psychological aspects of a traumatic or stressful event but promulgate that the experience can lead to an enhanced sense of meaning and purpose in life that promotes personal growth and change. Much of the later research on the possibility for growth and positive change emerges from the framework of the concept of PTG, which Tedeschi & Calhoun, (2004, p.1) define as “the experience of positive change that occurs as a result of the struggle with highly challenging life circumstances”. Tedeschi & Calhoun (1996) group these positive changes into three broad categories of growth: changes in self perception; changes in interpersonal relationships; and changes in life philosophy. In later work, where the focus was on the
empirical measurement of PTG with the posttraumatic growth inventory (PTGI), Tedeschi, Park & Calhoun (1998) suggest that growth and change was within five broad domains: increased appreciation of life; sense of new possibilities in life; increased personal strength; improved close personal relationships; and spiritual change.

**Vicarious Post-Traumatic Growth (vPTG)**

Alongside the body of research to support the concept of growth through the first hand struggle with adversity, there is also some literature that suggests that the suffering of others close to us can trigger growth. For example, Mosher, Danoff-Burg & Bruncker (2006) observed posttraumatic growth in the daughters of breast cancer survivors and Weiss (2004) in the husbands of breast cancer survivors, supporting the notion that vicarious exposure can also lead to growth.

Tedeschi & Calhoun (2004, p.416) described a tendency for psychotherapists to “change for the better” as they listened to stories of growth in their clients. This tendency was later explored by Arnold, Calhoun, Tedeschi & Cann (2005) who proposed the concept of vicarious posttraumatic growth (vPTG) in their landmark research. Arnold et al. (2005) is the first published research on the concept of vPTG. It stands out because the 21 psychotherapist participants had diverse client caseloads, not solely clients who had survived a particular trauma. The psychotherapists had all worked with clients described as having experienced events that were disruptive enough to challenge or overwhelm their ability to cope (Arnold et al., 2005, p.244). The findings indicated that the psychotherapists reported negative effects which constituted signs of vicarious traumatisation alongside positive personal effects from their work including increased recognition of personal strength; gains in self-confidence; sensitivity and compassion; improved personal relationships; and enhanced appreciation of what’s important in life.

**Adversarial growth**

Linley & Joseph (2004) use the term “adversarial growth” to refer collectively to PTG and vPTG. Linley & Joseph’s (2007) research looked at the notion of adversarial growth using a battery of questionnaires (including Tedeschi &
Calhoun’s measure of posttraumatic growth, the posttraumatic growth inventory) to study the positive and negative effects of therapy work with 156 UK therapists. This research stands out because the participants were not just trauma therapists but were recruited from the professional registers of the British Psychological Society and the British Association for Counselling and Psychotherapy. Therefore the sample contained counsellors from different therapeutic backgrounds, reflecting different professional training and affiliations as well as different client groups, making the participants more representative of UK counsellors in general. The study used standardised questionnaires to explore the associations between three sets of factors: the positive and negative factors of doing counselling; occupational factors and psychological factors. The positive aspects of doing counselling included personal growth and compassion satisfaction; the negative aspects, compassion fatigue and burnout. Occupational factors included: personal therapy; supervision; therapeutic training and practice orientation; length of therapy career; current therapy workload; personal trauma history; and gender. The psychological factors were sense of coherence, social support, empathy and the bond from the working alliance.

There were a number of statistically significant findings in Linley & Joseph’s (2007) research. A history of personal trauma, participation in personal therapy whether in the past or concurrently and receipt of professional supervision were all positively correlated with personal growth. Female counsellors reported greater levels of personal growth than male counsellors. Counsellors whose training was primarily transpersonal or humanistic in orientation were more likely to report positive psychological change whereas those whose training was primarily cognitive-behavioural (CBT) were less likely to report positive psychological change as a result of their client work. In addition, the CBT group was significantly more likely to report burnout symptoms. Participants who had worked as counsellors for a longer length of time were more likely to report negative psychological change and more likely to have compassion fatigue. The counsellors’ rating of therapeutic

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2 Sense of coherence describes the extent to which the world is seen as comprehensible, manageable, and meaningful and has been strongly linked to positive responses to stress (Antonovsky, 1987).
bond was the best predictor of positive psychological change and less
burnout. Sense of coherence was the best predictor of less negative
psychological change and compassion fatigue.

I found the different results associated with the therapeutic orientation of the
counsellors interesting. Linley & Joseph do not present data on the average
length of counselling relationship and I wondered about the possibility that
longer counselling relationships (so potentially deeper relationships) lead to
more positive change in counsellors. It is widely reported that for vPTG to
develop, counsellors need to witness clients’ growth. From my albeit more
limited experience of using CBT with clients, the relationship tends to be
shorter, allowing less time for this exposure. Also, CBT practitioners do not
have a requirement for personal therapy. Manning-Jones et al. (2015, p.132)
offer an alternative explanation with the hypothesis that humanistic
therapists are more likely to acknowledge, “suffering can provide
opportunities for growth”.

O’Sullivan & Whelan (2011) also report their findings under the banner of
adversarial growth. Their research used a range of standardised
questionnaires with telephone counsellors and employed regression analysis
to look at the relationships between variables. They concluded that though
some growth was in evidence in their participants, the levels were lower
than in previous research with face-to-face counsellors. They hypothesise
that this was due to the participants being predominantly volunteers,
working part-time or casually with relatively small and diverse caseloads.
O’Sullivan & Whelan (2011) comment that their analysis showed compassion
fatigue was significantly related to PTG, so it seems to me that the
participants had adequate disruption to facilitate growth. However,
participants were not exposed to the clients’ growth in the same way as they
would be in a longer term face to face counselling relationship. In addition,
the telephone counsellors’ therapeutic bond might be expected to be weaker
in short term telephone counselling (which in Linley & Joseph’s, 2007,
research was the best predictor of positive psychological change).
O’Sullivan & Whelan’s (2011, p.320) research does not support a relationship between counsellors’ ratings of empathy and growth as measured by self-report questionnaires. They suggest this could have been because of the limited efficacy of the questionnaire they used to measure it. It has certainly been suggested that empathy serves as a conduit of negative and positive vicarious reactions in counselling (Figley, 1995; Linley & Joseph, 2007) and that empathy helps protect against vicarious trauma, whilst enhancing prospects of growth (Linley & Joseph, 2007). Whilst empathy was not a predictor of total growth scores in O’Sullivan & Whelan’s (2011) research, when examined in terms of the dimensions of growth on the posttraumatic growth inventory it was related to the subscales of spiritual change.

It is interesting that whilst Linley & Joseph (2007) and O’Sullivan & Whelan (2011) use adversarial growth to describe change, their research utilises the posttraumatic growth inventory, which makes me wonder why they use a different synonym to describe change.

**Vicarious Resilience (VR)**

The originators of the concept of VR, Hernandez, Gangsei, & Engstrom (2007, p. 237) describe it as a process “characterized by a unique and positive effect that transforms therapists in response to client trauma survivors’ own resiliency”.

Hernandez et al. (2007) initially based their concept of vicarious resilience on their research with 12 psychotherapists whose clients were victims of political violence and kidnapping. Using grounded theory, they showed that therapists may strengthen their own wellbeing by appreciating and incorporating what they learn from their clients’ healing processes. Specifically, they mention that witnessing their clients’ healing helped the psychotherapists put their own problems and issues into perspective—although this occurred alongside feelings of anger, hopelessness, fear and frustration. Additionally, some of the psychotherapists reported their increased awareness of the value of spirituality as a personal and therapeutic resource, which had been overlooked by them previously. They concluded
that the psychotherapists were transformed in response to their clients’ own resiliency.

In 2008, Engstrom, Hernandez & Gangsei carried out further grounded theory research on VR with 10 therapists who worked with torture victims. They identified seven potential components of VR: (1) reflecting on human beings’ capacity to heal; (2) reaffirming the value of therapy; (3) regaining hope; (4) reassessing the dimensions of one’s own problems; (5) understanding and valuing the spiritual dimensions of healing; (6) discovering the power of community healing; and (7) making the professional and lay public aware of the impact and multiple dimensions of violence by writing and participating in public speaking forums.

In 2015, Hernandez-Wolfe, Killian, Engstrom & Gangsei carried out research with 13 psychologists and psychotherapists working with torture victims. The results of this research are two fold. Firstly, the authors state that VR is founded on the assumption that client and therapist influence each other in the therapeutic relationship. Psychotherapists can be potentially transformed by their clients’ trauma and resilience in ways that are positive, even if they are not pain-free. Secondly, the authors talk about the differences between VR and other forms of positive and negative impact. They assert that VR’s distinguishing factor is that the concept emerged from observation, was built on grounded theory, and has been articulated through resilience and vicarious learning theory (Bandura, 1986; Luthar & Brown, 2007). Like vPTG, VR addresses the observed positive impact of exposure to a client’s positive psychological change resulting from struggling with traumatic experiences; but VR focuses on therapists’ transformation resulting from exposure to the clients’ resilience in the course of therapy.

In my reading of the literature, there is little to distinguish vPTG from VR and I view them as being synonymous. It is true that Hernandez-Wolfe et al. (2015) emphasise slightly different theories than other researchers to explain change. As far as I am aware they are the only researchers to look at psychotherapist change specifically in the context of Bandura’s learning theory, which sees learning as taking place in a social context through
observation, imitation and modelling (Bandura, 1986). PTG and vPTG is normally explained through constructivist theory to which I consider Bandura to be a contributor.

2.6.2. Concepts to describe negative change

The terms used in the literature for the negative consequences of doing counselling are varied and include: secondary traumatic stress; compassion fatigue; burnout; vicarious traumatisation and empathy fatigue. Conceptually, these terms have considerable similarity and overlap and are generally considered empirically inseparable (Stamm, 2005). The consensus is that, although they share many features, they differ in their affective domains: for example, self-infficacy in burnout; and fear in vicarious traumatisation (Larsen, Stamm & Davis, 2002). Figley (2002) suggests that vicarious traumatisation and burnout are experiences that contribute to compassion fatigue (of which he suggests secondary traumatic stress is a synonym). There is a large body of literature in this area; for reasons of concision, I will provide a short definition of each term and briefly summarise what I think the implications are for counsellor change.

**Vicarious traumatisation (VT)**

Vicarious traumatisation is defined as the “(negative) transformation in the therapist’s (or other trauma worker’s) inner experience resulting from empathic engagement with clients’ trauma material” (Pearlmann & Saakvitne, 1995, p.151). VT results in the permanent disruption of the individual’s cognitive schema. Dunkley & Whelan (2006) suggest that ongoing exposure to graphic accounts of human cruelty, trauma, and suffering, as well as the healing work within the therapeutic relationship that is facilitated through ‘empathic openness’ (as is the case in compassion fatigue), leaves counsellors vulnerable to emotional and spiritual harm. Neumann & Gamble (1995) summarise the potential consequences of VT as disruption in five psychological areas: safety; trust; esteem; control; and intimacy. Research suggests that the specific areas of disruption differ for counsellors depending on which area is more or less salient for them as a reflection of their life experiences (Astin, 1997; Steed & Downing, 1998). Two systematic reviews of the area (Beck, 2011; Sabin-Farrell & Turpin, 2003) give
us some ideas on what may contribute to VT. These researchers identified negative coping strategies, being female and experience of personal trauma as important variables. However, Dunkley & Whelan (2006) write that findings are inconsistent about whether having a personal history of trauma renders counsellors more vulnerable to VT.

Symptoms of VT can include immediate reactions such as: intrusive imagery; flashbacks; nightmares; increased fears for the safety of oneself and loved ones; avoidance of violent stimuli in the media; difficulty listening to clients’ accounts of events; irritability; and emotional numbing. Long-term reactions can include: emotional and physical depletion; a sense of hopelessness; powerlessness; and a changed view of the world, in which others are viewed with suspicion and cynicism (Iliffe & Steed, 2000; Pearlman & Saakvitne, 1995).

Secondary traumatic stress (STS)

Figley’s (1983) initial research interest focused on the concept of secondary traumatic stress, which he defined as “the natural consequent behaviours and emotions resulting from helping or wanting to help a traumatised or suffering person” (Figley, 1983, p.7). Figley later moved on to call STS, “compassion fatigue”, because he felt this term was less stigmatising (Figley, 1995). Despite this, the term STS appears in more recent counselling research (for example, Samios, Rodzik & Abel, 2012). Stamm (2005) summarises the effects of STS as fear, sleeping difficulties, intrusive images and avoiding reminders of the client’s traumatic experiences: identical to the symptoms of posttraumatic stress disorder.

Burnout

Burnout is most commonly defined as “a syndrome of emotional exhaustion, depersonalization, and reduced accomplishments that can occur among individuals who do ‘people work’ of some kind” (Maslach, Jackson & Leiter, 1986, p.1). Research on burnout among counsellors and psychotherapists is quantitative, involved in measuring and correlating burnout as measured by various questionnaires against other variables and looking at prevention strategies (for example: Hardiman & Simmonds, 2013; McLean, Wade, &
Encel, 2003; Rupert, Miller & Dorociak, 2015). Based on my reading of the literature (for example, Skovholt & Trotter-Mathison, 2011) I consider the possible implications for counsellor personal change from burnout as negative reactions towards others, withdrawal from social interactions and negativity about life in general.

**Empathy fatigue (EF)**

Empathy fatigue is most closely associated with Stebnicki (2007) who describes it as a “state of emotional, mental, physical and occupational exhaustion that occurs as the counsellors’ own wounds are continually revisited by their clients’ life stories of chronic illness, disability, trauma, grief and loss” (Stebnicki, 2007, p.318). Stebnicki distinguishes EF from VT as having both an acute and cumulative onset of emotional, physical, and spiritual affects which do not follow a predictable path. He posits that EF is a highly individualised experience because the counsellor’s perception towards their client’s story differs depending upon the issues presented in each session.

**Compassion fatigue (CF)**

Compassion fatigue is the “natural consequent behaviours and emotions resulting from knowing about a traumatizing event experienced by a significant other — the stress resulting from helping, or wanting to help, a traumatized or suffering person” (Figley, 1995, p.7). It includes a state of tension and preoccupation caused by re-experiencing the traumatic event. The potential consequences for the counsellor include, sadness, grief, withdrawing from relationships and changed beliefs (Figley, 2002).

In summary, it is clear that the conceptual labels that researchers have used to describe change are exclusively positive or negative, yet counsellors’ experience is more nuanced than this. For example, in my pilot research, my participant experienced both positive and negative emotions simultaneously. This suggests that the existing conceptual labels do not capture the entirety of the experience of being changed by clients.
2.7. How do counsellors ensure change is positive?

Much of the research that focuses on how to help counsellors cope with their work and facilitate growth comes from the area of trauma counselling. Cohen & Collens (2013) summarise the qualitative research in the area as, “coping with emotional impact”, which has the subthemes of organisational factors, day-to-day behaviours and attitudes and beliefs. Quantitative studies have utilised self report questionnaires to research the strategies counsellors think they use to limit distress and facilitate growth (for example, Bober & Regehr, 2006).

In Table 2, I have summarised the possible coping strategies for counsellors within three broad areas: organisational level and job design; social; and individual.
Table 2. Summary of the literature on how counsellors maintain resilience

<table>
<thead>
<tr>
<th>Theme</th>
<th>Subthemes</th>
<th>Example authors</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Varying job role to include teaching and supervision alongside counselling</td>
<td>Benatar, 2000; Harrison &amp; Westwood, 2009; Iliffe &amp; Steed, 2000.</td>
</tr>
<tr>
<td></td>
<td>Social support from family &amp; friends</td>
<td>Bober &amp; Regehr, 2006.</td>
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<tr>
<td></td>
<td>Intentional effort to engage in pleasurable activity</td>
<td>Harrison &amp; Westwood, 2009.</td>
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<td></td>
<td>Marking the end of the working day</td>
<td>Hunter &amp; Schofield, 2006.</td>
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<td></td>
<td>Spirituality as a buffer to negative impact</td>
<td>Bell, 2003.</td>
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<tr>
<td></td>
<td>Spirituality as a coping mechanism which counters isolation and despair</td>
<td>Harrison &amp; Westwood, 2009.</td>
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</tbody>
</table>
Bober & Regehr’s (2006) study of 259 therapists found that although participants generally believed in the usefulness of recommended coping strategies, including leisure activities, self-care activities and supervision, these beliefs did not translate into time devoted to engaging in the activities. Moreover, there was no association between time devoted to coping strategies and traumatic stress scores.

In summary, the literature shows that counsellors use an array of strategies for coping with the emotional impact of their work. However just because counsellors report that they find interventions helpful, it does not necessarily follow that they engage in them — or if they do, that the interventions translate into either less distress or more growth.

2.8. Methodological limitations and conceptual weaknesses with existing research

In this section, I describe the weaknesses, limitations and gaps in the research.

2.8.1. Methodological limitations in the research

Lack of clarity in role of participants

Research papers are often unclear about the degree to which counselling or psychotherapy was part of the participants’ role. Sometimes, this reflects cultural differences: for example, Ben-Porat & Itzhaky’s (2009) Israeli study describes the participants as “social workers” but they are clearly in a counselling role. In other studies it is simply unclear. One example is Hyatt-Burkhart’s (2013) qualitative study into the experience of vPTG with twelve North American mental health workers in a residential facility for traumatised young people. The therapeutic role of the mental health workers is implied rather than stated so the degree to which the participants used counselling in their role is uncertain. Similarly in Barrington & Shakespeare-Finch (2013), 13 of the 17 participants are described as “front line clinical” but counselling or therapy is not specifically mentioned as part of their role. The article is however published in the journal *Counselling Psychology Quarterly* and there are references to participants receiving personal therapy and
professional supervision, so I surmise that they were engaged in counselling or psychotherapy.

The research focus affects the outcome

If we look for negative change then we are more likely to find negative change and vice versa. Designing balanced research is a challenge.

Mental health work can be pathologically focused

Hyatt-Burkhart (2013, p.458) notes that the interviews and focus group she used to gather her data would have been full of the negative effects of the work if she hadn’t prompted participants. She concludes that this is because mental health work generally is pathologically focused. It has been said that the whole understanding of psychotherapy is that its basis is to assist those who are in distress and psychological pain (Stalikas & Fitzpatrick, 2008) and mental health is viewed as the absence of negative symptoms (Seligman, Rashid & Parks, 2006). It can be argued that this culture means we are more likely to report our experience within a negative frame.

Most quantitative studies use the posttraumatic growth inventory (PTGI)

The PTGI is a 21 item self-report inventory that measures the individual’s perception of positive change across five areas:

- Increased appreciation of life.
- Sense of new possibilities in life.
- Increased personal strength.
- Improved close personal relationships.
- Spiritual change.

Most quantitative studies in my literature review use the PTGI (Linley & Joseph, 2007; O’Sullivan & Whelan, 2011). There are two potential problems with this. Firstly, the PTGI was developed to measure growth in people directly affected by a traumatic event (Tedeschi & Calhoun, 1996) and not those affected vicariously, which may or may not be the same phenomenon. Secondly, it has been claimed that the PTGI is positively biased (O’Sullivan & Whelan, 2011, p.320). In my own experience of using the PTGI I noted that all
the questions are positively framed, which may potentially overinflate reports of positive change.

*There are no longitudinal studies*

An important gap in the research is the lack of any longitudinal studies. Bell (2003) interviewed her participants twice one year apart. This time lapse is described in the paper as being a way to triangulate results. The author notes that her participants’ experience of stress changed over time and mentions that some found better ways to cope. But any potential change in underlying beliefs is not addressed by the research, which struck me as a missed opportunity.

2.8.2. Conceptual weaknesses with terminology

In this section I argue that the concepts used to describe counsellor change are inadequately developed.

*Vicarious resilience is built on unsecure foundations*

It could be argued that Hernandez-Wolfe at al. (2015) are building their idea of vicarious resilience on unsecure foundations because resilience as a concept is not without its critics. Luthar, Cicchetti & Becker (2000, p.543) describe how critics have generally focused on: ambiguities in definitions and terminology; diversity in experience and competence achieved by individuals that are viewed as resilient; instability of the phenomenon of resilience; and concerns regarding the usefulness of resilience as a theoretical construct. Indeed, Calhoun & Tedeschi (2006, p.11) stressed the importance of maintaining a clear distinction between resilience and PTG since for them resilience as a definition did not transmit an understanding of transformation instead implying a return to the original state. I concur with this, based on the Oxford dictionary definition of resilience as “the ability to spring back”, and based on my understanding of research on resilience (for example, Fletcher & Sarkar, 2013).

*Researchers cannot decide on a concept to describe their results*

Even in the most recent research there is a lack of consensus on a concept to describe change and there remains gaps in conceptual understanding.
No consensus on what to call it

There is no consensus on what to call the phenomena of counsellor change. Barrington & Shakespeare-Finch (2013, p.99) interpret their findings as evidence of VT and vPTG. Hyatt-Burkhart (2013) concluded that her participants’ reported changes were in line with the three areas of Calhoun & Tedeschi’s concept of PTG but calls her research area vPTG. Silviera & Boyer (2015, p.11) describe their results within the conceptual framework of VR whilst acknowledging that their findings were congruent with the concept of vPTG and that “a significant overlap exists between the two concepts” (they do not say how they might differ). Puvimanasinghe et al.’s (2015) results are reported within the context of VT and VR. Puvimanasinghe et al. (2015, p.2) write that “VR appears to be similar to what has been described as vPTG by Arnold and colleagues (2005)”. But the authors appear to show some confusion about what is meant by VR since they define VR as including psychological growth on page 2 of their paper but then on page 3 say “there is no such implication of growth for VR”. I think this is probably because the research area does not have a clear conceptual model.

