

Running head: A QUALITATIVE ENQUIRY INTO THERAPISTS' CAREER CHOICE.

Across From the Therapy Sofa: Therapists' Motivation for Their Career Choice.

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Thesis submitted in partial fulfilment of the requirements for the Bachelor of Arts (Honours)

degree in Psychology.

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**Dedication**

To my two sisters, Milena and Karina. I hope I make you proud.

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To Shauna, I'm very happy that you didn't become a nurse.

### **Abstract**

The aim of the current research is to gain a rich and deep understanding of the experience psychotherapists have from the point of wanting to become a therapist, to the point where they are now, working as one, from their own viewpoint; therefore, the aim is to investigate this experience of psychotherapists' motivations for their career choice behaviour. The objective is to identify and describe factors which influence career choice of psychotherapists, and how the participants view them now, retrospectively, as working psychotherapists, by the aid of semi-structured interviews and thematic analysis, to identify the re-occurring themes and patterns to understand the complex phenomena and the psychological mechanisms in psychotherapists' experience of career aspirations. The research resulted in the discovery of 2 themes: Self inquiry, under the domain of Inner growth, and Being present with someone else, under the domain of Care for others. The results show that in the therapists experience of motivations, the theme of self-inquiry is influenced by the unconscious, and that once individuals embark on this self-growth, this then interacts with the theme of being present with another person, as personal woundedness that has been worked through creates possibility of increased relatedness for the client in the therapist. The findings are discussed considering the implications for therapist education and training.

*Keywords:* Motivation, psychotherapists, career choice, inner growth, care for others, wounded healers, the unconscious

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Across from the therapy sofa: Therapists' motivation for their career choice.

### **Introduction**

Research indicates that in general, people find others with common mental health disorders hard to talk with (Crisp, Gelder, Rix, Meltzer & Rowlands, 2000). In very basic terms, a psychotherapist usually does exactly that; talk to those with mental health disorders. According to the Irish Council for Psychotherapy website, there are approximately over 1,500 accredited psychotherapists in Ireland. Additionally, the Irish Association of Humanistic & Integrative Psychotherapy currently has over 1,090 fully accredited and practicing members, as of October 2019. Those numbers are only representative of those who have sought accreditation, and it is unsure exactly how many psychotherapists are practicing without one. The profession poses many challenges, predominantly compassion fatigue (Miller, 1998; Figley, 2002, 2013) and stressful client behaviours (Deutsch, 1984; Spensley & Blacker, 1976), however, prospective psychotherapists graduate to embark on this profession every year and O'Morain, McAuliffe, Conroy, Johnson and Michel (2012) state that Ireland has been experiencing a rapid growth in counselling in the last three decades. Norcross & Guy (1989) differs psychotherapists specifically from those carrying out other professions due to the nature of their career, in which they have extensive, intimate and ongoing contact with troubled individuals. Even though research suggests that therapy outcomes may be attributable more to the person in the role of the therapist, than the particular treatment delivered (Kim, Wampold & Bolt, 2006; Wampold, 2007), little consideration and attention is paid as to those who enter training in academic institutions for the role of a therapist, and why they do so. In consideration with the challenges and hardships the career offers, as well as the implicit sensitive nature of work with the dark side of the human psyche, it is appropriate to

wonder why people chose the career referred to by Freud (1973) as “one of the impossible professions” (as cited by Bager-Charleson, 1994) in the first place and where their motivations originate.

## **Literature review**

### ***Motivation***

Baron (1991, as cited by Hollyforde, 2002) defines motivation as “the internal processes that activate, guide and maintain behaviour”. Psychology has discussed motivation through multiple theories, in order to understand behaviour and the goal of motivation theorists is to identify the causes of behaviours. General theories of motivation consider all behaviour; however, this study is particularly interested in motivation for career choice behaviour, specifically in therapists. There are few choices that are as influential on individual's lifestyle as career choice, therefore, it is important to assess how individuals come to make this decision behaviour, and what motivates them to do so, in a career as distinctive as providing therapy.

The first schools of inquiry into motivation have reached to our roots; the evolutionary theories of motivation. These theories circulate around the idea of human instincts, which do not require learning and are hard-wired in our brains in a biological sense (James & Burkhardt, Bowers & Skrupskelis, 1980). It is not possible to understand human career choice behaviour and what motivated it solely under this school of thought, as beyond instincts lies individual experience in the form of environmental consequences. These consequences may change the course of these behavioural patterns based on causal structures of rewards and

punishments in work environments based on the theory of Thorndike in 1911 (as cited in Steers, R. M., Mowday, R. T., & Shapiro, D. L., 2004). However, due to the demanding work that psychotherapists do, it is highly unlikely that their work offers rewards only; psychotherapists find suicidal ideation, aggression/hostility, premature terminating, agitated anxiety, and apathy/depression to be the most stressful client behaviours (Deutsch, 1984) and newly practicing trauma therapists suffer the most psychological difficulties (Pearlman & Mac Ian, 1995).

Indeed, stress as a resulting factor in the work of psychotherapists counteracts many possible theories of motivation for this career choice. Stress is an occurrence amongst all helping professions (Ratliff, 1988), and therapists specifically (Briggs & Munley, 2008; Eunha, 2007; Deutsch, 1984; Kassam-Adams, 1995). The drive-reduction theory suggests that we are driven to reduce the needs we have, maintaining homeostasis (Hull, 1943 as cited in Steers, R. M., Mowday, R. T., & Shapiro, D. L., 2004). Again, this theory is based on biological principles, and inspection of occupational choice from this angle leaves the question of why therapists embark a career choice that also poses outcomes like the above mentioned stress (Deutsch, 1984) and psychological difficulties (Pearlman & Mac Ian, 1995), often leaving the individual in the role struggling to maintain homeostasis. Optimal arousal theory suggest individuals are motivated to maintain a balance between stimulation and relaxation, in which the feeling of wellbeing is maximised (Smith 1990). Therefore, humans are driven for the right level of arousal, avoiding stress, which, as previous research shows (Briggs & Munley, 2008; Eunha, 2007; Deutsch, 1984; Kassam-Adams, 1995) therapists cannot always avoid.

