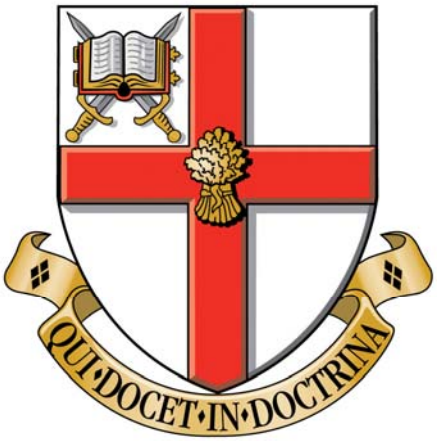

University of Chester

Author(s): Karen Chance

Title: An exploration of counsellors' perspectives on factors that influence their well-being and resilience

Date: October 2012

Originally published as: MA dissertation

AN EXPLORATION OF COUNSELLORS' PERSPECTIVES ON FACTORS THAT INFLUENCE THEIR WELL- BEING AND RESILIENCE

Karen Chance

Dissertation submitted to the University of Chester for the Degree of Master of Arts (Clinical Counselling) in part fulfillment of the Modular Programme in Clinical Counselling.

October 2012

ABSTRACT

This qualitative research is an exploration of counsellors' perspectives on the factors that influence their well-being and resilience. The data was gathered from five practicing counsellors, using semi-structured interviews and analysed by the Constant Comparative Method. Analysis of the data found that working as a counsellor can adversely affect health and well-being, and that wellness is a holistic phenomenon. A major theme to emerge from the data was that enhanced self-awareness can help prevent a reduction in well-being. Additionally, participants described finding it necessary to take positive action in order to maintain wellness, and many strategies were identified. These findings support research in this area.

DECLARATION

The work is original and has not been submitted previously in support of any qualification or course.

Signed:

ACKNOWLEDGEMENTS

My sincere thanks go to the following:

- Tony Parnell, Valda Swinton, Rita Mintz and Anne Le Surf for their guidance and support over the last three years.
- The research participants who gave their time so generously and freely.
- My friends, who provide support and love even in difficult times.

I would like to dedicate this dissertation to my beautiful daughter, Neve, who has the most positive influence on my well-being.

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CHAPTER ONE

Introduction

The focus of this study emanates from a growing awareness of the need to protect my own well-being at work, as well as the strengths and resilience I possess to make this possible, which I have had the opportunity to explore more deeply whilst undertaking the MA in Clinical Counselling. Having been a social worker for the past fifteen years I have some knowledge of the potential for 'burnout' and 'compassion fatigue' in practitioners working consistently with people in stressful situations. Recently, I have become increasingly interested in the factors that may prevent this, and thus help individuals in the human services remain psychologically and physically healthy. Whilst researching for a Personal and Professional Development assignment I found a quote from Miller (1987, in Karter, 2002, p.20) who proposed that *"The therapists' sensibility, empathy, responsiveness, and powerful 'antennae' indicate that as a child he probably used to fulfill other people's needs and to repress his own…".* I found this idea thought-provoking, and began to contemplate the potential paradox of these prerequisite qualities of therapists suggested by Miller, and the need for self-care to maintain well-being. McLeod (2010) states that research helps to develop counselling theory and practice, as well as giving emphasis to areas of knowledge that may benefit all therapists. I feel that any information in the sphere

of self-care for therapists will be of general relevance, and may assist others in the field to develop their own awareness of this vital aspect of practice.

Due to my interest in gaining an understanding of self-care strategies from the lived experience of practicing counsellors, I gave my research the title: *'An exploration of counsellors' perspectives on factors that influence their well-being and resilience'*. In order to achieve this I first carried out a review of the relevant literature, which I provide a critical analysis of in Chapter 2. Due to the limitations of this dissertation I was mindful of not digressing into the related subjects of vicarious traumatisation and burnout, although I included a small amount of these studies where I determined the material was of particular pertinence to this study (Saakvine and Pearlman, 1996; Sexton, 1999; Dunkley and Whelan, 2006; Rothschild, 2006; Wheeler, 2007; Harrison and Westwood, 2009). After a thorough search of the literature available to me, the resulting body of knowledge helped shape my decisions about the information I wanted to investigate, which lead to the formulation of an interview schedule (Appendix ii).

In Chapter 3 I will discuss my decision to conduct a piece of qualitative research (McLeod, 2011), using semi-structured interviews (Willig, 2008) with five participants selected by snowball sampling (Denscombe, 2003). This produced rich narrative data, which I subsequently analysed using the Constant Comparative Method (Maykut and Morehouse, 1994). After identifying the

emerging themes (Appendix iv) I produced fourteen propositional statements (Appendix vi), which I outline and support with material from the participant transcripts, in Chapter 4. Finally, I will provide a discussion of these results as well as my recommendations and ideas for further research, in Chapter 5.

CHAPTER TWO

Literature Review

In order to place my study within the context of similar research (Marshall and Rossman, 1999) I decided to undertake a review of the core literature available to me, and additionally provide a critical analysis of the themes that emerged from the search. I chose to use search terms that focused on concepts around counsellor resilience and wellness, and utilised the electronic databases provided by the University of Chester (in particular PsycINFO and SocINDEX) as well as the university library and my own book collection, to find relevant information. In order to take account of the differences between English and American spellings, as well as to include variant word endings (such as counsel**ling**; counsel**lor**; therap**y**; therap**ist**), I used truncation after the roots 'counsel' and 'therap' in my searches. I also adopted the Boolean operators '**and**' and '**or**' to maximise efficiency and relevancy of my results. The search terms used therefore included a combination of the following:

(Counsel* OR therap*) AND resilien*; well-being; wellness; stress; self-care; coping; burnout; strateg*.

From the outset I began to regularly retrieve articles and books from the body of research on the related subject of vicarious traumatisation, a concept that has

been described as the way in which a therapist is affected as a result of their work with clients' distressing experiences (Saakvine and Pearlman, 1996). Although this clearly has implications for counsellor well-being, I decided that it was beyond the scope of this study to include the majority of this literature, and so I excluded many of these from my review. However, I have utilised some of the self-care aspects from the literature in this area, where I deemed it useful to this study's aims. I also initially excluded articles relating specifically to counsellor burn-out, but following my interviews I returned to include some of this literature, due to the theme emerging strongly from the participants' material. The vast majority (twenty-two) of the thirty-four articles that my search identified were published in America. Only five were British, three each from Cananda and Australia, and one from Hong Kong. There is a recognised need for counselling and psychotherapy research (McLeod, 2010) and also more from a British perspective (McLeod, 1999).

2.1 Results of the literature review

In the introduction of a special issue of The Journal of Humanistic Counseling, Education and Development focusing on counsellor wellness (Lawson, Venart, Hazler and Kottler, 2007), the authors state that despite the journal's predecessor providing the first thorough exploration of counsellor impairment in 1996, the subject has not subsequently been given the consideration they believe it should. They go on to note a shift in focus in the intervening 15 years however, from counsellor impairment to counsellor wellbeing. A more recent

article points to an emphasis in research on the risks of becoming vicariously traumatised, whilst identifying a dearth of studies that focus on contributing factors, and strategies that may improve it when it does occur or help prevent it altogether (Harrison and Westwood, 2009). This finding is reiterated by Patsiopoulos and Buchanan in 2011, who state that concepts such as burnout, vicarious traumatisation and secondary stress have been rigorously researched, and both studies proceed to offer an addition to the much smaller body of literature concerned with identifying self-care strategies.

2.2 Need for research

Carl Rogers, the founder of person-centred counselling (McMillan2004), disclosed that "*I have always been better at caring for and looking after others than I have in caring for myself*" (1980, p.80). I have certainly experienced a drive to care for others which can be detrimental to my own needs, if not my general well-being. I was therefore interested to read that there is research to suggest that most therapists grow up feeling a responsibility to care for family members, and not quite as surprised to read that we are practiced in attuning to the needs of others (Barnett, Baker, Elman and Schoener, 2007). Moreover, Wheeler (2007) draws on the work of Jung (1951) and Guggenbuhl-Craig (1999) to illustrate the argument that individuals who are motivated to become therapists possess a more developed ability to empathise with others, because of painful life experiences. This indicates a particular need for self-care in the field of

counselling and psychotherapy, and for therapists to develop a heightened sense of self-awareness (Lawson and Venart, 2005).

A lack of self-care can result not only in harm to ourselves and others in our personal lives, but may also affect professional competence and therefore our clients (Barnett et al, 2007). There is general agreement that the onus for maintaining wellness is on therapists (O'Halloran and Linton, 2000) and indeed, the BACP Ethical Framework for Good Practice in Counselling and Psychotherapy (2010) states that "*practitioners have a responsibility to monitor and maintain their fitness to practise at a level that enables them to provide an effective service.*" (p8). The framework goes on to state that advice from a supervisor, experienced colleagues, or line manager should be sought in situations of concern about fitness to practice, and ultimately to withdraw from practice if deemed necessary. In a more specific statement about self-care the framework instructs practitioners to "*ensure that their work does not become detrimental to their health or well-being*." (p.10). Additionally, one of the ethical principles of the framework is self-respect, and within this practitioners are encouraged to engage in "*life enhancing activities and relationships that are independent of relationships in counselling or psychotherapy*." (p.4). On the BACP website (www.bacp.co.uk) there are also information sheets on assessing fitness to practice; the impact of personal crisis on practice; and how much supervision to access, which refer to self-care issues, albeit with a sense of generality. The American Counseling Association established a Task Force on

impaired counsellors in 2003, with one of its aims being to support practitioners to prevent impairment. The association includes information on its website (www.counseling.org/) about related resources, as well as handouts to download on assessing and maintaining self-care.