Unclear conceptual model

On reading the literature one may start to think that vPTG and PTG are the same phenomena. Cohen & Collens’ (2013) metasynthesis suggest vPTG is similar but not identical to PTG. Their grounds for this assertion are that vPTG includes aspects like professional development and becoming involved in promoting issues to do with social injustice. They base the distinction on the grounds of promoting social injustice on just two papers: Iliffe & Steed 2000 and Satkunanayagam et al. 2010. Moreover, Satkunanayagam et al.’s 2010 research results contain data from one participant on the issue of promoting social injustice and this is very culturally specific since the research was carried out in Sri Lanka with a historical background of civil war. I question if the subthemes of professional development and activism are a sufficient basis to make a distinction between PTG and vPTG, especially when one considers the frequency with which first-hand trauma survivors often seem moved to either fundraise or awareness raise for issues connected to their own trauma.
Manning-Jones, deTerte & Stephens (2015, p.131) argue that vPTG is highly similar to PTG with three subtle differences. Firstly, they argue that vPTG involves abstract reflection on the resiliency of mankind in general rather than the view of increased personal strength reported in PTG. Secondly, they suggest a unique aspect of growth in vPTG is that of developed professional identity: the realisation that the work is valuable. Thirdly, they claim that in vPTG, spiritual change is more connected to the acceptance of spiritual beliefs as a tool without experiencing any personal belief change. This third claim is patently incorrect. For example, Arnold et al. (2005) and Barrington & Shakespeare-Finch (2013) both report personal changes in belief.

I expected Cohen & Collens’ (2013) metasynthesis to have developed a more definitive interpretation of the concept of counsellor change. The methodology of metasynthesis attempts to integrate results from a number of different but interrelated qualitative studies. Schreiber, Crooks & Stern (1997, p.314) describe a metasynthesis as a “bringing together and breaking down of findings, examining them, discovering essential features and, in some way, combining phenomena into a transformed whole.” By bringing findings together with their potentially different interpretations, researchers argue that they are strengthening the evidence for an interpretation by discovering common themes and differences and building new interpretations of the topic. Walsh & Downe (2004) argue that metasynthesis can open up spaces for new insights and understandings to emerge. In my view, Cohen & Collens (2013) did not achieve this since there is nothing new in their paper that cannot be seen in the literature on which they based the metasynthesis.

Cohen & Collens (2013, p.16) raise the possibility that mutually exclusive (usually quantitative) investigations of either VT or vPTG are limiting our understanding. This resonated with me because although I had only carried out pilot research I had seen how complex just one counsellor’s experience had been and I thought there was need to research both positive and negative elements of experience to reflect its multifaceted nature rather than focusing on exclusively positive or exclusively negative impact.
Questioning the validity of vPTG

One aspect not addressed in Cohen & Collens’ (2013) metasynthesis is the debate about whether PTG, or indeed vPTG, is a process or an outcome. This is important because the distinction has been proposed as a possible route to understand what reports of growth actually represent. Park & Helgeson (2006) emphasise the process/outcome distinction because they think that it may help to address what they call the “veridicality issue”. By this they mean that some reports of growth are likely to reflect actual change that can be linked to behaviour whereas other reports of growth may represent illusions or cognitive distortions that individuals make in their efforts to cope with distress. In the case of vPTG and its synonyms, reports of positive change may just be self presentational in nature, to depict a positive view of their working life and their ability to cope with the job which may serve to exaggerate the extent of positives reported. Or perhaps, statements of positive change represent defensive illusions: in the face of experiencing or even listening to sadness and tragedy we may just want to convince ourselves that something good has come out of it.
2.9. Research Journal entry

Today, I received the comments on my literature review from my supervisor. He wrote, “I wonder if you should come out and state that you have done a largely conventional literature review and why?”

As I reflected on this, I realised he has picked up on something I have begun to grasp myself: that I can't forget or deny my psychology background, which makes me write and think in a specific way. So even though I feel other research approaches are more "me", I am still influenced by trying to write in a “scientific way”.

It is as if I have these two sides: a conventional, qualitative researcher with “research questions”; and a narrative-autoethnographer who dwells in the topic. Perhaps I just have a piece of brain in each camp and which one wins out varies depending on the situation.

2.10. Summary and conclusions

The findings of this literature review can be summarised as follows:

1. Hardly any of the research studies in this area have used a narrative or an authoethnographic research methodology. This sets the scene for my own research approach, which will aim to fill something of a hole in the literature whilst casting (hopefully fresh) light on existing research and understanding.

2. Counsellors do appear to be changed by their clients and this change can be positive and negative — and sometimes both simultaneously.
3. There are many theories that explain elements of change in counsellors, but no one theory fully describes why change happens.

4. The conceptual labels that researchers have used to describe change are exclusively positive or negative, yet counsellors’ experience is more nuanced than this: the existing conceptual labels do not capture the entirety of the experience of being changed by clients.

5. The conceptual labels used to describe counsellor change are inadequately developed. There is a clear conceptual term for the negative effects (vicarious traumatisation) but the field does not yet agree on what to call the positive effects.

6. Counsellors use an array of strategies for coping with the emotional impact of their work. However just because counsellors report that they find interventions helpful, it does not necessarily follow that they engage in them — or if they do, that the interventions translate into either less distress or more growth.
3. Methodology

3.1. Introduction

This chapter is structured as follows. In section 3.2, I will discuss my stance as a researcher and outline how ideas from postmodernism, poststructuralism and narrative theory have influenced my ontological and epistemological views. In section 3.3, I describe my choice of research methodologies, namely narrative inquiry and autoethnography, and outline why I dismissed other methodologies. In section 3.4, I describe the individual steps I took to complete my research. Finally, section 3.5 describes the ethical challenges of my research and how I addressed them.

3.2. My stance as a researcher

In this section I will talk about my core assumptions regarding ontology (the nature of reality and being) and epistemology (what I regard as knowledge or evidence, the acquisition of knowledge and the relationship between me as a researcher and my participants), (Ponterotto, 2005). For the purposes of this section I will merge my ontological and epistemological views as suggested by Crotty, (2013, p.10) and describe how the theoretical perspectives of postmodernism, poststructuralism and narrative theory have informed them.

3.2.1. Postmodernism

Defining postmodernism is a notoriously difficult task. Crotty (2013, p.183) describes postmodernism as “the most slippery of terms” and Alvesson (2002, p.18) writes “to define postmodernism is hardly possible”. I use postmodernism to mean a loss of certainty and a disbelief in a universal truth (Speedy, 2008, p.14).

Whilst trying to understand postmodern theory is an interesting pursuit it is not generally a productive one. One can begin to question the whole point of research since postmodernism postulates there is no truth and the meaning of anything is indeterminate. Before descending into nihilism I recognised a need for pragmatism, to move beyond trying to understand what
postmodernism is towards thinking about what the word postmodernism does when it is applied to social research. Also, I recognised the need to counteract my scepticism with a sense of direction and practical accomplishment of results. I saw this echoed in Rosenau’s (1992, p.16) distinction between “skeptical postmodernism” (characterised by an unrelenting negativity) and “affirmative postmodernism” (characterised by optimism and experimentation). Similarly, I interpret Polkinghorne’s theme of neopragmatism (1992, p.150) as a call for researchers not to be dispirited by the lack of an independent reality but to shift their focus to the generation of practical knowledge. My interpretation of this is a call for practitioner research and to make research work for practitioners and clients alike.

In addition to his theme of neopragmatism, Polkinghorne (1992, p.148) identifies three further themes in postmodern epistemology: foundationless, fragmentariness and constructivism. By foundationless, Polkinghorne (ibid.) means that knowledge is the product of our thinking and not an independent reality. Fragmentariness emphasises the local and situated nature of our knowledge. Constructivism is the idea that experience is not a mirror of reality but a meaningful and organised interpretation of our own creation; each individual sees and interprets the world and their experiences through their personal belief systems.

The core of postmodernism is the doubt that any theory or methodology has a general claim as the “right” or privileged form of authoritative knowledge. There is no single view of reality but multiple ‘truths’ that are individually constructed in each of our minds. These multiple truths are locally and personally constructed through our social interactions and cultural stories, beliefs and practices and they are always a work in progress. The social and cultural aspects of this construction of truths and the language associated with it are described by Gergen (1985) as social constructionism.

Alongside this context of doubt is the recognition that there is no information that is objective or decontextualized from the setting in which it was created (Lincoln & Guba, 2005). Research produces just one view of many potential views and knowledge produced from research is relative, dependent on the
time, the place and the position of me, the researcher. The researcher is ever present, no matter how much we try to suppress ourselves but as Richardson & St.Pierre (2005, p.962) note we are only partially present because we repress parts of ourselves. With regard to how this affects research interviews, Scheurich (1995) suggests the researcher and the interviewee have multiple intentions and desires some of which are consciously known and some of which are not. Taking these factors into account alongside the work of Denzin (2001), Bruner (1986) and Mishler (1986) my view of what a research interview represents has shifted. During my MSc I would have seen my research interviewing skills as a tool through which if I was skilful enough I could directly access my participants’ reality. Now my conception of research interviews is as a “performance”:

“The interview is a way of writing the world, a way of bringing the world into play. The interview is not a mirror of the so-called external world nor is it a window into the inner life of a person. The interview is a simulacrum, a perfectly miniature and coherent world in its own right.” (Denzin, 2001, p.25)

The interview functions as a stage allowing my participant to tell their story; there is not an inner or deep authentic self that I can access by my interview. There are only different interpretive (and performative) versions of who the person is (Denzin, 2001, p.29). The performative nature of the interview reminded me of Goffman’s (1959) conceptualisation of our individual social life as a series of ongoing performances, which returns us to the influence of social constructionism on my epistemology.

The postmodernist view that a) there is no independent reality and b) the nature of knowledge means that no interpretative account can adequately describe social experience led to Marcus & Fisher (1986, p.8) coining the term “the crisis of representation”. This produces the assertion that there is no singular and correct style for presenting research. Anything I produce to represent my results is purely a representation, a rhetorical device which has no basis in ‘truth’. It is written by me from a particular standpoint to advance knowingly or unknowingly a particular cause or interest. When considered alongside the blurred boundaries especially between science and art (Geertz,
1980) some researchers have considered it appropriate to experiment with alternative forms of representing experience. For example, Richardson (1997) and Barone & Eisner (2012) have tackled the representational problem by using creative forms of representation: creative analytic practices and art based representation, which reject a passive neutral researcher’s voice. These representations are generally perceived as being co-constructed, for example Glesne (1997) posits that representation reflects a third voice that belongs neither to the researcher or the participant exclusively but is symbolic of their dialogue.

3.2.2. Poststructuralism

A number of researchers have noted that what we refer to as postmodernism in epistemology is perhaps more accurately described as poststructuralism (for example, Rosenau, 1992 & Scheurich, 2013). Poststructuralism is concerned with the relationship between language, meaning, power and knowledge. The area of poststructuralism that I think has influenced my epistemology the most is deconstruction (Derrida, 1998). Whilst poststructuralism can focus on deconstructing the notion of universal truth, Derrida’s ideas have also made me question how we use language: the necessity yet inadequacy of words to describe theories and experience; the instability of meaning; and how “grand narratives” (Lyotard, 1979) are constructed in particular social-historical circumstances to serve the purposes of those in power.

Richardson & St.Pierre (2005, p.961) write that in poststructuralism, “language does not reflect social reality but it produces meaning and creates social reality”. I understand this as the meaning we create of an experience is dependent on the discourses (broad patterns of language use) that are available to us. These discourses are not produced by us but they speak for us and available discourses position the person in the world in a particular way and at a particular time. Because we have a range of discourses to draw on, the meaning we make of something may vary and fluctuate. Scheurich (1995, p.240) points out that the language that forms interview questions is persistently slippery, unstable and ambiguous. I would add contextually grounded to this list and I think that the instability of meaning, ambiguity
and contextuality affects my view of research interviews and representation of data. There is no stable reality or meaning that can be represented. Questions and answers may mean different things to interviewer and participant and mean different things at different points in time.

3.2.3. Narrative Theory

The term narrative carries many meanings and is used in different ways by different writers, often synonymously with story (Riessman, 2008, p.3). Polkinghorne (1988) & Sarbin (1986) represent a narrative ontological and epistemological stance which views human beings as social constructions formed and continually reformed by the narratives they tell and hear. Etherington (2004, p. 75) neatly summarises a narrative stance as follows:

- We live storied lives in a storied world (Gergen & Gergen, 1986)
- Narrative represents, constitutes and shapes our social reality (Bruner, 1987)
- Competing narratives represent different realities not simply different perspectives on the same reality (Freeman, 1993; Gergen, 1994)
- Telling and retelling one’s story helps a person create a sense of self (Cushman, 1995) and meaning (Bruner, 1990)

‘Narrative research’, the methodologies that use a narrative paradigm, are extremely varied. Riessman (2008, p.6) writes that narrative research is an umbrella term that covers a spectrum of approaches. These approaches vary in their methodological assumptions and the strategies they use for analysis. At one end of this spectrum is the work of Labov (1982), which examines the linguistic structure of narratives: how the story is told. At the other end of the spectrum is the work of McAdams (1993) who looks at archetypal stories or plots: examining what the story is about. In the middle of this spectrum, I would place the study of personal narrative that contains elements of both: that is, what the story is about and how it is told. This approach, narrative inquiry, has its foundations in the work of Clandinin & Connelly (2000) and Riessman (1990, 2000). Riessman & Speedy (2007, p.428) explain that narrative inquiry has “realist”, “postmodern” and “constructionist” strands; it is the
postmodern strand which informs my research. In counselling research, this has been advanced by Etherington (2000) and Speedy (2008).

3.3. Choice of methodology

In this section, I explain the process and procedures of the research methods that I use: narrative inquiry, creative analytic practice and autoethnography. I also aim to show that my methodological choices are framed by my ontological and epistemological beliefs.

3.3.1. Narrative Inquiry

The methodology of narrative inquiry allows me to seek stories about the lived experience of counsellors being changed by clients. Specifically, I am looking to understand how other counsellors construct the meaning of their experience within a sociocultural context. Narrative inquiry will inform my methodology in two particular ways: how I carry out my interviews and how I represent my data. Leavy (2009, p.26) states that the interviewing and the aesthetic representation practices of narrative inquiry are an extension of the postmodern influence on research.

Narrative Interviewing

During my MSc research (Higgins, 2009), I first observed a need for participants to tell their story. Although I approached my research with a carefully, semi-structured interview plan, in practice, all I probably needed to say was, “Tell me your story”. There was little need for me to ‘elicit’ these stories: once I asked for the story, it was more like the floodgates had opened. This need to tell a story is not unusual, Mishler (1986, p.106) writes,

“When interviewers allow respondents to speak and are alert to the possibility and look for narratives their ubiquity is evident... That stories appear so often supports the view that narratives are one of the natural cognitive and linguistic forms through which individuals attempt to order, organise and express meaning”.

This means that in my research interviews, I encouraged participants to produce narratives by “asking directly for stories” at the beginning of the interview (Kvale & Brinkman, 2009, p.155). Next, I followed Mishler’s (1986,
COUNSELLORS’ EXPERIENCE OF BEING CHANGED BY CLIENTS: A NARRATIVE AUTOETHNOGRAPHIC INQUIRY

p.74) advice to allow “the respondent to continue at length for some time” and “hold the floor beyond the limits of a usual turn”. Throughout my interviews I sustained participants’ narrative production by the use of open-ended questions (Patton, 2015) and active listening (Kvale, 2007).

Representation of narratives (stanza analysis and poetic representation)

Narrative inquiry also influences how I transcribed my interviews using stanza representation to represent them poetically. Stanza representation allows the reader to appreciate the poetic quality of spoken word, narrative structure, meaning and emotional impact of the participants’ story (Richardson, 2002). My methodology is influenced by Gee’s model of transcription, stanza analysis (1985, 1991), which honours the speaker’s rhythm and makes the poetic quality of language more evident. Gee’s model is based on the assumption that oral narratives are often organised into stanzas of four lines that are now and then interrupted by a single line expression. Gee describes these single line expressions as offering a central meaning of the narrative.

Unlike Gee, I did not clean the transcript of speech disfluencies, repetition, sentences that were unfinished or hesitations. Nor did I delete my own presence from the conversation. I think these points are critical for my philosophical approach to narrative inquiry. First, I am sceptical about cleaning speech disfluencies — deleting the “ums and ahs” — because by doing so we are deleting the participants’ difficulty in finding the words to express an idea or feeling, which is itself meaningful. Second, since I believe that narratives are co-constructed, it would be inappropriate to remove myself from the transcript.

I analysed my stanza transcriptions using poetic representation, (Richardson, 1992, 1994). Richardson’s methodology uses only a participant’s words, tone and diction but relies on poetic devices like repetition and off-rhyme meter (Richardson, 1992 p.126) to represent participant interviews. Glesne (1997) uses Richardson’s ideas as her starting point but her process of ‘poetic transcription’ is more explicit than Richardson’s methodology. Glesne (1997 p. 205) outlines four rules to guide the process of poetic transcription:
1. The process begins with coding and sorting the data into themes.
2. The words should be the participant’s not the researcher’s.
3. Phrases can be extracted from anywhere in the transcript and can be juxtaposed.
4. Enough of the participant’s words should be kept together to present the poem according to the participant’s “speaking rhythm”.

Poindexter (2002) also used Glesne’s method to examine the experience of couples with HIV. She displays a refreshing honesty in her transparency describing her method as “so reliant on the gut feeling and literary hunches of the researcher that it cannot be replicated. The aesthetic and emotional criteria are very personal” (Poindexter, 2002, p. 708).

3.3.2. Creative Analytic Practices (CAP)

Richardson (1993) coined the term creative analytic practices (CAP) to describe a way of collecting and representing data that moves away from conventional scientific prose and demonstrates that the process and products of qualitative research are entwined. A premise of CAP is that lived experience is complex to understand and represent and CAP’s aim is to reflect experience in ways that represent their personal and social meanings. CAP acknowledges multiple interpretations and encourages the reader to form their own interpretation as well as recognise the researcher as present in the interpretation (Parry & Johnson, 2007). Richardson & St Pierre, (2005) describe that CAP can include autoethnography, fiction, poetry, performance texts, polyvocal texts and layered accounts. The premises of CAP reflect postmodernism by the acknowledgment of the blurred and enlarged genres of representation. In other words, CAP is inextricably linked to the “crisis of representation”. Lincoln & Guba (2005, p. 211) explain CAP as “texts that seek to break the binary between science and literature, to portray the contradiction and truth of human experience, to break the rules in the service of showing, even partially, how real human beings cope with both the external verities of human existence and the daily irritations and tragedies of living that existence.” CAP has influenced how I represent my participants and my own experience in my results section.
3.3.3. Autoethnography

The methodology of autoethnography has been defined as being grounded in postmodernism by Wall (2008, p.146) and congruent with postmodernism by Anderson & Glass-Coffin (2013, p.72). Many definitions of autoethnography exist, for example:

A self narrative that takes place in a social context. It is both a method and a text (Reed-Danahay, 1997, p.9).

A way to inquire into experience, to understand human experience within socio-cultural contexts and to expand the understanding of social realities through the lens of the researcher’s personal experience (Chang, 2013, p.108).

“An autobiographical genre of writing and research that displays multiple layers of consciousness, connecting the personal to the cultural” (Ellis & Bochner, 2000, p.739).

Anderson (2006) proposes a spectrum for autoethnographic research that varies from the evocative (Ellis, 1997) to the analytic (Anderson, 2006). According to Denzin (2006, p.422) comparing evocative and analytic autoethnography is like comparing “apples and oranges”. Indeed, it seems to me that Anderson (2006) is proposing a realist strand of autoethnography, which appears to have little in common with Richardson’s description of CAP of which she envisaged autoethnography a component (Denzin, 2006, p.420). I would define myself as situated with one foot in the evocative camp because I want to try and “write from the heart” (Pelias, 2004) but one foot outside because I doubted my ability to write this way and did not want to completely abandon what felt like the relative safety of analysis.

In an attempt to examine what unites autoethnographic research, Holman-Jones, Adams & Ellis (2013) describe four common elements:

1. Autoethnography uses personal experience as primary data to examine and/or critique cultural experience. Some (but not all) interview others to gain a deeper perspective whilst retaining the visibility of self in the research and the writing.
2. Autoethnography demonstrates knowledge of past research and seeks to write accessible prose that can contribute to research.

3. Autoethnography presents an “intentionally vulnerable subject” (Holman-Jones et al. 2013, p.24) to purposefully open themselves up and call attention to the vulnerabilities others may endure in silence.

4. Autoethnography aims to show rather than only tell about experience with the use of literary, poetic and aesthetic conventions for creating engaging texts and performances. Similarly, Pelias (2004, p.11) suggests the purpose of autoethnographic writing is to create resonance with the reader, that is, to create “me too moments”.

As I reflected on autoethnographic methodology, I was struck by the nature of it being self exposing, involving deep personal search and vulnerability and sought to reflect this in my research journal art work.
Despite the work on describing what autoethnography is, there remains relatively little written on how to practically do it. This is widely recognised in the literature. For example, Anderson & Glass-Coffin (2013, p.65) note that autoethnographers in their desire to tell a story usually neglect methodology.
Chang (2013, p.108) writes that approaches to autoethnography vary so much it is “risky to distill the method down to a set of simple characteristics”. This led me to think that it may be more appropriate to write about autoethnographic methodologies rather than methodology. I gained some helpful ideas for a way forward from a variety of sources that make suggestions on what autoethnographic data can comprise, which I summarise in Table 3.