Eventually theories of motivation developed to take into consideration factors beyond simply surviving, allowing analysis of career choice, and an attempt to understand the career choice for occupations as complex as therapy services. Understanding the process of reaching an ultimate balance and equilibrium in physical deficiencies has progressed to theories which consider personality differences, feelings, needs, instincts, habits and learning altogether. Contemporary views incorporate biological, learned and cognitive forces and have resulted in modalities of motivation like the motivation theory by Maslow (1943) and his hierarchy of needs (Maslow, 1954). Maslow suggested groups of priorities considered by humans, which were then placed in the pyramid structure, that suggest a step-by-step drive to reach goals beginning with physiological needs of survival, up to those of belonging and love, and further onto self-actualization needs. This pyramid presents both the complexities of domains that humans try to acquire relating to homeostasis and maximization of wellbeing, on both physical, and mental level. This theory presents the possibility of accounting mental retrospective processes in terms of career-behaviour, as fulfilment of one's potential and talent is at the top of the pyramid (Maslow, 1954). Maslow also spoke about the unconscious needs of individuals which may attribute to their motivation (McLeod, 2007).

Previous literature has explored motivation in therapists, however no literature attempts to do so under the theoretical knowledge of motivational theories. The current study aims to explore the factors which motivate individuals to pursue the career of psychotherapy, establishing the origins of these motivations, and if they apply to Maslow's of motivation.

**Helping others, or themselves?**

A study by Beatty (2012) found that while all the participants stated altruism to be the aspect of work that is most fulfilling, 75% of the participants stated that self-progression is also major motive for choosing the career of a therapist, displaying that factors of both a self and other-oriented domain are predominant in motivations of therapists for their career choice. Farber, Manevich, Metzger & Saypol (2005) propose 12 re-occurring themes in terms of psychotherapists motivations based on the extensive literature review and inquiry into narratives of 8 authors who are working psychotherapists. The authors found that the experience of cultural or social marginalization poses an important role in an individual to reflect on their place on society, and to give back, or better others in that position, and psychotherapy allows that proactive engagement in altruistic actions. Hill et al., (2013) discussed a similar factor, socioeconomic status. The status of an individual posed a distinctive factor in motivation in terms of wanting to give back as a form of gratitude or coming from a background of struggle and wanting to provide help to those who may experience similar pain. 90% of participants in the study by Beatty (2012) on a sample of Irish trainee counsellors, reported experiencing at least one significant life event which influenced their career choice. Two years earlier, Bager-Charleson (2010) surveyed a much larger sample of 238 therapists found that 75% of the sample referred to personal experience as their motive for the career choice, with most of these experiences being a form of a critical point in their life. The themes that emerged from Beatty's study in 2012 are loss, mental health issues in family of origin, personal experience of mental health issues, addiction (self or within family of origin), childhood difficulties, experience of suicide, relationship/marital break-up, serious accident, serious illness and unspecified events.

Early experiences of loss are also discussed by Barnett (2007) in terms of determinants of career choice for therapists and are linked to the nature of building intimacy in the therapist's work with the client. As a therapist, the individual may remain at a safe distance, safe of rejection and loneliness that they may have experienced as a result of this early loss. However, on the other hand, this may result in broken boundaries or the tendency to intellectualize within their client work. Narcissistic injury that is a result of the lack of validation and responsiveness to spontaneity by early caregivers is also considered a strong determinant of career choice by this author. The nature of the therapist's work reframes the therapists in a validated position as their clients rely on them with their struggles and problems. A study by Halewood & Tribe (2003) confirmed that narcissistic injury is high in counselling psychologists and that this could potentially affect their professional work if not addressed. Barnett (2007) also suggests that such injuries may result in therapists aspiring for unrealistic perfectionism in their work, self-sacrificing, a desire to take charge in the session, as well as a need to be loved and admired, which naturally result in an unbalanced therapeutic relationship with clients. The work as a therapist may offer these individuals compensation for injured feelings by becoming an important figure in the life of another individual. As previously discussed by Norcross and Farber (2005), these results display the tendency that socially acceptable motives of altruism may, with reflection, reveal more personal issues of the individual that chooses therapy as their career calling.

Motivations of psychotherapists have also been explored in 3 trainee therapist females in Ireland by Hester in 2014. The author found that in general, true self-oriented motivations can often be masked by the other-oriented desire to help. This is consistent with previous studies as the same results are suggested by Norcross and Farber (2005), and Hill et. al (2013)

when the authors investigated the motivations of trainee therapists. The motivations were divided into 2 categories, consistent with other research; other-oriented therefore altruistic, and self-oriented in order to aid self-healing and growth. Consistent with previous research, all participants had mentioned influences in both domains, and overall, literature dissects the motivations of career choice in psychotherapists in 2 domains: self-oriented needs, and other-oriented needs. Several needs of individuals are noted as strong influences on the career choice of psychotherapy in literature; the need to help others, need to understand others, need for autonomy, need for intimacy, need for intellectual stimulation as well as need for self-growth and healing (Farber, Manevich, Metzger & Saypol, 2005). A study on school counsellors by Guttman and Daniels (2001) displayed that therapists gain fulfilment of needs in their work, and another study stated that therapists also benefit psychologically from their helping role (Lazar & Guttman, 2003). Developing a high degree of psychological mindedness is a driving factor due to the individuals' curious calling to understand the human thoughts, behaviours and emotions (Farber, Manevich, Metzger & Saypol, 2005), and a counselling profession allows for this on a continuous basis. Due to previous experience, individuals feel their ability to serve as confidants to others is strong, and therefore, another motivation for this career choice, which requires this skill in individuals who pursue this role. Similarly, participants of the study by Barnett in 2007 explained they may not have had anyone they were intimate with, however, people always confided in them. This may have resulted in the formation of their identity in terms of offering people a metaphorical listening ear and a helping hand and in turn, influencing their career calling, in which psychotherapy fits ideally.

The current study aims to assess the motivations of therapists' and their origins in terms of the two domains discussed in previous literature and to investigate the interaction between them when the therapists is practicing, as no previous literature has attempted to understand the complexities of how the two factors are understood from currently working therapists' own retrospective stance.

