

**St. Stephen's College**

The Elephant in the Office:  
A Phenomenological Study of Spiritually-Informed Student Therapists' Feelings of  
Incompetence in Early Therapeutic Encounters

By

Sherry Kim Bilida

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## **Dedication**

I dedicate this to my Mother, truly my unpaid therapist and to my five amazing rays of sunshine who have taught me whatever life lessons that my Mom could not.

### Abstract

This phenomenological study explored the lived experiences of spiritually-informed student therapists' feelings of incompetence (FOI) in early therapeutic encounters. This aim was achieved by conducting two rounds of semi-structured interviews with three student therapists, who identify as spiritually-focused practitioners. Together, with field notes, researcher's reflections and the reviewed literature, four major themes were revealed. Key findings included: 1) Uncertainty is certain, where somatic symptoms were indicators of ambiguous feelings. This theme also explored uncertainty as feeling powerless and experiences of uncertainty in supervision. Loneliness, isolation, and the impact of personal uncertainties completed the first theme. 2) The *game-changer syndrome* captures student therapists' unrealistic expectations for their clients. This theme includes a discussion on perfectionism and comparison as subsets of this condition. 3) Practicing with presence illuminates the role of silence in attaining deeper therapeutic connections, commonly experienced by participants. 4) Therapists as conduits for the Divine is a conversation of spirituality's role in alleviating feelings of incompetence. The principal conclusion was for educators, supervisors, students and colleagues to engage in a dialogue about these realities and ultimately mitigate these feelings of incompetence.

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I would like to thank John Walker, my first supervisor for taking a chance on me, helping shape me into the therapist I am today, and continuing to keep my FOI in their place. Firsts always have a special place in my heart.

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With God's love and guidance I can see how perfectly I am held. I am grateful and humbled by the vastness of God who continually reminds me I am safe and loved.

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## Chapter 1: Introduction

### Purpose

The purpose of my research project was to phenomenologically explore feelings of incompetence among spiritually-informed student therapists during the practicum experience and how they affect the therapeutic relationship. My intent is to normalize these commonly experienced feelings with the hope of minimizing any detrimental effect upon fledgling therapists and their clients. Since these feelings of incompetence appear to be the elephant in the office nobody is talking about, my stance is rooted in the notion that the simple act of normalizing them can be therapeutic. Addressing these feelings before the process of practicum begins may mitigate the negative consequences they frequently evoke.

### Research Questions

My predominant research question is: *What are the lived experiences of spiritually-informed student therapists' feelings of incompetence in early therapeutic encounters?*

The supplementary research questions that emerged from my primary question were:

*What meaning is the spiritually-informed student therapist making in order to cope with feelings of incompetence? What part, if any, has the student therapist's spirituality played in dealing with feelings of incompetence?*

### Definition of Terms

Feelings of incompetence (FOI): "The emotions and thoughts that arise when therapists' belief in their abilities, judgements, and/or effectiveness in their role as therapists are reduced or challenged internally" (Therriault, Gazzola, and Richardson, 2009, p. 106).

These FOI typically create uncertainty.

Student Therapist: Also referred to as fledgling or novice therapists or clinicians, trainees, apprentices, interns or student counsellors. This term indicates a newer therapist, still under supervision, and is to be differentiated from the expert therapist, generally believed by Theriault et al. (2009) to have a minimum of ten years of direct client contact.

Spiritually-Informed: Incorporating the belief that God is omniscient, omnipresent and omnipotent and that healing occurs as one allows oneself to channel the Divine.

Throughout the study, reference is made to “spirituality” and “faith.” While I acknowledge that both terms, depending on the audience, might indicate a discrete subset of ideals and practice, for the purpose of this study, I will use the terms interchangeably. As well, synonymous terms for “God” that are used include “the Divine” and “Spirit”.

### **How My Study Differs From Existing Research**

One underexplored area in the literature is the role spirituality has played in the FOI of student therapists. It is my intent to broaden Theriault, Gazzola and Richardson’s (2009) discussion by concentrating my data on student therapists who incorporate spirituality as a vital component of their practice. My research addresses this gap in the literature by including a discussion of my co-researchers’ (also referred to as “participants”) experience and exploring the relationship between spirituality and FOI. Individual components of the themes of FOI, student therapists, and experienced therapists were narrowly available for study but my research project is unique in that it combines the fields of spirituality and psychology.

Although existing research is qualitative in nature, mine is distinctive in my choice of utilizing phenomenology, which encourages the voices of my participants to speak with thick and rich description from their hearts. Max van Manen (1997) is a leading expert in

the field of hermeneutic phenomenology who explains that “phenomenology aims at gaining a deeper understanding of the nature or meaning of our everyday experiences” (p. 9). “It offers us the possibility of plausible insights that bring us in more direct contact with the world” (van Manen, 1997, p. 9). Phenomenology incorporates the understanding that a phenomenon is bottomless – all meaning can never be excavated from a topic. For this reason, a phenomenological study will contribute the unique perspective of my co-researchers’ experience to the field. Langdrige (2007) expands the idea of phenomenology as “seeking to understand more about a particular topic rather than attempt to explain or identify causes for phenomena” (p. 57).