**Table 3: Sources of autoethnographic data.**

<table>
<thead>
<tr>
<th>Autoethnographic methodology</th>
<th>Example author</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consulting with texts and journals to aid personal recall</td>
<td>Ellis, Adams &amp; Bochner, 2011</td>
</tr>
<tr>
<td>Personal reflection on experience paying attention to thoughts, feelings, emotion and dreams</td>
<td>Ellis &amp; Bochner, 2006</td>
</tr>
<tr>
<td>Interviewing self</td>
<td>Anderson &amp; Glass-Coffin, 2013</td>
</tr>
<tr>
<td>Using a research diary to record observations &amp; thoughts connecting personal and profession</td>
<td>Goodall, 2001</td>
</tr>
<tr>
<td>Interviewing other ‘cultural members’</td>
<td>Ellis, Adams &amp; Bochner, 2011</td>
</tr>
<tr>
<td>Reflecting on personal memories that arise after research interviews</td>
<td>Goodall, 2000</td>
</tr>
<tr>
<td>Reflecting on fieldnotes and personal documents</td>
<td>Muncey, 2010</td>
</tr>
<tr>
<td>Writing as inquiry</td>
<td>Richardson, 2000</td>
</tr>
<tr>
<td>Art as inquiry</td>
<td>Scott-Hoy, 2003</td>
</tr>
</tbody>
</table>

I thought it was achievable to me to use all these data collection methodologies in my autoethnography. The written and visual journaling that I had done when I had struggled to process clients’ stories in the past were comparable to fieldnotes. I also had interview participants that were ‘cultural members’ and were keeping a research journal.
Chang (2013, p.116) echoed my feelings when she said, “How can a big pile of data be eventually transformed into a beautifully constructed, compelling autoethnographic text?” Some autoethnographers (for example, Ellis, 2004 and Muncey, 2010) whilst offering advice on how to write an autoethnographic piece, advocate an organic, intuitive approach to meaning making. Others are more specific. For example, Chang (2008) describes four approaches to autoethnographic writing: “imaginative-creative”; “confessional-emotive”; “descriptive-realist”; & “analytical-interpretative”. Though these four approaches may seem conceptually different and offer more structure to the methodology, in practice I noted that in the autoethnographic papers that I found most useful the boundaries between the four approaches were blurred, (for example, Gallardo, Furman & Kulkarn, 2009.)

The products of autoethnographic research are as diverse as the methods used to collect data: written accounts that comprise prose (Ellis, 1995) short stories or vignettes (Wyatt, 2005) and poetry (Furman, 2006); visual representation such as painting (Scott-Hoy, 2003) and photography (Thoutenhoofd, 1998); and performative representation, such as music, (Bartleet & Ellis, 2009), dance (Picart, 2002) and film (Morra, 2000).

To represent my autoethnography I have used prose, poetry and visual art.

3.3.4. Summary

In Figure 3 I have summarised the connections as I see them between the concepts that comprise my ontological and epistemological views and their actual impact on the process of my research. This Figure illustrates that it is a complex web of interaction and influence.
Figure 3: How my ontology and epistemology impact my research approach

3.3.5. Methodologies thought of and dismissed and why

At the outset of my research, I knew I wanted to pursue a qualitative rather than a quantitative methodology. Initially, I considered grounded theory and interpretative phenomenological analysis (IPA), since both these methodologies are used regularly in counselling research. IPA held some attraction initially because as Smith (2015, p. 644) describes it provides “in-depth and nuanced accounts of lived experience” that are, “of major significance or existential importance to the participant”. However, I dismissed both these methodologies on epistemological grounds. There were three main reasons for this.

First, both grounded theory and IPA struggle with the idea of co-created interviews. For example, grounded theory sees the role of the researcher as “witness” (Willig, 2013, p.80); whereas IPA views findings as “emerging” rather than being constructed in the research interview (Willig, 2013, p.97).
Second, I was also keen to find a methodology that did not “butcher” a transcript into “fragmented quotes” (Kvale, 2007, p.130) through looking for themes. Whilst some compression of data is necessary in qualitative research, I wanted a methodology that endeavoured not to lose the sense of individual stories. I felt that the poetic representation I had used in assignments had provided me with a balance between compression and retaining a sense of story.

Third, I wanted to explore a visual method of representation because throughout my Doctorate I had a belief that there is more to understanding experience than can be captured in words. IPA and grounded theory would not have accommodated these creative forms of inquiry and representation.

Since my research is practitioner based on a personal and professional topic it was particularly important to me to choose a methodology that embraced my experience. The only alternative methodology to autoethnography was heuristic research. The benefit of heuristics is that it is a personal experience method that uses self directed search and immersion in an experience that aids self-discovery, awareness and enhanced understanding.

Heuristics differs from autoethnography in some key ways. First heuristics emphasises different inner processes than autoethnography to aid discovery. For example the use of focusing (Gendlin, 1978) to access bodily knowledge and “indwelling”, a process of turning inward to seek a deeper comprehension (Moustakas, 1990, p.24). I think that autoethnographic research would benefit from some of the processes of heuristic methodology. For example, West (2001) suggests that in heuristics there needs to be “a process akin to meditation, of indwelling, self disclosure and reflexivity around the research process as a prelude to putting together what has arrived into words” which would benefit any personal research method. Generally I find there to be more distinct guidance on how to do heuristic research than autoethnography. Ballinger (personal communication, 2016) pointed out that heuristics is a rule bound methodology and raised the point that this may be both a good and a bad thing. In my view, that would depend on how much I felt I was floundering in the research process: whilst
creative chaos is fine when the research is going well, having a framework to fall back on would have been appealing when I felt lost.

The epistemological basis of heuristics and autoethnography differ considerably. West, (2001, p.129) points out that heuristic research views reality as co-created but understood within the researcher. This appears to reflect an essentialist view rather than the postmodern social constructionist view to which I subscribe. Indeed when I used heuristic methodology in my MSc research I assumed that a reality existed and I was able to create a valid representation of it. I treated language as a “mirror” to reality and I viewed my participants’ language as a reliable indicator of the issues, all things I would be more suspect of now. What changed my mind? I have come to believe that what we make of an experience changes based on our sociohistorical and cultural context and fundamentally we are different people in different contexts since our identities are fragmented and socially achieved. We use language to accomplish things, not to make an accurate representation.

Whilst both heuristics and autoethnography can use creative ways to depict findings the end results differ. The product of heuristic research is a creative synthesis, whereas in autoethnography there is no emphasis on synthesis. Autoethnographies may even embrace the idea of messy texts (Marcus, 1994) which reflects the messy nature of human experience (Spry, 2001, p.727) but certainly refutes the notion of a fixed conclusion which echoes my view of knowledge as temporal.

These differences led to my choice of autoethnography rather than heuristics.

3.4. My research process

In this section, I will summarise what I learnt from my pilot study, describe my participants, outline the steps of my research and briefly discuss my ethical challenges.
3.4.1. Lessons learnt from pilot

In my pilot interview with a colleague, (a counsellor in private practice) I explained that my research was into the concept of vicarious posttraumatic growth (vPTG). My experience in the pilot showed that vPTG could be hard to explain and potentially misunderstood. I think this is for two reasons. First, as I described in my introduction “trauma” can be difficult to define and my participant held a narrow personal definition. Second, I noted how my participant also encountered difficulty grasping the notion of “vicarious”. The Oxford Dictionary defines vicarious as “experienced in the imagination through the feelings or actions of another person.” I think the phrase “experienced in the imagination” suggests that the experience is not “real” in some way. In my pilot interview, I found myself using the synonyms of vicarious (indirect, second-hand and secondary) to try to explain the concept, which meant I came across as vague and clumsy. For these reasons I decided not use the term vPTG in my research interview for my thesis instead describing it as counsellors’ experience of being changed by their clients. My pilot also gave me some understanding of the minefield we may negotiate when sharing work with participants. My participant did not like the way she came across in the transcript and worried that she appeared “unprofessional”. Initially, she was not happy for me to use the transcript in my assignment. Following West & Byrne, (2009, p.313) I gave her every opportunity to withdraw from the research process but the fact that I produced a representation of the interview as prose and visual art enabled me to represent the interview as a “performance” or story that my participant was happy to share. My experience increased my awareness of the ethical issues I might encounter through my research.

3.4.2. Research participants

I began my research with hospice counsellors who worked with clients with life limiting illness and bereavement. All participants had experience with other client groups either in the past or concurrently. I believed the hospice counsellors were appropriate participants for two reasons. First, they did not work with clients in a time-limited way, which I thought could allow deeper relationships to occur that may facilitate more individual change in
COUNSELLORS’ EXPERIENCE OF BEING CHANGED BY CLIENTS: A NARRATIVE AUTOETHNOGRAPHIC INQUIRY

Prior to recruiting my participants I gained ethical approval from the hospice to proceed. To recruit my participants I first gave a presentation at a group meeting of the hospice counsellors on my past research assignments and the aims of my thesis and asked for volunteers. I had six volunteers. One participant later withdrew from the research because she felt unable to continue because of personal bereavement. All five initial participant interviews were carried out at the hospice (4 in a counselling room and 1 in a private room in a clinical area).

I later extended my research to include two counsellors in private practice. The reasons for this were two fold. First, I had an element of disappointment with the stories I had collected. I was torn between attributing this to the culture of the hospice, my participants’ experience or my expectations about my research. I will say more about this in my discussion. Second, the more I reflected on my own experience and the literature I began to question whether I needed to hear stories from counsellors who had more experience of working in sexual abuse and violence since these experiences had been the most disruptive for me personally and the literature seemed to say the same. Of these two additional participants one was a colleague and one a colleague of a fellow student. Both interviews were carried out in the participants’ workplaces.

My participants were 1 male and 6 female and used a range of counselling modalities, 1 described themselves as psychodynamic, 3 as integrative and 3 as humanistic. All had at least 4 years post qualifying experience.

3.4.3. Narrative Inquiry

Interview design

Before my interview started all participants signed a statement of consent (Appendix 4). My interviews followed the narrative principles I described above. I began all my interviews with “I’m interested in stories about how
you’ve been changed by your work with clients.” Subsequent questions were dependent on the participants’ narrative but I ensured I covered both positive and negative stories, memorable client encounters and ways the participants believed they had enabled themselves to continue counselling and perhaps facilitated their own growth. The interview guide I used to make sure I covered all my topics is Appendix 5.

Data gathering process

I digitally recorded the first interview with each of my participants. I ensured a good recording by using new batteries for each session and performing a check before starting the interview. The average length of my interviews was 90 minutes. I did all my own transcribing as soon as possible after the interview. Etherington (2007) makes the case for us transcribing personally because it is only through this that we can be close enough to the speakers’ meanings, nuances, hesitations, pauses and emphasis. From my previous assignments I was aware that transcribing as stanzas had required me to listen to the audio recordings multiple times, particularly to get the line breaks in speech correct so the stanzas were effectively transcribed. I sent each transcript to my participant for feedback. Etherington (2004, p.79) suggests this ‘member check’ may deepen stories but I found that this only happened with one of my participants and this effectively added a new story.

Once my participants had agreed the transcript I worked on a representation, (the process to develop this is described below) which I shared with them via email before meeting for a second time. My aim in having a second meeting was to refine the representation. This second meeting did not occur with one of my participants because she did not respond to my emails. These second meetings resulted in only minor changes.

How I did my data analysis

Listening to stories

Transcribing the interviews as stanzas required me to listen to each audio recording a number of times, (as many as five if the participant was a fast speaker) to accurately record the line breaks. This provided ample
opportunity to absorb the participants’ stories. Shay (1994) emphasises the importance of *listening* to participants’ stories before analysis.

**Reading stories for “talk that sings”**

Once participants had member checked the stanza transcription of their interview I began to read and reread the transcript. I highlighted parts of the transcript that felt most memorable and relevant to me both in the interview and subsequent to transcription (which were not always the same thing). I was helped in this by Speedy (2008, p.62) who reminded me to listen for what Johnella Bird calls “talk that sings”: language that is evocative, lyrical and uses metaphor (Bird, 2000, p.30). I picked out the words and sentences that my participant had used that ‘sung’ most to me. This meant that I ended up pretty much as Speedy (2008, p.95) describes — with sheets of transcript “covered in scribbles, wiggles and words that seemed to capture some of the spirit of conversation that had really touched me”.

**Constructing poetic representations**

In constructing my poetic representation, I kept Richardson’s (1992, 1994), Glesne’s (1997) and Poindexter’s (2002) processes in mind. All my poetic representations used only the participants’ words. Phrases were extracted from anywhere in the transcripts and juxtaposed or reordered to create a story that was more linear or plot like and enough words were kept together to reflect the participants speaking rhythm. I tried Glesne’s (1997) technique of coding and sorting the transcript into themes with a couple of participants’ transcripts (see Appendix 6 for an example). However, I found that I was looking for evidence to back up my understandings of the themes I’d observed in my literature review rather than representing the story told in the interview. I found myself mirroring Poindexter (2002, p.708) in relying on “aesthetic and emotional criteria” to construct my poetic representations that were congruent in feel and content to the interview.

**3.4.4. Autoethnography**

To generate my autoethnographic data I made use of all the methodologies described in table 2 autoethnographic methodology. My work in my research journal was influenced by Richardson’s (2001) ideas on writing as inquiry and her work on CAP with St. Pierre (Richardson & St. Pierre, 2005). I also
generated visual art work which was inspired by Scott-Hoy (2003) who proposes that artistic evocative autoethnography can be both a product and a process that helps us clarify the emotion in an experience. I also believe that visual art can help us bridge the gap between what can be shown, seen and felt and what can be said (Bochner & Ellis, 2003).

When I began to try and condense all my autoethnographic data and consider how it was going to sit alongside my participant representations I remembered reading Denzin (1994, p.505)

“representation, of course, is always self presentation. That is, the Other’s presence is directly connected to the writers’ self-presence in the text. The Other who is presented in the text is always a version of the researcher’s self.”

Denzin’s writing helped me to understand that parts of my participants’ transcripts effectively “sang” to me because they echoed something of my own experience or myself. I thought I would structure my results section to comprise some autoethnographic pieces as reflections alongside the poetic representations of my participant interviews. Inspired by CAP (Richardson & St Pierre, 2005) these autoethnographic pieces are comprised of prose, poetry and visual art. Lastly, to reflect all the voices on the strategies counsellors use to stay healthy and grow from their work I have constructed a polyvocal text.

3.5. Ethical challenges and how I addressed them

Ellis (2007) talks about three types of ethics when we do research with intimate others. Though my participants were not intimate others, all but one of them were colleagues who I would work with or meet again in other contexts so I think Ellis’s points are relevant. Ellis’s three areas are: procedural ethics (seeking consent); ethics in practice (everyday issues that arise during the research); and relational ethics (which seek to deal with the reality and practice of changing relationships with participants over time). Perhaps an omission in Ellis’s paper is that of self care which I addressed through having professional supervision available.
3.5.1. Procedural ethics

I asked all my participants to sign a statement of informed consent before the start of the first interview. However it could be claimed that this type of consent is really only sufficient with research participants where we have no pre-existing relationship and do not plan any future interaction. I responded to the issue of informed consent by using ‘process consenting’ (Munhall, 1989) sending each transcript to my participants to check for accuracy and anonymity and I showed participants my work allowing their response to how they had been represented.

An ethical problem of autoethnography is that we implicate other people. Morse (2000, p.1159) summarises this issue as follows:

“...I usually discourage students from writing about their own experience. There are many reasons for this. First, the narrative is rarely their own. It includes information about others who are, by association, recognizable, even if their names have been changed. As such, writing about others violates anonymity. If these ‘others’ do not know about the article, it still violates their rights, for they have not given their permission and they do not have the right of withdrawal or refusal the informed consent provides”.

This is a compelling point and it made me worry about whether or not when I write about my client work it was theoretically possible that a client either would or could think that they recognise themselves. This is an issue I continue to wrestle with. I have anonymised stories not just by removing or changing demographic data but also excluded aspects of stories that were so rare or unusual that they could make people identifiable. I also blended stories to create a fiction based in fact to reassure myself that there was no potential for harm.

3.5.2. Ethics in practice

One issue that arose during my research was the lack of response from one of my participants to my email invitation to a second meeting to discuss the representation. I knew I had the correct email address for her because we had arranged our interview and shared the interview transcript via it.
Interestingly, this was the one participant (because she was a colleague of a colleague) who I was extremely unlikely to see again and so perhaps the one where informed consent would suffice. I debated with myself calling to mind Bond’s (2000, p.243) notion of ethical mindfulness, which involves “wrestling with the issues in a systematic and considered way… and also taking personal ownership of the responsibility for acting ethically” whether I should include her material in my research. Since she had given me her consent at the outset and had not asked to withdraw I eventually considered it ethical to include her material.

3.5.3. Relational ethics

Lincoln (1995, p.287) summarises relational ethics as the recognition and valuing of mutual respect, dignity, and connectedness between researcher and researched, and between researchers and the communities in which they live and work. My interpretation of this was to consider not just the relationship between me and my participants, but also my relationship with the hospice and to consider the potential consequences on the organisation of my research. Fellow students have said things like “you don’t need to worry because no one will read your thesis” but I think to be true to myself and to take responsibility for what I write I have assumed that what I say will be widely read and not to say anything I wouldn’t be happy for my participants or hospice employees to read (Tolich, 2010).

3.6 Summary and conclusions

My ontological and epistemological views have been influenced by postmodernism, poststructuralism and narrative theory, so I would self-identify as being a postmodern narrative researcher.

I involved eight counsellors in this research (including myself), who worked either in a hospice (counselling clients experiencing bereavement or illness) or in private practice (counselling clients who had experienced sexual violence).

The methodology I used in this research is narrative inquiry, creative analytic practice and autoethnography. For each of my participants, I will
present separate analyses for each interview: a poetic representation of each participant’s interview; some possible interpretations of each poetic representation; and a visual representation of an element of the interview that I sought to explore more fully. To represent my autoethnography, I will use prose, poetry and visual art.
4. Results

4.1. Introduction

This results chapter is structured around three of my four research questions:

- Are counsellors changed by their clients?
- If so, how do they make meaning of any change?
- How do counsellors ensure change is positive?

(My remaining research question, “How does the academic literature explain these changes?” will be dealt with in the next chapter).

In section 4.2, I will provide some answers to my question “Are counsellors changed by their clients?” This question was the main focus of my interviews and forms the majority of this chapter. I explore this question by presenting four separate analyses for each of my seven participant interviews:

- A poetic representation of each participant’s interview.
- Some possible interpretations of each poetic representation.
- A visual representation of an element of the interview that I sought to explore more fully.
- A piece(s) from my autoethnographic data.

In the first analysis, for each participant I share my poetic representation. I constructed each poetic representation in the way I describe in my methodology section which was informed by Glesne (1997), Poindexter (2002) and Richardson (1992). Each poetic representation consists of only the participants’ words, with phrases extracted from different parts of the transcript and juxtaposed to tell a story that effectively condenses the interview down from around eighty minutes. Each poetic representation is reflective of the participant’s speaking rhythm.

In the second analysis, I outline my interpretations of each poetic representation. These interpretations were shared with participants and I
note where our interpretations concurred or differed. Poetic representation reflects constructivist theory in that it acknowledges multiple interpretations as well as encouraging readers to form their own interpretation. I see both my and my participants’ interpretations as filtered through our own personal belief systems; there is no right or wrong answer. In this section I will also describe some of my reflexive process by sharing my thoughts about how I felt about what I learned from the interviews and the impact on me.

In the third analysis, I have created for each participant a visual representation that was inspired by an aspect of the interview that I chose to explore more fully. My approach was inspired by Bochner & Ellis’s (2003, p. 506) suggestion that “gaps exist between what can be shown, seen or felt and what can be said”. This lends support to art as a mode of inquiry since people can see and feel more than they can say. In this section, I also describe what I learnt from the process of constructing each visual representation.

Lastly, in the fourth analysis for each of my participant interviews I searched my autoethnographic data for stories that contained an echo of my participants’ experience. Chang (2008, p.137) suggests that what you search for in autoethnographic data are indicators that your life experiences are culturally, not just personally meaningful and how your experience can be compared to others. The autoethnographic data that I present is from four different sources: my research diary; written and visual journals I have kept over the last three years as I have been counselling; and a self interview on my research topic. Since some of my autoethnographic data dates back to 2012 I will comment on how it feels to me now in 2015 as I write this results section since as Bochner (2013, p.54) points out autoethnography aims “to make meaning of the stuff of memory and experience – how it felt then and how it feels now”. I have effectively tried to hold these recorded fragments of memory described in my journals up to the light of now.

In section 4.3, I address my research questions of “How do they make meaning of any change?” and “How do counsellors ensure change is positive?” These questions formed a much smaller part of my interviews than the stories counsellors shared about being changed by their work. I
have addressed these two research questions by constructing two polyvocal texts that use my participants’ words generated in my interviews. Where my own voice appears the material came from my participant interviews or the self-interview I did as part of my autoethnographic study.

4.2. Are counsellors changed by their clients?

4.2.1. Participant 1: Jane

Poetic Representation: “Creating purpose by making ripples”

As a child I was fascinated by relationship.
I was given few relationships to flourish in and enjoy
and I always felt deficient.
There was a terrible loneliness.

Working with this woman took me back to my childhood,
my relationship with my mother,
it touched me and challenged me.
Through going back and looking at my issues I was growing too.
Being with a client wherever they are
matching them in deep territory
digging deeper and deeper and deeper.
Giving the whole of my being,
a total opening up of everything.
Going to places I’ve not been before.
Those experiences have made me grow in strength and resilience.
I have acceptance for me now.
I’m comfortable in my own shoes.

Seeing people grow feels like a blessing.
Putting a pebble in and somebody grows
and from that other growth will come rippling out.
I have served a purpose,
a few less victims.
A life well lived.

Possible interpretations of the poetic representation

In my opinion there are a number of possible interpretations in this poetic representation that could reflect aspects of being changed by our client work:
the loneliness of existence that may partly be addressed by our counselling relationships; the opportunity that doing counselling affords us to work through our own issues; the notion of personal growth in parallel with our client’s; increased self awareness, strength and resilience through being a counsellor; and the purpose and meaning that doing counselling can lend to the counsellor’s life which I saw alluded to in my participant’s metaphor of rippling.