### **Personal therapy and the unconscious**

Engagement in personal therapy is considered a critical factor, in terms of the personal on-hand experience that stimulates the career choice. Research shows that personal therapy is beneficial for the therapist both personally and professionally (Macran, Stiles & Smith, 1999; Malikiosi-Loizos, 2013). 60% of participants in Beatty's study (2012) consider personal therapy an influential factor in their career choice. Geller, Norcross and Orlinsky (2005) state that most mental health professionals consider personal therapy as one of the most important influences on their professional development, and the importance of personal therapy may be linked to the discovering the unconscious motivations, as a recent study by McBeath (2019) revealed that majority of psychotherapists believe their career choice originated in unconscious motivations, and they are likely to change over time. Qualitative research by Norcross and Farber (2005), like the research by McBeath in 2019, shines a light on the importance of the fact that many therapists are unconscious of their motivations to enter the profession. Barnett (2007) conducted a study on 9 experienced therapists that also revealed a strong predominance of two unconscious themes to why individuals chose psychotherapy as a career: early loss and narcissistic needs. While being different to the themes offered by Norcross and Faber in 2005, both presented themes link to the idea of self-healing and self-

growth needs of the therapist in the domain of unconscious need of reparative work.

Therefore, in response to this, a further inquiry into the topic of unconscious motivations of self-needs within the motivations for this career is chosen for the current study.

### **The wounded healers**

Literature discusses the “wounded healer” archetype (Cvetovac & Adame, 2017; Gladis, 2008; Kern, 2014; Martin, 2010; Wheeler, 2007; Zerubavel & Wright, 2012), and it is suggested that those wounded individuals hold their power in their weakness; promoting growth in others, due to promoting that same growth in the self. These findings suggest that individuals who become therapists have faced hardship and carry psychological wounds which they have worked through, and that this can then translate to their work. The individual has more capacity to help others through their strength if they attended to healing of their own psychologic scars. Such an occurrence in some cases, is described as the possibility of posttraumatic growth in therapists (Zerubavel & Wright, 2012) which is identified by an increased appreciation for life in general, more meaningful interpersonal relationships, an increased sense of personal strength, changed priorities, and a richer existential and spiritual life (Tedeschi & Calhoun, 2004). Previous literature suggests that the need of reparative work and exposure to woundedness can contribute to the primary motivations for the career choice of therapists (Sussman, 2007). A study by Hester (2014) revealed that all 3 Irish working therapists had a desire for authenticity and a deeply seeded desire to encourage and help others within their role. These participants also expressed their desired to continue professional development and training also. Norcross and Farber (2005) suggest that therapists who experience fulfilment

and healing due to their work sense their purpose and reinforce their belief that they are in the right career. The wounded healer's strength lies in their own recovery and healing, however the metaphorical psychological wound needs to be treated like a real physical wound; exposure, checking the wound, healing it with care and attending to it, and this may be done via supervision, or personal therapy.

A study by Hester (2014) suggested that participants agreed with the notion of wounded healers, and one participant stated that their personal healing has aided in expansion of their capacity to hold empathy and understanding for their clients. However, the same study showed that some individuals may reject the idea of woundedness at first. Barnett (2007) has suggested that some individuals enter the role of therapists seemingly resilient and untouchably strong, but, with time, weaknesses and scars that need looking after are displayed. Norcross and Farber (2005) believe that many individuals chose this career in order to serve altruistic desires and resolve personal issues. The career of counselling and psychotherapy differs from the many other altruistic career paths as it offers a combination of healing oneself and then healing another dually. The authors pose that the majority of psychotherapists grow and heal within their work, and this creates an internal compass for the desired healing and direction of growth of their clients, and this in fact facilitates the clients growth positively, rather than the therapists need for healing hindering the therapeutic journey of the clients. This study has displayed how the distinct unique nature of allowing an individual to both heal and be healed may be desirable for those with needs as drives in both domains of self-oriented needs and other-oriented needs, allowing for individuals to undertake the role of a wounded healer.

The current study aims to assess if the wounded healer archetype is evident within the Irish working psychotherapist sample.

### **Rationale**

The rationale of the proposed study is to add scientific content in the field of counselling psychology, in the form of an explorative research on a sample of those currently working across from the metaphorical therapy sofa - the therapists - in Ireland. The study aims to discover the motivations that inspired individuals to become therapists, in an Irish working sample, as this area is lacking. Specifically, the research lacks an extensive qualitative enquiry into how exactly the self-interest motivations of therapists interact with the other-interest motivations, how the unconscious influences the career choice behavior, and if in fact, those therapists who are capable of wholehearted understanding of others are the wounded healers, as well as discovering whether therapists motivations align with Maslow's hierarchy of needs.

## **Methods**

### **Participants**

9 therapists took part in the present study. 4 participants were male (44%), and 5 participants were female (56%). The participants have worked as therapists between 2.5 and 17 years. All participants used multi-modal integrative approach to therapy. All participants practiced their work withing Dublin, Ireland. No other demographic information about the participants was collected.

### **Design**

The data was analysed by following the steps of thematic analysis proposed by Braun and Clarke (2006), and in this case, inductive thematic analysis was conducted. With this approach, it is suggested that data analysis begins as early as data collection, therefore the author took notes during the audio recorded interviews. The verbal data collected in the interviews was transcribed to text, using Otter. From this point on, the work on the data required going back and forth between the transcribes and multiple note taking sessions, therefore active reading. This allowed for the data to be thoroughly read and re-read by the author, which aided complete immersion in data. At this point reading involved taking notes on ideas. Next, coding of the features took place systematically across all data collected. The author utilized data-led approach to initial coding generation. Once this was completed a primary search for themes was initiated. Codes were put into sub-themes, which were broader, and this created meaningful groups of information. The sub-themes were further explored to create pools of broad themes. A thematic map of the analysis was formed (Figure 1) in order to ensure that the themes were coherent with the sub-themes and codes, and with each other

across the data collected from all interviews. This formed an overall conceptualization of the data patterns. At this stage, patterns and clear themes were obtained, and they created an understanding of the complexities of the research question, as each theme now had a clear definition. The final step was to produce this report for partial fulfilment of a psychology degree.