I have integrated the facet of spiritually-informed therapists into my research project due to my belief that “the fully developed human person is, of necessity, a spiritually developed person. High levels of human development give fuller consciousness, insight into self and others, perspective, wisdom, articulated values” (Hague, 1995, p. 187). This inclusion encapsulates an understanding that the most effective healer cannot overlook spirituality, since the heart of spirituality involves self-exploration and personal growth. As spirituality reaches outside ourselves “it stretches beyond a childish dependence on God-there-for-me, moving out instead to relationships of care for others, for our earth, and for the universe, which in turn brings our minds back to God” (Hague, 1995, p. 281).

My interview questions mirrored Thierrault, Gazzola and Richardson’s (2009) design, where FOI were first defined. I mimic their stance that this phenomenon must be addressed in the setting of academic training in order to transition students more effectively through their internships. I am grateful for the groundwork that Theriault, Gazzola, and Richardson (2009) have laid in providing the intellectual foundation for my

work. They have also established the baseline to research the content of FOI in relationship to spirituality. Standing upon their shoulders, my choice of conducting a phenomenological study permits me to begin a conversation around this phenomenon of FOI. Their research has broken the ice in addressing this relatively undiscussed facet of learning in becoming counsellors. Because there was no literature relevant to my spiritual approach to FOI, my literature review is presented in two parts to comprehensively integrate both fields of psychotherapy and spirituality into my project.

### **Similarities of Study**

Theriault, Gazzola & Richardson's (2009) study is the prototype from which I have modified my research. I have utilized their terminology in defining FOI as the crux of this project primarily for the reason that they are on the cutting edge in contributing to this vastly understudied field. When I was initially exposed to their journal articles I was struck by their ability to succinctly capture the specificity of issues surrounding FOI as I personally encountered them. My interview questions mimicked their themes since my own experience so accurately paralleled theirs. My participants' experience also mirrored the concepts explored in Theriault, Gazzola, and Richardson's (2009) findings and will be elaborated on in chapter four.

### **Relevance of My Topic**

My work is relevant to the fields of psychotherapy and spirituality as I augment the limited knowledge on this fascinating and pervasive topic of FOI within a spiritual context. I explore how exposing FOI as a common phenomenon makes a worthwhile contribution to the community of student therapists and those responsible for educating and supervising this population. Since the personal impact of FOI was surprisingly

forceful, I am passionate about not only researching other spiritually-informed student counsellors' experiences with FOI, but also exploring possibilities for ringing the alarm about keeping our encounters with this inhibiting phenomenon shrouded in secrecy. The impetus for my research project arose from deep misgivings over the absence of this subject in academia and being firmly convinced that if I had encountered any discussion of FOI, my own encounter with these self-doubts would not have felt so violent and could have greatly reduced my anxiety. The shame that envelopes the exposure of FOI should have prepared me for the scarcity of literature on this topic. Given the importance of FOI on counsellor development, I should not have been surprised that few academics are addressing this hushed matter.

### **Autobiographical Origins**

“To orient oneself to a phenomenon always implies a particular interest, station or vantage point in life” (van Manen, 1997, p. 40). van Manen (2002) advises that “in order to describe aspects of life that we share it is often helpful to start with one’s personal experience” ( p. 49). My intimate acquaintance with and investment in this research topic arises out of my own experience as a practicum student on a spiritual as well as psychological quest. In particular, the experience of waiting for my very first client to arrive caught me off guard. I ruminated about my inexperience and particularly my struggle with whether I would be able to put into practice all that I had been previously exposed to in my coursework. Although accustomed to a sense of mastery in academic achievement, I was overwhelmed with the shock that I might prove ill-equipped, under-prepared, and lacking sufficient therapeutic knowledge and skills. My many unanswered questions on specific procedures and my ambivalence about therapeutic outcome

continued to dominate my anxious thoughts. Although they decreased with each new client encounter, I was unprepared for the strength with which they initially presented themselves. This powerful state of anxiety and self-doubt brought me face-to-face with the dreaded, and as yet unnamed, FOI. In order to process the self-doubt, I shared my narrative with whomever I ethically could and exchanged stories with other therapists. It surprised me how prevalent they appeared to be even among experienced counsellors. This birthed my interest in exploring whether other students, who also identify as basing their early practice grounded in their religious faith, experienced analogous feelings in their practicum experience.

Let me take you to my very first counselling session. van Manen (1997) reports that “to be aware of the structure of one’s own experience of a phenomenon may provide the researcher with clues for orienting oneself to the phenomenon and thus to all the other stages of phenomenological research” (p. 57). I will never forget my initial client experience as a nervous practicum student; it remains vividly anchored in memories of being overwhelmed. I had three clients booked my first day and I excitedly anticipated the opportunity, undergoing only the mildest of butterflies in my stomach. However, the nature of that anticipation changed as my first two clients never materialized. That left me with two hours where I felt like an actor with a case of stage fright; the momentum of anxiety built as I awaited client number three. As I sat in my empty office frantically reviewing my checklist, thinking of all I had learned in my lectures and textbooks, I felt as if I was rehearsing my lines. As I finally heard the creak of our door I took a deep breath and prayed for all God’s wisdom in heaven.

Within minutes as we engaged, one human being to another, my fear and lack of confidence surprisingly melted away. All my concerns about uncomfortable silences and not knowing what to say or do became irrelevant. I remember very little about that first therapy hour except how enjoyable it was once I forgot about myself and all those fears that had mounted. The expectations that built in those first two hours had caused a ridiculous de-escalation of confidence that vaporized through just 'being' with another. I completely lost myself in the process of therapy once my mind shifted the focus off of my incompetence and onto my client.