2.3 Adverse effects of working as a counsellor

It is clear from the literature that working as a counsellor can pose risks to health and well-being (Bober, Regehr and Zhou, 2006). Clients' experiences include abuse, trauma and addiction, and both expressing and listening to the emotions these recollections invoke can be mutually distressing for those present (Stebnicki, 2007). As well as emotional implications such as feeling anxious, sad, and angry, this can also lead the counsellor to experience disturbances such as nightmares and intrusive thoughts (Dunkley and Whelan, 2006). Mental health workers as a whole in Britain report levels of psychological disorder which appear to be high, although comparison studies with physical health professionals are rare (Walsh and Walsh, 2001). It is not only psychological health that may be damaged however, as the physical health of therapists can also be adversely affected (Grafanaki, Pearson, Cini, Godula, McKenzie, Nason and Anderegg, 2005; Harrison and Westwood, 2009).

Sexton (1999) writes that there have been many terms devised to describe these harmful consequences, such as compassion fatigue; burnout; vicarious traumatisation and secondary traumatic stress. He also argues that whilst there

are similarities to these concepts, there are also differences in meaning too. Burnout, for example, can be described as emotional exhaustion, loss of personal identity, and lack of satisfaction with life (Barnett et al, 2007) whereas vicarious traumatisation is characterised by the therapist experiencing similar symptoms to the traumatised client (Harrison and Westwood, 2009). Importantly, practitioners may feel disempowered by requesting emotional support, and supportive work practices may not be encouraged by organisations that employ therapists (Walsh and Cormack, 1994). Wolf, Thompson and Smith-Adcock (2012) argue however, that counsellors need to recognise their need for self-care as healthy and natural, and promote environments that adopt positive ideas of self-care and wellbeing.

2.4 Need for self-care consideration in training

Historically, counselling and psychotherapy training has not provided opportunities for students to fully prepare for working with traumatised clients, and may even have helped sustain society's refusal to acknowledge the extent and effect of abuse and trauma in peoples' lives (Sexton, 1999). Witmer and Young (1996) state that the number of counselling and psychology students who have psychological problems is considerable, and propose that careful selection of both educators and students is the first opportunity to promote wellbeing in practitioners. They also suggest that continuous screening and review systems throughout training are essential for preventing impairment. Since this article was written however, the emphasis on wellness in student counsellors has increased,

and course leaders are beginning to incorporate self-care into programs with the explicit goals of fostering ethical practice by encouraging students to follow a healthy lifestyle, in order to develop well counsellors who can in turn support clients to be well (Perepiczka and Balkin, 2010).

In a quantitative study focusing on occupational stress in counsellors, Sowa, May and Niles (1994) found that practitioners who had completed stress management courses reported substantially greater self-care resources than those who hadn't. They proposed therefore, that the inclusion of stress management courses within counsellor training may encourage students to develop protective practices against impairment. In contrast to the previous findings that counselling students having significant psychological difficulties, Wolf et al (2012) cite a study by Roach and Young (2007) which found that students on counselling training have a higher level of wellness than the general population. This did not improve over the length of training however, and therefore implementation of a wellness model was proposed to support students to maximise self-care and wellbeing. Writing about psychology students, Schwebel and Coster (1998) add to the debate on providing a specific wellness component to training programmes, by questioning how wellbeing in practitioners can be encouraged when there is no model of good practice adopted in their educational background. Furthermore the authors argue for a structural overhaul of training programmes, rather than a piecemeal approach to providing the foundations for well-functioning practitioners.

2.5 Resilience, wellness and positive emotions

Lightsey (2006) argues that attempting to produce a working definition of psychological resilience has proved problematic. He proposes that it be viewed as generalised self-efficacy, therefore reducing nebulous descriptions whilst still fitting with key arguments in the resilience literature. Research into resiliency suggests that it is not something we are born with, but rather an adaptive response to coping with adversity (Clinton, 2008). This appears to be in line with findings from a recent quantitative study, which showed that there is a link between resilience and holding a positive view of the self, the world and the future (Mak, Ng and Wong, 2011), as well as earlier research which found that a feature of resilient people is their use of positive emotions to discover effective coping strategies (Tugade and Fredrickson, 2004). Tying together optimism and self-efficacy, Reivich and Shatte (2002) note that whilst these together heighten the overall positive effect, optimism must be realistic in order to prepare for real threats rather than disregarding them. These findings appear to support Lawson's (2007) proposition that the complex array of factors effecting well-being are influenced by the counsellor's subjective experience of their own wellness.

Seligman (2011) has written a book dedicated to understanding and achieving well-being, and although not specifically directed at therapists it proposes a general theory of well-being based on five elements: positive emotion, engagement, meaning, positive relationships, and accomplishment. Roscoe (2009) argues that there is a lack of agreement on the definition of wellness,

although many ideas about the concept centre on it being a positive state, rather than merely a lack of disorder. Additionally she reports that different elements of wellness have been described in the literature, such as social; emotional; physical; intellectual and spiritual. Staying well necessitates an active pursual of the aspects that promote this (Gladding, 2007; Venart, Vassos and Pitcher-Heft, 2007) and requires that counselors continually monitor their own wellness (Cummins, Massey and Jones 2007). Importantly, Witmer and Young (1996) propose that positive well-being can be developed in counsellors irrespective of their level of impairment. Many wellness measurements have been developed, for example: The Wellness Inventory of the Life Assessment Questionnaire; The Perceived Wellness Survey; and The Optimal Living Profile (Roscoe, 2009). The Five Factor Wellness Inventory was utilised by Lawson and Myers (2011) in a study to explore wellness, professional quality of life and career-sustaining behaviors. The main outcome from a wellness perspective was that counsellors in private practice scored higher than those in organisational settings on the wellness scale. In a book dedicated to practitioner self-care and resiliency building, Skovholt and Trotter-Mathison (2011) offer a Practitioner Professional Resiliency and Self-Care Inventory, which seeks to provide a tool for self-reflection on levels of functioning in both professional and personal spheres, in two areas of vitality and stress. Similarly, Baker (2003) provides a self-care questionnaire which encourages therapists to gain self-awareness about their work, emotional demands and levels of self-care.

2.6 Self-awareness and mindfulness

Developing self-awareness is a central responsibility for therapists, as it has been linked to maintaining personal well-being as well as increasing positive outcomes for clients (Baker, 2003) in both quantitative and qualitative studies (Norcross, 2000). Wicks (2008) postulates that all practitioners experience burnout at a low level, and argues that being more self-aware would increase the likelihood of noticing these symptoms and avoiding its exacerbation. Counsellors can shut off from difficult feelings experienced with clients by using distraction techniques such as watching television or using alcohol, for example, which act as a barrier to self-awareness (Warren, Morgan, Morris and Morris, 2010). Paradoxically however, Varma (1997) argues that stress is likely to lower the ability to notice these coping mechanisms. Both Rothschild (2006) and Weiss (2004) suggest that body awareness is an important tool for noticing levels of stress, whilst the practice of mindfulness is also a useful technique for enhancing self-care (Skovholt and Trotter-Mathison, 2011).

The practice of mindfulness is also noted as a useful technique to maintain wellness in the literature (for example: Skovholt and Trotter-Mathison, 2011; Patsiopoulos and Buchanan, 2011; Richards, Campenni and Muse-Burke, 2010; Christopher and Maris, 2010), and Wicks (2008) places great importance on mindfulness with an in-depth examination of the concept across two chapters of his book, The Resilient Clinician. Mindfulness has only been widely recognised in Western culture in the recent past, and can be described as having a conscious

awareness of the present moment (Richards, Campenni and Muse-Burke, 2010). In a qualitative study of mental health therapists, Harrison and Westwood (2009) found that mindfulness was helpful to most of their sample of six therapists who had been selected for their low rates of burnout, whilst in a summary of several research studies spanning the previous nine years, Christopher and Maris (2010) concluded that mindfulness training can enhance the wellbeing of trainees and help prevent burnout, compassion fatigue and vicarious traumatisation.

2.7 Self-care strategies

Dunkley and Whelan (2006) discuss research that points to the importance of actively developing strategies to maintain wellness. Although there are innumerable methods of self-care (Meyer and Ponton, 2006), Dobrow-Marshall (2011) supports engaging in life-enhancing activities and relationships. Reviewing wellness theory, Roscoe (2009) identifies five dimensions of wellness: social; emotional; physical; intellectual; and spiritual, and states that spiritual wellness is the best explored and defined within the literature. Cashwell et al (2007) note that academics propose that spirituality is at the centre of wellness and is entwined with all its other aspects, whilst Meyer and Ponton (2006) conclude from the literature that possessing a strong spiritual base appears to mitigate against vicarious traumatisation and provide practitioners with a source of support and hope. Positive emotions such as these can be useful in counteracting negative experiences, and protect against stress (Tugade and Fredrickson, 2004, 2007).

Receiving personal therapy (Norcross, 2000) and supervision (Dubrow-Marshall, 2011; Harrison and Westwood, 2009; Dunkley and Whelan, 2006) are proposed in the literature as self-care strategies, as well as other 'career-sustaining behaviours' such as attendance of peer support groups, maintaining professional identity and fostering objectivity about clients (Lawson and Myers, 2011). The reader is encouraged to write a journal to increase self-awareness and self-care throughout the book Caring for Ourselves (Baker, 2003), and three types of journal are proposed by Waines (2004) as methods of enhancing emotional well-being. The variation of creative writing is offered as a self-care strategy by Warren et al (2010), whom also provide a structure to support counsellors to use this form of self-awareness. Other specific methods of achieving and maintaining wellness are proposed in the literature, such as leisure activities (Grafanaki et al, 2005) and nutrition (Schoo, 2008), whilst the need for balance between professional and personal aspects of self-care is underlined by Meyer and Ponton (2006).