### **Measures**

The proposed study is particularly aimed in the direction of exploratory research; therefore, the author used the aid of a semi-structured interview to collect data from each participant. A semi-structured interview holds a naturally occurring setting for data collection, which may contribute to an increased comfort of the participant, that the author believes enabled participants to share their true experiences and beliefs on how they make sense of their experience in their career role. The general questions (“What school of therapy informs your practice?” And “How long have you worked as a psychotherapist?”) were chosen in order to establish descriptive demographic data. The author of the current study used adapted questions from the two similar studies on Irish trainee psychotherapists by Hester in 2014, and Beatty in 2012. The author also adapted questions from the study by Hill et al. (2013) as this was another study that explored influences and motivations in therapists, that had the interview protocol available to view. These studies were carried out on trainee therapists therefore some of the questions had to be adapted, and new questions were developed to aid the understanding of retrospective beliefs of participants about their motivations (Has your work as a psychotherapist made you aware of any unconscious motivations for this career choice, that you may not have thought about before becoming a psychotherapist?). Some

questions which are not known to be used in research previously were developed and used in the current interview protocol, to investigate the areas that have not been previously explored (Please compare the type of person you were before your work as a therapist, and the type of person you are now, as a working therapist. Do you think any of those changes are due to your work as a therapist?), therefore, a small pilot study undertook place in order to establish absolute clarity in regards of the questions asked in the interview. Revision were then made to the interview schedule based on the results of pilot interviews. Final interview schedule is attached in Appendix C. This final protocol includes questions aimed at discovery of the motivations of psychotherapists considering self and other-oriented origins and the unconscious, as well as questions to understand the interaction of personal wounds and psychological scars to the therapists' work.

## **Procedure**

### **Ethical Considerations**

National College of Ireland Ethics Board has approved the current study. All participation was voluntary, and each participant has signed a consent form (please view Appendix A) prior to partaking in the study. The author considered the possibility of participants affect being influenced due to the nature of the extensive inquiry into some personal hardships the participants may have faced, however, no harmful repercussions were reported. The participants were made aware that their feelings might be affected, and that any concerns should be considered with their supervisors and/or in personal therapy. The study did not involve any form of deception or withholding of information as full debriefing was included in the participant information sheet (please view appendix B). The identity of participants was protected via encryption, and no identity sensitive data has been included in the interview transcripts of the extracts included in the present report of data.

### **Recruiting interviewees**

The author aimed to find potential participants who are currently working as psychotherapists within the Dublin area. Therefore, the initial search involved finding websites of therapy clinics in the Dublin area and contacting therapists working within those clinics listed on the website. Potential participants were sent an e-mail or a message with the information sheet attached and were invited to participate in that way. The invitation to partake in the study along with the participant information sheet (please view appendix A) was sent to 50 working therapists in Dublin, from which a total number of 9 participants expressed they are willing to voluntarily partake in the study during the given timeframe. Those who

expressed their interest were sent the consent form to review. The author then scheduled a personal interview with each participant at their own convenience, in their office, through e-mail. One participant requested to view the interview schedule before the interview process. Informed written consent was then obtained from each participant upon meeting, before the interview began.

### **The interview**

The author scheduled a personal interview with each participant at their own convenience in their own offices. All interviews took place between November 2019 and January 2020. Initially, the interviewer asked for the participants consent. Once the consent form was signed, the interviewer turned on the audio recorder, introduced themselves and reminded each participant of their rights. Participants were assured that there were no right or wrong answers, that the questions might be difficult to answer, and they could stop or move on at any time. Demographic questions were asked, followed by a set of semi-structured questions. The questions asked about what lead the participant to choose the career of a psychotherapist, what type of therapist they aspire to be, and how their psychological wounds interact with their work. The nature of the interview was driven by participants' responses, therefore throughout the interview, some therapists were asked to extend their answers, or give examples. The length of the interviews ranged from 15 minutes to 75 minutes.

## Results

Just over a half of the participants were female, and the average time worked as a therapist in years was 6.5. Individual experiences of each participant were diverse, however, the themes that were identified across all participants were congruent. Through coding and thorough analysis of the present data, 2 domains emerged with 2 specific categories of themes. The current 2 identified themes are listed in Table 1, each under their domain category, along with the number of participants the theme applied to (Please view Appendices). The findings suggest two extensive areas, which compile two themes. Firstly, the domain of Inner growth, which entices the therapists' desire for mastery of understanding and developing the self. This domain covers the theme of Personal inquiry, which is the therapists' motivations for personal development, healing and exploring oneself, which were largely unconscious initially. Secondly, the domain of Care for others contains the therapists' calling for care and focus on the other. This domain comprises the theme of Being present with others, that holds the therapists' inclination to meet the client's needs as well as understanding them. The themes identified applied to at all 9 participants, and therefore these themes were considered salient features across all data. It has also been noted that 8 of the 9 participants have disclosed having faced the experiences of mental health issues and potential trauma in the form of emotional and physical hardship; two participants have faced addiction problems, two have disclosed about eating disorders, two participants indicated abuse, two have faced the loss of a parent, one participant has indicated a difficult childhood and one participant has stated anxiety. Extracts of this data have not been included in the current report, due to the sensitivity of the disclosed information about the participants, however, the author considers this knowledge relevant to the complete understanding of the data.

**Inner growth**

This domain concerned the self-oriented motivations of the therapists' in terms of their journey to evolving as a person on a deep level. This consisted predominantly of the participants' calling to understand the complexities of their behaviours, cognitions and affect, as well as in-depth unraveling of the interpretive exploration of the self beyond the conscious surface. The need to embark this journey is portrayed as one that is often not apparent when one makes their career choice, therefore, sometimes this motivation is only explored later in the therapists' experience.

**Personal inquiry**

Personal inquiry was a theme that emerged in all data sets. All participants displayed either an initial desire to uncover mysteries about the self, or this happened organically within the training for the position. The participants mentioned a personal development journey that brought them answers to questions, however, they discuss the realization that this motivation might have not been clear to them at the time of career-choice decisions. For example, Participant 7 said,

“I laugh about it, to myself, it became all about me, you know, my journey and my development as a person, in relationships. I kind of went into it thinking I had a good sense of myself, and that it was about, kind of, applying that experience, and maybe formalizing that sort of theory and modalities and whatnot. And be there to help other people, but you know, it's kind of all about me really in my journey, and there'll be times it informs something about me, and offers me a chance to look at something, it's all in the realm of the unconscious and stuff I didn't know about myself, so I guess from that regard, I'm always learning and growing (...) so, yeah, I realized it's all about

my own personal journey because that journey is what I bring to the table as a therapist. So, it became a lot more about my own development and my own journey and my own story, more so than I ever would have imagined.”

Similarly, Participant 6 also mentioned that their training and work has set in motion a phase of individual progress that they much needed, “It’s been a huge period of personal growth for me, and I didn’t realize I needed to do that growth until it started happening. (...) I think it’s helped me to become more self-aware.”

The participants mention that the personal development is continuous and becomes an internal part of the work they do, for example Participant 1 said, “I’ve just learned about myself. You continue to learn even in as a therapist in the room.”.