My participant agreed with some but not all of my interpretations. She did not see any connection between doing counselling and an attempt to address her feelings of loneliness describing them as “two separate things”. However, as we talked about this my interpretation began to change to more of a need for connection with another human being, rather than loneliness per se which were subtly different to me. My participant was more inclined to agree with this interpretation since she stated she valued the “spiritual” connection she had with clients. My participant agreed that working with a particular client referred to in the poetic representation had allowed her to look at issues connected to her relationship with her mother which had led her to reach a new level of acceptance of her mother as a person that was based on a lack of judgement. The factors of a non-judgemental attitude and broader acceptance of the vagaries of people also appeared to have spilled over into some of my participant’s other relationships, with her describing an increased openness in the way she communicated with other people as a consequence of being a counsellor.

My participant’s metaphor of rippling reminded me of Yalom’s use of the word, even though my participant said they were unaware of Yalom’s writing on the topic. Yalom (2008, p. 83) refers to rippling as the creation of concentric circles of influence that we have on other people which in turn is passed on to others. Yalom suggests that rippling allows us to leave behind something like a piece of wisdom, guidance, or comfort which helps to counter our own anxieties about death and the transience of life. In earlier writing, Yalom (1980, p.433) suggests altruism constitutes an important source of meaning and purpose for psychotherapists through the concept of
rising; not only is the client helped but others who touch on that client’s life are helped by us.

**Visual Representation**

I chose to create a visual representation to further explore the metaphor of rippling. As I created this image, I wondered what the distortion in the reflections that the ripples create represented. Was it me that was “distorted” from making those ripples for clients? I questioned whether I give a piece of myself away each time I “put the pebble in to make the ripple”? I remembered a perspective on this from Tafoya & Kouris, (2013, p.140) who write that Native American tradition believes each time we heal someone we give away a piece of ourselves until which point we might require healing ourselves. This resonated with some of my experience in that I have sometimes found working with clients absolutely exhausting. However, my participant disagreed since she believed she had never experienced any “ill-effects” from doing counselling. In our discussion, she mentioned she had had experience of feeling burnt out in a previous role but counselling had never had the same effect on her because supervision had served to allow her to “process and release” her feelings.
Figure 4: Ripples and distortion

Autoethnographic data from a journal entry May 2012

“I’ll never forget you and how you’ve tried to help me,” my client says rising from the chair. “What I’ve learnt in these sessions hasn’t just helped me cope, it’s stopped my marriage from falling apart and I’ve been able to handle my son’s grief better, thank you.” There are tears on my client’s cheeks as she opens the door to leave. I have a lump in my throat and swallow to hold back my own tears. My response of, “You’re welcome.” feels inadequate after many months of meeting. It is difficult to say goodbye but these session were hard, absolutely exhausting at times, through the sheer amount of sadness, my client brought after the death of her twenty-two year old daughter. I have been most struck by two things, first that the loving relationships we share define our lives; but secondly the danger of loving so deeply makes us vulnerable. Also, listening to stories that are often detailed about death I become more afraid of the process of dying in a society that seems to lack either the will or the capacity to care.

Re-reading this journal entry, I think yes, I can see an example of rippling in practice. However, counselling has certainly not done anything to assuage my anxieties about my own death. If anything my fears of the process of
dying are heightened having heard so many graphic descriptions of the ravages cancer can reap on our body and witnessing the effects of disease on clients who are close to death. This alongside hearing clients’ stories of failures in the healthcare system can leave me terrified if I let my thoughts rest on what the future may hold for me and my loved ones. However, I believe that being a counsellor has led me to value my personal relationships with an added depth and intensity, probably because of an increased awareness of mortality. Similar to my participant perhaps I am more now open in the way I communicate my feelings to other people as a consequence of being a counsellor.

4.2.2. Participant 2: Dan

Poetic representation: “A search for meaning”

I came from what they used to call a broken home
my Dad abandoned us when I was two or three.
We lived with a stepfather,
it was a mix
not wonderful but nothing too horrendous.

I saw a counsellor when I was about twenty
perhaps he was a psychiatrist,
I’m not sure.
But he didn’t say a word
I just poured everything out.
I was drained,
exposed,
humiliated.
I never went back.
I thought I’d never do that with a client ever.

I searched for meaning in religion and faith
in Methodism,
people like Leslie Weatherhead and Donald Soper,
left wing pacifists.
They influenced me
in terms of caring about other people and society.
And whilst I became sceptical about religion
and agnostic as I got older
I still had the same values
built-in the value of the individual.
I went into counselling because of those beliefs and values.

Doing counselling has deepened my values.
I think working in cancer, dying, bereavement
has given me an awareness of my own mortality
and the frailty and unpredictability of life.
I think about the impact my own death would have on my family
but I’m not morbid,
just aware that the unpredictable can happen.
I’m a better listener
a better understander of people,
and more able to have conversations about taboo subjects.

Some clients I see affect me deeper than others.
One young client sticks in my mind
I saw him for two years,
the encounter has stayed with me
because he struck some sort of chord within me.
It’s when kids experience fear and trauma,
maybe it was to do with his vulnerability
or I saw my own vulnerability,
or just that the story resonated at a very deep level.
Even though our experiences were different
the soul of him was like me,
I was seeing me when I was a teenager.
We both felt out of place
to do with class, power and authority
and that resonates with me deeply.
But you’re always working on yourself.

Sometimes with clients you get a powerful feeling echoing inside you.
It could be fear, hope, anxiety.
I can feel it now,
it’s here now in the room isn’t it?

Possible interpretations of the poetic representation

This poetic representation feels especially rich to me, perhaps because there
were a number of lines or expressions that particularly resonated with my
own experience. I see an altruism that is born of wanting to offer something that was not offered to my participant; a search for a meaning in life that being a counsellor may provide; an awareness of mortality gained through working with clients that can potentially enrich life; the opportunity to perhaps heal aspects of our own past through doing counselling; and both improved interpersonal skills and increased self awareness as a consequence of being a counsellor. My participant agreed with these interpretations.

In the last paragraph of the poetic representation where my participant refers to “a powerful feeling echoing inside you,” I immediately thought of Mearns & Cooper’s (2005) concept of relational depth. In the moment I felt I understood what my participant was referring to and it felt like being attuned to each other and similar to what I have experienced with some clients. Though my participant had heard of relational depth he did not have a good understanding of the research and so would not have used the term.

**Visual Representation**

I chose to explore the theme of searching for meaning through my visual representation. From my participant’s interview and my experience I felt we certainly had been and perhaps still were, engaged in a life long journey to seek meaning in a universe that does not have any. In an attempt to fill the void of meaning, our journeys consisted of investigating different paths like philosophy, politics, spiritual practices, religion, even hedonistic pursuits. Sometimes, the paths we had chosen take us round in circles providing meaning for a time but then we end up back where we started. My participant concurred that the benefits of doing counselling in this search can be two fold in that being a counsellor creates a meaning for our life but also creates a space to ponder different potential meanings in life alongside our clients.
**Figure 5:** A search for meaning

*Autoethnographic data from self-interview*

*A long time ago I watched a First World War veteran say,*
*I always wondered why God had spared me?*
*and I’m still waiting to find out.*
It struck such a chord with me. 
When it became clear that cancer wasn’t going to kill me. 
At least not yet. 
I did not know how I was to live 
or what I was to do with my life. 
What had God(?) Spared me for? 
Doing counselling was a response to the vacuum that those questions created. 
An attempt to create a meaning. 

Autoethnographic data from visual journal created in November, 2012 

My client bought along his favourite “poem”, a piece from the film 
“Trainspotting” which we used for the focus of part of the session. After the session I found myself thinking about how we use the “sticking plasters” of consumer goods in an attempt to fill the void of meaning in our lives; this visual journal piece was the result.
Figure 6: The cost of filling an empty self

I subsequently learnt more about the political and socio-economic influences on psychological health from authors like Cushman (1995), Edwards (2000) and Smail (2005). Which made me question how counselling fits in wider culture. I think my experience with my client provides an example of how clients can nudge us into considering different issues and how doing counselling can provide a space for counsellors to ponder wider problems in society. Looking at this piece now I see that I found this client both challenging and an absolute joy to work with because of his intelligence and questioning about the world. Doing counselling has sometimes allowed me
to have “conversations” that I can perhaps best describe as more existential in nature which I am rarely able to have in other relationships. As I reflect on how this has changed me perhaps I am more inclined to devalue friendships that are focused on conversations around more mundane issues like what the kids are doing, celebrity gossip and suchlike and to value more in depth conversations. I think this has shaped my interpersonal relationships by me investing more in relationships which allow this depth of contact and withdrawing from other relationships where the communication is more shallow.

4.2.3. Participant 3: Emma

Poetic representation: “Lessons on how to live (and die)"

A lot of what we deal with is what the dying person hasn’t done or feelings left with the people still there.
I am going to be very considerate in how I am before I die try very hard not to leave my family with guilt.
I’ve written letters to my husband and children they can open them after.

I’ve become aware of how quickly disease can spread and death can come.
How brief life can be,
I’m more aware of life passing by
I value my life more,
try to work in the present thinking every day might be my last.
And I value my family and friends.

I do admire clients for the way they cope sometimes they can be role models to me.
I’ll think I must remember that if something happens to me.
I think my own problems are not so bad no one’s died.
And everything’s graded on that scale so it helps me cope with my own problems.
Reflections on the poetic representation

In this poetic representation of counselling hospice clients, I see increased awareness of mortality that can enhance our appreciation of life and personal relationships; an opportunity to learn from witnessing clients’ coping strategies; and using downward social comparison as a coping mechanism to contextualise our own problems. My participant agreed with my interpretations. Initially she was startled by the notion of downward social comparison because she interpreted this as making herself feel better at the cost of someone else’s suffering which I was able to correct (Taylor & Lobel, 1989).

Visual representation

In my research journal I described my difficulties in generating a visual representation for this piece.

I am struggling to see what I want to explore more deeply in this poetic representation. Why is there this flatness in my response? I have returned again and again to the full transcript of the interview to try and generate the imagery that appears so readily to me in the other transcripts. There is no doubt that the interview contains descriptions of change that are consistent with the literature but still nothing engages me. I send the poetic representation to my participant hoping that another story will emerge. This was her response:

Hi Gret,

It was so funny reading it and thinking I had said it, I seem to have a really poor self esteem, in fact I think I could do with some counselling!

Emma.

I feel no further on. The two lines of the poetic representation that resonates with me most are 1. “No one’s died.” Which is something I have said in the past to contextualise my own problems. 2. “How brief life can be.” I am surprised by just how much death is featuring in my results. I begin to think about a visual representation of the brevity of life and wonder whether I have struggled with this representation because the brevity of life is something I just don’t want to acknowledge at the moment.

The visual representation which I called the ‘brevity of life’ actually doesn’t make life seem that brief to me if we manage to live to an old age. Seneca pops into my head:
perhaps it’s not that life is brief, it’s that we waste a lot of it. Working with bereavement and death can certainly make you focus on how you are spending your life. In some ways this is a good thing - it leads you to make the most of things. But perhaps it can also make me impatient with some of the mundane aspects of what we all need to do in everyday life.

**Figure 7:** The brevity of life

*Autoethnographic data from journal- January 2013*

I’ve been asked to see a new client because I am told, “she is in complete denial that she is going to die and it’s hard on her family”. I think why is denial always seen as a bad thing? We must all cope with our own death as best we can and as we see fit. Denial can serve to let in the shock and horror gradually.*
First session with my client today. She is able to get out of bed but looked terribly jaundiced and ill. She talked about her plans to buy a new car when she gets out of the hospice and to take her daughter to a music festival next year when she’ll just about be old enough. At no point did she acknowledge that she’s not got long to live. I see this first session as an opportunity for the client just to tell her story so in no way did I even gently challenge what she said.

I heard that my client died. We never got to do another session. I think of all the plans she related for her future. Things she’ll never get to do now. I’m sad but my sadness is tempered by an appreciation of my own life. I’ve taken particular pleasure in all the small things that happen through the day and the absolute beauty to the world because I’m acutely aware of the transient nature of my life.

Looking at this journal entry now I recognise that I have a firmer belief about the usefulness and appropriateness of denial in illness and death. If we take away the client’s denial what do we replace it with? A textbook response would be that we should guide clients through the stages of loss to acceptance. But this assumes it is possible and that there is enough time. Some clients never move out of denial. They need this coping strategy to function and it seems therapeutically unwise and unkind to encourage a client to give up this denial when it is what they truly need. Reflecting on this further, I began to wonder about our expectations of death and how they are driven culturally. Clark (2001) analysed films to see how death from cancer was portrayed. He noted that patients were younger than in reality and with “clean” cancers. I think I would add that death is largely portrayed as being met with acceptance, calmness, peacefulness and perhaps poignant moments shared with loved ones. My experience with clients has showed me that whilst this is not impossible it is much more unusual than we might think.

4.2.4. Participant 4: Sarah

Poetic representation: “I’m sorry to disappoint you”

I was bought up that you should care for people.
But I didn’t have a passion to be a counsellor,
I just wanted an engrossing job
it wasn’t a road to Damascus thing.
I’m sorry if that’s a disappointment to you.

Counselling can make you tired and jaded
it depends if there’s serious things going on in your own life
you can only deal with so many people’s problems.
Sometimes I am glad if people don’t turn up.
But I can still get unbelievably touched by people
because of their desperation,
within five minutes I can feel tears welling up in my eyes.
Their stories can be poignant or heart wrenching,
sometimes they link with mine.

When I had breast cancer
it was a bolt out of the blue.
I thought about my own mortality
even though I wasn’t seriously ill.
I realised my children meant everything to me
it made me think I am so lucky to have them
they’re my longevity.

Cancer made me more empathic with the people I was seeing.
When I went back
one of the first clients I saw told me how her mother had died of breast cancer.
I thought oh well this is unfortunate
I’m going to throw this over my left shoulder
and get on with it.
But you can’t have a team meeting
without somebody talking about cancer.
I said to everyone I am absolutely fine
and then plop plop plop these tears came down.

Counselling has made me more self-aware.
I know what I can do and what I can’t
in a strange way I’ve become more self contained.
I’ve distanced myself from some friends,
I didn’t want to hear their problems.

Resilience is important.
But growth?
I don’t think I’ve changed hugely.
I’m so sorry to disappoint you.

Reflections on the poetic representation

In this poetic representation, I saw a story of compassion or empathy fatigue and an appreciation of life and personal relationships through an awareness of mortality. But I was more struck by two further themes. The first is that participants can often want to tell us what they think we want to hear and apologise if they think what they have to say is not “interesting” enough. I find it fascinating that my participant thinks the “performance” is not adequate. The second thing to strike me was the conflict between what we often say, ("I’m fine") and our feelings. Even though we are in a profession that deals with emotion, I often perceive myself and other counsellors using, in the language of transactional analysis, a “be strong” driver (Kahler, 1975). We are there to help others and expect them to open up to us but we personally present as invulnerable. Perhaps one of the most valuable lessons we can learn from our clients is that it is acceptable to not be “absolutely fine” sometimes.

Visual representation

I chose to explore the imagery my participant shared to do with saying “I’m absolutely fine” whilst crying. I had the image in my mind of a mask that has slipped to reveal some of the pain that’s hidden. My participant saw this very differently to me summarising the mask as just being about “resilience and doing what was necessary to keep going”.

I saw the image of a mask more as denial than resilience and in exploring this I contemplated how this denial infiltrates in other ways even at organisational levels. For example, I thought about the stark contrast between the hospice’s cheerful yellow reception and sunflower logo and the fact that it is (often) a place where people come to die.
Figure 8: I am absolutely fine

Autoethnographic data from research diary May 2015

I am far from absolutely fine

Sitting still with a client I notice my hands shaking.
What is wrong with me?
Raised lymph nodes finally force me to visit the G.P.
I think that’s it.
It’s cancer again.
I cannot think of anything outside myself.
What use would I be to a client now?

Not cancer,
but Graves disease.
I can’t think,
I can’t sleep,
I am continually anxious.
On edge about nothing and everything.
What use would I be to a client now?

Needing thyroid surgery
has woken up feelings long buried.
As Nietzsche said, when we are tired we are attacked by ideas we conquered long ago.
A recognition of my own mortality
is not enhancing my life
it’s terrifying me.
What use would I be to a client now?

At the time of writing I am not counselling because I am recovering from thyroid surgery and a period of ill-health. Nor do I think I should be counselling. I am not sufficiently healed enough myself to be useful to a client; I do not want to be around death and loss. But I am in the fortunate position that I can take time out and focus on my self care. What if I was financially required to go out and work which many people will be? I do not believe any amount of supervision or support would render me suitable to counsel at the moment. Reflecting on my feelings I think being a counsellor and perhaps learning from clients has made me more attuned to my emotion, made me more willing to say I am not fine and not see that as a personal failure which I am quite certain I would have done in the past.

4.2.5. Participant 5: Gaynor

Poetic representation: “Healing through giving what I didn’t get”

Working with a lot of sadness and grief
could be very overwhelming.
I don’t get any light clients here
it’s always fairly intense work.
I was talking to a woman yesterday
OK, she didn’t look well,
but I knew that this time next week she won’t be here.
Life is so fragile.
It can be a sad place to work.
Clients never say “I wish I’d spent another day in the office”
they always say “I wish I’d spent more time with my family”.
So for me it’s very much about taking each day as it comes
and not putting things off.

Earlier in my career I cared for people because I wasn’t cared for.
Now I listen because I wasn’t listened to as a child.
I had a difficult relationship with my mum.
I’ve done loads of work with my mother.
It’s sad we will never be as mother daughter relationships are.
She has lots of problems
I know my Mum will never change,
but clients do.

It’s a privilege to work with people who are dying.
That’s taught me to question, “Who is the ‘good death’ for?”
It’s taught me not to judge
especially about religion,
it’s about not being prescriptive.
There are clients I’ll never forget,
I’ll always wonder what happened to them.
I find people fascinating and inspiring
the human spirit and human beings are amazing,
they cope with things that I think I couldn’t.

Reflections on the poetic representation

In this poetic representation, I saw the themes of: an awareness of mortality
enhancing life; being inspired by clients; perhaps personal change with
regard to becoming less judgmental; and specifically more tolerant of
different religious practice as a consequence of counselling. My participant
concurred with these ideas but stressed her belief that her work as a
counsellor had played a minimal role in her personal change and growth compared to other areas of her life for example spending time in another country.

Visual representation

This was my third participant to express the idea of wanting to give something they felt they had not been given. As I began to explore the visual imagery this generated for me I saw hands that were open and giving. As I explored what the hands were trying to give I began to note an ambiguity as to whether the same hands were asking for some of the same “gifts” or perhaps even begging for them. I took this to indicate that we may believe we act out of altruism but we gain as much (perhaps even more) than we give when we are counselling. I spent a long time thinking about the words that the hands should be offering/asking for. At first, I could not get beyond the words “understanding” and “love”. I considered whether there were words associated with the core conditions, but they did not seem right. After a few days I came up with the additional words of “connectedness” and “respect”. I also considered “trust” but that seemed to be covered by respect. These terms seemed to partially define the concept of relational depth to me.

Another aspect of the image I created that intrigued me was the fact that without giving it conscious thought I had outlined the hands in purple. I subsequently remembered that when I was a participant in a research project on relational depth I recalled describing relational depth as being purple in colour as I had experienced the sense of that colour when reaching a profound contact with clients. A few years ago I trained as a practitioner in some alternative therapies. I recalled I had also had the same sense of purple when carrying out Indian head massage, which has a chakra balancing (non physical energy centre) component to it (McGuiness, 2014, p.194). If I had to give words to this sense of colour it would be healing energy.

Reading about art therapy, I noted Malchiodi’s (2007, p.158) proposal that purple may be associated with spirituality. Moreover, West’s (2004, p.44) writing that he saw “amethyst coloured light” during a spiritual experience led me to consider whether what I had called healing energy could also be
labelled spirituality. I began to wonder whether spirituality was something I have not given enough consideration to in my work. I believe I am able to honour clients’ spirituality but not my own, thinking this is something I need to keep quiet about both personally and professionally. I began to wonder about whether it is in this profound (spiritual) contact with clients that we ourselves are changed or healed as well as our clients.

**Figure 9:** The gifts of counselling
Autoethnographic data from research diary June 2015

The theme of “wanting to give what I did not get” keeps coming up in my participants’ stories. Bearing in mind Denzin’s (1994, p.505) suggestion that the “Other who is presented in the text is always a version of the researcher’s self,” I sit and question if and how I am personally wanting to give something that I did not get? Some of my participants have generously shared stories of difficult childhoods. This is definitely not the case for me: I had a very happy childhood and good relationships. Where I feel the theme connects to my own experience is that when I had cancer my treatment was sorely lacking in any kind of counselling or psychological support. From initially being told that I had five years maximum to live to being a long-term survivor presented me with different psychological challenges. I only ever received one appointment with someone who had an interest in psycho-oncology and at that meeting it was suggested that I was coping so well perhaps I should come along and volunteer to help others! I am optimistic that twenty years later things are better for people in a similar position. However I understand my altruism that was born of my own suffering to be a thin veil for meeting needs in me. Having cancer has been one of the defining experiences of my life. At the risk of sounding clichéd, it was the worst of times in many ways but also at no other point in my life has the sky looked so blue or the sun so bright. That intense appreciation of life fades over time but I think my work with hospice clients serves to reignite that appreciation, somehow acting as a “booster jab” whilst also perhaps, (continuing the vaccination theme), I am inoculating myself against the stressful fear of a recurrence.

4.2.6. Participant 6: Pauline

Poetic representation: “Anger fires change”

Some clients really hold in your memory.  
I can’t even describe it…  
But a heartfelt sadness.  
One client, her story has affected me the most  
this is the one where I get really angry.  
A body rage.  
Hearing her story of sexual violence
and women not being heard.
A huge feeling of anger.
And her loneliness and her isolation
how it had affected her life,
she’d shut down her emotions and not been able to express how she felt.