My spirituality brought great comfort as it always does in times I feel inadequate, unprepared, or unworthy. As a spiritually-informed therapist I realized my faith contributed greatly to these feelings of relaxation and enjoyment. This ease was due to a familiar and ethereal source so deeply interwoven into my psyche that feelings of trust and safety emerged from the recognition that all my steps are divinely ordered and confirmed by a benevolent and self-governing universe. In addition, the knowledge of the social support of my friends and family was also a stabilizing feature that contributed to eliminating my anxieties. Yet another confidence booster was the knowledge that my very kind and supportive supervisor was available to me. Leaning into these, created feelings of gratitude toward God, family, friends, and my supervisor, which infused me with the confidence and encouragement I did not possess on my own during those agonizing two hours.

Observation and experience lie at the heart of research. Interest had sparked my exploration of FOI and factors that contributed toward the well-being of others who also possessed a strong faith, and who might struggle in similar ways. I became curious

whether FOI affected other novice therapists to the degree I was impacted. If so, how did the experience feel for them? van Manen (1997) tells us that “in drawing up personal descriptions of lived experiences, the phenomenologist knows that one’s own experiences are also the possible experiences of others” (p. 54). This was the origin of my resonance with phenomenology in addressing the possibility that “one’s own experiences are the possible experiences of others and also that the experiences of others are the possible experiences of oneself” (van Manen, 1997, p. 58).

My very first practicum experience was primarily spent worrying about something that never happened. With two hours on my hands due to no shows, I had ample time to consider myself the savior and fixer that I could never realistically be. These preposterously skewed expectations poignantly froze themselves into my memory. This preconception that I needed to be an expert on any condition I might encounter was one of my most disconcerting beliefs. Although I had encountered expressions in texts and in the classroom such as, “journeying alongside” and “the client is the expert of his/her life”, I had not internalized the reality of these phrases. My feeling of responsibility was certainly overinflated – it was not my job to rescue or save. Did other novice practitioners have these same idealistic expectations of themselves? If so, what role did faith play in their interpretation of their experience?

Was my experience unique and unusual? I suspected it was far too common and wished I could have been in my fellow students’ offices as they anticipated their initial client meetings. What would they be telling themselves? To share my experience might have alleviated any FOI they may encounter. Why was nobody talking about this? I could not keep silent about my experience as a means of processing it. When we



encounter difficult experiences, we tend to want to talk about them in order to heal.

Shame or no shame, I knew of no better coping mechanism than exposure and with each telling these feelings loosened their grip on me. These tales elicited comparable stories from students and colleagues. I found that bonding over these shared experiences lightened the burden until it became easier to share and eventually possible to laugh about them. Disclosure to others and discussing similarities created a delightful bond with which to manage the anxiety. When I presented my experiences of FOI to the following year's practicum classroom, all were raptly attentive and appeared to share in a communal sigh of relief. Surely we would survive as those before us had!

### **My Contribution**

My desire to incur the realization that one is not alone in facing these feelings of being overwhelmed, may ground a student's professional sense of self in a more confident and positive manner. As I contribute a unique phenomenological voice to the existing qualitative research, in the context of the experience of my co-researchers' feelings, I hope to minimize anxiety, along with the repercussions that ensue for students at the beginning stage of their new careers. Acknowledging these prolific feelings may prepare students for their inevitable arrival, since they typically accompany this population's steep learning curve. Exposing shameful experiences of FOI is made easier only as this phenomenon is recognized. Since the therapists' character and emotional state are their prominent tools, simple awareness has the potential to improve authenticity between client and counsellor and contribute to the sense of well-being of both.

FOI's debilitating effects and widespread occurrence should be presented to master's students as part of efficacious practicum preparation. As awareness of FOI increases, this

process of normalization may assuage many of the fears that impair both the therapeutic process, and the welfare of the counsellor and the client. This is of particular importance during the equipping period since, as students, our skill set is already truncated to a greater degree than that of experienced therapists.

In addition to student therapists understanding that FOI are par for the course, most research indicates that the battle with FOI may persist with years of experience. “It appears that FOI represent a relentless dimension of therapist experience continuing to plague many therapists despite the accumulation of experience” (Theriault and Gazzola, 2006, p. 314). Education is a necessary component to recognizing and naming FOI. Awareness, coupled with systematic training to address FOI, can prevent therapists’ erosion of confidence. A starting point for understanding is to be found in veteran therapists’ FOI in their therapeutic encounters along their career trajectories.

My research indicates that despite the prevalence and persistence of FOI, they have been shrouded in secrecy due to the shame and embarrassment of being perceived as inadequate to and by the profession. I explore this particular vulnerability in order to alert educators and scholars to integrate this subject into the education system. Doing so could mediate some of the suffering uncertainty carries. Acknowledging the pain incurred by FOI is the first step towards eradicating it. Acknowledgement is also the antidote to disregarding its unnecessary suffering, both in discussion and in training programs. Since this destructive and insidious phenomenon appears to be pervasive and tenacious for many years, possibly throughout the lifetime of one’s career, normalizing FOI may prepare and protect trainees entering this helping profession. Some application of a teaching module at a master’s level to address the self-doubts of student therapists in

practicum could be extremely beneficial to trainee counsellors and experienced psychotherapists, supervisors, educational institutions and professors.