### *The unconscious*

The theme personal inquiry was heavily discussed in terms of the unconscious. Participants displayed their unconscious particularly in terms of their needs, showcasing that many of their self-needs were hidden deep down and may have become present as the personal development arose and came about with training and individual work. The importance of working with the self on an unconscious level is mentioned by multiple participants, especially in terms of personal therapy. For example, Participant 2 said,

“There’s definitely some stuff that I was hoping to heal, or maybe healing other people, you know, the whole concept of the wounded healer, and stuff like that, nobody gets into this because they’re exclusively trying to heal others, they’re doing it cause they’re also trying to heal themselves, and one facilitates the other. (...) you can’t expect clients to go places that you wouldn’t be willing to go yourself.”

The notion of the wounded healer was mentioned by other participants also, for example Participant 1 said, "I think everyone who follows this path, we'll call wounded healers, to my knowledge, everyone at some stage has been wounded.". Participants 6 also discussed the notion of personal inquiry and needs of healing in terms of the possibility that those who come to train for the position all hold a similar need,

"Everyone I trained with came to this question, or realization, at a different time, we all wondered whether actually deep down we were on this course to answer questions for ourselves. (...) we were basically encouraged to work on ourselves or on each other, and I think that was a big motivator as to why I enjoyed it as much and I stood it out as much, even in the difficult bits, because I think I was realizing from the start that I'm getting something from this. And I probably realized I needed it a lot. So what my initial answer as, I thought I lied this and I thought I'd be comfortable with someone else telling me what they're going through and I think maybe having that role in helping or support, and I think the other motivator was, I realized I really needed support myself. But I don't think I was consciously saying that."

And participant 7 discussed this idea in similar means, saying,

"I heard somewhere, a while ago, someone said, most people get into being a therapist for self-healing and self-exploration, and I would agree with that, to a very large degree, and the self-motivation, I would say is probably the predominant part of it. The need to help others is part of it too, but I think it's, it's, I think it's less. I appreciate the need or acknowledge the need that is for helping others. I do enjoy that. (...) I think the unconscious comes out somewhere. Yeah, you know, the thing about what I did in training, and all the people in my class. There was something there. I wonder if it was to do with the self-healing. There is that something that is that motivation. I think for me, I said a lot about part of exploring or part of me that was nonscientific and more

kind of interpretive philosophical kind of approach or whatever you want to call it. That was a huge thing, and an aspect of myself that I needed to explore, and I think this was a way to do it.”

### **Care for others**

This domain holds the other-oriented elements within the therapists' motivations. The participants expressed their capabilities of connection and togetherness with others and how that related to their motivations for their current practice.

#### **Being present with someone**

The participants expressed their desire to help and meet their client's needs, and to hold their clients in accordance to where they are as motivators for their career choice and current work. For example, Participant 6 discussed their motivation for the care of others,

“[I strive] (...) to help someone make a difference themselves. Yeah, I think to be present. I don't have a thing I see to strive to; it is more about how much am I here with the person in front of me, and how much I actually see into their life. How much do I can actually be part of their life, being allowed into their inner world that I can help them on the journey, be with them on the journey.”

Multiple other participants also mentioned the notion of being together with the client, for example Participant 1 expressed their motivations in work with clients in the following terms, “ (...) and to portray the client the feeling that I am there for them. That we're together in this. It's a journey we're taking together.” Participant 2 also said,

“So I think the kind of therapist that I would strive to be or hope to be, is one that's able to kind, to provide a space that is whatever the client needs it to be, to facilitate what I think real therapy is which is the encouragement of the facilitation of personal autonomy, and it being you facilitate a space in which someone who finds out for themselves. (...) So, I suppose my hope is to be that, to facilitate a space in which people can have whatever it is that they need at the time.”

Participant 6 has also discussed the importance on being in the here and now with the client,

“(...) I strive to be as much in the moment in the room in the session as I can, which is probably the hardest thing to do, but the most useful thing for the client. (...) I strive to sort of have an appropriate degree of challenge where I feel it will be helpful, consistent with holding clients with where they're at.”

### *The work of the wounds*

Woundedness and psychological scars are discussed in relation to how the work with clients is carried out and what the possible interactions of those wounds may bring into the practice of being present with someone, and the therapists understanding. For example, Participant 2 said,

“I think it [the woundedness and psychological scars] expands your empathy, hugely. But it also, it gives you much more of a capacity to sit in the presence of something that could be very deep and painful and to just let it be what it is, you know, and to be like, whatever process the person needs, to help process through it, but to not be trying to jump in. It's the quality of your presence really, it's not about sorting things out for people.”

Participant 7 mentions that wounds may help therapists understand their client's pain and struggle, but that it's very important that the therapists can separate their experiences from their client's, and that they have processed it accordingly,

“There's always a client that comes into me and reminds me of some part of me, which is part of the training because it's the use of self. What impact is it having on me? So, when someone says something that touches also my experience I can go well, I know that, yeah, I feel activated by that, but I know this is me. I've been to this, and this is what they're doing so it can give me an incentive what might be like for them, but also it can be too close. But at least it gives me an indication of how difficult it might be for them.”

Similarly, Participant 7 also mentions that personal experience of hardship influences the relatability one may have for their client,

“When I'm with a client who has gone to something really distressing, there is part of my mind that will immediately be grateful for the fact that I've been through something really distressing as well, because I know I don't have to ask. I'm not sitting there from a position of ignorance going, “Why do you hate yourself? It makes no sense”, or “Why do you bollock yourself?”, or, like, I can kind of empathize very very easily with someone who is lost, or wounded, or broken, or struggling, or distressed, or just in a place where they go “The way this is, it's never going to change, and this is really bleak, and what am I going to do?”. I can very easily connect with that. So, I think your phrase, maybe woundedness, or there's loads of different ways to describe it, that's not a bad word. I do think it helps. (...) it's our own life experience to bring into the work, whether personal stuff for experiences of people close to us. I do think it is a real benefit. If you're a therapist and have had a life where you've had the bumps in

the road. I think those bumps in the road really stand to you here, when you're in that chair there.”