CHAPTER THREE

Methodology

3.1 Research philosophy and design

In formulating my research question I was clear that my aim for this study was to explore the lived experience of practicing counsellors, rather than to test a pre-defined hypothesis. Silverman (2005) suggests that in order to decide whether to use quantitative or qualitative research methods we should consider our objectives and ensure that these fit with our choice. He states that qualitative studies commonly use small numbers of participants and focus on individual experience, rather than larger numbers with the intent of generalising findings. Additionally the qualitative researcher's stance, with an emphasis on measuring self-defined variables, is different to that of a quantitative researcher whose philosophical foundations are positivism. The positivist perspective holds that there is an objective, observable truth that can be proven and can be used to predict future events (Maykut and Morehouse, 1994). In contrast qualitative researchers set out to engage with individuals' phenomenological world, whilst acknowledging their own impact and interpretation on this data. The aim is to add to a deeper awareness of human experience rather than to validate previous theory or findings (Elliott, Fischer and Rennie, 1999). I was drawn to person-centred counselling as it provides the opportunity for individuals to explore their own experiences and existential processes that have particular meaning to them

(Mearns and Thorne, 2007), and therefore the qualitative approach felt more in tune with my personal and professional philosophy. Based on this information, and that my intentions meet the definition for qualitative research given by Banister, Burman, Parker, Taylor and Tindall (1994) that "*It is the interpretive study of a specified issue or problem in which the researcher is central to the sense that is made.*" (p.2) I decided to make this a qualitative, rather than a quantitative, study. Whilst acknowledging the concept of the 'hermeneutic circle', which posits that we cannot gain knowledge from our findings without first having made some assumptions about what we are trying to understand (Willig, 2008), I attempted to bracket off my own pre-conceived ideas about well-being in order to more accurately receive the participants' material (Spinelli, 2005).

3.2 Ethical issues

Ethical approval to carry out this study was obtained from the University of Chester Ethics Committee, and I was assigned a research supervisor. The BACP Ethical Guidelines for Researching Counselling and Psychotherapy (2004) sets out minimum standards for good practice in research in the field. With reference to this document I sought to minimise ethical issues by choosing to interview therapists rather than clients or other members of the public. This was relevant and appropriate to my subject area. Elliott and Williams (2001) argue that there are three primary ethical principles in research: avoidance of harm, informed consent and confidentiality. The therapists I interviewed all had access to supervision if any of the material raised had an impact on them, and I felt it was

reasonable to expect them to have a heightened awareness of consent and confidentiality due to their profession. I set out to undertake the research with openness and integrity (Banister et al, 1994) and thus ensured that all participants were made aware of the purpose and aims of the study, as well as how their narrative material would be used and stored. I also made participants aware that I would remove all identifying features such as names, places and agencies from their transcript, to maximise confidentiality. The tapes and digital voice recorder were kept in a locked strong-box whilst I carried out the interviews, and will remain locked away until destroyed. The consent form used made explicit the right to withdraw from the study at any time, and I offered to supply a copy of their transcript to all participants. Finally, to safeguard my own physical well-being I informed my workplace clinical supervisor of my whereabouts and the estimated duration of my absence, as well as of my return to the building following the interviews.

3.3 Reliability, validity and trustworthiness

Validity in qualitative research can also be referred to as 'trustworthiness' pertaining to our feelings about the researcher's interpretation and the study's findings (Maykut and Morehouse, 1994). While the aim of quantitative research is generalisability, Banister et al (1994) argue that the aim of qualitative enquiry is specificity. They elaborate that when the unique meanings of the research setting are comprehensively explored with the participant's involvement, validity is increased. To attempt to meet these requirements I have firstly used the

Constant Comparative Method, which is a robust data interpretive tool (Maykut and Morehouse, 1994), Additionally I feel I have enhanced the validity of this study by providing an audit trail of my findings in the form of a discovery sheet and information about how my propositions were formed, offering a context to the reader by providing relevant background information on the participants, and by discussing my findings separately, but in relation to, a comprehensive literature review (McLeod, 2011). The inclusion of a literature review also builds in limited triangulation, which McLeod (2001) proposes as part of the criteria for validity in qualitative research. Finally, I have considered the implications of reflexivity (Elliott and Williams, 2001) by keeping a journal throughout the research process to increase self-awareness of my preconceptions and biases, and have been explicit about my own interest in, and experience with, the subject area.

3.4 Sample

The aim of this study was to engage with the personal experiences of counsellors, and my initial inclusion criteria was: '*Person-centred counsellors, qualified to at least diploma level, with no less than four years experience in the field'*. I quickly became aware, however, that many practicing counsellors identify themselves as 'integrative' practitioners, having added further training to their original person-centred qualification. Consequently, I decided to amend the criteria to: *'Counsellors, qualified to at least diploma level in the person-centred approach, with no less than four years experience in the field'*. I set this time frame as therapists that have developed resilience tend to be more experienced

(Clark, 2009), with the establishment of professional competence and integration of practice considered to take between two and five years (Ronnestad and Skovholt, 2003) I therefore felt a duration of four years would ensure that participants had significant experience of the factors associated with practicing as a counsellor, as well as having an understanding of maintaining their own well-being.

Having formed inclusion criteria it was clear that non-probability sampling was required, as I was not looking for a random sample of the population (Denscombe, 2003). I initially thought this would take the form of purposive sampling (Maykut and Morehouse, 1994) as I was expecting to place an advert, citing my inclusion criteria, where it would be visible to counsellors. However, when discussing my ideas for research about counsellor well-being with other therapists, there was a great deal of interest from the outset, and I realised that my sample could be obtained exclusively from the networks I had already in place. Although I considered placing an advert in Therapy Today, all participants involved in this study were ultimately gathered through snowball sampling (Denscombe, 2003) as they were either known to counsellors from the two placements I worked in, or to the counsellor who gave me personal therapy during my training. This eliminated any dual relationship with me (Bond, 2004), as the participants were not known to me prior to the study. Nine potential participants were identified as having an interest in this area of research by my network, and following an informal discussion between the third parties, all nine

agreed for me to send an information sheet to them (Appendix i). The sheet outlined the subject area and aims of this study to the potential participants, and invited them to contact me if they were interested in taking part. After disseminating this information I received five replies from people volunteering to participate, all of whom provided an interview for this study.

The group of participants consisted of two women and three men, all from a White British background. One participant worked solely in private practice, two solely for an agency, and two worked both for an agency and in private practice. One participant worked predominantly with children in a school setting, one with both adults and children in private practice, and three with predominantly an adult client base in a mix of agencies and in private practice.

3.5 Data collection

Participants in qualitative research are associates, assisting the researcher to explore meaning in a particular area of study. Data collection should therefore be an open process where the aims of the study are overt (Maykut and Morehouse, 1994). Additionally the BACP's Ethical Guidelines for Researching Counselling and Psychotherapy (2004) gives direction on good practice in data collection and analysis, including the areas of openness and integrity; confidentiality; accuracy; and disclosure of limitations. As an inexperienced researcher I decided to use a semi-structured interview method of data collection, utilising an interview guide (Appendix ii) to provide a framework. I felt this was important as Maykut and

Morehouse (1994) point out that this approach requires less skill than an unstructured interview, whilst having the ability to uncover the unique experience of the individual participant by using open-ended questions. Additionally McLeod (2003) states that interviewing participants enables the collection of comprehensive, personal information, whilst allowing the researcher to constantly check the relevance of data to the research question.

I contacted all participants by telephone and offered them a copy of the interview guide (Appendix ii) prior to the interview, and one person chose this option. I also made arrangements to meet with them at a location of their choice: four chose their workplace and I met one participant at her home. All settings were private and ensured confidentiality could be maintained. Before beginning the interview I answered any outstanding questions the participants had, as well as asking them to sign a consent form (Appendix iii). I set up the audio equipment, which consisted of both a digital and a tape recorder, and ensured the participants remained in agreement to proceed. Holstein and Gubrium (in Silverman, 2004) argue that all interviews are 'active' as the researcher is unavoidably part of the process, and although initially reticent to speak for fear that I may influence the participant, I gradually became more confident to ask for clarification or elaboration of key concepts. Once the interviews were completed I transcribed them for analysis purposes. Although I initially considered having the tapes transcribed by a third party in the interests of time management, I subsequently decided to carry out this task myself as I felt it would help with my immersion

(Strauss and Corbin, 1998) in the narrative material, and therefore with beginning the process of identifying emergent themes (Maykut and Morehouse, 1994).

3.6 Data analysis

Sanders and Wilkins (2010) describe thematic analysis as a way of interpreting qualitative data, by highlighting meaningful features and noting patterns or related issues. For inexperienced researchers like myself, the adoption of a structured approach to data analysis is recommended (Keegan, 2009) and so I decided to use the Constant Comparative Method, as outlined by Maykut and Morehouse (1994). This method is described by the authors as an inductive approach because, unlike the deductive style of quantitative research (Ogundipe, El-Nadeef and Hodgson, 2005), hypotheses are not set prior to data collection and fundamental themes emerge from the data itself (McLeod, 2001). Transcribing began the process of my immersion into the data in order to absorb its meaning (McLeod, 2003), which then continued whilst I unitized (Lincoln and Guba, 1985 in Maykut and Morehouse, 1994), coded and categorised emergent themes (Maykut and Morehouse, 1994). I did this by physically cutting individual units of meaning from the transcripts and taping each one to an index card. These units were coded using the letter ‘T’ to show the data was collected from an interview transcript, followed by the number assigned to each individual participant (1-5) and then the page number of the transcript. For example, T/3-7 would source the data as the interview transcript of participant 3, from page 7 of the data. Whilst I separated the units of meaning I kept a discovery sheet

(Appendix iv) which resulted in 46 initial themes. I then began the systematic process of comparing all the units of meaning and grouping together those that corresponded to a particular theme, merging together themes with similar concepts, and then incorporating further themes from the list when a unit of meaning did not fit. This process was named the 'look/ feel-alike' criteria by Lincoln and Guba (1985, in Maykut and Morehouse, 1994) and its meticulous method enhances the inductive nature of the data analysis (Maykut and Morehouse, 1994). Twenty revised categories emerged from this process (Appendix v) and from these fourteen propositional statements (Appendix vi) were written, as some of the rules for inclusion covered more than one category. For example, units of meaning in the 'family background' and 'model of coping' categories met the 'look/ feel-alike' criteria for the propositional statement: *Participants believed that witnessing parental reactions to stress and adversity influenced their own coping styles.*

3.7 Limitations

This is a small scale study with a tight time frame, which will inevitably have an impact on the scope of its findings, although generisability was not one of its aims. The participants were all from a White British cultural background and live in a fairly small geographical area of England. Additionally, Willig (2008) argues that qualitative research seeks to explore individual experiences through the medium of language, which is a social construction, therefore it can never produce a full analysis of how a participant feels about an event or issue.