The spiritual relevance of this topic is ubiquitous. Brigman (1984) offers that “the spiritual dimension of the human is a unifying force which integrates all other dimensions [and] plays a vital role in determining well-being” (p. 3). How therapists perceive their interactions with their clients in a therapeutic hour affects their entire sense of well-being, even to the point of depression (Mahoney, 1991) or career abandonment (Patterson, Williams, Edwards, Chamow, and Grauf-Grounds, 2009), depending on current obstacles in life that students may encounter. Conflict arises between seeing self as worthy and encountering personal and professional inadequacies. Boundaries become fuzzy as emotions know no borders between professional and personal pain. Spiritual foundations are often what bring sufferers back to equilibrium through reliance on God, personal faith practices, and prayer. It is my position that incorporating faith and grace play prominently in diminishing instances where therapists feel unworthy.

### **Organization**

I organized this project into five chapters. Chapter one provided information on the scope and rationale of the research, defined key terms and included autobiographical origins. Chapter two reviews the literature on FOI with regard to physiological symptoms and elevated levels of personal expectations. Strict ethics of confidentiality embedded in this profession prevent freely sharing work-related experiences outside of supervision. The varying opinions over whether or not FOI dissipate over years of professional practice or whether they persist into a therapist’s future are explicated.

The second part of chapter two orients the reader to my explicit denotation of spirituality. Although any description of such a nebulous topic eclipsed my best words, I referenced writers far more proficient than I. I depict God as all-pervasive and as near to humanity as the air we breathe – and simply through awareness, equally as available. “There is no way to God apart from real life in the real world” (Taylor, 2009, p. xvii). No difference exists between the secular and the sacred worlds, even though we live like one is reality and the mystical is optional. “Body and soul were not two but one. I was not two but one. God and I were not two but one” (Taylor, 2009, p. 39). It is my perspective that faith cannot be extricated from the subject of psychotherapy, nor can it merely be an “add-on” anytime human beings are involved.

Chapter three expands on the methods and methodology in the research design. “Phenomenological research is a search for what it means to be human. Phenomenological research has, as its ultimate aim, the fulfillment of our human nature: to become more fully who we are” (van Manen, 1997, p. 12). I outlined my paradigm and stated my ontology, epistemology, and axiology, along with ethical considerations. Research paradigms provide labels to identify the researcher’s beliefs. These assumptions are the principles about reality that guided my actions in this study. “All researchers take sides, or are partisans for one point of view or another. Value-laden interpretive research is impossible because every researcher brings preconceptions and interpretations to the problem being studied” (Denzin, 2001, p. 23).

Chapter four is the crux of the phenomenological nature of this project where I invited my reader to “dwell in this interpretive reflective space while reading the tentative texts: to deepen them, to enrich them, to personalize them, and to hold them against the

brightness of the living daylight” (van Manen, 2002, p. 8). Patton (2002) recounts that “description forms the bedrock of all qualitative reporting” (p. 438). My goal is to provide description “in such a way that we can understand the phenomenon studied and draw our own interpretations about meaning and significance” (Patton, 2002, p. 438).

Four common themes emerged. In the first theme “uncertainty is a certainty”, I shared the somatic realities of FOI on my participants. Uncertainty is then discussed as powerlessness, in the context of supervision, and results in feelings of loneliness and isolation. I also elucidated the impact my co-researchers experienced with personal uncertainties in their professional worlds. The second theme was dubbed the *game-changer syndrome* where self-expectations, perfectionism, and comparisons proved ridiculously high. The third theme of presence is a profound phenomenon of deep connection with clients. The role of silence was explored here. The fourth theme is an awareness of a power beyond them, working through them in connecting to their clients. All were very cognizant that they were vehicles channeling this force. To conclude chapter four, specific spiritual practices that alleviate FOI were explored.

How do I know if my phenomenological writing is effective? If I have accomplished my goal of portraying FOI and captured its essence, all can relive this phenomenon. My research should appeal to all, as we all know incompetence. van Manen states, “A description is a powerful one if it reawakens our basic experience of the phenomenon it describes and in such a manner that we experience the more foundational grounds of the experience (van Manen, 1997, p. 122).

Chapter five summarized my findings and further interacted with emergent themes. It revisited the literature and reflected upon the knowledge I gained from the literature and

my discoveries from my data. Ways this topic could potentially be applied in the future followed. I reflected on our ability as spiritually-informed student therapists to accept imperfections and change reactions to our mistakes, in order to educate and uplift rather than make us feel deficient. Learning to make the most of mistakes is an essential skill, both as professionals and as human beings. My intent in bringing this topic to the forefront is to I highlight these elephants in the office so that they can become strengths.

## **Chapter 2: Literature Review**

### **Introduction**

An extensive and thorough literature review lays a solid foundation for a substantial contribution to research. In the context of my topic on FOI among spiritually-informed student therapists, a critical examination of the scholarly research is imperative for sifting through the most relevant information. In my field of specialization I have demonstrated the knowledge and skills of analyzing and synthesizing other scholars' research in comparable areas. Since my own training, passion and practice includes spirituality, as does the practice of my participants, it is vital to discuss in greater detail my spiritual paradigm in relationship to the therapeutic relationship. Therefore, the second part of the literature review visits my personal elucidation of spirituality within the context of psychotherapy.