I was holding a lot of anger.
Maybe I wanted to express it on her behalf,
to challenge people about these issues.
My family got the brunt of it.
I’d snarl at the men in my household.
But I’m looking more at feminism and thinking…
It sharpens my awareness.
I see it everywhere.

And it’s connected with aspects of my own self
of not being heard.
Always doing what you’re told
being the good girl.
She was a good girl
then she got raped.
That touches.
Sometimes it doesn’t pay to be good.

But counselling…
It does help me put things into perspective in my own life.
I think I’m more empathic,
I understand my family much more than I did.
I think I’m more expressive about my feelings
and I notice emotion,
other people’s emotional well being.
As a counsellor you go to more depth.
Before I became a counsellor
I just trundled along
but working on myself,
I became more self-aware.

Through counselling I have grown as a person.
I am more confident
it has been the making of me.
Before I was the tip of the iceberg.
I just survived.
And hid behind the big person,
always behind somebody else.
Counselling has bought me out of that place.
I have more self-belief now.
That change started on the course,
but I didn’t find myself until later
and I’m still working on it.

It’s only since I have been a counsellor that I have found a voice.
I’m able to say things with more confidence
and not hide behind someone else.
Perhaps because I wasn’t heard
I want to hear others.
To give something that wasn’t given to me.
and make sure they have a voice.

I’m passionate about that.

An email from my participant

Hi Gret
Thought I would let you know that I was up at 4 a.m. thinking about all sorts of
things arising from our interview. So I wrote a spontaneous piece to say a little of the
impact of a particular client.

“Your story is different
But I see myself
Your presence unleashes sadness and
The demons inside me
ANGER
It is like standing in the middle of a powerful storm…”

(Poetic representation in original email)

Reflections on the poetic representation

What stayed with me most about this interview and subsequent contact
between us was her anger that I can best describe as sheer rage. This
overshadowed all of the other aspects of the story. Some of this anger had
been directed towards action in the sense that it had raised her awareness and driven her to understand more about feminist issues. The other themes I saw in the poetic representation included: increased self-awareness; improved interpersonal skills as a consequence of being a counsellor; and working on issues in parallel with clients. My participant agreed with the interpretations I made.

**Visual representation**

I chose to explore my client’s metaphor in her email of her anger as being like “standing in the middle of a powerful storm”. In my drawing, to me, the figure seems to be crying out in the darkness; there is a wail of sadness. I questioned whether we use anger as a reaction to clients’ material to protect ourselves from sadness? Is our anger masking our own fear? Have we taken on the client’s anger? Are we expressing something the client cannot or thinks they should not? For me I felt there was something of a “truth” in all these explanations. Whilst my participant liked the poetic representation and saw it as a “skilful summary of the interview” she was less convinced by the visual representation thinking that I have tried to draw her and finding it unclear about what I am trying to say. I find this difficult to answer when I am not clear myself since there are multiple interpretations that I move between.
Figure 10: In the eye of the storm of anger

Autoethnographic data from visual journal April 2013

I created the following piece after working with a client who had been persistently bullied in the workplace. I was astonished at the level of cruelty inflicted on my client especially since they were employed in a “caring” profession. The inhumanity of people against an already vulnerable person staggered me, leaving me angry; both my client’s heart and my own heart are metaphorically “ripped out”.

In my role in employee assistance counselling I have regularly seen clients who have experienced workplace bullying. As I was writing this section I
heard an item on Radio 4’s ‘You and Yours’ programme (Robinson, 2015) that lead me to think that unfortunately perhaps my clients’ experiences of bullying are not unusual. The programme reported that in the 2014, NHS staff survey 24% of staff reported that they had experienced bullying, harassment or abuse at the hands of their line manager or colleagues. As I consider the impact of hearing stories from clients of bullying in the workplace on me have been an increased cynicism with the world of work and the nature of people in general, in that I have found it challenging to see people as inherently good when their behaviour can be so cruel to fellow human beings.

**Figure 11: A reflection on workplace bullying**
Autoethnographic data from journal February 2013

My client told me today he was sexually abused as a ten year old child. Somehow I knew he had something he wanted to tell me; something that went beyond his original reason for coming to counselling. I was shocked. Now, I feel so angry. It is literally like I am seeing a red mist or burning red and yellow flames. What am I angry about? The enormous betrayal of a vulnerable child by a man in a position of power? The depth of cruelty? Am I just picking up and running with my client’s anger and frustration? But, my anger seems to be a (perhaps the only) valid response. It is telling me that something deeply wrong has been done but it’s not telling me how to help. Perhaps all I need to do is listen, to be with him. He’s tried counselling before but felt the counsellor “couldn’t cope” with his story. Is it possible to fully listen if I sit feeling angry?

Autoethnographic data from journal March 2013

Through the week I have had images of a man breathing close behind the neck of a child and doing the absolute unthinkable (and unwriteable). This imagery is so vivid to me that I can feel the abusers breath on my own neck. The anger hasn’t completely dissipated but perhaps I have managed to harness it into a desire to understand and help. Much of what is written about childhood sexual abuse is about female survivors and a call to feminist action but what use is that when your client is male? Thank God for Etherington’s male sexual abuse survivors book that has given me more confidence in my ability to help.

As I reflect on my work with this client and its impact on me I remember that I found it very challenging. It was not the first time I had had a client talk graphically of their sexual abuse in childhood but it was my first male client to do so. I found myself irritated about the fact that much of what was written came from a feminist standpoint which seemed like it negated my client’s experience in some way. The visual images of his abuse stayed with me for some time and would come back unbidden for a couple of months; I can still create these images now if I focus my attention. With hindsight, my experience seems to be best explained as vicarious traumatisation that had its basis in a countertransference reaction though I did not use any of this language to describe it at the time. I just felt it. As I reflect on this client’s impact on me I think perhaps I was more open to being affected by him, not just because of his story that touched me but because there were a lot of similarities between us. For example: we had grown up in the same area;
attended the same school; and were close in age. Yet it seemed he had not had the same opportunities that I had. I felt lucky but perhaps I also had a degree of guilt about my luck and a need to understand why our opportunities had been different. I was left with a sense of him being a socioeconomic victim as the area we came from went into economic decline and my anger became focused on the injustice of the sociopolitical system that had allowed this to happen.

4.2.7. Participant 6: Anne

Poetic representation “Quantum change”

My client was the younger sister of a teenager who committed suicide, after she was raped by her father.
She had watched her sister’s deterioration.
Listening to the story,
tears just rolled down my face
it was incredibly heart breaking.
The shock ran deep within me.
I was distraught.
Absolutely distraught.

The story was absolutely abhorrent,
but I couldn’t understand why it had gone so deep.
It was not the first time I had worked with rape.
I have heard some heavy stuff,
but the shocking brutality of this case
was hideous and horrendous.
There’s not a word to describe it.
I felt very fearful,
I was met with a wall of pain.
I couldn’t go over it.
I couldn’t go under it.
I had to go through it.

I began to have flashbacks to my own childhood.
I wasn’t attacked
I wasn’t raped,
but heavily groomed, let’s say.
I began piecing things together,
images that were vague became clear.
And that early trauma
meant I had put all my faith into my marriage
and closed the door on having children.

The client’s mum
had shown me photos of her daughter who died
in hospital.
There was something of myself in that desperate state
that I identified with,
that went to the core of my own emotional difficulties.
I was completely isolated
just desperate.
I had put all my energy into work
I was an empty shell.
A scream had built up in me
I had to pass through the fear
to let the scream out,
a mixture of anger and grief.

I wish the universe had spoken to me before.
But now I have a recognition of the direction I need to go in
to mend my heart,
to be whole as a person.
The growth that has followed
the timing,
and the synchronicity around it
has been absolutely awesome.

I know it is really important for me to have a child.
So I am splitting from my husband.
I don’t know what is going to become of me
but my heart is whole.
I know that this is the right direction.

Reflections on the poetic representation

I found the material my participant shared about the child’s rape upsetting
even hearing the story third hand. As my participant stated there was a
brutality to the story that marked it out as particularly extreme because there
was an absolute disregard for the child’s safety, the details of which I will not
elaborate on because of requirements of anonymity. Suffice to say, for me the story was marked by an evilness that was impossible to comprehend. I also found myself feeling concerned for my participant about the enormity and speed of personal change she was going through. I saw her experience in terms of what has been described as an “epiphanic experience — transformation that is sudden and abrupt” by McDonald (2008, p.89) or alternatively as “quantum change — a sudden, dramatic and enduring transformation that affects a broad range of personal emotion, cognition and behaviour” by Miller (2004, p.453).

Visual representation

My participant’s words about a wall of pain that she had to go through were the most poignant to me. I tried to represent her not being able to go over it or under it; but having to go through it. In my image I saw her going through the mouth of pain. Her pain seemed to me like a confrontation with evil that was burning something away from her, perhaps her old self. She was going to be left renewed. Somehow I felt my image conveyed her as having a certain solidity so that though she was confronted with an enormous obstacle she would pass through it renewed. Though the image I created perhaps looks a bit gruesome I finished the representation feeling optimistic about my participant’s future. Perhaps constructing this image just put my own mind at ease. This participant was previously unknown to me, she was the colleague of a colleague and did not reply to my email to arrange a second meeting to discuss the representations. So I was left hanging not knowing how this chapter of her story ended. I felt concerned for her in a similar way that I feel concerned when clients do not return to counselling.
Autoethnographic data

I had nothing in my own experience that was comparable to my participant’s story, nothing that came close in terms of its impact. The only connection I felt to my own counselling was the sense of a confrontation with evil which I had felt working with people sexually abused as children. Some clients’ stories have a level of depravity that distinguishes them: those stories will stay with me forever. As I question their impact on me I struggle to find words to describe but a deep sadness and an inability to understand some of humanity’s capacity for cruelty.

4.2.8. Summary: Are counsellors changed by their clients?

In table 3 I have summarised my interpretations of the ways that my participants and myself report being changed or affected by clients in the course of our work. All of my participants shared aspects of being positively affected or changed by their client work. Generally, there were fewer stories...
of being negatively affected; one participant shared a story of being fatigued by her work. The negative emotions of anger and fear as a consequence of counselling featured in three interviews (including my own experience).

There were some commonalities between counsellors. For example, all but two interviews contained examples of counselling providing opportunities for counsellors to also address their own personal issues: in other words being a counsellor may be a surreptitious way to get counselling. Some commonalities seemed to be context specific. For example, anger arising as a result of working with sexual abuse and violence. Of my five participants with experience of hospice counselling all but one of the interviews contained an aspect of the awareness of mortality enriching life. None acknowledged the more fearful flipside to this awareness of mortality other than myself. Although it might seem naive of me I was surprised how much mortality and death featured in my interpretations. I wondered whether I had just become inured to it and working on the interpretations awakened it or it could be that my own personal experience of poor health during the writing of this thesis brought it to the fore.

Looking at my results deductively, I can see many stories that support the concepts and theories I saw in my literature review, such as vicarious posttraumatic growth and vicarious resilience. I will explore this in more detail in my discussion.
### Table 4: Possible interpretations of participants’ stories of being changed by clients

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<th>Jane</th>
<th>Dan</th>
<th>Emma</th>
<th>Sarah</th>
<th>Gaynor</th>
<th>Pauline</th>
<th>Anne</th>
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4.3. How do they make meaning of any change? and How do counsellors ensure change is positive?

4.3.1. Introduction

In this section I will provide some answers to my research questions, “How do they make meaning of any change?” and “How do counsellors ensure change is positive?” These two questions formed a much smaller part of my interviews since my emphasis was on gathering the stories counsellors tell of being changed by their clients.

To answer my questions I have constructed two polyvocal texts. I had a number of reasons for choosing this approach over a more traditional thematic analysis. Firstly, I noted that some of what my participants said defied easy categorisation as themes. This was especially the case when we were talking about how we make meaning of the experience of change. I think this is because participants do not have the words to describe their experiences. I hope that my polyvocal text reflects this ambiguity. Secondly, I wanted to let the participants’ voices come through in the text to reflect something of the contradictions and diversity in what they said. Thirdly, I have tried to reflect my part in generating the data, which I see as something that is not addressed in most qualitative representation in research. And lastly, I hoped to make the text more engaging to read.

To reflect each of my participants’ voices I have imagined that we were talking together in a group discussion that was led by myself.Whilst I have fabricated the interaction between participants (since they never met), all of their actual words came from my interviews. Where I voice my own opinion those words came from my autoethnographic self-interview or comments I made in participant interviews.

4.3.2. Polyvocal text 1: Eight counsellors try to describe how change happens

Towards the end of our meeting I ask, “If clients do change us, how do you think that change happens?”
I am initially met with a wall of silence and blank looks.

Dan and Emma who both made notes about their experiences prior to coming along to the interview look down searching for something to offer. I feel honoured that they have both spent time thinking about my research questions.

“Well,” Jane says hesitantly, “I think some clients touch something in you.”

There are lots of nods of agreement, including from me.

In unison, Jane, Anne, Pauline and Sarah say, “It’s like their story links with mine.” They smile at each other seemingly pleased to have found something to share and probably reassured to find someone in agreement with them.

“Sometimes, I think I am them and they are me,” Dan replies. “Some clients affect me deeper than others, they strike a chord within me that’s hard to shake off. Perhaps it’s that they get me to revisit my own anxieties.”

Gaynor disagrees, “I don’t think my clients have changed me as much as other things in my life. Living abroad and working in another culture and meeting people from different parts of the world has changed me dramatically.” She says.

Perhaps Gaynor sensed a disappointment in me as I am looking for evidence of change. She quickly follows up with:

“What I do think though that’s interesting and I don’t know how it works, is sometimes it’s as though clients come along at just the right time to teach you something that you need to know”.

“That sounds like a spiritual thing,” says Jane. “Sometimes I have found that sitting fully with another human being and just being with them totally is somehow growthful for us both, I see that as spiritual, but maybe it’s just relational depth.”
Gaynor looks sceptical but doesn’t directly contradict Jane instead she says, “Well I meant more in the way that clients make me look at my own practice and question whether I need some personal therapy or that I need to learn something specific.”

“I’m thinking,” says Dan, “that when clients’ fears and anxieties echo my own, we are surreptitiously two souls working on the same issue together.”

I nod and smile at Dan acknowledging that he has bravely twice talked about his own anxieties.

Tentatively, Anne says, “Well perhaps I’m different because I specifically came along to share my story of change that occurred as a result of working with a particular child. As I worked with her I felt emotional the whole time I was in her company.”

“Was it like a mirroring of her?” I ask.

“Yes, but I identified most with my client’s sister who’d committed suicide. I think it went so deep because I needed to experience something violently brutal to penetrate my shield, to connect with the grief in my heart, to let out my anger and grief. I went through enormous change over a two week period. I had to go through a wall of pain. Now I’m smiling; I’ve got my youth back.”

I am stunned by Anne’s story; the speed and depth of change she has described.

All I say is, “You’ve gone through an incredible change”. “It was,” Anne answers. The room falls silent for a moment.

I interrupt the silence by asking, “Is there anything else you can say about how change happens?” I am all too aware that we haven’t generated much data on my topic.
Emma says, “I guess personal change starts with counselling training. You begin to learn about yourself and that continues when you work with clients. Training makes you more self aware and then perhaps you’re less judgmental about people and more reflective. That self awareness makes you question what’s going on for you.”

Gaynor says, “Yes, the course changes people. Half the people on my first training course got divorced. I didn’t get divorced then, but I did later.”

I ask Gaynor, “Do you think the training contributed to your divorce?”

“No,” she answers firmly, “If people say they want to do a counselling course I always say to them it will change you. You need to be aware of the impact. And be aware that going in to personal therapy, which is mandatory, makes you look at your relationships and your personality. I have used personal therapy since too, to get an idea of how transactional analysis works.”

I wonder why Gaynor thinks the course potentially changes others but not herself. Before I can ask we swiftly move on to another topic and the moment is lost.

“And sometimes it’s that simply your clients’ problems put your own issues into perspective,” Pauline says.

“Oh yes, you realise what you have got and how lucky you are,” Emma replies.

There are murmurs of agreement; then the room falls quiet.

Sarah says, “I don’t think I have changed all that much. Perhaps you should ask my family if you really wanted to get an idea. But what I can say is that it could be my psychodynamic training but I think it’s countertransference that makes you angry in reaction to your clients sometimes.”
Pauline interjects, “I don’t know much about that because that’s not my way of working. What I do know is that I am often angry about what clients tell me. Sometimes just the client’s presence unleashes sadness and anger. Hearing clients’ stories makes me angry at society, I wish I could be more powerful but at least I can try and give people a voice.”

“And what about you Gret?” asks Emma.

“I don’t think it’s just one thing. I feel there’s something in what all of you have said. I do think counsellor training makes us more questioning and reflective about ourselves and initiates some change. Clients affect us in a myriad of ways some of which I find impossible to describe. It is a kind of weird resonance, which theoretically might be described as relational depth. Sometimes it’s just that they make us think about other things that we were blind to before and sometimes they just make us appreciate what we have.”

Summary

I noticed that my participants and myself appeared to have an inability to find the words to express what we meant when we were required to ascribe some meaning to how we are affected or changed by our clients. This is in stark contrast to the stories of experience that tumbled out easily earlier in the interviews. Perhaps it is that it can be an experience that is beyond words. It can be difficult to verbalise something that is on the edge of experience. I also wondered about the adequacy of theories to explain experience. One participant briefly mentioned countertransference and one participant relational depth but not in any detail. And looking at my own experience of being changed by clients, I never chose to explain the meaning of its effects in a theoretical way: I just felt it.

I began to consider whether there are three different levels of being changed or affected by our clients: intellectual, emotional and spiritual, with positive and negative components to each. For example, working with a client can intellectually make me realise that I am lucky to be alive and well. On an emotional level, client work can lead to me feeling angry, fearful but also
sometimes joyful. On a spiritual level perhaps clients can touch my soul which may promote growth or even drain me. I will explore this idea in more depth in my discussion.

4.3.3. Polyvocal text 2: Eight counsellors describe how they maintain resilience and facilitate personal growth to ensure change is positive

“Finally,” I say, “can I ask you all what you think is the most important thing in helping you maintain your resilience and facilitate growth?”

A chorus of voices say, “Supervision!”

Jane quickly follows up with, “Oh my supervisor is great, she just makes me feel so safe and she really gets me. It’s such a release, you can really process stuff.”

Anne agrees saying, “I value supervision incredibly. Supervision enabled me to sit with the pain and trust my heart was taking me to a safe place.”

“But what makes a supervisor good? And how do you find one who can facilitate growth?” I ask.

Pauline replies, “That can be difficult. I don’t want to sound a big head but it’s hard to get one who knows more than you do.”

Gaynor says, “Yes I couldn’t work without supervision. But it isn’t easy to find one. Because I’m experienced I can actually go along and interview a supervisor now. I need a supervisor that not only challenges me, but is supportive because there’s a big difference between being out of your comfort zone and being uncomfortable. I also like them to be able to reflect different ways of working with clients.”

Pauline nods in agreement. “Yes mine works in a Jungian way which is different to me and has a huge amount of experience. She is very consistent and makes me feel safe.”
Dan responds, “Yes, I think supervision is vital but they’re not all good. I once went to see one who was so cold. I didn’t feel any empathy. I didn’t feel valued, I felt scrutinised. And I thought no way on God’s earth am I going to have supervision from her. I couldn’t work with her! The supervisor I’ve got now makes me feel understood but also searched, he is existential as well as person centred. I read a lot too, I think life’s a mystery to be explored.”

I think of my own experience of supervision which has not been anywhere near as rewarding as my participants’ seem to have been. I wonder whether my supervisors have just have not been that good and think perhaps I should try someone from a different modality, which seems to have benefitted my participants.

Sarah then introduces a new idea. She says, “Well yes, OK, supervision’s important but that might be just once a month. I think my home and family is the biggest thing in helping me stay strong. Maybe that’s not good counsellory stuff but that’s my roots. My husband’s my anchor, I couldn’t do it without his support.”

“I agree,” says Pauline, “having a home, family and pets to come back to, that’s my haven and it keeps me going.”

“And me,” nods Emma. “I don’t think it would be healthy to counsel if I lived alone.”

“Yes supervision’s not the be all and end all,” says Jane, “We need to build in time for self reflection and not take on too many clients. This is a profession where less is more”.

Gaynor says, “Ideally I’d like a balance of heavy and light clients but that’s hard here. I don’t get light clients, it’s all intense work.”

Sarah says, “I agree about not doing too much client work. I found it helps to have other things as part of the job, doing training and supervision because
the dynamics in that are totally different, it’s more mutual. And don’t forget having great colleagues!”

“But what makes a great colleague and why’s that important?” I ask.

Sarah replies “Someone you can share clients with, confidentiality of course, and someone you can trust…” —

Gaynor interrupts, “I’m thinking though, it’s really important to make sure you leave all the client’s sadness in the room when you leave. I find it helps me to take my ID badge off as soon as I leave, then symbolically I’m not the counsellor anymore.”

Emma says, “I agree, as soon as I leave I turn the car radio on and deliberately cast the client out of my mind.”

“That’s just like me!” Sarah agrees, “you must learn to leave the client’s problems in the room at work and I find I use the time driving home with the radio on as a space to process what’s happened.”

Gaynor says, “I’ve always chosen to live away from where I work. I don’t want to bump into somebody and I don’t socialise with people that I work with.”

Sarah replies, “That’s not really like me. I do socialise with other counsellors. We have even been away for weekends together.”

“And me” says Pauline. “My friends tend to be in the same field, the new ones I make even more so. When we get together there’s so much empathy going on!”

“Is there anything else you do to look after yourselves?” I ask.