Furthermore, having only one person interpreting the data, and producing categories and propositions, may limit the final analysis (McLeod, 2011). I have also acknowledged that I am an inexperienced researcher, which may have an impact on the study's findings (West and Byrne, 2009).

Moving onto the next chapter I will outline the propositional statements and results of the data analysis, with depth and meaning provided by inclusion of participants' narrative material.

CHAPTER FOUR

Presentation of Outcomes

4.1 Propositional statements

I derived fourteen propositional statements (Appendix vi) from the twenty revised categories, and I will outline these individually.

1. Participants identified that well-being is experienced as having good mental and physical health.

All but one of the participants specified that well-being comprised of a balance of good physical and psychological health which supported a view of a holistic model of well-being (Perepiczka and Balkin, 2010):

- *…my well-being is my emotional and also my physical health, because for me, I find that my physical well-being affects my emotional well-being…*

(T/1-1)

- *What it means to me is, is I suppose just a sense that I'm kind of okay psychologically, physically, and that I don't have anything obviously wrong with me…* (T/3-1)

- *When I think of well-being I think of my emotional health and my physical health. So, being physically well and emotionally well…* (T/4-1)

- *I mean I'm far from as fit as I used to be, but I kind of, enjoy walking and, things like that, you know. So I suppose looking after myself, I suppose a, mental well-being is important for me too…* (T/5-1)

2. Participants linked resilience with coping and the ability to tolerate stress.

Resilience (Tugade and Fredrickson, 2004) was seen as a related but separate concept to well-being by the participants, and was mostly perceived as the ability to cope with stress. It also appeared that some of the participants believed resilience to be a characteristic that they could attribute to themselves (Mak et al. 2011):

- *I think other people would say I'm quite a strong person, erm, so I can batten down the hatches and work through it…* (T/1-7)

- *Erm, resilience to me, I would interpret that as being able to handle all kinds of conflict, emotions, in the therapeutic setting, that you're unflappable, nothing shocks you kind of thing.* (T/2-1)

- *Resilience for me means, is, is a word I use to describe myself quite a lot. For me, erm, I think it probably means an ability to tolerate things. So again I see it very much in an endurance thing.* (T/3-1)

- *...resilience, what it means to me, it means being able to cope really.* (T/5-1)

- *I think resilience as well actually, you know you mentioned that in one of your earlier questions but…I think I can deal with, I think I have and can, deal with stressful situations without falling apart, without having a panic attack…* (T/5-3)

3. <u>Participants believed that witnessing parental reactions to stress and adversity influenced their own coping styles.</u>

Participants were able to identify their parents coping styles and thought that this had influenced them, although only one participant felt that their parents' behaviour had modeled how to cope in an acceptable, useful way. This was consistent with findings reported by Barnett et al (2007).

- *And I can remember Dad losing his job but again it never seemed a stress because of that family link and the love really, so that was very important*

for me and I do think it influenced my coping style as I have got older.

(T/1-2)

- *…my dad tended to deal with things by, erm, sulking I suppose, for want of a better word…so I guess that made an impact but I don't feel that's influenced my own coping style. Erm, I suppose in a sense I do, because if I feel really stressed and there's lots of things going on I do tend to kind of withdraw a little bit so I suppose it maybe has influenced somewhat…I think I do take a different route…* (T/2-1)

- *…in my family, erm, particularly my father, erm, but I think also a bit by my mother, erm, stressful events were dealt with by kind of catastrophising being angry….So, erm, I, when things do go wrong erm, there is that kind of rising sense of "Oh God! I can't believe, arrrrgh, why is the world after me? I can't believe, I can't believe this is happening", getting very angry, but actually I'm kind of, I'm aware it's covering a sort of a bit of tide of panic that things are about to go terribly wrong, which again I think probably I, I now recognise the more work I do myself, it is what was actually going on for my parents as well…* (T/3-2)

- *…so that's very much how I see it now, starting to come to terms with it, and I think I do it less now, I think I'm less likely to get very much, I'm much more accepting of things that I can't control, but in those times when*

it catches you unawares it's still the thing that comes through most clearly for me I think. (T/3-2)

- *Erm, I think, there were certainly stressful events in my early years, and I think that largely they were dealt with, with difficulty with the adults in, in my life…I think it, as far as influenced my own coping style, yeah absolutely, I kind of don't do what they do!* (T/5-2)

4. Participants positively value their life experience as an aspect of maintaining resilience in their practice.

The participants commented that the ability to draw on life experience was an integral part of maintaining well-being and resilience.

- *I feel that my life's experiences are very much related, erm, to my well-being and my resilience…* (T/1-7)

- *I think it's my responsibility at the end of the day erm, to, to maintain my well-being and resilience and I think having ME helped me find the strength, hidden strength within me that I can cope…* (T/1-7)

- *I think love has such an enormous part to play, and how I would feel without the love that I've had in my life, I think the love that I've received, especially at a very early age, and through family and friends and onwards, I feel so fortunate and blessed, and I think that has a great deal to do with how I am at the moment*… (T/1-8)

- *I think life experience is erm, you know, I've been through a lot of things, you know…and I think that's part of being a counsellor too, if you've experienced a lot of these things, you know, that you've gone through in life it gives you a broader perspective.* (T/2-6)

- *I think my history probably has a massive impact on how I cope with stress…I've certainly dealt with a lot of adversity and I think my history makes me resourceful and resilient.* (T/4-2)

- *I think back to my early days and, my early career I worked with the probation service and I used to work in this hostel where things used to kick off all the time and being in amongst it and trying to sort, so I think my skills about, erm, organising things, calming other people down and maybe myself largely, you know, to some extent has been helpful when I'm dealing with stress or, or adversity…* (T/5-3)

5. <u>All participants could identify personal characteristics that they felt helped them to cope with stress.</u>

All the participants were able to discuss which of their individual characteristics were useful in maintaining well-being (Tugade and Fredrickson, 2004 and 2007), and had an awareness of the strengths they could draw on when going through difficult times.

- *…I know I am a stubborn person, and I think that stubbornness helps me get through the stress of adversity really.* (T/1-3)

- *I'm quite an optimistic person, most of the time…* (T/1-3)

- *Yes, erm, I'm a very quiet and thoughtful person…* (T/2-2)

- *Erm, I, my personality style, I'm very schizoid, which means that I'm, I can be quite detached from my body and my mind, which is both useful and un-useful depending on some kinds of stress. Erm, and I'm also quite, I then kind of go into my head and get quite focused and intellectual, so I'm quite good at coping in those two ways.* (T/3-3)

- *…I guess my characteristic is determined, and I'm highly motivated…* (T/4-2)

- *I'm quite optimistic as well. Erm, I'm always you know, I've always got a pair of sunglasses on my head in case the sun comes out!* (T/4-2)

- *…I found myself being quite resourceful, capable…* (T/5-2)

- *…I think about things, I consider things, I look at things from different angles, I try not to be too judgmental of things…* (T/5-2)

6. <u>All participants had developed a level of self-awareness that helped them to monitor their own well-being and attend to self-care.</u>

All the participants appeared to have developed good self-awareness (Rogers, 1980) around their general functioning, and were able to notice and respond to signs that their wellness may be in jeopardy.

- *I have an awareness within my practice that my resilience is not perhaps where it should be, so I have an awareness, I take that into the counselling room with me.* (T/1-1)

- *You get to know yourself more and more the older you get, erm, and I realise I'm very aware of when my resilience is not as strong as I feel it needs to be when I'm doing my counselling job.* (T/1-1)

- *Yes I get physical signs, I get psychological signs. Physical is, I think, the hangover from ME, I will often get erm, my spine will hurt. Psychological signs are, you know, not perhaps sleeping quite as well…* (T/1-4)

- *Again, erm, back to awareness, self-awareness, that is so important to the general well-being.* (T/1-4)

- *So, although I haven't taken time off I recognised I needed to do something to, erm, to safeguard my emotional well-being.* (T/1-5)

- *But it's not one major thing it's like a build up of two or three different situations, that I personally have been aware of in the past that have kind of knocked me, have stopped me coping.* (T/2-2)

- *I think all my life there's been a depression element that I've battled with for a long, long time…* *(T/2-3)*

- *I will notice a level of tiredness and it would kind of be almost more of a mental tiredness…* *(*T/3-4)

- *…the other thing I notice is, erm, I will, I will feel less inclined to do some of things like the self-care things you know, I will just get very, very weary erm, and I'll just want to kind of go home and 'veg'...* *(T/3-4)*

- *I'm quite aware that if I'm unsettled then that comes across in the work that I do, erm, so yeah, it's about practicing what we preach as well, there's no point encouraging our clients to self-care if we don't do it ourselves.* (T/4-1)

- *Erm, and if I'm stressed I know when I'm stressed, I'm quite aware of it and I can just take myself for a walk and just think what's going on here and pick it apart, so I can kind of almost counsel myself if I need to.* (T/4-1)

- *...if I get to the point where I'm feeling tearful, that's a big warning sign that I've either overloaded myself or something's going on…* (T/4-3)

- *I'm very aware quite quickly if I'm feeling tearful or I'm feeling angry and I can say, you know, what's going on? And I'm quite good at asking myself what so I need, yeah, what do I need?* (T/4-4)

- *…frustration and angst within, that for me is always a sign…* (T/5-4)

- *…tiredness as well is, is the other, time where I can be a little bit snappy I think sometimes in my personal life, hopefully not in my therapy, but erm, yeah I've noticed it sometimes erm, I can be a bit snappy and that's often when I'm tired, when I'm exhausted, when there's a lot going on.* (T/5-4)

7. <u>All participants cited supervision as useful in helping to maintain their well-being and resilience.</u>

All of the participants described supervision in a positive way, and it was clear that this forum can provide a very powerful opportunity to share difficult issues and gain support and clarity (Lawson and Venart, 2005).