The purpose of this literature review is to critically analyze existing research in order to mine the topic of FOI in practicum among spiritually-informed counselling students, with hopes of normalizing these stressors of learning and dispelling common irrational beliefs. Another purpose of the literature review is to share results of other studies that are closely related to mine. It connects my research to the larger, ongoing conversation about this subject and provides a framework for my findings. My desire is to augment the breadth of this field of knowledge by spring-boarding into lives of spiritually-informed student therapists. This collection of pivotal writings has provided the material which has allowed me to dig deeply into what has previously been explored on this topic. As I build onto the already-existing base of literature, I hope to fill in some gaps of this subject area and thus, enlarge the prevailing research.

Considering my own encounter with FOI and their high incidence rate among my cohort, I was surprised to find such meagre research on academic sites such as EBSCO and through combing relevant peer-reviewed journals. As I overlay the scant literature with my experience, I wonder if these feelings of insecurities are the elephant in the office that so few are addressing. I intend to acknowledge this topic as rampant to prepare student therapists for their arrival and mitigate possible feelings of being overwhelmed that typically accompany this high learning curve. Exposing shameful experiences of FOI in student therapists only happens as this phenomenon is recognized.

The first part of my literature review will explore the paucity of available research, as well as the pervasiveness of FOI among both student therapists and veteran practitioners. Both positive and negative consequences generated by these insecurities will be explored. These include fears of being exposed as a fraud, dubbed *the imposter syndrome* by Clance and O'Toole (1987), shame, family stressors, and the prominence of both negative and positive self-talk (Bennetts, 2003). FOI in the context of the therapeutic relationship, the effects of the erosion of confidence, fears of harming the client (Truell, 2001), and the loneliness and isolation apprentices encounter are addressed.

I expand on the wide range of effects FOI have on the therapeutic relationship and the significant professional costs that ensue, not only on student therapists, but on experienced therapists as well. Consequences of FOI trickle into the personal lives of practitioners of every calibre, producing a wide range of symptoms such as burnout, depression and blurred boundaries, which can affect friends and family deleteriously. Insight into elevated levels of personal expectation is examined. In closing this first part



of the literature review, I introduce conjecture on multiple viewpoints regarding the persistence of FOI along the counsellor's career trajectory.

In the second part of the literature review, I supply the reader with the spiritual perspective in which I have encased this topic. I address the conception of the Divine in an all-pervasive context based on the belief that "simply to be human is already to be spiritual. So underlying all expressions of spirituality is a core that is universal, a core that is simply human" (Helminiak, 1996, p. 272). This section incorporates the viewpoint that a healing profession is the means for healers to offer themselves as a channel for the presence of God to flow through and supernaturally touch the client. Silence will be appraised through the literature as an important facet of this phenomenon. To conclude, I consider the notion that the suffering of FOI has intrinsic value toward greater growth and humility. The correlation between the pain of FOI experienced by the student therapist and the pain experienced by a client is paralleled. FOI may increase levels of compassion and empathy extended from student therapist to client during counselling.

### **Paucity of Research**

Truell (2001) expresses that "the amount of published material on the negative effects of learning counselling is sparse" (p. 68). Due to the often debilitating effects and widespread occurrence of FOI among novice therapists, far more literature should be available for review. Their existence should be presented to master's students in preparation for practicum work. As awareness of FOI increases the process of normalization may alleviate many of these fears that impair the therapeutic process. This awareness towards the goal of normalization is of particular significance since, as novice

therapists, our skill set is already truncated to a greater degree than experienced therapists.

Due to the paucity of information on FOI among student therapists and the disagreement between researchers as to how FOI affects them, some of my research is extrapolated from the lives of seasoned professionals and the origins of their sources of incompetent feelings. It may be fair to assume that if experts have experienced a certain set of issues then students may experience the same problems – perhaps at an increased level. While the seasoned practitioner has had time to achieve the balance between their personal and professional lives, the trainee is still sorting this out. For my purposes I will refer to Theriault and Gazzola (2006) who consider an experienced therapist as having a minimum of ten years' experience working with clients.

Theriault, Gazzola and Richardson (2009) report that “the knowledge acquired has been unfocussed and the links made remain unconfirmed. In particular, the plight of novice clinicians is relatively unexplored” (p. 107). They add that “the impact of these self-doubts and the coping mechanisms employed for dealing with these insecurities are not generally topics of structured inquiry” (p. 107). This information needs to be confronted and disseminated in order to bring awareness to a phenomenon that can be expected for those launching into the counselling field.

### **Prevalence of FOI**

Theriault et al. (2009) note that “in novice therapists, FOI are a central feature in the development of their professional identity” (p. 105). It appears that FOI are the prime career hazard in this profession, even among veteran therapists. Mahoney (1997) claims that self-doubts about one's effectiveness and insecurity “are among the most frequently

endorsed and consistently reported hazards of psychotherapeutic process, regardless of the experience level of the practitioner” (p. 106). Borders, Fong-Beyette, and Cron (1988) found that novice therapists have been characterized as anxious and self-focused, making them less able to make overarching connections about client material than more experienced therapists. Results from Borders et al.’s (1988) case study of a student therapist that captured in-session cognitions, revealed that negative thoughts were more common than positive thoughts. Given my personal experience, as well as my experience of counselling others, it comes as no surprise that negative internal comments outweighed positive ones. When mitigating distress, experts commonly espouse unbalanced ratios of positive statements to equalize the effect of each negative statement, since negative comments have stronger impact.