“Hmm, holidays keep me going. I am always planning my next trip,” Sarah replies laughing.
“I have acupuncture and reflexology regularly. And oh yes, I find gardening so therapeutic and nurturing,” says Gaynor.

“And what about you Gret?” asks Emma.

“Well I have found supervision variable in how much it’s helped me. Sometimes I have thought that the supervisor just wasn’t able to hear me sharing the client’s story when I’ve talked about childhood sexual abuse cases. I have found group supervision sessions more useful than individual because you get other people’s opinions. That can be helpful in pointing out your blind spots. On the occasions I have struggled emotionally with clients’ stories I have found journaling, both visual and written, really useful in processing my emotions and perhaps facilitating growth. And yes, getting home to my husband and time in the countryside is life affirming when you’ve been around loss or death too much.”

Summary: How do they make meaning of any change? and How do counsellors ensure change is positive?

My polyvocal text contains examples of strategies to maintain resilience from all three areas that I described in table 2 of my literature review, namely: job role and organisation factors; social factors; and individual strategies. Where my results differ from the literature is that none of my participants mentioned using any kind of spiritual practice to maintain resilience or support personal growth. This may be because I did not specifically ask about any strategy to maintain resilience.

4.4 Summary and conclusions

All of my participants shared aspects of being positively affected or changed by their client work. These changes are in the areas of self-perception, interpersonal relationships and life philosophy. Generally, there were fewer stories of being negatively affected; where these occurred, they were around the negative emotions of anger and fear as a consequence of counselling.
The results include many stories that support the concepts and theories described in my literature review, such as vicarious posttraumatic growth and vicarious resilience.

Participants maintain resilience by varying their job role, by using supervision and social support and by using a range of specific, individual strategies.
5. Discussion

As I think of how to illustrate what writing this discussion has been like the image of me struggling to pack far too much into a small suitcase emerges. The colours of what I am trying to condense and pack are fresh and vibrant symbolising the new and exciting things I have discovered...

**Figure 13:** Wrestling with ideas
Looking at the finished image I see an alternative view. It is as though I have opened the suitcase and I am struggling to contain the contents that leap out and wrap around each other and me. The suitcase disgorges different clothes to choose from which reflects me considering alternative personal and professional truths. On a personal level I continue to wrestle with the existential and spiritual issues that have arisen through my research especially around mortality and meaninglessness. Professionally, different views of human growth and development appear alongside alternative ways to do counselling provided by the transpersonal approach. (Journal entry, November, 2015).

This discussion consists of two sections. In section 5.1, I will discuss the extent to which my research questions have been answered and describe how my findings and the interpretations I made of my data compare to the literature. In section 5.2, I will provide some reflections on my research including my methodology, its original contribution to knowledge and the impact of the research on me.

5.1. The answers I found to my research questions

In this first part of my discussion I will describe the extent to which my research questions have been answered by my findings. This discussion is structured around my four research questions:

1. Are counsellors changed by their clients?
2. If so, how do they make meaning of any change?
3. How does the academic literature explain these changes?
4. How do counsellors ensure change is positive?

5.1.1. Are counsellors changed by their clients?

The majority of the data I gathered took the form of stories that aim to provide answers to my research question, “Are counsellors changed by their clients?” My initial finding was that the themes of my participants’ stories were broadly similar to those I had observed in the literature. In the course of my literature review I observed seven themes of change that counsellors described as a result of their client work. I will use these themes to structure this section and explore my findings.
1. “I am left with intense negative emotion.”
2. “The way I approach my life has changed.”
3. “The world is not as safe as I thought.”
4. “My relationships have changed.”
5. “I am more active socially and politically.”
6. “I have learnt from my clients.”
7. “I have grown as a person.”

“I am left with intense negative emotion”

Two of my participants’ stories and my own describe experiences of intense negative emotion as a result of our work, specifically: anger, fear, sadness and shock. These reactions were the result of working with clients’ stories of sexual violence. Pauline described her sadness and anger in reaction to hearing a client’s story of rape. Anne described her emotions of shock and fear in connection to working with a story of childhood rape. My autoethnographic research describes my anger, sadness and shock when working with an adult survivor of childhood sexual abuse.

In contrast, my participants who were hospice counsellors did not share any stories of intense negative emotion and only Gaynor’s poetic representation acknowledges any sadness associated with hospice counselling when she states that the hospice “can be a sad place to work”. In my autoethnographic research I described how hospice counselling contributes to my fear of illness and death. However, the intensity of these emotions is not in the same realm of disruption as the anger I experienced as a result of my work with clients who have experienced sexual abuse. Similarly, Cunningham (2003) states that stories of human-induced traumas like sexual abuse are more disruptive to the person working therapeutically than naturally caused traumas like cancer.

The descriptions of negative emotions of anger, fear, sadness and shock as a consequence of working with sexual violence survivors that I saw in my participants and myself are similar to those seen in the literature (Iliffe & Steed, 2000; Pistorius et al., 2008; Schauben & Frazier, 1995; Steed & Downing, 1998). Interestingly, the literature largely describes perpetrators as
the focus of counsellors’ anger whereas I felt aspects of my own and Pauline’s anger at least partly had a socio-political focus. For example, Pauline’s anger had motivated her to discover more about feminism. This observation is similar to Hercus’ (1999) conception of anger as a motivator that drives feminist action. Iliffe & Steed (2000, p.401) conceptualise anger as a mechanism for protection from sadness (a view to which I concur).

In some ways, my own and my participants’ stories differed from the literature. For example, I did not note any descriptions of helplessness (Radeke & Mahoney, 2000; Satkunanayagam et al., 2010) or frustration (Steed & Downing, 1998; Satkunanayagam et al., 2010). Perhaps this was because my participants and myself work with a mixed caseload of clients whereas much of the research in the literature is with counsellors who solely work with sexual violence or trauma. This could potentially increase the amount of negative emotion counsellors experience and lead to the emotions of helplessness and frustration.

“*The way I approach life has changed*”

In my literature review I grouped a number of topics into this theme including “I appreciate life more”, “My outlook on life is different”, “My perspective on life has altered” and “My spirituality is expressed differently”. There was some overlap between these areas but also some subtle differences. I will consider each of these in turn.

“I appreciate life more”

Four of my five hospice counsellors and myself referred to appreciating life more as a consequence of mortality awareness either directly or indirectly. For example, Emma says, “I value my life more”. Whilst the theme of appreciating life appears in the research as a consequence of working as a counsellor, the focus of counsellors’ appreciation appears to be context specific. For example, Hyatt-Burkhart’s (2013) participants who were counsellors who worked with disadvantaged young people, stated they appreciated having a home and having enough to eat because many of their clients were homeless and hungry. This awareness of mortality and consequential appreciation of life in counsellors working in bereavement or
life limiting illness is not something that appears in the literature. But a similar point has been made in research with oncology nurses: Vishnevsky et al.’s (2015) research describes how their participants’ awareness of mortality motivated them to appreciate their lives more.

“My outlook on life is different”

I observed other similarities between Vishnevsky et al.’s (2015) findings and my own interpretations with regard to outlook on life. The authors state that the recognition of the unpredictability of life alongside mortality awareness resulted in their participants placing more value on the present. Similarly, my participant Emma describes how her appreciation of life leads her to “try and work more in the present” and Gaynor explains that “it’s about not putting things off”. The changes my participants described were positive and I did not observe any description of a sceptical outlook on life that is seen in some of the research (for example, Clemans, 2004).

“My perspective on life has changed”

This topic covers the idea that working as a counsellor can serve to contextualise our own problems. This was articulated by Emma when she said, “my own problems are not so bad, no one’s died” and Pauline said, “counselling helps me put things into perspective in my own life”. My interpretations are similar to Silveira & Boyer (2015, p.521) who observed that their participants’ work served to “alter their perspectives regarding their own challenges”.

“My spirituality is expressed differently”

None of my participants spoke of changes to their religious or spiritual practice as a result of their client work. Again, this is in contrast to some of the literature. Arnold et al. (2005) describe both a broadening of spirituality and a deepening of religious faith and Barrington & Shakespeare-Finch (2013) describe a mixed picture with some participants reporting a deepened faith; others an abandonment of faith; and others describing an increased awareness of spiritual matters. Cultural factors may explain the difference: Arnold et al.’s research is American (North Carolina) where more people potentially practice a religious faith. Other potential explanations included the fact that I had not asked a direct question about spirituality (but then I
had not asked a direct question about many topics and still stories had emerged. I worried that I had not created an environment where my participants felt safe to talk about their spirituality. However, as I pondered this, I reasoned that this was not the case since there were a number of statements that participants made that are either spiritual or religious in nature. For example, Jane talks of seeing her client work as spiritual; Dan and Gaynor both talked about their religious practice; and Anne has a number of references to what could be construed to a spiritual aspect of her experience.

Related to this, Gaynor describes how she has become non-judgmental and less prescriptive about religious issues in her client work. This finding is similar to Hernandez-Wolfe’s (2015) whose participants described changes in how spirituality impacted vis-à-vis the therapeutic process.

“The world is not as safe as I thought”

I did not observe this theme as it is reported in the literature (that is, focused on counsellors working exclusively in sexual violence or trauma). For example, Clemans’ (2004) participants, who were rape counsellors, reported a decreased sense of personal safety, increased concern for the safety of others and a reduced ability to trust people. However I did note some concerns connected to “safety”. Emma speaks of her awareness of how “quickly disease can spread and death can come” and in our discussion of my interpretations she spoke of her fears about ever having to go into hospital, perceiving hospitals as unsafe places after hearing clients’ stories of healthcare. This was echoed in my autoethnographic work where I describe how my increased awareness of the healthcare system and the effects of disease can make me fearful. In our discussion, my participant Dan also mentioned that his client work sometimes fed his anxieties about his health.

“My relationships have changed”

The literature describes instances of both positive and negative change in personal relationships and I observed the same in my participants’ stories. For example, Emma states, “I value my family and friends”. Hyatt-Burkhart (2013) suggests her participants had been spurred on to pay more attention to their relationships, which in turn made them more meaningful. I saw this
somewhat differently. From my participant Emma’s description and certainly for myself, valuing relationships is a consequence of increased awareness of mortality.

Three of my participants described how their counselling skills aided relationships and family life. For example, Dan spoke of understanding people better and being a better communicator especially around issues to do with death and loss. Pauline spoke of understanding her family more and in our discussion of my interpretations she felt she was a better parent as a consequence of being a counsellor. Jane described how she managed her friendships better through feeling more able to communicate her needs because of her counselling skills.

Both Benatar (2000) and Steed & Downing (1998) noted a tendency for their participants to distance themselves from friendships. Similarly, Sarah talks of distancing herself from some friends because she did not want to hear their problems. I interpreted this as a consequence of her empathy fatigue. In my own experience I think I have devalued certain friendships that do not offer me the opportunity to engage at a level beyond superficial conversation. I suspect this is a consequence of being a counsellor, which has led to me enjoy — even require — engagement at depth.

“I am more active socially and politically”

In my literature review, I identified two aspects to this social and political theme. The first was an increased awareness of issues and the second aspect was when this awareness translated into activism. An awareness of social and political issues was noted by Hernandez-Wolfe et al. (2015) to include an increased consciousness of social and political conditions and an awareness of relative privilege or marginalisation. Pauline spoke of her client work increasing her awareness of feminism and seeing these issues “everywhere”. However she did not speak of activism. In my own experience I am conscious of my increased awareness of social and political issues as a consequence of my client work. But over the years this has not translated into activism because I have not found an affiliation to which I can pin any activism in the long term.
“I have learnt from my clients”

Emma says that clients can be “role models”. Specifically, this was to do with how they coped with bereavement. This is similar to reports in the literature that describe counsellors learning to overcome adversity via their clients (for example, Hernandez, 2010). As we discussed my interpretations, Emma also spoke of learning the importance of “being independent” from clients. Specifically, she worked with clients who were bereaved and found themselves unable to drive and struggled to cope with some of the practical aspects of life.

Perhaps this theme of ‘learning from clients’ is also reflected in how some of my participants described growing alongside their clients. Whilst they may not be learning from clients in the way I describe above, they are still learning, perhaps more in the way that Jung (1972, p.156) describes: “It often happens that the patient is exactly the right plaster for the doctor’s sore spot”. For example, Jane says, “going back and looking at my issues, I was growing too”, especially with regard to healing her relationship with her mother. In my autoethnographic work I recognised that hospice counselling has served to help me cope with my own issues with cancer survivorship. Anne powerfully describes how she identified that there was something of herself in the images of her client’s sister. They shared the same “desperate state”. Her experience of working with her client had allowed her to “piece things together” and see a new direction for her life. These interpretations are similar to those described by Schauben & Frazier (1995, p.58), where they report that counsellors’ reactions to the material their clients shared helped counsellors heal their own past.

“I have grown as a person”

Counsellors’ reports of personal growth as a result of their client work are common in the literature, including: heightened sensitivity; enhanced empathy; increased self esteem; and self awareness (Arnold et al. 2005; Hyatt-Burkhart, 2013; Linley & Joseph, 2007; Schauben & Frazier, 1995; Silveira & Boyer, 2015; Steed & Downing, 1998). I saw similar reports in my participants’ stories, with each relating at least some areas of personal growth. Jane talks of growing in parallel with her clients, reporting increased
strength and resilience, self-acceptance and self-awareness. In our discussion, she also talked of becoming less judgemental and more accepting of individual differences. Dan describes understanding people better, being a better listener and a better communicator. Pauline described herself as more empathic; more expressive of her own emotion; more aware of the emotional well being of others; and as having increased self-belief, self-awareness and self-confidence. Sarah speaks of becoming more accepting of her limitations and becoming more self-contained.

I was initially surprised that my participants made no direct reference to an area of growth that I had seen in the literature: that of increased wisdom (Benatar, 2000; Vishnevsky et al., 2015). A closer examination of the literature reveals that this may be a semantic issue, rather than a gap in my findings. For example, one of Benatar’s (2000) participants spoke of increased wisdom directly but for other participants Benatar attributed the label “wisdom” to what she observed as thinking more deeply or an expansion of consciousness. In Vishnevsky et al.’s research (2015) wisdom does not appear to be mentioned directly by the participants. The authors use “wisdom” to label theme that covers topics such as: uncertainty of life; increased empathy/sympathy; emotional growth; increased interpersonal skills/emotional intelligence; acknowledging one’s limitations; and being more respectful of individual differences. I noted that I had made similar observations in my participants as these authors without reporting my interpretations as increased wisdom. It is also possible that my participants had not reported an increase in wisdom because it might sound hubristic.

In summary, my participants and myself shared stories of both positive and negative changes as a result of our work with clients. Stories of positive change were more common than those describing negative change, although I did feel that the negative impact of being a counsellor was minimised in some of my participants’ stories. In my methodology section I explained that I initially had an element of disappointment with some of the stories I gathered from my hospice participants largely because I had the sense they did not acknowledge the negative impact of counselling fully. What this reflects is difficult to unpick. I believe that a culture of positivity operates in
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The hospice that may have affected counsellors’ stories. One of my supervisors (Ballinger, personal communication, 2016) pointed out that I may have been looking for positive stories only. I do not think that this was the case and it certainly was not true of my interviews, but my interest in vPTG has undoubtedly influenced what I found. I questioned why I kept returning to see my participants’ stories as either positive or negative. Perhaps this experience is a reflection of Wyatt’s (2014 p.18) observation that the chaos of experience has led me to escape into a world of “binaries and absolutes” as I fail to hold on to the notion that, “there are no neat ends, only swirling, looping narratives”.

The areas of change my participants reported were broadly in line with those described in the literature. My interpretations differed from the literature in that I did not find stories of spiritual or religious change or the same perceptions of the world being unsafe that are described in some of the literature. Whilst I observed an increased awareness of social and political issues, the stories I gathered did not include any examples of activism. There were some commonalities between participants and some differences. For example with regard to differences, mortality awareness appeared to be the driver for change in the participants involved in hospice counselling whereas human cruelty and brutality was a driver for change in those who had worked with clients who had experienced sexual violence. With regard to commonalities, all my participants shared stories of some positive change as a result of their work even though two participants felt that their work had played only a small part in their personal change or growth.

As I reviewed my results section I began to think that I had personally made meaning of the experience of being changed by clients in an intellectual/psychological and emotional way. I began to have a niggling feeling that there were dimensions of change that I had neglected to consider. I discerned six potential areas where we could experience change as a consequence of our client work: physical; emotional; psychological; social; behavioural and spiritual. I believe there are positive and negative components to each. This led me to realise I had completely overlooked the idea of spiritual change.
I think this may be because I had largely equated spirituality with religion but it may also reflect my childhood. Being the daughter of a rabid atheist and a lapsed Catholic I had mixed messages about spirituality and religion as a child. Through my experience with cancer I had read various New Age writing on the psychospiritual causes of illness of the like Louise Hay (2004) promulgates and I had found it unhelpful — indeed, potentially damaging. Perhaps the term “spirituality” required a period of rehabilitation before I could let it fully into my consciousness.

5.1.2. How do counsellors make meaning of any change?

In seeking answers to my research question “How do counsellors make meaning of any change?” I expected to see some differences in how my participants expressed being changed by their work depending on the modality of their training and counselling practice. However, during my interviews, and as I reviewed my results, I did not observe this. My initial observation was that my participants and myself had difficulties describing how we made meaning of any change or growth we experienced as a result of our work; and I wondered whether this was because the experience was largely beyond description with words. With hindsight, I may have been able to explore this by asking my participants for metaphors to describe their change (West, 2011). My interviews generated limited data to provide answers to this research question but I did see something of a truth in each of the seven possibilities I described in my literature review:

1. Change stems from empathic engagement.
2. Change stems from the therapeutic relationship.
3. Change is a consequence of building new schemas.
4. Change is an increase in eudaimonic wellbeing.
5. Change stems from countertransference.
6. Change is just a consequence of counsellor development.
7. Change stems from counsellors addressing their own wounds.

I discerned three further potential explanations as I worked on my representations.
8. Change results from existential engagement.
9. Change is a consequence of Western metanarratives.
10. Change represents personal growth.

I will discuss each of these possible explanations in turn.

**Change stems from empathic engagement**

Cohen & Collens (2013, p.16) claim that “VT and vPTG stem from empathic engagement”. In my data, I interpreted some of my participants’ comments as describing empathic engagement most commonly when the word “touched” was used. For example, Sarah describes being, “unbelievably touched by people because of their desperation”. I also connected being “touched” by clients with descriptions of counsellor change. For example as Pauline talked of an influential client she says, “her story touched me” resulting in changes that could be likened to the “broadened perspectives” and “personality expansion” outlined by Kahn & Fromm (2001 p.xv). In my autoethnographic research I state, “I was more open to being affected by him, not just because of his story that touched me but because there were a lot of similarities between us.” I interpreted Dan saying, “Sometimes, I think I am them and they are me”, in reference to his clients as an example of losing the “as if” quality of empathy. In other words, Dan seems to be suggesting that the differentiation between himself and his client was lost since his empathy was high. In my literature review, I questioned if empathy enables us to metaphorically apply what the client has gone through to our own life. However, from my participants’ descriptions, I felt it was more likely that our empathic engagement led us to revisit something that connected with our past experience. This could lead to personal change as we further process that experience.

**Change stems from the therapeutic relationship**

The results of my research reinforced my belief that we are inherently social and develop our identity through experiences in relation to others (Burr, 2015). In my literature review I noted that counsellors and clients exist in the context of a relationship in which they mutually influence each other and
construct meaning in the therapeutic relationship (Horvath & Bedi, 2002). Jane refers to the impact of this in-depth connectedness and its implication for counsellor change when she says, “sitting fully with another human being and just being with them totally is somehow growthful for us both, I see that as spiritual, but maybe it’s just relational depth.” Through listening to some of my participants and reflecting on my own experience I began to see my own experience of relational depth differently: more as an altered state of consciousness. I began to consider if relational depth leads to the boundary disappearing between the counsellor and the client. For example, Dan says of one of his clients, “the soul of him…was like me”, which seems to have profound implications for change. My participants’ comments reminded me of Deci & Ryan (2000) who posits that one of the primary psychological requirements that is essential for growth and well being is “relatedness”. That is, the urge to be in a relationship with others, caring for others and being cared for.

**Change is a consequence of building new schemas**

The changes seen in VT and vPTG have been explained by constructivist self-development theory (Tedeschi et al., 2007). This proposes that individuals construct their realities through the development of schemas (synonymous with cognitive structure about a concept). It further hypothesises that personal change arises as a consequence of building new schemas that include beliefs, assumptions and expectations about self, others and the world. In Jane’s story in particular I made interpretations of her building new schemas as a consequence of being a counsellor. She described herself as becoming less judgemental of both herself and others and this had at least partly helped her heal her relationship with her mother. Pauline speaks of learning that “it doesn’t pay to be good” from a client and in our discussion she described her change in belief led her to approach life differently.

**Change is an increase in eudaimonic wellbeing**

Joseph & Linley (2005, p.95) describe adverse growth as a process of change akin to an increase in eudaimonic wellbeing: a focus on meaning and self-realisation rather than an increase in or in the dominance of positive emotions. Whilst none of my participants made a direct reference to any
increase in wellbeing as a result of their work, I did make some interpretations of participants focusing on the meaning of life. For example Anne described how her experience with her client led her to recognise how to mend her heart and “be whole as a person”. Though she had experienced profound negative emotion she saw herself as moving closer to self-realisation.

*Change stems from countertransference*

Sarah was my only participant to make reference to countertransference to explain her feelings of anger when working with some clients, probably because she had undergone some psychodynamic training. She described this as a short-term reaction and did not give me a sense of any permanent change arising in her as a consequence.