- *…I had a wonderful erm, supervisor that was in his seventies and I really felt that he helped me to develop that side of me…* (T/1-3)

- *There's also supervision that we have, to talk through any difficult cases we've got, erm, but I think it's learning to actually, that when you're dealing with some kind of heavy stuff that you need to share and offload and get someone else's opinion of it.* (T/2-3)

- *Okay, erm, supervision also is erm, very important.* (T/3-5)

- *…if I've got a client and I'm feeling wobbly about it, erm, or I'm just feeling that I'm not doing well enough then I can go to my supervisor…* (T/4-1)

- *…I guess the added extras are my kind of, clinical supervisor, and the support of other therapists.* *(T/4-4)*

- *Well, supervision, it's got to be in the mix I think…* (T/5-5)

One participant disclosed that supervision provided by line managers can be fraught with difficulties however, and therefore may not provide the protective experience it has the potential to:

- *I'm also supervised by someone who is sort of line manger within my service, so I feel a lot of those lines between line management and clinical supervision are crossed in a way that isn't very comfortable with me…*

(T/3-5)

8. <u>Participants experienced interacting with their peers and colleagues as a powerful way of maintaining well-being in their therapy work.</u>

As well as formal supervision, participants also cited interacting with peers and colleagues in various configurations as personally beneficial and practice-enhancing (Norcross, 2000).

- *…immediate, strategy is to go and talk to one of the other counsellors…it's an immediate release to kind of share that…That's like an immediate kind of sharing of it, you know you're not holding it in, or you're able to talk about it.* (T/2-3)

- *…I really enjoy group supervision in that context, I really enjoy sharing experiences with other colleagues who work in the same way, because I learn so much…* (T/3-5)

- *…I've still got a therapist if I need to go and kind of empty stuff out, or colleagues, so having enough support through networking and stuff like that, so that if there is stuff that I'm left over with, I know what to do with it.* (T/4-1)

- *…peer supervision groups, so you meet monthly and that's really good as well because I work with people in different kind of therapies, approaches, we share, you know we share client material, share processes, we talk about anything related to, to therapy, I find that really useful*. (T/5-5)

- *…I think I mentioned earlier about peer groups, we meet regularly, and you know I do think I've got people around me I do have a group. It's not so prominent or regular as it was before, but it's there and yeah, but you're right, it can be quite an isolating, solitary job, especially in private practice.* (T/5-9)

Furthermore, adverse effects related to a lack of colleague support was identified by two participants:

- *…if you've got stress at work and you don't get on with some people then you don't feel good, you know, the well-being's gone, hasn't it?* (T/2-4)

- *I didn't necessarily know how it would be received by taking time off erm, which wasn't helped by the fact that I received no communication from any colleagues during that time…* (T/3-6)

9. <u>All participants have taken corrective action in both the social and work elements of their lives to safeguard their well-being.</u>

All participants were able to identify times when they had felt it necessary to take time off work, or to reduce their hours of work or caseload, in order to alleviate stress or cope with adversity.

- *…I would say I recognise that to safeguard my own emotional well-being I needed to reduce my hours…* (T/1-5)

- *I went in and I just said, right, these are the points, if you can't do them within the next fortnight, I've given you four months, five months, I will give in my notice. You know it's not an empty threat or something I mean that because it is down to my self-care. I will not be able to do this job unless this happens…* (T/1-4)

- *Yes, erm, I mean, a couple of times actually, there was one I think last year, erm, there was lots of things going on…I did take a couple of weeks off just to recuperate, you know what I mean?* (T/2-4)

- *I know my colleagues we all agree that we can just about get through five/six, for all of us I think we want six to be the exception, I used to do six and I said no, I see five now.* (T/3-4)

- *Yes I did, erm, I had five weeks off last year. Erm, which I did, I took them off…* (T/3-6)

- *I did take some time off when* [pet's name] *had his brain tumour, and he was in hospital and I managed to smack the car up, I wasn't concentrating, my cognitive abilities were really depleted because I was*

concerned about whether he was going to pull through, erm and I didn't see any clients while that was going on…what I told my clients was that I was taking some leave, and that I would be out of action for a few weeks. (T/4-5)

- *Erm, in 2009 my dad died and at that time, I took three months off work, I took some time off work anyway erm, but my therapy, actually I didn't take three months off work, that's not entirely true. My client work, I took three months off erm, but I was back to work in kind of a month or so, yeah a month.* (T/5-6)

All participants also provided examples of occasions when they had felt it necessary to change or cancel social events, as a result of feeling a need to recharge their emotional batteries. Importantly, all participants felt there were times when prioritising their well-being over socialising was vital, and were able to express this:

- *I didn't used to* [decline social engagements to safeguard emotional well-being] *but probably the more I have known myself, yes I probably, probably have…* (T/1-6)

- *Well again when I talk about these periods I was going through, erm, I didn't go out, if we were supposed to go out then I wouldn't go…* (T/2-6)

- *Erm, and sometimes I have kind of withdrawn just because I thought I, I can't, I don't have the energy to, to be one half of a conversation. What also happens probably more often is that I will get into an evening and I'll go, you know what, I'm just not really up for this tonight...* (T/3-8)

- *Yeah, and I do not feel guilty about kind of saying I'm not coming out tonight…so yes, I'm very good at looking after my own needs. And I think it comes as a therapist, but as a human being if you don't look after yourself first then you're useless to other people.* (T/4-4)

- *…yes there have been times where I've opted out of things because I don't feel like it, you know could be a mate's birthday, could be erm, could be anything really…* (T/5-7)

10. <u>All participants indicated a need for a good work/life balance and a clear distinction between their work and social roles.</u>

Being able to detach from their therapy work and experience very different elements of life was important to participants.

- *…it doesn't have to be complicated, outside of my therapy work it's my family, my friends, walking, countryside, I love nature, so all the joys of life really.* (T/1-6)

- *…so it's having a life outside, because if you haven't you can tend to get sucked into your work and that's a dangerous place to be.* (T/2-5)

- *…it's so different from what I do elsewhere, erm, that it's a really, really useful way of literally drawing a line under the day and thinking, right okay, next part of the day begins.* (T/3-3)

- *…I mean I do have a lot of friends who are therapists and I have made a conscious decision I think that, yeah, I love the conversations we have, but sometimes I need to talk about something other than this, I really do need it.* (T/3-7)

- *…I don't know when I learnt it or when the penny dropped, but people often say, you know, well do you not worry about your clients between sessions or do you kind of carry stuff, but I've learnt very well to kind of, once I've got it to a, kind of put it in the bin and when I walk out of the session, there's very, very few times I actually worry, you know I might have a suicidal client and I think will you be alright until next time, but I don't carry their stuff...* (T/4-4)

- *…I'm a football fan so I enjoy going and being within that crowd, that for me is a real kind of escape…* (T/5-3)

11. <u>All participants were able to identify personal strategies they employed which helped them maintain wellness and resilience.</u>

Participants mentioned numerous strategies that they had built into their lives which were meaningful to them and helped to maintain resilience and well-being. These were consistent with many studies in the literature base, for example: Baker (2003); Barnett et al (2007); Lawson and Myers (2011). There were many similarities between participants, and most themes fell into related categories as outlined below:

Every participant identified walking as useful to maintaining well-being:

- *…I think walking is really one of my coping strategies really.* (T/1-3)

- *…again the walking that's a great, great way for me to maintain that well-being…* (T/1-5)

- *…I go home and I'm taking the dog for a walk I think "oh I wonder if I could try that with her?" or "I wonder if I could try that with him?" you know, I'm not constantly thinking about it, but…very often I have a lot of ideas when I'm doing that, that I actually put into practice when I see them again…*

  (T/2-5)

- *…you know I need that hour walking the dog or whatever it is…* (T/3-8)

- *I think [walking's] important for me because, erm, I've battled with my weight previously, and so it's about maintaining my kind of, my physical health, and erm, and I think it also walking [name of dog], especially in the middle of the day when everybody else is at work and the park is empty, I kind of feel that little bit of smugness, that I've got the world to myself…*

  (T/4-4)

- *…but also I'll go for a walk and you know, in between sessions sometimes I might just walk round the block…* (T/5-3)

Mindfulness, relaxation and contemplation time:

- *…so my breathing, mindfulness, which is quite coming into fashion now isn't it? But well before I'd heard of it he introduced me to that, and that's*

quite powerful, takes a lot of practice and I'm still only at the very start of practicing it but I definitely think that makes a huge difference… (T/1-3)

- *…if I can go home and I can sit and relax, I can sit and chill, you know, and perhaps digest the day and think about things that have happened...*

(T/2-3)

- *…I need that contemplation time…* (T/3-8)

- *I also, you know, practice relaxation, meditation as well, and those kind of things for me can just bring me back you know, to a place where I can hopefully escape* [laughs] *the stress and adversity or look at it differently…I mentioned earlier that, I, these meditation, mindfulness and erm relaxation…* (T/5-3)

Exercise:

- *…I exercise a lot, and by that I mean probably at least five times a week. So at the end of a working day here I will, unless I have got something else on I will always go to the gym, so I go forty minutes to an hour every day and it, it allows me to cope in a lot of different ways.* (T/3-5)

- *…I think exercise is a big one for me. Erm, I probably de-stress through exercise…* (T/4-3)

- *…walking, exercise sometimes, I should do a bit more, swimming…* (T/5-6)

Maintaining physical well-being:

- *…rest is very important…* (T/1-3)

- *…I always try and get decent sleep…* (T/3-3)

- *I eat very well, I'm sort of a tee-total vegan, so, erm I have, you know talk about well-being and my, my physical and bodily side is well nourished around my food and my diet…* (T/3-3)

- *…so it's about exercising, I'm eating well, and just monitoring how I am.* (T/4-1)

Four of the five participants were pet owners and mentioned this at some point of the interview as related to maintaining well-being in some way (also see previous comments about dog walking):

- *I've got animals at home as well which help to ground me a little bit, to go back to them…* (T/2-2)

- *…he's definitely a de-stressor and even if I've got a schedule from nine til nine, which I never have, he will come and give me a toy and say it's play time mum, let's go for a walk…* (T/4-3)

Miscellaneous:

- *I read a lot both work and not, I watch a lot of films and erm, I listen to a lot of extremely loud, aggressive music, which* [laughs] *is a great way of turning off the day in the car on the way back…* (T/3-7)

- *…that's also another way of kind of enforcing the downtime to kind of, whether it's to get the tent out and go away for a few days, or whether it's to book a B&B where we just sit and read and walk and go to the pub.* (T/4-8)

- *…I may listen to some music, that's certainly something that's always helped me, it's always been a companion when I feel stressed…* (T/5-3)

- *…I like to have a kind of hour of telly you know, erm, at nighttime, or films, I love films, music, going to concerts…* (T/5-6)

12. <u>All participants highlighted having supportive social relationships as crucial to well-being, although most found being able to ask for support when needed difficult.</u>

Supportive relationships outside of work were felt to be extremely important for the participants (Sowa et al, 1994; Harrison and Westwood, 2009), and of those who worked in private practice one of the functions it served was to mitigate feelings of isolation.

- **…***intimate relationships are very necessary for my well-being because that gives me the security, erm, to know that I could be held sometimes, not physically but you can be held…* (T/1-7)

- *And obviously someone at home to talk to about your day if you've had a particularly rough day…* *(*T/2-6)

- *…I try and see friends a lot because I live on my own, so if I don't actively make an effort then I could spend a lot of time being isolated, which isn't so good for me.* (T/3-3)

- *…I think my social life probably, going and seeing, because it's quite isolating working for yourself, making sure that I get out and see people…* (T/4-6)

- *…friends, family, go out for a pint with some mates…* (T/5-3)

- *…my wife has been a constant…she has been very supportive…* (T/5-7)

Three of the participants disclosed that asking for support was not an easy thing for them to do:

- *…I don't find it easy because it goes back to my stubborn side...* (T/1-7)

- *Erm, I don't enjoy asking for it, I will do though, but it sticks in my throat* (T/4-3)

- *I'm better at it, I wouldn't say I was brilliant at it…* (T/4-7)

13. Participants recognised occasions when their therapy work had impacted negatively on them.

Participants highlighted changes in their levels of well-being (Stebnicki, 2007) that they felt were directly related to working as therapists:

- *…I had to decide well I am so tired, I am perhaps not doing the best for these students because I am so tired and I was recognising I was getting a bit, well I was getting burnt out…* (T/1-4)

- *…just such a strange feeling came over me, I sat outside, I went outside for a cigarette and sat down and just, just as though you're kind of lost, and I went to get up to come to work on Monday morning and I just couldn't get out of bed…* (T/2-5)

- *…I sat in my own therapy and, and I literally lost the ability to speak, and I said erm, I said I can't, I just can't talk, I just can't talk to you, I have no energy, and I just didn't want to speak to anybody and I went home and I erm, I didn't feel particularly unwell, I just felt completely like a zombie…* (T/3-6)

14. <u>All participants identified factors that kept them motivated and positive about their therapy work, and may therefore help prevent burnout.</u>

All participants volunteered information that could be interpreted as promoting resilience in their therapy work, whether it be a recognition of fulfillment (Roscoe, 2009), or factors they identify that make them well-suited to being therapists:

- *…I think that's what attracted me to person-centred therapy, not that I'm giving love to everybody, but I tell you I've been doing it now for probably five, six years, and at the end of the day often, what we're left with is that connecting of two people…but if someone hasn't experienced that care, that time, just for them, feeling that they're someone that's worthy, they don't feel that in their lives, in their early years, I think that makes such a terrific difference, maybe that's why I'm still working with young people?*

  (T/1-8)

- *…I'm open to whatever, because in this, you know, in this line of work you can hear or experience the whole range of, you know, there's so many different people out there and so many different upbringings, you know, it's, what I'm saying is you have to be open and, to some of these things and I think if you're looking through kind of blinkers then how do you reconcile that with what's happening in the room?* (T/2-6)

- *…I get something from the work in terms of the human contact and I think is necessary you know, it's a part of the reason why I do the work. I do enjoy helping people, but I also enjoy what I get back.* (T/3-9)

- *...I'm 'Miss Boundaries', so the boundaries are, that's their stuff it's not mine. That's probably why I don't get stressed anyway…* (T/4-5)

- *…self-development, I'm always looking at CPD and reading and erm, that's really important, both for well-being and resilience…* (T/5-8)

4.2 Summary of results

Strong themes emerged from the participants' interviews which generally fell in line with existing research. Definitions of well-being and resilience were fairly consistent between participants, and a heightened sense of self-awareness around these concepts was identified. Life experience and personal characteristics were cited as useful in maintaining wellness, as well as myriad strategies built into the participants' lives. The importance of a balanced life, with a clear distinction between therapy work and other meaningful activities was highlighted, and supportive social relationships were felt to be very important to the participants.

A very strong theme to emerge was the need for all the participants to have time set aside to reflect on, and process their therapy work. Contemplation and relaxation time were considered essential to maintaining resilience and well-being. Formal arrangements for reflection and development were also valued, with all participants citing supervision as one way they maintain well-being within

their therapy work. Peer supervision and colleague support were also viewed positively. The experience of adverse effects on well-being related to working as a therapist were highlighted by participants, and taking action to address this was a strong theme in the interviews. Motivating factors that supported the participants to continue practicing were also identified however.

Overall the general sense gained from all interviews was that participants felt that maintaining well-being and resilience comprises a complex web of factors, but that ultimately the responsibility for it lies almost entirely with the individual therapist. These outcomes will be discussed in greater depth within the next chapter.

CHAPTER FIVE

Discussion

The participants in this research answered questions from a semi-structured interview schedule (Appendix ii) about their awareness and experience of resilience and well-being. Many strong themes emerged from their narratives which will be discussed in this chapter, with reference to the previously analysed literature base.

Participants identified that well-being is experienced as having good mental and physical health

There is perceived to be a lack of agreement on a definition of well-being (Roscoe, 2009), although four out of five of the participants in this study explicitly stated that they considered it to incorporate wellness in both mental and physical dimensions of themselves. Throughout the interviews however, all participants gave evidence that points to well-being being a complex and interrelated network of factors including all the components cited by Witmer and Young (1996): spiritual, intellectual, emotional, physical, occupational and social, as well as the two additions made by Roscoe (2009): psychological and environmental. Perepiczka and Balkin (2010) utilise Myers' (1991) concise definition of wellbeing, stating it is "*a holistic paradigm that focuses on balance in life and full*

integration of the mind, body, and spirit." (p.205) and this appears consistent with the findings in this study.

Participants linked resilience with coping and the ability to tolerate stress

A sense of endurance and the ability to handle different types of stressful situation were strong themes for the participants in describing what resilience meant to them, and this correlates with Tugade and Fredrickson's (2004) definition of resilience as coping and adaptation in the face of adversity. Throughout the interviews participants gave examples of taking positive action to support resilience (Lawson and Myers, 2011) as well as how maintaining an optimistic outlook supported resilience (Tugade and Fredrickson, 2004, 2006; Seligman, 2011). The term was also used by participants as an adjective to describe themselves, which may denote a feeling that they embody the concept, resonating with the description of resilience given by Mak et al (2011) as a "*dispositional capacity*" (p.610). This is in contrast, however, to Clinton's (2008) proposal that resilience is not an innate characteristic, but rather an adaptive response to adversity that can be cultivated.

Participants believed that witnessing parental reactions to stress and adversity influenced their own coping styles

Although all participants felt that their coping styles had been influenced by their parents, this was only experienced positively for one individual. The overwhelming reaction was that many aspects of their parents' coping styles had

been observed as unhelpful, and that alternative, more useful, strategies had therefore been adopted by the participants instead. The literature points to a huge variation in how children build coping strategies and foster resilience (Clinton, 2008) whilst also suggesting that most counsellors come from backgrounds where they experienced adversity or a responsibility for caring for others, which resulted in an increased capacity for empathy (Barnett et al, 2007; Wheeler, 2007). I feel these viewpoints are validated by the participants' experiences, with participants 2 and 4 explicitly discussing adversity in childhood, participant 5 disclosing a perceived need to care for his parents from an early age, and four of the participants holding a perception of their parents coping styles as largely unhelpful.