Multiple sources point to anxiety being the norm for student counsellors. Leaders in the field of therapist evaluation, Skovholt and Ronnestad (2003) concur that “most beginning therapists experience a host of anxious feelings when they start clinical work” (p. 45), to which Patterson et al. (2009) add “they are more aware of their inadequacies than their strengths” (p. 2). Bennetts (2003) researches student learning in counselling training and confirms that “counselling students are particularly self-critical and tend to focus more on hindering events than helpful events” (p. 309). Patterson et al. (2009) also normalize FOI, claiming that “the predominant emotion that most therapists report before seeing their first client is significant anxiety and beginning therapists report feeling overwhelmed by the experience” (p. 7). They report that too much confidence in students concerns supervisors more than a lack of it. “Overconfidence is highly incongruent with the complexities of learning to do therapy well and danger exists in not acknowledging

them as they interpret feelings of overwhelm as evidence that they are not cut out to be therapists” (Patterson et al., 2009, p. 4).

FOI are often repressed or unshared due to the shameful feelings they arouse in those who encounter them. Leading shame researcher Brene Brown (2012) describes shame as ubiquitous. “Shame is universal and one of the most primitive emotions that we experience” (p. 68). Yourman (2003) discusses the impact of shame within the context of supervision and states “supervisees experiencing more shame will be less likely to be forthcoming, especially about material that might be viewed negatively by their supervisors” (p. 601). Yourman (2003) continues: “psychotherapy trainees do difficult work that requires intense involvement and considerable skill. It is work that routinely challenges their competence, independence, and sense of self, providing fertile ground for the occurrence of shame” (p. 602).

Shame has a prominent and inadequately addressed place in the life of the fledgling therapist. “When experience of self does not live up to expectations, there is likely to be an inherently punishing, shame-based reaction and concomitant disturbance in communication” (Yourman, 2003, p. 603). This self-punishment sets up a negative cycle of increased FOI. Skovholt and Ronnestad (2003), state that it is the ambiguity of therapeutic work that makes it a major source of stress and “to understand the ambiguity of the human condition, practitioners must use thinking patterns that are not linear, logical, or sequential. Expertise within the web of ambiguity takes years to master” (p. 46).

“What other occupation has built into it the frustration of feeling helpless, stupid and lost as a necessary part of the work” (Ghent, 1990, p. 108)? This induces wonder as to

who would volunteer for this type of role. “What other occupation puts its practitioners in the position of being an onlooker or midwife to the fulfillment of others’ destinies? It is difficult to find a type of existence, other than that of the psychoanalyst who fits this job description” (Ghent, 1990, p. 108).

### **Consequences of FOI**

**Positive consequences.** Results demonstrate that FOI have both positive and negative effects within and beyond sessions. What could be positive about feeling negative? Theriault et al. (2009) define positive FOI as self-knowledge, which is “retrospective understanding of internal processes and is considered beneficial” (p. 106). Theriault et al. (2009) report “increased intentionality, desirable tactical changes, and a deliberate attempt by the counsellor to change the pace of therapy” (p. 109) due to the presence of FOI. FOI contribute to a therapist’s reflexivity and analytical alertness which keeps therapists on their toes. Langdridge (2007) also considers this imposed alertness as an asset and defines reflexivity as “the process in which researchers are conscious of and reflective about the ways in which their questions, methods and very own subject position might impact on the psychological knowledge” (p. 58). This awareness allows novices to be purposeful about attending to strategies known to be effective, like longer silences, fewer questions, and bringing the client into the here and now.

Brown (2012) acknowledges that shame may become a positive consequence due to its ability to provoke motivation. “The psychological discomfort, something similar to cognitive dissonance, is what motivates meaningful change” (p. 72). This does not negate its uncomfortableness or even its destructive quality. However, when approached constructively, FOI may prove to be a friend to the budding therapist; something to

embrace as a means of growth. “Understanding our shame tapes or gremlins is critical to overcoming shame....Sometimes shame is the result of us playing the old recordings that were programmed when we were children” (Brown, 2012, p. 66-67). She continues with shame’s antidote: “If we cultivate enough awareness about shame to name it and speak to it, we’ve basically cut it off at the knees” (Brown, 2012, p. 67).

Some level of FOI was accepted in therapists, providing awareness accompanied it, with the purpose of moving the owner toward taking action. “A certain amount of trepidation, hesitation, and outright FOI [were tolerated] if the person experiencing this had insight, took some proactive steps to address root causes, and remained firmly invested in the process of evolving from the awareness of FOI” (Theriault and Gazzola, 2006, p. 319). FOI can be framed as a growth enhancer as it propels its sufferer toward change. Self-judgement has the potential to fuel ambition and contribute to the continual progression towards the evolution of a maturing therapist. While it is true that FOI is commonly perceived as burdensome, it becomes a profitable attribute when it can be viewed in terms of striving and seeking to surpass prior personal achievements. FOI appears to be a valuable tool if approached as a learning opportunity.