*Change is just a consequence of counsellor development*

I made some interpretations that were similar to Skovholt & Ronnestad’s (1992) research on counsellor development which describe that counsellors become more tolerant, more accepting of human variability and less judgemental. I saw these themes echoed in Jane’s and Pauline’s stories in particular. Additionally, Emma describes a trajectory of development: “Personal change starts with counsellor training. You begin to learn about yourself and that continues when you work with clients.”

*Change stems from counsellors addressing their own wounds*

None of the concepts in the literature to describe change acknowledge the fact that counsellors may be a unique population: that is, their motivation to counsel may reflect the fact they are working on their own psychological issues. Sussman (1992) suggests that the opportunity to deal with deep-seated psychological wounds and unresolved conflict is a major factor in choosing a career in psychotherapy. This is reflected in the concept of the ‘wounded healer’, where the counsellors’ wounds have curative power for both the counsellor and client through the course of therapy (Miller & Craig, 2000). All but two of my participants (Emma and Sarah) said they were motivated to become a counsellor “to give something that they had not been given.” When Dan says clients, “get me to revisit my own anxieties”, I
interpret this as meaning that being a counsellor was an opportunity for him to address his own issues alongside clients. Perhaps being a counsellor allows us to engage in counselling surreptitiously, similar to what Fitzgibbon (2008) reported as the theme of “permission to have therapy”. However, the consequence of these wounds are more likely to be seen as a risk factor by researchers rather than as a potential area of positive personal development or change. For example, Bell (2003, p. 521) states that when personal experience of trauma motivates the career choice of counsellors, they are potentially vulnerable to being "too close" to the subject area. Like Zerubavel & O’Dougherty-Wright (2012), I am not aware of any research that discusses how counsellors’ growth or positive change can arise as a consequence of their own wounds.

Change results from existential engagement

As I examined about how my results differed from the literature, I was struck by the predominance of the existential themes connected to mortality and meaning in life that I observed in my own, and some of my participants’ stories: especially Dan’s and Emma’s. Although Tedeschi and Calhoun’s (2004, p.1) concept of PTG acknowledges the possibility of a “richer existential life” this is not explored in the literature on vPTG. I began to wonder whether our experience of being changed by our clients could be explained in an existential framework, particularly for those working in a hospice setting.

Perhaps our clients’ stories of death produce anxiety in us that motivates growth through a search for meaning. For much of the time we live in denial of death (Becker, 1973) but this can (or must) be challenged by our client work. Winston (2015, p.45) describes that through confronting the inescapability of the human condition we move from a “state of non-being, from inauthenticity to authenticity and from estrangement to engagement”.

However, I wondered whether my personal experience of ill health led me to overemphasise the existential themes in my results. Whilst my recent health issues were not life threatening, I found they awakened emotions connected to my past experience of cancer, and my heightened awareness of mortality led to anxiety. As I read about terror management theory which argues that
the human pursuit of meaning and interpersonal relationships function at least in part to control a deep anxiety that results from the inevitability of death (Maxfield, John & Pyszcznski, 2014, p.48), it made sense to me that being a counsellor can provide the hope of symbolic immortality through rippling (Yalom, 2008, p.83).

Change reflects Western metanarratives

As I wondered whether my lens of postmodern epistemology could discern anything new my mind turned to postmodernism’s assertion of a plurality of beliefs. Whilst I could take the view that these stories represent some kind of “real” personal change, what else could my participants’ stories represent? Reading Lyotard’s (1990) incredulity towards metanarratives, I began to consider the possibility that my participants’ stories of personal growth are western metanarratives linked to a quest for identity. McAdams (1997) suggests that we routinely adopt a developmental rhetoric in making sense of our own lives. Perhaps this is even more likely in counsellors influenced by humanist concepts like self-actualisation, which are steeped in growth. I think Cushman’s (1990, p.6) work on the “empty self” defined as “a way of being human; characterised by a pervasive sense of personal emptiness” and commitment to “self liberation through consumption” also lends support to my idea of personal growth as a metanarrative, since growth is necessary to reinforce and reproduce consumerism and capitalism. Cushman suggests that the client tries to “fill” this empty self through psychotherapy but perhaps the same is true of the counsellor.

Change represents personal growth

In seeking to understand my findings, I searched for alternative models of personal development that see personal “growth” differently to my humanistic training. I saw much to admire in Wilbur’s writing which speaks of personal growth as “descent” through layers of development that encompass ever richer and deeper aspects of one’s self (Wilbur, 2001, p.13). This in turn has led to an embryonic interest in transpersonal counselling. Through making sense of my data I also sensed that there was something

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3 Metanarrative is a global world view that assumes the validity of its own truth claim (Rosenau, 1992, xi).
about me and some of my participants moving towards wholeness or even being healed ourselves through being counsellors. Perhaps this is akin to Jung’s theory of individuation (Jung, 1972) or Vaughan’s theory of the inward arc (Vaughan, 2000).

In summary, my results show that the most important factors in generating counsellor change are empathic engagement, the therapeutic relationship and counsellors addressing their own wounds, which can lead to personal healing. Certain clients can encourage us to engage with existential issues that can lead to us seeking deeper meaning in our life.

5.1.3. How does the academic literature explain these changes?

In this section I will discuss my research question: “How does the academic literature explain these changes?” I made interpretations of both my own and participants’ stories that were consistent with elements of all of the concepts of positive change (PTG, vPTG, AG and VR) described in the literature. Three of these concepts describe change as growth (PTG, vPTG and AG) and share the three broad categories of change described by Tedeschi & Calhoun (1996): self-perception; interpersonal relationships; and life philosophy. I discerned elements of all of these in my data. I made some interpretations that were consistent with Hernandez et al.’s (2007) concept of VR (for example, reassessing our own problems in the light of our clients’ problems) but I did not discern the spiritual growth, activism and community engagement that the authors describe. I do however think that the advantage of the concept of VR is that it conveys more clearly than other concepts that positive change can coexist with negative emotion, which more adequately reflected mine, Pauline’s and Anne’s stories.

In my literature review I described how the arguments made for distinguishing between the concepts of positive change are relatively weak. A recent systematic literature review (Manning-Jones et al., 2015) proposes that the element unique to vPTG is the development of a professional identity. I discerned a link between this idea of development of a professional identity and the meaningfulness and purpose that being a counsellor provided to many of my participants, which in itself can promote
positive change. Similar to some stories in the literature (for example, Freeman & Hayes, 2002 and Hatcher et al., 2012), a number of my participants shared stories of deep engagement with their work, which served as a source of inspiration. They felt passionate about the role and their work gave them a sense of purpose. For example Jane says, “I have served a purpose… a life well lived”. And Pauline states, “I want to hear others, to give something that wasn’t given to me and make sure they have a voice. I’m passionate about that.”

Although my participants shared fewer stories of negative change than positive, in Pauline’s and my own, and particularly in Anne’s stories, I saw some elements of the concept of VT. This included intrusive imagery and flashbacks as a consequence of the emotionally shocking images that clients shared. In Sarah’s story I discerned a degree of empathy fatigue. However, in our discussion she did not identify as being fatigued or burnt out. Indeed when I specifically asked participants about labels like “burnout” and “VT” they were aware of them but did not identify with them. None of my participants reported hearing about the concepts to describe positive change before being involved in my research but in our discussions they all identified with at least some elements of vPTG.

Something that is not addressed in the vPTG literature is the speed at which counsellor change may happen. I discerned two different types of change that were distinguished by the speed of change. In most of my participants, their change or sense of growth appeared to be gradual, spread over months or even years, which were perhaps subject to periods of accelerated change through working with particularly influential clients. I perceived this gradual change as similar to theories of movement towards self-actualisation (Maslow, 2012; Rogers, 2004) but was mindful that these theories have been criticised for not acknowledging socio-cultural influence (for example, McDonald & Wearing, 2013). On the other hand, I interpreted Anne’s story more as an experience that constituted extreme vicarious trauma in that it was a watershed moment, a seismic event that caused her emotional distress, which challenged her beliefs and goals and initiated a depth of cognitive engagement that led to a restructuring of her life. This has been described as
an “epiphanic experience” by McDonald (2008, p.89) and quantum change by Miller (2004, p.453). Whilst Miller makes no reference to PTG or vPTG in his paper or in his book with C’déBaca (Miller & C’déBaca, 2001), a number of their themes are similar to those of PTG, such as a shift in life philosophy and deepened personal relationships. I specifically asked Anne if she had given any label to her profound experience of change. Her answer was a resounding “No”. It seemed that her experience was so emotionally loaded that it had defied categorisation.

5.1.4. How do counsellors ensure change is positive?

My participant interviews which I summarised in my polyvocal text contained examples of strategies to maintain resilience and facilitate personal growth from all three areas that I described in Table 2 of my literature review, namely: job role and organisation factors (e.g. varying the role to include supervising other counsellors); social factors (e.g. support from family); and individual strategies (e.g. marking the end of the working day). Where my results differ from the literature is that none of my participants mentioned using any kind of spiritual practice to maintain resilience. However I interpret my need to connect with nature and Gaynor’s love of her garden as potentially life affirming practices with a spiritual component, that enable us to cope with clients’ stories of death. I found most of the data I generated similar to existing research but identified two areas that may add something to the research debate.

First, the research on PTG highlights the importance of deliberate rumination or cognitive engagement to facilitate growth. Calhoun & Tedeschi (2006, p.9) point out that rumination has “negative” connotations but call for what they call consciously reflective rumination (Tedeschi & Calhoun, 2006, p.291). This made me think in particular of Anne’s story when she described her “fear” of having to go “through a wall of pain” that took her “to the edge of her mental health” before she could reach the transformation she described. I questioned how we can safely “sit with the pain” that Anne described and consciously “ruminate” on it so growth may arise. I also thought about the part supervisors play in this process. Anne described speaking to her supervisor quickly and trusting her. Anne did not use these words but I
interpreted it as her being safely psychologically held by her supervisor, her supervisor affirming her self-belief and ability to get through her experience. I am not sure how I would have reacted if I had been supervising Anne. Certainly I think I would have been alarmed for Anne and my reaction may not have been as constructive. Thinking about my own practice I consider my engagement in visual and written journals has enabled me to engage in reflective rumination.

Second, I argue that we need to develop an understanding of our motivations for counselling and how these may provide both risks and opportunities for growth. Though many of my participants were clear that becoming a counsellor at least partly addressed a need within them, others were not, describing their motivations as altruistic or just being “nosy”. I think there is a need for counsellor trainees to develop awareness of their own wounds and perhaps supervisors could specifically address these wounds as areas of potential growth as well as ensuring that wounds contribute to counselling rather than inhibit it (Wheeler, 2007).

5.2. Reflections on my research

In this section I will first provide some reflections on my research process and methodology. Secondly, I will consider the relevance of my research and lastly I will describe the impact on me of doing this research.

5.2.1. Reflections on my methodology

I will provide four reflections on my methodology:

1. Autoethnography could learn from heuristic processes.
2. I had limited success turning participants into co-researchers.
3. My representations only partially capture experience.
4. My process is challenged by distortions of introspection and memory.

Autoethnography could learn from heuristic processes

Guidance on how to do autoethnography is lacking. This is widely recognised in the literature. For example, Anderson & Glass-Coffin (2013, p.65) note that in their desire to tell a story, autoethnographers usually
neglect methodology. The heuristic processes of self dialogue, tacit knowledge, intuition, indwelling and focusing (Moustakas, 1990) all have something to offer autoethnographers and I found myself making use of all of these during the course of my research. If I had not previously carried out heuristic research for my MSc I think I would have found autoethnography more challenging. My experience has also reinforced my belief that with personal experience methodologies we need participants who are “valuable as reflectors of resistance that may be out of conscious awareness in the form of denial, projection or incomplete search” (Sela-Smith, 2002, p.78). I believe my research would not have been as deep if I had done it alone.

**I had limited success turning participants into co-researchers**

An attraction of narrative inquiry for me is that it is thought to empower respondents and balances the power relationship between researcher and participant (Mischler, 1986). Ideally, I would have liked my participants to have become co-researchers, where sharing my interpretations would have allowed meaning to evolve in partnership with my participants. I now think this was unrealistic for a number of reasons. Firstly, I think my approach challenged participants’ views of how research is done. They just expected to be “mined” for data (Kvale & Brinkman, 2009, p.48). Secondly, not everyone was able or willing to give the level of involvement I desired. Thirdly, the research topic was mine. Although my participants might have had a passing interest they were not driven in the same way as me, and had not actively sought out or asked to be a part of the research and did not stand to gain or benefit.

**My representations only partially capture experience**

Throughout my Doctorate, the issue of representation has vexed me. From my poststructuralist stance, I question how I can produce a representation that is faithful to the data. Is it even possible to represent my participants’ experience? How do I represent something when I know I cannot get it right? Whilst I used poetic and visual representation in this thesis I entertained ideas of creative writing to merge fact and fiction; ghostwriting (Rhodes, 2000); and even producing comic strips to capture something of the context of my research interview. I am aware that my representations do not
adequately acknowledge my part in their construction because I am explicitly absent from the poetic representations even though at times I wondered whose the stories I shared were: mine or my participants? Often during my research I felt my representations were all about me; all my data became autoethnographic. Also I think that there is so much we do not capture that shapes the way the story is told, including the environment and nuances that happen before and during research interviews that influence how we interpret and represent our data. I will illustrate this by sharing a piece from my research diary written after my interview with Gaynor.

The counselling room wasn’t free. We walked through a corridor, we passed an empty wheelchair, pale faces looked out on us from a side ward; patients propped up in bed waiting…

We went into a room I’d not seen before. There was a hospital bed in there. My participant placed a box of tissues in front of her. “Sorry about the smell” she says, “the morgue is at the end of the corridor”. The smell to me was hospital antiseptic with underlying death and decay. My participant explained that being a counsellor has played a small part in her personal change and growth. Back in reception my participant says, “I didn’t need the tissues after all” and I kicked myself for not asking why she felt she might have needed them during our interview. Driving home I reflected on all the sensory reminders of illness and death that surrounded us during the interview and I wondered how it could be that despite working in this environment she considered herself relatively unchanged by her work.

How could I incorporate details like these into a representation? The details of the context of the interview felt an important part of the data. It was no surprise to me that I became preoccupied with death as a consequence of the
interview and yet I could not see how to represent the interview context adequately.

My process is challenged by distortions of introspection and memory

My findings are reliant on introspection and memory and so present some interesting issues. With regard to memory, because I had journals to refer back to I became aware of just how much I had forgotten in terms of the clients I had worked with and my emotions at the time. Research suggests that interpretation of past events tend on average to be positive in terms of their impact on growth (Pals-Lilgendahl & McAdams, 2011). Similarly, I noted from my own experience that much of the painful emotion fades and perhaps the story I tell now is more positive than it felt at the time. Memory is active and dynamic and as we recall past experiences, we do not resurrect the actual experience. Moreover, the understanding we make of an experience is bound to convention and influenced by the culturally available ways to tell a story and sanctioned plotlines. Sometimes, because I am aware of vPTG, I feel I am more likely to try to tell a story of my experience that fits the concept.

My participant interviews and my autoethnographic research require introspection into our psychological and emotional processes. A common view is that these are accessible if only we dig hard enough. However, it could be argued that this excavation is only partial with degrees of repression and resistance; and so people fill in the blanks to weave a coherent story. Wilson (2002, p.162) writes: “Introspection is more like literary criticism in which we are the text to be understood. Just as there is no single truth that lies within a literary text, but many truths, so there are many truths about a person that can be constructed.”

5.2.2. Contribution to knowledge

I believe that my research makes the following contribution to knowledge:

- The research is original in two key ways.
- Poetic and visual representation takes us beyond the binaries of positive and negative labels.
- My research has implications for training and supervising counsellors.
The research is original in two key ways

There is limited research on the topic of personal change in counsellors as a result of their client work. This is the first research with hospice counsellors on the topic of counsellors being changed by their clients; and this is the first time that research has shown that what drives change is different (mortality awareness in hospice counsellors and human cruelty and brutality in counsellors who work with clients who have experienced sexual violence).

Secondly, this thesis provides potential explanations for change with much greater breadth than have been described in the existing literature. When researchers do try to explain how counsellors make meaning of their experience of being changed by their clients (rather than just measure it by questionnaires or describe it as themes) they almost always confine themselves to one possible explanation (for example, they describe it as being a consequence of counsellor development, Skovholt & Ronnestad, 1992). And, as far as I am aware, no one has written of counsellor change being a consequence of Western metanarratives or existential engagement.

Poetic and visual representation takes us beyond the binaries of positive and negative labels

My poetic representation of counsellor stories takes us beyond the binaries of positive and negative stories. There seems to be increasing interest in how counsellors are affected personally rather than just professionally by their work. For example at the time of writing, new research on how practicing psychotherapy impacts the personal life of therapists was published by Rabu, Moltu Binder & McLeod (2015) whose thematic analysis echoed a number of my own findings. Rabu et al. (ibid) call for “thicker qualitative data” provided by “multiple interviews” and “written autobiographical data” to research the topic further. I think my research goes some way to providing this through my representations (which capture experience in a vibrant way) and my autoethnographic research.

My research has implications for training and supervising counsellors

I consider my research to have practical relevance for training counsellors and people who supervise them. Firstly, my research suggests that
counsellors’ wounds can be both positive in terms of their development as well as negative but we need more awareness of this in counsellors and the people that supervise them. Whilst many counsellors will be aware of the wounded healer concept, from my personal experience I do not believe this is addressed often in supervision, perhaps due to the stigma the concept raises (Zerubavel & O’Dougherty Wright, 2012).

Second, my research could form the basis for a workshop tailored to counsellors’ experience level. Trainee counsellors could be given an understanding of how being a counsellor may affect them (something that was distinctly lacking in my own training). Counselling practitioners could be helped to make sense of their own experiences with clients and perhaps to see the opportunities that being a counsellor may provide for their own personal growth and how that growth might be fostered. Having managed the delivery of workshops on work-related stress in the past I can see that elements of my research would be relevant to many “helping” roles.

5.2.3. Personal and professional impact

My research questions originated from a desire to understand how my clients’ stories had affected me as a person. I think my research has made it easier to understand and accommodate the paradoxical emotions I may feel in relation to clients’ stories. In addition, the process of making sense of my results has broadened my understanding of different approaches to counselling beyond my humanistic training and the different ways that these frameworks construct personal growth. Also, I have come to conceive of my client work somewhat differently because my research has given me more awareness of the transpersonal/ psychospiritual dimension. This feels like stepping into a different space and is possibly allied to leaving behind the pseudo-medical setting of psychology to situate myself more firmly as a counsellor. I feel less fearful of the negative emotions like anger that I may experience and more open-minded to some of the more unusual experiences that happen in counselling around relational depth and intuition. Whether this is part of my “spiritual unfolding” as West describes (2004, p.7) only time will tell. Sometimes, I feel I am on the edge of understanding something deeper. This feels like being on a shaky rope bridge to somewhere shrouded
in mist (as I illustrate in Figure 13). I am hoping that the mists clear somewhat in the future!

Figure 14: Edge of understanding
6. Conclusions

My research began with a recognition that during my career I had been presented with different narratives on how our clients may affect and change us varying from vPTG to VT. I questioned how my clients’ stories had changed me as a person and how I made sense of their influence. On the one hand, I considered myself to have experienced personal growth as a consequence of my client work. But on the other hand, some of my clients’ stories had left me with feelings of shock, anger and sadness that were difficult to shake off. Through my literature review I found that where research existed it tended to be concerned with the negative effects of the work in counsellors working solely in extreme trauma. Just a handful of research looked at the experience of counsellors with mixed caseloads, and research with hospice counsellors was non-existent. I noted that there was a small body of literature on how counsellors may change for the better or grow as a result of their work. I explored four research questions with eight participants (including myself):

1. Are counsellors changed by their clients?
2. If so, how do they make meaning of any change?
3. How does the academic literature explain these changes?
4. How do counsellors ensure change is positive?

Five of my participants worked as hospice counsellors and two worked in private practice with mixed caseloads and had experience of working with clients who had experienced sexual violence.

I sought answers to my research questions through narrative interviews with my participants and autoethnographic research into my own experiences of hospice counselling and counselling clients who have experienced sexual abuse, examining these experiences in relation to my participants. Whilst acknowledging the challenges in representing what sometimes feels the unrepresentable I used poetic and visual representation and polyvocal texts to reflect my own and my participants’ stories which I conceive as a series of
local narratives reflecting multiple personal truths or even performances (Denzin, 2001).

As I reflect on how to conclude my research, I realise how the word “conclusion” implies a summing up, a synthesis which suggests a fixedness and an ending. I am however aware that though this is the end of my thesis it is not the end of my research. When other counsellors read my research perhaps they will share new and different stories of being changed by their clients with me. I may work with clients in the future who may play a part in my development and perhaps I will revise my story of being changed by my clients in the light of this new information. My experience feels open ended, connected to other experiences which will be evaluated and reconstructed in relation to the larger whole. There seems a strong possibility to me that different meanings can and will emerge. I am reminded of Marcus’ work where he notes we are now in the age of “messy texts” which are marked by “an open-endedness, an incompleteness, and an uncertainty about how to draw a text/analysis to a close”. Furthermore, “such open-endedness often marks a concern with an ethics of dialogue and partial knowledge that a work is incomplete without critical, and differently positioned, responses to it by its (one hopes) varied readers” (Marcus, 1994, p. 567).

On my route to the University from Piccadilly railway station I walk through an underpass the wall of which bears graffiti that attracted my attention because it uses my name. I have the sense that the graffiti has sent me two important messages as it has evolved. Initially, the graffiti shown in Figure 15 just read, “Gret, there is no time left to sit on the fence”. The “fight” and “really” were added on two separate later occasions and acted as an inspiration to me to keep going with my research when I had needed to take a year break from my study on medical grounds. I took the “no time left to sit on the fence” as an indication that despite acknowledging the constraints imposed by the concept of “messy text”, I need to make a claim: come to a conclusion and clearly communicate my findings. I think there is a fine line to be walked between my artistic forms of representation with which I hope to invite the reader to make their own interpretations and draw their own conclusion and what I see as a requirement to clearly communicate my
findings. It would be unacceptable in an academic context that my research just be left open ended. Indeed this is a criticism made by Hammersley (2008, p.142) in his critique of postmodern research, where he states that publicising findings clearly is one of the key commitments of social research and argues that some postmodernist approaches are tantamount to abandoning the task of producing knowledge.