Participants positively value their life experience as an aspect of maintaining resilience in their practice

A theme not covered in the literature but emphasised by four of the five participants, is how their life experience has positively impacted on the way they cope with stress and maintain well-being. After unitising the data I initially placed these pieces of the narrative in with Proposition 6, as it seemed to fit with self-awareness, however on reflection and after much deliberation I decided it felt slightly different and I created a separate category. My interpretation of the participants meaning is not only that they are aware of how previous experiences have affected them, but that they have undergone self-development due to it. Gaining experience in professional life is considered vital to build resilience and

maintain well-being (Skovholt and Trotter-Mathison, 2011) and resiliency is has been shown to be the cumulative result of self-care (Lawson and Myers, 2011), but I did not uncover any research findings related specifically to counsellors' perceptions of how their life experience is useful in these areas. One study (Perepiczka and Balkin, 2010) carried out a piece of quantitative research which included exploring the relationship between age and wellness, however no statistically significant correlation was found. One explanation for this could be that it is not the amount of life experience a counsellor has, but how it is translated into self-development. Uncovering what helps keep therapists well is crucial (Witmer and Young, 1996) and therefore this under-researched area could yield illuminating results if further studies were undertaken.

<u>All participants could identify personal characteristics that they felt helped them to cope with stress</u>

All of the participants were able to recognise their personal characteristics that they considered were useful in managing stress and adversity. This is significant as the literature suggests that a sense of worth and competency, as well as a perception of self-efficacy, are vital components of well-being (Witmer and Young, 1996; Grafanaki et al, 2005; Schoo, 2008; Perepiczka and Balkin, 2010). Two of the participants specifically used the word optimistic to describe themselves, and many studies have cited optimism and positive emotions as useful in stress management (Tugade and Fredrickson, 2004 and 2007; Brucato

and Neimeyer, 2009; Harrison and Westwood, 2009; Roscoe, 2009; Mak et al, 2011; Seligman, 2011).

All participants had developed a level of self-awareness that helped them to monitor their own well-being and attend to self-care

One of the strongest themes to emerge from the research data was how self-awareness was crucial to maintaining well-being, in terms of recognising symptoms of stress and burnout, and identifying when extra self-care was needed. Given that developing self-awareness is a fundamental tenet of person-centred counselling (Rogers, 1980) it is perhaps not too surprising that counsellors trained in this tradition would highlight its importance, and as a single concept it was by far the most frequently repeated throughout the interviews. The centrality of self-awareness to well-being is mentioned in several studies (Harrison and Westwood, 2009; Richards et al, 2010; Lawson and Myers, 2011; Wolf et al, 2012) and two articles specifically advocate writing as a way to increase self-awareness, both in the form of keeping a journal (Waines and McMahon, 2004) and creative writing (Warren et al, 2010). Outcomes of both quantitative and qualitative research reaffirm how crucial it is that therapists monitor their own well-being (Norcross, 2000) and "*self awareness/self-monitoring*" came at the head of a list in a study gauging psychologists' and psychology program leaders' views on what contributed to well functioning most (Scwhebel and Coster, 1998, p.286). Challenging the view that counsellors are so adept at supporting others with emotional struggles that they are therefore

impervious to their own difficulties, Lawson and Venart (2005) postulate that self-monitoring is an essential skill for counsellors to learn. They go on to advocate two self-assessment tools, which may be useful to support counsellor self-monitoring. In a similar vein, a self-care inventory (Skovholt and Trotter-Mathison, 2011) and a self-care questionnaire (Baker, 2003) are included in two books specifically written to aid practitioner well-being.

All participants cited supervision as useful in helping to maintain their well-being and resilience

Supervision was raised by all the participants as one of the elements of their self-care strategy, with the general feeling being that it helped with professional development and mitigating stress. Considered an ethical responsibility for therapists (Sexton, 1999) receiving supervision is proposed in the literature as one of the top ten activities therapists can engage in to promote well-being (Lawson and Venart, 2005). Not only are the findings of this study consistent with Lawson and Myers' (2011) assertion that maintaining general well-being helps to improve professional competence and help avoid burnout, but the participants also concur with the previously discussed 'holistic paradigm' (Perepiczka and Balkin, 2010) by highlighting that maintaining professional wellness through supervision and liaison with colleagues helps promote wellbeing as a whole.

Participants experienced interacting with their peers and colleagues as a powerful way of maintaining well-being in their therapy work

Despite ‘participating in peer support groups’ making only fourteenth place out of fifteen career-sustaining behaviours ranked by counsellors (Lawson and Myers, 2011), and seeking support at work being potentially problematic (Walsh and Cormack, 1994), all but one of the participants in this study identified colleague support and peer supervision as key components of maintaining their well-being. Nurturing good relationships with peers and building colleague social support has been found to have a positive influence on stress (Witmer and Young, 1996), decreases isolation (Harrison and Westwood, 2009), and is consistent with effective self-care (Norcross, 2000). Discussing issues with colleagues was described in the data as an ‘immediate’ way of obtaining support and therefore may be an example of how individuals “’*bounce back’ from stressful experiences quickly and effectively*” to maintain resilience (Tugade and Fredrickson, 2004).

<u>All participants have taken corrective action in both the social and work elements of their lives to safeguard their well-being</u>

Findings in a study of British psychologists suggest that asking for support for their own needs could damage self-esteem and give rise to feelings of powerlessness (Walsh and Cormac, 1994). Furthermore, Barnett et al (2007) highlight that in research on psychologists in America, many have been found to continue their therapy work while experiencing symptoms of distress, without seeking support or taking action to minimise this. This was entirely different from the experience of the counsellors in this study however, who had all actively sought to make changes in their work and social lives in order to regain or

maintain well-being. There were three main ways that the participants achieved this: a) by temporarily withdrawing from social activities; b) by taking time off work; and c) by requesting a reduction in workload. According to Wolf et al (2012) acknowledging self-care needs should be encouraged, and not seen as a failing, but as a commitment to personal well-being and the profession of counselling.

All participants indicated a need for a good work/life balance and a clear distinction between their work and social roles

Being able to 'draw a line under the day' and to 'put things down between sessions' were strong themes within the interviews. The participants all felt that separating off from therapy and being in environments, or involved in activities, that are very dissimilar to their work helped to maintain their well-being. Although much of the literature supports seeking diverse self-care strategies (see next section for examples) less attention is paid to the specific benefits of consciously choosing to put aside the mindset and emotional state required during counselling, to adopt a different way of being. Norcross (2000) however, does note that "*action-orientated, skill-building*" (p.711) activities such as exercise, reading and relaxation are amongst the most useful strategies for maintaining well-being in psychotherapists. It could be argued that the participants' need to concentrate on other dimensions of their being after time spent counselling supports the integrated theories of wellness (Roscoe, 2009) and the previously

discussed idea of well-being as a holistic paradigm (Perepiczka and Balkin, 2010).

All participants were able to identify personal strategies they employed which helped them maintain wellness and resilience

Participants recognised diverse and myriad activities they engaged in, directly linked to supporting their well-being. The strongest themes were walking and exercise, with all participants commenting on physical activity as an integral part of their well-being strategy, which is consistent with much of the literature (Witmer and Young, 1996; Baker, 2003; Barnett et al, 2007; Perepiczka and Balkin, 2010; Lawson and Myers, 2011; Skovholt and Trotter-Mathison, 2011). One of the participants noted that he had "*physical energy that was going stagnant…sheerly physically moving your body and discharging the energy is useful*". (T/3-3).

Importantly, walking also had an additional benefit for all the participants, as they unanimously attached a contemplation element to it. Furthermore, walking in natural surroundings and away from life's routine was specifically stated by three participants as life-enhancing, and I believe these supplementary aspects indicate a reference to the spiritual dimension of humanity. Cashwell et al (2007) consider spirituality to be a "*consciousness-altering process*" (p.67) that lies at the core of well-being, and increases what they describe as "*mindfulness", "heartfulness"* and *"soulfulness*" (p.67), which can be useful for counsellors both

personally and professionally. Mindfulness is a relatively new concept in the West and has been found to influence the relationship between self-care and well-being (Richards et al, 2010). Two participants stated specifically that practicing mindfulness was useful, and this is supported in the literature base (Harrison and Westwood, 2009; Christopher and Maris, 2010; Richards et al., 2010; Patsiopoulos and Buchanan, 2011).

Other strong themes to emerge from the interviews in this category were pet ownership, listening to music, and socialising, with the importance of leisure activities to counsellor well-being supported in a qualitative study by Grafanaki et al (2005).

All participants highlighted having supportive social relationships as crucial to well-being, although most found being able to ask for support when needed difficult

All of the participants felt that intimate social relationships were vital to maintaining well-being, with two of them describing their active pursuit of this type of connection. This is consistent with existing literature, as many studies cite social relationships as an important component of holistic wellness (Sowa et al., 1994; Harrison and Westwood, 2009; Roscoe, 2009; Lawson and Myers, 2011). Asking for support for themselves was reported as a challenge by most of the participants however, and this issue is also highlighted in the literature by Barnett et al (2007) who note a lack of engagement in colleague support services for

psychologists. Similar findings had emerged from a study of British psychologists, with institutional, cultural and personal barriers to seeking support uncovered (Walsh and Cormack, 1994). Wolf et al (2012) also recognised a difficulty for counsellors in admitting a need for assistance from others, and the authors make a plea for a move away from the perception of this being a weakness. In contrast, Norcross (2000) finds that mental health professionals report a greater use of helping relationships, and cites the different types of relationships that can be supportive, such as clinical supervisors, close friends and peers. This may point to the possibility that whilst practitioners are comfortable with accessing generalised and formal opportunities for support, we are less comfortable with requesting specific assistance in times of personal crisis.

Participants recognised occasions when their therapy work had impacted negatively on them

Three of the participants described having experienced exhaustion, burnout, an inability to speak, and anxiety, which they associated directly with their therapy work. Stebnicki (2007) argues that counsellors encounter spiritual and emotional distress way beyond the usual human experience, which can result in empathy fatigue, while Sexton (1999) states that practitioners who listen to human trauma and loss can be overwhelmed and experience trauma symptoms. There is a great deal of evidence to support the idea that therapists can be adversely affected by their therapy work (for example: Saakvitne and Pearlman, 1996;

Varma, 1997; Bober et al, 2006; Rothschild, 2006; Dunkley and Whelan, 2006; Wheeler, 2007), however Sowa et al. (1994) suggest that counselling is not inherently stressful, and instead it is how the individual counsellor perceives and reacts to stress that determines well-being and resilience. They argue for increased availability of stress management courses for student counsellors, and the development of strong professional support in the form of supervision groups and mentors.