Much like Participant 5, who explains their wounds can hint at an indication of how the client might feel,

“Well they're [personal wounds and psychological scars] hugely relevant to the work that I do. Because you have to bring that life experience in really otherwise, I just don't think you can do the work. I mean they can come up sometimes. But that's where, as I was saying, when you when you do the work in person therapy, and in group therapy and supervision, you know, this thing what I'm feeling, that's actually about my stuff. It's not about the client. However, it might still be useful to think, well, that makes me feel like this about my stuff. But I wonder, is there any possibility that there's something a bit like that for the client? And I could usefully fish around.”

Participant 4 also mentions the empathetic abilities which come from one's own work on personal wounds,

“(...) you know, they say you tend to get the clients that are a reflection of you (...) And it tends to be that sort of, if someone was like an addict, they tend to make good addiction counselors, you know, that kind of thing, because they've been through the ground, then it's sort of easier to talk about, or empathise with.”

The two themes identified (personal inquiry and being present with others) are dominant across all interviews.

## Discussion

Previous literature differs the occupation of therapists to other professions, due to the devoted contact they endure, with individuals who may be unsettled (Norcross & Guy, 1989). The goal of this intensive one-to-one, interview-based and data-led research interaction with participants was to gain an understanding of the complexity of career choice behavior from the point of view of currently practicing therapists. The researcher achieved this by conducting 9 semi-structured interviews with practicing therapists in Dublin. As each experience is highly individual and complex, the participants' interviews displayed rich and varied insights into the phenomenon of motivation in therapists. These plentiful insights into each individual participants' experience analysed through thematic analysis display domains of Inner growth and Care for others in terms of therapists' motivations. The results revealed the theme of Personal inquiry and Being present with someone as the drives for individuals to embark on this career within the therapists' experience, and what they mean for the therapists' identity in their work. Despite the individual differences, the main themes in the personal descriptions of motivation origins in therapists' occur in congruence across all data collected, therefore, both themes in the 2 domains appeared in the data collected from participants across all 9 interviews (see Table 1). This displayed that the themes identified are not isolated identities, therefore they both exerted themselves in conjunction, forming meaningful insights into how the two themes of motivations interact. The need of personal inquiry and to be present with someone operate continually alongside each other in the exploration of motivations of therapists across all current data. This created a holistic view of the therapists' experience of career choice behaviour and the participants retroactive opinions and beliefs regarding the topic of motivation. The author found that while therapists dually want to

inquire about themselves and be present with others, the personal inquiry is often unconscious, until one has processed their personal journey. The fulfilment of the personal motivation allows therapy providers for an increased capability to be present with others through the skill of deep comprehension of inner growth. This knowledge in the field of counselling and therapeutic services is crucial, as the discoveries may bring about implications in how to appropriately educate and train future therapy providers. Knowing the factors which drive an individual to this role may also add insight into how individual motivational factors influence therapists' work with clients.

*Therapists' unconscious self-inquiry to aid others' self-inquiry*

Like Beatty's findings in 2012, the current study found that therapists are motivated to embark on their career for personal development. The results display that therapists, with retrospect of time, reveal they believe their initial motivations were unconscious and of self-oriented nature, which is consistent with previous research (Hester, 2014; Hill et al, 2013; Norcross & Farber, 2005). Norcross and Farber (2005) also suggest that, with reflection, personal inquiry is more evident as the main motivation for individuals, which concurs with the current findings. Previous literature did not explore the connection between the unconscious self-motivation and the altruistic desires; therefore, this research fills the gap of knowledge. What the current research found is that the motivation of self-inquiry empowers the motivation to help others through the fulfilment of this initial unconscious motivation. This allows for an heightened skill in the fulfilment of the other-oriented motivation.

*Being present with someone as the wounded healer*

As discussed by Zerubavel and Wright (2012) it is not the woundedness that makes a great therapist, but their understanding and processing of their wounds which aids beneficial guidance for their clients. In accordance to this finding, the current study found that participants agreed that the use of the self in terms of psychological scarring allows for the experience with the client to have heightened understanding, but only if that hardship has been worked through and when there is a clear separation between the therapists' woundedness and the clients struggles. The impaired professional, which is in contrast an individual who has not embarked the inner recovery will in fact hinder the possibility of recovery for the client, and the participants have acknowledged this. However, the current study found that if the unconscious inner growth motivation was absent in the therapist, their ability to be present with others through times of distressed might have been substandard, to that of the therapist who was motivated to inquire the self. Hester (2014) revealed that Irish working therapists have a desire to continue professional development and encourage others within their role and the current findings support this result. The present study displays that the therapists' personal inquiry goes hand in hand with being with others through times of distress, which previous research has not explored. The data shows that the journey of inner growth amplifies the capability of therapists to understand and relate to their clients, as the participants have stated that having processed their own hardship allows for them to explore the topic in relation to their clients with more empathy and appreciation of the situation, without hindering their own internal affect. Norcross and Farber in 2005 stated that those who find healing in their work believe they are in the right career, and as current participants all state their satisfaction and feel of purpose in their role. Similarly to findings by McBeath in 2019, the current study

found that origins of motivations of therapists are heavily seeded in the unconscious. These self needs of the therapy providers are most often in the unconscious until the personal therapy and development work commence in the training path, which would explain why some reject the idea of the wounded healer at first (Barnett, 2007). Norcross and Farber (2005) found that the processing of personal wounds and scars that therapists undertake aids their further work with clients, which is highly consistent with the experience of the current study participants.

#### *Maslow's motivation theory*

As research has not explored the application of motivation theories to therapists' motivations, the present study results suggest the possibility of direct understanding of such. Maslow suggested that motivations may be unconscious, while also discussing the needs of growth (McLead, 2007). The current findings are concurrent with this theory, as the proposed results show therapists are highly motivated to self-inquire. Maslow's theory suggests that the ultimate motivation for individuals is seeking personal growth and peak experiences, which is concurrent with the current findings, in that the peak experiences are not only in terms of self-understanding but being able to understand others. The therapists self-actualize through their initially unconscious focus on self-growth, which then amplifies their capability to help others grow, aiding their self-esteem and self-actualization needs, which are displayed in Maslow's hierarchy.