Anxiety is present as novices realize many things do not yet progress as second nature; therefore, they are compelled to rely on learned strategies. Due to their frequent discomfort in the therapeutic environment, student therapists may heavily depend on learned coursework or text material. This may have positive value and encourage trainees to brush up on skills. Other positive qualities inherent in FOI “were the gains in introspection and self-knowledge. Counsellors felt that FOI allowed them to learn about their limits, expectations and humility” (Theriault et al., 2009, p. 110). The insight that

FOI can deliver benefits to therapists may provide trainees the edge with clients as they participate in higher levels of intentionality and self-understanding. Since therapists will likely be barraged by FOI anyway, turning them into qualities that will contribute to, rather than detract from their work, equips and adds value. Often simply taking deliberate action against anxiety is sufficient towards the diminution of those negative feelings.

Another positive aspect of FOI encompasses attributes that normalized doubts about knowing how to apply particular skills in a given situation. Attempts at normalizing FOI may likely reduce the stigma from such feelings. Theriault and Gazzola (2006) categorize these as “thoughts on human fallibility, ambiguity as part of the profession of therapy, and the ever-learning nature of human beings” (p. 318). “Echoes of being ‘only human’ and the impossibility of being ‘all things to all people’ were common” (Theriault and Gazzola, 2006, p. 319). Perhaps it would be more palatable to acknowledge our shame if we reminded ourselves that “the only people who don’t experience shame lack the capacity for empathy and human connection” (Brown, 2012, p. 68). Brown ties a void of shame to possessing sociopathic qualities. When framed in this light, perhaps FOI seem somewhat more appealing!

**Negative consequences.** Negative FOI is labeled by Theriault et al. (2009) as self-awareness or “immediate consciousness [which] refers to ongoing internal states that may be distracting within the counselling process” (p. 106). The nature of self-talk becomes paramount to the therapist. “The internal dialogue of the counsellor is monopolized by doubts about competence and efforts to attend to crippling self-awareness” (Theriault et al., 2009, p. 111). Self-consciousness and vulnerability include “immobilization, reactivity from self-esteem wounds, technical faux pas, and a variety of responses”

(Therriault et al., 2009, p. 110). Beginning therapists often suffer from acute performance anxiety (Skovholt and Ronnestad, 2003). Therapists' preoccupation with self and performance increases distance between therapist and client. FOI may erode the therapeutic connection and increase barriers in the process of therapy.

Johnson (1997) states that acquiring new skills initially turns trainees' focus inward which "may make it difficult for these novice therapists to process client material in a more sophisticated manner or to effectively communicate an empathic understanding of client issues (p. 108). Johnson (1997) continues his reasoning that novice therapists, when "faced with the new and unfamiliar task, apparently turn their focus inward toward their own use of specific skills rather than toward an empathic understanding of the client" (p. 106), which is vital to successful psychotherapy. Borders et al. (1988) concur that fledgling therapists are more self-focused and "preoccupied with self-doubts about [their] ability to choose and perform an appropriate response" (p. 67).

Another negative consequence includes self-deprecating responses such as feeling like a fraud or imposter for being in a position that gives counsel to others, especially if the therapist struggles with their own personal problems. Clance and O'Toole (1987) were the first to address the *imposter phenomenon*. This fear of being exposed as a fraud afflicts novice and experienced therapists alike. Those who perceive themselves as functioning sub-optimally suffer the anxiety that they will be exposed as fraudulent by their peers. These authors predict that 70% of the general population worldwide is plagued by the imposter syndrome, even though it often goes undetected. Sufferers tend to dwell upon failure and negative feedback, much like student therapists who agonize over FOI. This supposition leads me to surmise how much higher this statistic would be



when embarking on a new career path. Clance and O'Toole (1987) apprise that once a situation is addressed where imposter syndrome is experienced, its casualties no longer feel alone in their mistakes. Isolation was characteristically experienced by therapists suffering from FOI. Since mere reflection on the imposter sensation is one antidote to feeling victimized, it follows that exposure of FOI in supervision may be an essential key to alleviating this type of insecurity.

Therapists devalue themselves if they secretly harbor fears of being discovered as imposters or truly incompetent. Yourman (2003) states that "in relation to the self, shame can occur when we do not live up to our own expectations" (p. 603). Patterson et al. (2009) note that FOI and shame often prevent fledgling therapists from disclosing their struggles to others who could normalize them, causing the cycle of this silence to persevere. Brown (2012) expounds that shame requires three things to grow: secrecy, silence, and judgement. She reminds us that since every human knows shame's impact, we must risk vulnerability and discuss difficulties in order to grow from them. We are reminded that "shame thrives on secret keeping....The research team found that the act of not discussing a traumatic event or confiding it to another person could be more damaging than the actual event" (Brown, 2012, p. 82). Detrimental physiological fallouts frequently occur due to FOI; therefore, it should be no surprise that "conversely, when people shared their stories and experiences, their physical health improved, their doctor's visits decreased, and they showed significant decreases in their stress hormones" (Brown, 2012, p. 82).