All participants identified factors that kept them motivated and positive about their therapy work, and may therefore help prevent burnout

Throughout the interviews the participants disclosed the aspects of their counselling work that they enjoyed and which gave them personal satisfaction. Occupational fulfillment is an important dimension of wellness (Roscoe, 2009) and a theme that emerged from the data was the feeling of capability and usefulness. This is consistent with the literature which found that therapists feel deeply rewarded by their role (Harrison and Westwood, 2009) and mental health professionals feel privileged to be working with traumatised people (Dubrow-Marshall, 2011). Norcross (2000) makes the point that the challenges of therapy work may be counteracted with its privileges. Two of the participants said that Continuing Professional Development was important to their satisfaction levels, and kept them motivated to work in a way they felt was competent. Again this perspective is echoed in the literature, with Continuing Professional Development

shown to be consistent with resilience in counsellors (Meyer and Ponton, 2006) and related to higher satisfaction levels (Lawson and Myers, 2011).

CHAPTER SIX

Conclusion

5.1 Conclusion

In this small-scale qualitative study I have focused on the participants' experiences of well-being and resilience. My interpretation of the resultant data highlighted that participants described well-being as a holistic and multi-faceted phenomenon, which supported previous findings identified in my literature review (Witmer and Young, 1996; Roscoe, 2009). Monitoring and maintaining well-being through self-awareness emerged as the strongest overall theme, which also correlated with several recently published studies (Harrison and Westwood, 2009; Richards et al, 2010; Lawson and Myers, 2011; Wolf et al, 2012).

Taking positive action and making decisions designed to enhance well-being, whether it mean involvement in activity; maintaining a satisfactory work/life balance; taking time for contemplation; or seeking support from others, was also a strong theme. This appears to endorse studies from the literature base which propose that maintaining well-being necessitates an active pursuit of what promotes it (Gladding, 2007; Venart et al, 2007; Lawson and Myers, 2011).

Receiving both peer and individual supervision was cited by the participants as integral to maintaining well-being and resilience, providing consistency with the

literature review (Norcross, 2000; Lawson and Venart, 2005), and some were able to identify times when their therapy work had impacted negatively on them.

A theme that emerged from this study which was not specifically discussed in the literature that I sourced, was that the participants positively valued their life experience in terms of a building of confidence which maintained well-being. They described finding strength through events in their history, and linked well-being and resilience to their accumulated self-development.

5.2 Recommendations

The literature review has identified how working as a therapist poses significant risks to health and well-being (Bober et al, 2006) as well as highlighting a lack of focus on self-care in counsellor training (Sexton, 1999). However, more recently there has been an increase in course leaders incorporating a wellness model in training programmes (Perepiczka and Balkin, 2010), and I would argue that further development of this is needed, and would be beneficial for both counsellors and their prospective clients. There are several wellness inventories cited in the literature base ((Roscoe, 2009; Lawson and Myers, 2011) and additionally Skovholt and Trotter-Mathison (2011) and Baker (2003) include self-care inventories in their respective books. I feel that these resources are valuable and should be made available to trainee counsellors, as well as to qualified practitioners who enroll on supervision and counselling studies courses, for dissemination to the larger counselling community.

5.3 Areas for future research

Given that wellness and self-care is only just beginning to be included on training programmes (Perepiczka and Balkin, 2010) I feel that research identifying where it is being incorporated, as well as an exploration of how this is being achieved, would be very beneficial in order to promulgate robust models of wellness in counsellor training.

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Appendix i

Research Interview

I am currently in the third year of an MA in Clinical Counselling at the University of Chester, and I am undertaking a small scale research project for my dissertation. I was wondering if you would be willing to be interviewed, at a time and place convenient to you, as part of this research. The interview should take no longer than an hour. The title of my research project is:
An exploration of counsellors' perspectives on factors that influence their well-being and resilience.

I hope to explore aspects such as personal characteristics, qualities and experiences, that counsellors can attribute to the maintenance of their well-being, as well as methods and strategies employed to maximise self-care.

The inclusion criteria for participants is: **practicing counsellors, qualified to at least Diploma level, with no less than four years experience in the field.**

Before you agree to the interview I can confirm that:

- The University of Chester Ethics Committee has given permission for this research to be carried out.
- With your permission the interview will be recorded.
- A transcript of the interview can be sent to you after the interview upon request.
- Your anonymity will be maintained at all times and no comments will be ascribed to you by name in any written document or verbal presentation. Nor will any data be used from the interview that might identify you to a third party.
- You will be free to withdraw from the research at anytime and/or request that your transcript not be used.
- A copy of the interview questions can be sent to you seven days before the interview upon request.
- I will write to you on completion of the research and a copy of my final research report will be made available to you upon request.

I sincerely hope that you will be able to help me with my research. If you would like to be involved, have any queries concerning the nature of the research, or are unclear about the extent of your involvement in it, please email me at and I will be in touch.

Finally, can I thank you for taking the time to consider my request and I look forward to your reply.

Yours sincerely
Karen Chance

Appendix ii

AN EXPLORATION OF COUNSELLORS' PERSPECTIVES ON FACTORS THAT INFLUENCE THEIR WELL-BEING AND RESILIENCE

Questions:

1) Could you describe what well-being and resilience mean to you?

2) How do you remember stressful events and adversity being dealt with by the adults in your early life, and do you feel this has influenced your own coping style?

3) Are you aware of any personal characteristics you have that affect how you cope with stressors or adversity?

4) Have you learned to employ any strategies that help you cope with stressors or adversity?

5) Are there any physical or psychological signs that you notice which alert you to a lessening of resilience, or a need for extra self-care?

6) Within your therapy work, what helps you to maintain your general wellbeing?

7) Have you ever taken time off your therapy work to safeguard your emotional well-being?

8) Outside your therapy work, what helps you to maintain your general wellbeing?

9) Have you ever withdrawn from, or declined, social engagements to safeguard your emotional wellbeing?

10) How important are intimate relationships to your wellbeing, and how easy do you find it to ask for, and receive, support when you need it?

11) Following this reflection, are there any other things you feel are important to mention that are related to your wellbeing and resilience?

Appendix iii

RESEARCH INTERVIEW CONSENT FORM

An exploration of counsellors' perspectives on factors that influence their well-being and resilience.

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

	Please Initial 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 if necessary and have 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 audio recorded.	☐
4) I agree to the use of anonymous quotes.	☐

I agree to take part in the above study.

……	……	……
Name of participant	Date	Signature

……..	……	……
Name of person taking consent	Date	Signature

Appendix iv

Discovery sheet

Emerging themes from the transcripts:

-Well-being relates to physical and psychological health
-Resilience relates to tolerance and coping
-Family models of coping with adversity
-Differing coping styles to parents
-Self-awareness
-Life experience
-Optimism
-Meditation/ mindfulness/ breathing
-Supervision
-Peer support/ supervision
-Walking
-Physical symptoms as early alert to impact of stress
-Emotional boundaries
-Friendship
-Countryside/ nature/ outdoors
-Animals/ pets
-Taking action to safeguard well-being
-Reducing client hours/ hours of work
-What keeps me counselling
-Space
-Sudden and overwhelming exhaustion
-Work/ life balance
-My responsibility to maintain well-being
-Attitudes and values
-Differentiate work life and social life- ‘drawing a line’
-Reading/ CPD

-Multi-faceted aspects of wellness
-Practice what we preach
-Anger
-Coping mechanisms
-Personal characteristics
-Need to be alone/ processing time
-Exercise
-Rest/ tiredness
-Impact of work
-Burden of social life
-Asking for support
-Compounding stressors
-Sanctuary
-Independent child
-Awareness of adults' vulnerability in childhood
-Confidence to practice
-Knowledge of what maintains well-being
-Fluctuating levels of wellness/ resilience
-Support from workplace
-Understanding of counseling role by others

Appendix v

Revised categories

-Definition of well-being

-Definition of resilience

-Life experience

-Family background

-Model of coping

-Self-awareness

-Supervision

-Peer/ colleague support

-Alerts to lessening of well-being

-Walking

-Friendship

-Asking for support

-Taking action to safeguard well-being

-Work/ life balance

-What sustains my practice?

-Differentiation between work and social life- ‘drawing a line in the day’.

-Controlling workload

-Personal characteristics

-Negative impact of work

-Strategies employed to maintain wellness

Appendix vi

Propositional statements

1. Participants identified that well-being is experienced as having good mental and physical health.

2. Participants linked resilience with coping and the ability to tolerate stress.

3. Participants believed that witnessing parental reactions to stress and adversity influenced their own coping styles.

4. Participants positively values their life experience as an aspect of maintaining resilience in their practice.

5. All participants could identify personal characteristics that they felt helped them to cope with stress.

6. All participants had developed a level of self-awareness that helped them to monitor their own well-being and attend to self-care.

7. All participants cited supervision as useful in helping to maintain their well-being and resilience.

8. Participants experienced interacting with their peers and colleagues as a powerful way of maintaining well-being in their therapy work.

9. All participants have taken corrective action in both the social and work elements of their lives to safeguard their well-being.

10. All participants indicated a need for a good work/life balance and a clear distinction between their work and social roles.

11. All participants were able to identify personal strategies they employed which helped them maintain wellness and resilience.

12. All participants highlighted having supportive social relationships and being able to ask for support when needed as of great importance.

13. Participants recognised occasions when their therapy work had impacted negatively on them.

14. All participants identified factors that kept them motivated and positive about their therapy work, and may therefore help prevent burnout.