#### **Implications**

These findings suggest that training bodies should pay attention to the background of students they take on for training, specifically in terms of their own past, unanswered

inquiries, and wounds. The requirement for personal therapy could be crucial in terms of the personal processing of one's experience and reparative work that influences the future client contact, and while most training bodies utilize such requirement, silence and stigma around the personal struggles training therapy providers may have can potentially hold those individuals from engaging in the crucial process of understanding and working through one's own impairments, especially at the start of their career. Personal therapy is compulsory in most training courses for future therapists in Ireland, although not all who train in the area must undergo this procedure as they continue it in their career. Such a requirement during training initially poses a chance of therapeutic experience for the individual, which allows for healing before undertaking client work, however, the results suggest that individuals' use of the self is always necessary in the client work, and personal therapy should be continued on throughout therapists' entire working career. This also underlines the most utilized business theories of motivation where upkeeping with personal therapy can aid therapists' self-actualization, therefore, the motivation for professional work. Recruiters may want to consider the importance of meeting the needs of their staff in terms of continuous professional development opportunities and encouragement to attend and complete events as such, as well as availability of personal therapy. Workplace stigma and silence about therapy providers' own mental health issues should be fought against within organizational cultures and therapy clinics.

**Limitations***Social Desirability*

Previous research has suggested that individuals who partake in research want to present themselves in more favourable ways (Crowne & Marlowe, 1964; Paulhus & Reid, 1991). This might mean that those who form the sample of a study intentionally minimize their less positive behaviours and attitudes. The author of the current study made their best attempt at reducing this potential risk by anonymizing the participants in order to safeguard this limitation, as well as interviewing the participants in the comfort of their own private offices. Due to the vulnerable and authentic data they collected, the author believes the participants did not display themselves favorably but honestly, however, social desirability of the participants may have influenced their answers to the interview questions, and this limitation should be considered in further research.

**Conclusion**

The present study explains the complexity of therapists' unconscious motivation to self-inquire, which operates dually with a desire to help others. The findings show how the fulfilment of the self-oriented desire aids in the fulfilment of the other-oriented needs, and how the therapists' personal journey boosts the possibility of self-inquiry in others. The findings of the present study aid the contemporary understanding of the duality of therapists' motivations and contribute to the niche area of research on therapists' experience, particularly in the aspect of their personal growth. A qualitative design allowed the author to gain a personal encounter with each participant allowing for collection of affect-sensitive data. The implications of the study inform training bodies of the importance of intensive work on the

self throughout the educational journey in order to aid the skill of the future therapist. Due to the time constraints of the project completion, the author interviewed 9 participants, however, it is suggested that future studies collect data from a larger sample.

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## Appendices

**Appendix A. Participant Information Sheet**

## PARTICIPANT INFORMATION SHEET

Across from the therapy sofa: Therapists' motivation for their career choice.

**INVITATION**

You are being asked to take part in a research study on the motivations and the origins of what inspired individuals to become therapists.

The study will be conducted by a Bachelor of Arts Undergraduate Final Year Psychology student, Julia Trendak, under the supervision of Dr. Conor Nolan, as part of a dissertation thesis for National College of Ireland. The project was approved by the National College of Ireland Ethics Committee.

**WHAT WILL HAPPEN**

You are asked to participate in a one-to-one interview with the author, which will be audio recorded.

No compensation is offered for the participation in this study. You must give informed written consent by signing a form. The interviews are scheduled between November, December 2019 or January 2020.

The author hopes that the interviews will be possible in your own office. Each interview will take a maximum of 1 hour and each participant is interviewed once. The data collected in the interview will be used to complete a final year project.

**TIME COMMITMENT**

The study will take approximately 60 minutes per interview in the period of November, December 2019 and January 2020. You are asked to participate in one interview.

### **COST, REIMBURSEMENT AND COMPENSATION**

Your participation in this study is voluntary and no compensation is offered.

### **PARTICIPANTS' RIGHTS**

You may decide to stop being a part of the research study at any time without explanation. You have the right to ask that any data you have supplied to be withdrawn and destroyed up until the thesis is handed in on 2nd of March 2020. Withdrawing data after this point is not possible.

You have the right to omit or refuse to answer or respond to any question that is asked of you in the interview.

You have the right to have your questions about the procedures answered.

If you have any questions as a result of reading this information sheet, you should ask the researcher before the study begins.

### **BENEFITS AND RISKS**

The possible benefits of the study may lead to personal insight for the participants in terms of the topic covered, which is motivations for career choice.

A risk of the study is that it may lead to sensitivity and/or an emotional response, due to the self-reflective requirements of the study.

### **CONFIDENTIALITY/ANONYMITY**

The data collected does not contain any personal information about you, except of the experiences that you wish to share during the interview. The participants' data is protected in compliance to the GDPR guidelines. The author wishes to use direct data extracts from the interview in their thesis (quotes).

Any names and locations, or other information that may allow for participants identity to be uncovered mentioned will be excluded during transcription. The audio file will be destroyed once transcription of the interview is complete. The transcribed data will be password-protected on the authors computer and backed up on a password protected USB.

### **POSSIBLE SHOWCASING OF THE RESULTS**

The author has expressed that they wish to attempt for a peer-reviewed journal publication, as well as possibly showcasing their study at a Psychological Society of Ireland Student Congress in April 27<sup>th</sup>-28<sup>th</sup> 2020, and the European Federation of Psychology Student Associations Congress taking place in Ireland in March 9<sup>th</sup>-16<sup>th</sup> 2020, and to upload the research onto Research Gate. The author also wishes to have the study translated to Polish and possibly published in a Polish journal.

### **FOR FURTHER INFORMATION**

Julia Trendak will be glad to answer your questions about this study at any time. You may contact her at:

E-mail: [x17519166@student.ncirl.ie](mailto:x17519166@student.ncirl.ie)

Or her supervisor Dr. Conor Nolan at:

E-mail: [conor.nolan@ncirl.ie](mailto:conor.nolan@ncirl.ie)

## Appendix B. Consent form



### CONSTENT FORM

#### PROJECT TITLE:

Across from the therapy sofa: Therapists' motivation for their career choice.

#### PROJECT SUMMARY:

A study on the motivations and the origins of what inspired individuals to become therapists.

By signing below, you are agreeing that:

(1) you have read and understood the Participant Information Sheet, (2) questions about your participation in this study have been answered satisfactorily, (3) you are aware of the potential risks, (4) you are taking part in this research study voluntarily (without coercion), (5) you agree to have your interview audio-recorded, (6) you agree to have direct extracts from your interview used in the research (while your identity remains anonymous and the identity sensitive information is protected under the GDPR guidelines) and (7) you agree for the results of this study to be possibly published (both in Ireland and abroad), uploaded online, and showcased at student congresses.