**Figure 15:** Gret, there is no time left to sit on the fence

With regard to my research question, “Are counsellors changed by their clients?” All my participants shared stories of some positive change as a result of their work even though two participants felt that their work had played only a small part in their personal change or growth. Stories of positive change were more common than those describing negative change though I did feel that the negative impact of being a counsellor was minimised in some of my participants’ stories. This could lead me to question the “truthfulness” of some of my participants’ stories. Indeed I did question participants further in my second interviews, but what is of more interest is why participants present their stories as they do. I believe that this
is because they are largely presenting a culturally sanctioned story of a “mask” of competency, control and professionalism. As I reflected on this I think one of the important lessons my clients have taught me is that it is unrealistic to wear this professional mask permanently and probably even unhealthy. I have learnt to acknowledge when I am not in the right place to be helpful to my clients.

I observed similar themes in my participants’ stories to those reported in the literature: “I am left with intense negative emotion”; “the way I approach my life has changed”; “my relationships have changed”; “I have learnt from my clients” and “I have grown as a person”. The main difference was that my participants did not share the kind of stories of spiritual growth that are seen in some of the literature which I think most likely reflects cultural differences between our largely secular society and the American context of previous research. As I looked beyond my participants’ stories I discerned six potential areas in which we could experience change as a consequence of our client work: physical; emotional; psychological/intellectual; social; behavioural and spiritual. I believe there are positive and negative components to each with the specific change being governed by our clients’ stories and our own personal history.

On a spiritual level we can value the deep connection we have with our clients and being a counsellor can give our lives meaning and purpose—even the impression of interconnectedness with humanity and perhaps a connection to the sacred. Alternatively we can experience a loss of faith or what Jirek (2015, p.1) describes as a “spiritual pain, a sorrow born of seeing the cruelty that human beings inflict on one another and of feeling powerless to stop it”. With regard to the behavioural level we can find ourselves changing aspects of our behaviour as a consequence of what we learn from clients, for example, trying to keep aspects of our independence in case we are bereaved or recognising that we need to focus more on the present. Socially our work as counsellors can lead to us withdrawing from friendships or alternatively forming deeper connections as we come to value people more. Psychologically, working with clients can make us realise that we are lucky to be alive and well but also provoke existential anxiety.
including fear of life changing illness and death. On an emotional level, clients’ stories can make us angry and fearful but also sometimes joyful as we see them cope better with their lives. And physically we can experience the symptoms of stress and anxiety as a result of our work as well as a deep sense of calm. With regard to what generated these changes awareness of mortality appears to be a key driver for change in the participants involved in hospice counselling whereas human cruelty and brutality was a driver for change in those who had worked with clients who had experienced sexual violence.

In seeking answers to my research question, “How does the academic literature explain these changes?” I found that none of the current conceptual terms to explain the changes I describe above are perfect. However, if I were to publish my findings, my preference would be to report them under the umbrella of vPTG as it best reflects my results. There is very little written about vPTG and counselling, especially outside of the trauma field, and I believe my findings will add to the research literature which is really in its infancy since the majority of the research has been published in the last couple of years. One of my concerns with the concept of vPTG is that though the theory does not discount negative emotions alongside growth, the term itself does not adequately acknowledge this. In my MSc research (Higgins, 2009) I noted that personal growth after cancer has become a culturally expected narrative. I wondered if the same could apply to counsellors’ experience. Whilst it seems that we can be positively changed through listening to our clients’ stories of loss, pain and trauma I would be concerned that this would become the blanket expectation since we should not forget the potential for us to be damaged by the work. This seems to be one of the risks of positive psychology in general, a movement to which vPTG is often allied to. Van Deurzen (2010, p.342) reminds us that we should not forget “attention to human limitations and a greater focus on the hardship of the human condition is particularly important at a time when we are becoming more and more keen on positive psychology.” Something that is not addressed in the literature on the concepts of counsellor change is the speed with which change or growth happens. I discerned potential differences in the speed of change with one of my participants describing rapid personal
change that took place over a few weeks and others describing gradual change over years. If I explored this further perhaps it could inform conceptual models since I am not aware of any that address the speed of change.

I think my research was successful in gathering rich data on stories of what had changed for my participants but it was less successful at answering my research question, “How do they make meaning of any change?” With this research question I sought to explore how participants thought change happened. But participants struggled to find the words to describe their experiences. When I thought of my own experience of being changed by clients, I never chose to explain the meaning of its effects in a theoretical way: I just felt it. Perhaps I could have explored my research question better through asking for metaphors in the interviews (West, 2011) but also I wonder if I could have answered my research question more thoroughly using a different methodological approach. I believe that how we make meaning of an experience is largely socially constructed: a product of the discourse that surrounds us. This is illustrated by my own experience since how I make meaning of my own change and growth has unfolded richly during the course of my thesis. I have encountered new potential explanations that are outside of my original humanistic training and that I have been able to explore and “try on” to see if they fit and allow me to make meaning of my experiences. Perhaps I could have used the methodology of discourse analysis (Potter & Wetherell, 1987) to identify the discourses which operate to construct counsellors’ subjective experience of being changed by their clients. I believe this could shed some light on how the meaning of change and growth is enacted, sustained, legitimised and challenged by the text and talk of different counselling modalities. I think my literature review and work on my representations has made a start on me identifying the different discourses that exist around how we make meaning of the experience of being changed by our clients. This in turn reflects different modalities of counselling and the theories that support them, which in turn are informed by our Western metanarratives. However, exploring this research question further feels like it has the potential to be a substantial piece of research in its own right because there are a number of different
“tribes” of counsellors. Whilst writing this conclusion I began to read about Buddhist counselling (Brazier, 2003) which presented me with entirely different metanarratives and this is something I will be exploring more in the future.

With my research question, “How do counsellors ensure change is positive?” I found that my participants described using most of the strategies described in the literature. These strategies reflected a broad range of job role and organisation factors (for example, caseload balance between different types of clients and caseload limits; social factors (for example, supervision and support from family); and individual strategies (for example marking the end of the working day or engaging in complementary health treatments). Where my results differ from the literature is that none of my participants mentioned using any kind of religious or spiritual practice to maintain resilience or support personal growth. Engaging with my findings led me to consider the importance of deliberate rumination or cognitive engagement to facilitate growth and how this can be safely supported and encouraged within supervision. Thinking about my own practice, I consider my engagement in visual and written journals has enabled me deal with the emotional impact clients have on me (Wright, 2003; Wyatt, 2008) and to engage in reflective rumination. I think the function of this journaling has been three fold: it has served to process feelings, aid self discovery and also to create some meaning of my experience. I think these are key if we are to generate positive change.

In summary, being a counsellor can instil a deep appreciation for much that is normally taken for granted in our lives. Our client work can lead to positive personal change or growth through allowing personal insight and shifts in thinking that deepen or broaden our understanding and perspective on ourselves, our lives and relationships. Counselling serves to clarify our identity through allowing us to engage in self-exploration through personal development and re-evaluating our own experiences in the light of our clients. Clients’ courage, resilience and growth can inspire us and working as a counsellor can be an act of social purpose giving meaning to our lives. In some instances counselling can have political meaning if we work with
clients hurt by our society. When our client work has a negative emotional impact it is possible for this to act as a springboard to change our thinking and our lives, bringing new dimensions of ourselves into awareness, or new insights about life that can deepen or change our beliefs.

As I reflect on how my research has impacted me professionally several points come to mind. There is no doubt that my research has taken me “somewhere different” and enabled me to make new “connections” personally and professionally (Wyatt & Tamas, 2013, p.8). On a professional level, through my research I have encountered alternative models of counselling whose explanations of growth differ from my original training (particularly from existential and transpersonal theory). I know that in the past I would have dismissed these as “unscientific”, largely because of my background in psychology and the discipline’s efforts to position itself as a science and its emphasis on cognitive behavioural models of helping. These alternative views have enabled me to make more sense of my experiences and I would like to explore transpersonal counselling more fully in the future. I believe that my research could form the basis of a workshop on exploring the influence of our clients and facilitating growth that would benefit not just counsellors but other helping professions.

When I reflect on how my research has changed me personally, at times I have been struck by the possibility that both being a counsellor and my research are part of my continued attempt to heal my own wounds caused by cancer. My supervisor (West, personal communication, 2015) bought my attention to the concept of “creative illness” (Ellenberger, 1970). I certainly identified with elements of Ellenberger’s description of creative illness, for example an “excessive preoccupation with obscure intellectual problems”, “of searching for an elusive truth” and experiencing “doubts about one’s ability to reach that great and secret principle”. However, I have not experienced the psychological issues of “depression” and “even psychosis” that Ellenberger outlines (Ellenberger, 1970, p.444-450.) and for this reason I would not choose to describe my experience as a “creative illness”.

Anna-Gret Higgins
An alternative explanation with which I identify more closely is that of 
“liminality” which has been used to characterise the experience of cancer 
survivorship. For example, Little, Jordens, Paul, Montgomery & Philipson 
(1998, p.1492) posit that even long term cancer survivors exist in a “liminal 
space” characterised by being on the threshold of or between two different 
existential planes that challenge identity; create a search for meaning; an 
awareness of mortality and uncertainty about the future. Little et al. (1998) 
suggest that this is countered by helping others and certainly my client work 
has served to address my feelings of alienation. I have been able to engage in 
“conversations” around illness and mortality that are generally denied to me 
in everyday life and I have experienced the feelings of a connection to others 
through loss and suffering which has given me the view that some kind of 
suffering is universal. Reflecting on my own experience (alongside the fact 
that a number of my participants acknowledged that they were driven to 
counsel through a need to address their own wounds) I began to question, 
“who’s helping who in counselling?” We need to develop ethical 
mindfulness to balance between the opportunities for growth for counsellors 
whilst ensuring clients are not exploited. Similarly, Fitzgibbon (2008) asks 
whether it is acceptable ethically for counsellors to meet their own needs and 
calls for more awareness of the reciprocity and mutuality in the counselling 
relationship. This lack of awareness is something I recognise from my own 
training and supervision and needs to be addressed more widely in the 
profession. Carrying out my research has given me a sense of further 
personal healing beyond that provided by being a counsellor. This may be 
because my experience of further health problems as I carried out my 
research caused me to revisit past experiences and look at them afresh 
leading to further exploration around questions of mortality and meaning. I 
can best describe this sense of personal healing as a feeling of becoming more 
whole as a person. This may sound abstract, but it is about drawing on a 
larger set of existential questions of meaning, purpose and identity alongside 
exploring the spiritual aspects of both myself and my experiences. It is said 
that in a 1961 lecture the philosopher Hegel advised people to “spend more 
time in graveyards” (Hodgkinson & van den Bergh, 2015, p.19) since it is 
only through confronting our own mortality that we can start to live and 
recover what Hegel calls our “authenticity”. Similarly I would advise people
to spend time counselling people about loss and bereavement or carry out personal methods research that requires contemplation of our mortality since the results of these seem to echo the same questioning of what it means to be alive and the personal truths of existence.

Completing this thesis has allowed me to develop significantly as a researcher as I have been able to explore more aspects of qualitative methodology. When I think back to myself as a beginning researcher in my counselling MSc it is hard to recognise myself. I recall that initially I found it hard to envisage doing research that did not include measurement in some way; structured interviews or collecting data through questionnaires; and analysing data with statistics. All of my previous research experience in psychology had been quantitative. I have found this change in research stance akin to learning a new culture and language: my development as a researcher and my use of personal research methodologies has been revelatory. At times during my thesis I have felt challenged by my perception of a lack of clarity in my methodological approach. I have yearned for the certainty that a postpositivist stance provides which is illustrated by me thinking, “It would be so much easier if there was a single truth to find”. However learning new ways to understand the world and embracing the ambiguity and fragmentation provided by a postmodern stance has been interesting and exciting.

As I reflect on my development as a researcher I also wonder if my research is any good. The voice of my inner critic says, “You have not collected any proper data. Where are your statistical analyses? What you have done is just narcissistic navel gazing”. Whilst I am able to defend my research from a professional and personal development angle the issue of the quality and academic value of my research feels a bigger question. In my old ways of knowing as a postpositivist psychologist it was relatively straightforward to judge the quality of my research through the concept of validity and reliability. But these traditional evaluation standards are not useful for my current research. How can one evaluate the results of the situated and contextual truths I have produced? Perhaps as Leavy (2009, p.17) says there is no “one size fits all” model of evaluation for my kind of research. Rather
there are a number of elements that may prove fruitful and different ideas have been proposed by academics. Roulston (2010, p.199) states, “researchers must demonstrate the quality of their work in ways that are commensurate with their assumptions about their use of interviews.” This leads me to think that my research needs to be judged as a performance since this is broadly how I conceive my interviews. Perhaps it would be possible for my visual and poetic representations to be presented as a conference poster. This could constitute an additional form of inquiry since an audience’s feedback may enable me to “see other meanings that might lead to further retelling” (Clandinin & Connelly, 2000, p.60). Poindexter (2002) writes that it is problematic judging research presented as poetry due to a lack of evaluation standards and argues that the most appropriate standard for judging it is the degree to which empathy and understanding is fostered. This again makes me think that my representations need to be shared with others to ascertain whether they are able to promote empathy and understanding. However how can we judge when “beauty is in the eye of the beholder”? My representations may foster empathy and understanding in some but leave others cold. If I think about my visual representations I am somewhat nervous that they could be judged as aesthetic works of art rather than in the way I intend which is inspired by Bochner & Ellis (2003, p.506) “as a way of transgressing conventions... evoking self understanding and representing research findings.” A place where, “imagination was as important as rigour, meanings as important as facts and the heart as important as the mind.” I fully recognise that I have limited artistic skill and for those unfamiliar with this way of doing research my intention of using visual representation not in an artistic way but as a research text to create resonance, evoke responses and to capture and reveal multiple meanings and connections may not be immediately apparent. I can recall my initial reaction of incredulity to research represented as poetry before I began my own transformation as a researcher. As I reflect on this I think it could be wonderful if my own research could trigger a similar transformation in another researcher so they too can experience the rich personal learning that I have undergone.
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Appendix 1: Example literature search terms

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Appendix 2: Glossary

**Adversarial growth**: Positive change through the struggle with adversity that propels an individual to a higher level of functioning (Linley & Joseph, 2004, p.11).

**Compassion fatigue**: The natural consequent behaviours and emotions resulting from knowing about a traumatizing event experienced by a significant other – the stress resulting from helping, or wanting to help, a traumatized or suffering person (Figley, 1995, p.7).

**Empathy fatigue**: A state of emotional, mental, physical and occupational exhaustion that occurs as the counsellors’ own wounds are continually revisited by their clients’ life stories of chronic illness, disability, trauma, grief and loss (Stebnicki, 2007, p.318).

**Eudaimonic well-being**: A view of well-being that focuses on meaning and self-realization and defines well-being in terms of the degree to which a person is fully functioning (Ryan & Deci, 2001, p.141).

**Hedonic well-being**: A view of well-being that focuses on happiness and defines well-being in terms of pleasure attainment and pain avoidance (Ryan & Deci, 2001, p.141).

**Helper’s High**: An incredible surge of tranquillity, inner peace and well being”, which results from knowing we have “made a difference” (Kottler 2010, p.56).

**Individuation**: A process of transformation described by Jung (1972) that leads towards wholeness through the assimilation of the personal and collective unconscious into the whole personality to bring about a healing effect.

**Inward arc**: A model of psychospiritual development described by Vaughan (2000) that integrates psychological and spiritual dimensions to bring about wholeness and healing.

**Posttraumatic growth (PTG)**: The experience of change that occurs as a result of the struggle with highly challenging life crises (Tedeschi & Calhoun, 2004, p.1).

**Secondary traumatic stress (STS)**: The natural consequent behaviours and emotions resulting from helping or wanting to help a traumatised or suffering person (Figley 1983, p.7).

**Self-actualization**: represents a concept derived from humanistic psychological theory and, specifically, from the theory created by
Abraham Maslow. Self-actualization, according to Maslow, represents growth of an individual toward fulfillment of the highest needs—those for meaning in life, in particular. Carl Rogers also created a theory implicating a “growth potential” whose aim was to integrate congruently the “real self” and the “ideal self” thereby cultivating the emergence of the “fully functioning person” (Olsen, 2013).

**Vicarious posttraumatic growth (vPTG):** The process of psychological growth following vicarious brushes with trauma (Arnold, Calhoun, Tedeschi & Cann, 2005, p.243).

**Vicarious resilience (VR):** A process characterised by a unique and positive effect that transforms therapists in response to their trauma client survivors’ own resiliency (Hernandez, Gangsei, & Engstrom, 2007, p. 237).

**Vicarious traumatisation (VT):** The negative transformation in the therapist’s inner experience resulting from empathic engagement with clients’ trauma material (Pearlmann & Saakvitne, 1995, p.151).
Appendix 3: Thematic analysis of the literature
Appendix 4: Participant Information Sheet

_Counsellors’ experience of being changed by clients: A narrative inquiry._

Participant Information Sheet

You are being invited to take part in a research study as part of a Professional Doctorate in Counselling. Before you decide whether or not you wish to take part it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish. Please ask if there is anything that is not clear or if you would like more information.

Thank you for reading this.

**Who will conduct the research?**
Gret Higgins, a Doctoral research student within the School of Education, will conduct the research.

**Title of the Research**
The research title is “Counsellors’ experience of being changed by clients: A narrative inquiry” and seeks to understand counsellors’ experience of change and psychological growth as a consequence of their work with clients.

**What is the aim of the research?**
The aim of this study is to gain answers to the following questions:

1. What stories do counsellors tell of the experience of being affected by their clients?
2. How do counsellors make meaning of their experiences?
3. Are counsellors’ explanations consistent with vicarious posttraumatic growth or with some other concept?
4. How do counsellors think that they maintain their resilience and facilitate personal growth?

**Why have I been chosen?**
You have been chosen as someone who is a qualified and experienced counsellor.

**What would I be asked to do if I took part?**
You would be asked to participate in a conversational narrative interview of up to an hour and a half. I would ask you to check through the transcript I will produce of the interview to ensure you are happy with what’s been written. Next I will produce a creative representation of the interview we had together, this may include representing our interview as poetry, creative writing or other artistic form. I will then share that representation with you at a second interview so you have an opportunity to contribute, if you wish, to the creative representation.

**What happens to the data collected?**
With your consent, I will make an audio recording of our interview to allow me to transcribe and interpret it and will use this data to complete my assignment. The creative representations we produce will be included in my thesis with your permission.

**How is confidentiality maintained?**
The recording of our interview will coded so that your name does not appear on it. A transcript will be made of our interview and again you will be identified by a code rather than your name. On completion of my research the recording will be destroyed and the transcripts stored safely for possible use in future publications, in this event your anonymity would be ensured.

**What happens if I do not want to take part or if I change my mind?**
It is up to you to decide whether or not to take part. If you do decide to take part you will be given this information sheet to keep and be asked to sign a consent form. If
you decide to take part you are still free to withdraw at any time without giving a reason.

**What is the duration of the research?**
I will be planning to arrange the first interview with participants between September 2012 and March 2013. I will aim to transcribe the interview and produce a representation within a month of the interview and would invite you to a second interview at your convenience within a month to six weeks of the initial interview.

**Where will the research be conducted?**
The research will be conducted at XX.

**Contact for further information**
You can email me at gret.higgins@userfocus.co.uk. My supervisor for this work is William West he can be contacted at William.West@manchester.ac.uk

**What if something goes wrong?**

If there are any issues regarding this research that you would prefer not to discuss with members of the research team, please contact the Research Practice and Governance Co-ordinator by either writing to ‘The Research Practice and Governance Co-ordinator, Research Office, Christie Building, The University of Manchester, Oxford Road, Manchester M13 9PL’, by emailing: Research-Governance@manchester.ac.uk, or by telephoning 0161 275 7583 or 275 8093.
Counsellors’ experience of being changed by clients: A narrative inquiry

CONSENT FORM

If you are happy to participate please complete and sign the consent form below

1. I confirm that I have read the attached information sheet on the above study and have had the opportunity to consider the information and ask questions and had these answered satisfactorily.

2. I understand that my participation in the study is voluntary and that I am free to withdraw at any time without giving a reason.

3. I understand that the interviews will be audiorecorded

4. I agree to the use of anonymous quotes

5. I agree that any data collected may be passed to other researchers

6. I agree that any data collected may be published in anonymous form in academic books or journals.

I AGREE TO TAKE PART IN THE ABOVE PROJECT

Name of participant __________________________ Date __________________________ Signature __________________________

Name of person taking consent __________________________ Date __________________________ Signature __________________________
Interview Plan

What's your experience of being negatively affected by clients?

Key Concepts:
- Burnout
- Vicarious traumatisation
- Compassion fatigue
- Secondary stress

I'm interested in stories about how you've been changed through your work with clients. Could you tell me how you think you've been changed?

Sustain narrative production:
- The 'how' it was experienced.

Probe questions like:
- Can you tell me more about that?

How do you think you overcame it?

Factors like:
- Supervision, social support, promoting wellbeing

What's your experience of being positively affected by clients?

Key Concepts:
- Vicarious posttraumatic growth (changes in self perception, interpersonal relationships, life philosophy)
- Vicarious resilience
- Adversarial growth

How do you think you've facilitated this?

Factors like:
- Supervision, social support, promoting wellbeing
Appendix 6: An example of coding and sorting a transcript into themes