I, the participant, am aware that participation in this study involves answering questions which are aimed at discovery of my personal motivations to become a therapist, some of which I may not be aware, i.e. unconscious. I understand that this may lead to sensitivity and/or an emotional response, due to the self-reflective requirements of the study. I understand that it is not possible for the author or their research supervisor to provide individual feedback to me regarding this, nor will the data

collected be used in this matter in this study, but in the event that I seem in distraught or cause potential clinical concern, I take full responsibility of working through these emotions (for e.g. With my supervisor).

Participant's Name (Printed): \_\_\_\_\_

Participant's signature : \_\_\_\_\_

Date: \_\_\_\_\_

**Appendix C. Interview Schedule****INTERVIEW SCHEDULE**

Across from the therapy sofa: Therapists' motivation for their career choice.

Hello, my name is Julia Trendak. To protect your anonymity, I will not refer to you by your name. As you know, I would like to interview you as part of my dissertation research.

I would like to ask you some questions about your motivations for choosing your job as a therapist. Sometimes this may require self-reflection, and this may bring about an emotional response and sensitive topics. There are no right or wrong answers.

The interview should take approximately 40 minutes. You may decide to stop being a part of the research study at any time without explanation. You have the right to ask that any data you have supplied to the point of thesis submission, which is the 2<sup>nd</sup> of March, to be withdrawn and destroyed. You have the right to omit or refuse to answer or respond to any question that is asked of you today. You have the right to have your questions about the procedures answered.

If you have any questions during the interview, or as a result of completing this interview, you may ask me at any time.

Please confirm you are aware of the risks of this study, your rights as a participant, and if you have signed consent.

Are you ready to respond to some questions? Let me begin by asking you some general questions.

1. What school of therapy informs your practice?
2. How long have you worked as a psychotherapist?
3. Please tell me about the first time you ever thought about becoming a psychotherapist.
4. What motivations did you have for choosing this career?
5. (If they mention their want to help people) Why is "helping people" a desire that you have?
6. (If they mention their want to help people) Of all the helping careers – assisting the homeless, the health sector etc. - what led you to choose this career over the other careers?
7. Do you believe your work entices both self-oriented and other-oriented needs? (If yes) How?

8. Has your work as a psychotherapist made you aware of any unconscious motivations for this career choice, that you may not have thought about before becoming a psychotherapist?
9. If so, what are they?
10. Has there been any significant events in your life that you feel have influenced your decision to become a therapist?
11. Are there any significant persons in your life that may have influenced your decision to embark on this career choice?
  
12. Please describe what type of therapist do you strive to be.
13. Do you feel your work fulfils your initial motivations for choosing this career?
14. What do you get out of being a psychotherapist?
15. What experiences, if any, prior to becoming a psychotherapist, made you feel like this?
16. Please compare the type of person you were before your work as a therapist, and the type of person you are now, as a working therapist. Do you think any of those changes are due to your work as a therapist?

(Re-establish rapport about the fact that the participant does not have to answer the following question)

17. Do you believe any of your personal wounds and scars are relevant to the work that you do?

It has been a pleasure finding out more about you. I appreciate the time you took for this interview. Is there anything else you think would be helpful for me to know?

Thank you. I look forward to producing my thesis and adding research to the area of therapy and counselling, focused on those who facilitate the services. The results of this study will be ready by March 2020.

I will turn off the recording device now.

## Tables

Table 1

Domains and themes related to the motivations of therapists for their career choice.

Domain/Theme	Frequency
Inner Growth	
Personal Inquiry	9
Care for others	
Being present with someone	9

Figures

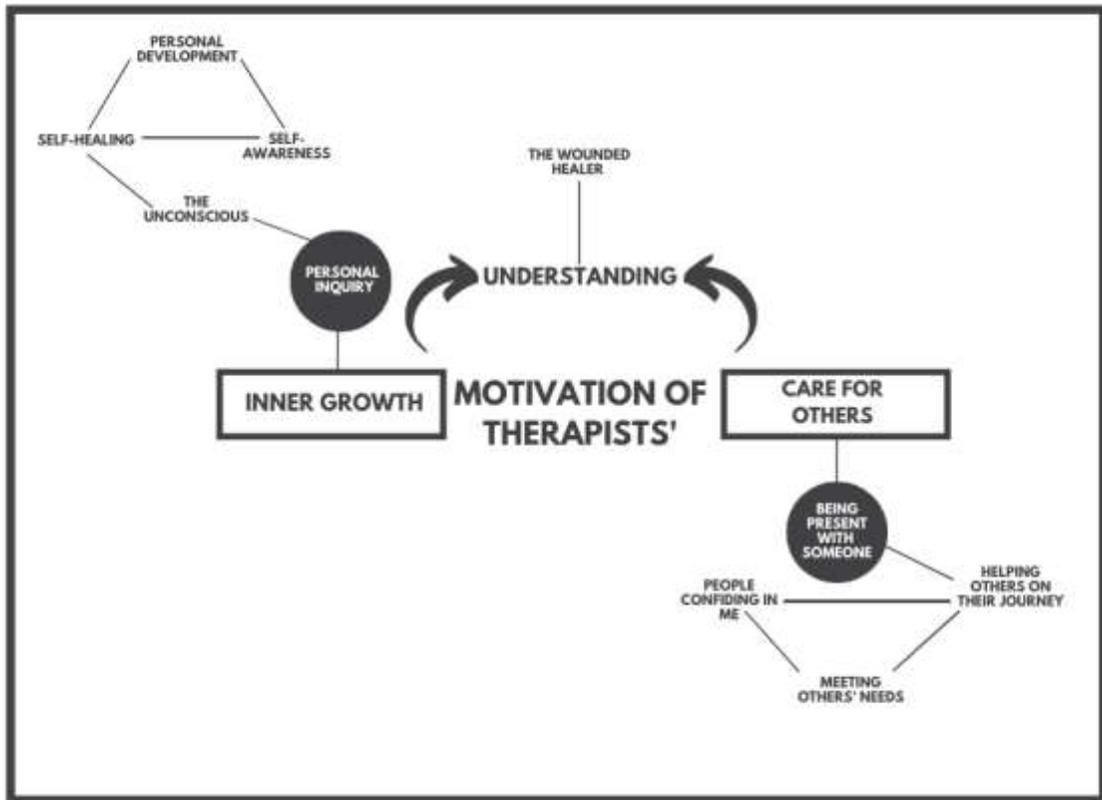


Figure 1. Thematic map of themes identified.