Permeability exists between the professional and personal lives of all therapists and hardships were identified as moving between both realms. Theriault and Gazzola (2006)

report that therapists were “increasingly self-critical and prone to FOI after experiencing the death of loved ones, divorce and separation, and personally traumatic experiences” (p. 325). The stress of home life contributes to FOI, according to Bennetts (2003), who researches the student experience of becoming professional. “Although participants mentioned other stressors such as their paid employment and health, these were few in comparison with family commitments and the training process” (p. 312). She also notes that the confidentiality therapists adhere to prohibits partners and friends from being confidantes with whom to share their professional issues. “The level of confidentiality within counselling training may have a negative effect on students’ home relationships” (Bennetts, 2003, p. 321) since it cuts out “shop talk” from intimate circles, which may further contribute to increased feelings of isolation and loneliness.

Another contributor to FOI is the label of “student” therapist, according to Bennetts (2003), who indicates that inexperience is often equated with the label of student and “free [therapy] may be equated with ‘devalued’” (p. 313). “If we’re not seen as professional it’s quite difficult to maintain confidence in one’s own ability” (Bennetts, 2003, p. 319). The final contributor Bennetts (2003) emphasizes is “that self-talk could affect the performance of counsellor trainees” (p. 315). This self-defeating behavior erodes confidence no matter what stage of development one is in and certainly contributes to FOI in novice therapists, as it does in all facets of life. The disabling effects of self-talk have been well documented within wide realms of research.

**Professional consequences.** Carl Rogers, one of the founders of humanistic psychology, helped to identify features of an effective therapeutic relationship. “It is the attitudes and feelings of the therapist, rather than his theoretical orientation, which is

important” (Rogers, 1961, p. 44). He further expounds that “if I can form a helping relationship to myself – if I can be sensitively aware of and acceptant toward my own feelings – then the likelihood is great that I can form a helping relationship toward another” (p. 51). The character and emotional state of the therapist are prominent tools in successful client interactions. Simple awareness of FOI has the potential to improve authenticity between therapist and client.

Research is consistent that a lack of confidence is detrimental to the therapeutic relationship. Brown (2012) affirms this connection between shame and nominal behavior. “When we experience shame, we feel disconnected and desperate for worthiness. When we’re hurting, either full of shame or even just feeling the fear of shame we are more likely to engage in self-destructive behaviors and to attack or shame others” (p. 73). It becomes clear that this erosion of the human psyche may become injurious to the therapist, which, in turn, may trickle down to harmfully impact the client.

Earlier research is affirmed by Brown. “There is some considerable evidence that client outcome is positively associated with self-confidence of the therapist (and certainly not with lack of it)” (Orlinsky and Howard, 1986, p. 88). Albert Bandura (1956), the originator of *social learning theory* on how people learn through observing others, writes on psychotherapeutic competence, stating that “anxious therapists were judged as less competent by their supervisors, particularly as their lack of social ease inspired less confidence in their clients” (p. 334). In Bandura’s (1977) *self-efficacy theory*, which encapsulates how individuals believe in themselves to take action, he postulates a direct link between a therapist’s performance and perception of self-evaluation. He elaborates

that feelings of competence develop upon accumulating successful experiences during practice.

Orlinsky and Howard (1986) expand upon this premise noting “client outcome was positively related to therapist self-confidence, well-being and psychological adjustment. Therapist emotional health facilitates treatment outcome and conversely therapists who lack emotional well-being inhibit client progress” (p. 101). It is no wonder the burden feels colossal upon the shoulders of these neophytes! Theriault and Gazzola (2006) concur that among fledgling therapists “an increased sense of vulnerability during these times [of family stressors] and an increase in self-protective mechanisms handicapped their therapy” (p. 325).

Shame takes its toll with “the sudden realization by an individual that he or she is not as smart, competent, beautiful, or creative as he or she had previously thought and interrupts affective communication and therefore limits intimacy and empathy” (Yourman, 2003, p. 603). Mistakes, even if only perceived, create shame. It is expected that student therapists will certainly make errors on the road to proficiency; decreased levels of confidence point to an increase in therapeutic error.

Perceived deterrents to the beginning therapist’s success mount as Patterson et al. (2009) report that FOI “include fears of harming clients by their mistakes, an inability to help clients due to general inexperience, and some even doubt their abilities to the extent of seriously questioning whether to continue in the profession” (p. 5). More serious FOI occur where therapists have actually severed ties or completely detached from clients due to feeling overwhelmed with inability. Skovholt and Ronnestad (2003) write that student therapists’ anxiety emerges since “they lack the professional confidence that buffers the

experience of anxiety when difficulties are encountered. The anxiety of self-consciousness, which leads to focusing on oneself, makes it more difficult to attend to complex work tasks” (p. 47). Guy (1987), from his book entitled *The Personal Life of a Psychotherapist*, writes of unsuitable characteristics that disable counsellors from fulfilling their roles which include: high levels of emotional distress, vicarious coping methods, loneliness and isolation. In Truell’s (2001) case study, student therapists report fears of harming clients, concerns about integrating counselling skills, and living with the fear that they may be doing something to mistreat their clients.

Therriault and Gazzola (2006) state that “the most commonly acknowledged and easily broached causative influence was lack of knowledge” (p. 319) with regard to knowing the route to take in treating a client. They continue that “all participants admitted their ignorance on circumscribed problem areas or with specific therapeutic populations and clearly attributed many of their FOI to these” (Therriault and Gazzola, 2006, p. 319). The most significant source of FOI, according to Borders et al. (1988), was doubts about skills and interventions, as well as worries over things that might compromise therapeutic communication. “Affective retrospections were more negative than positive, revealing more frequent feelings of dissatisfaction, impatience, confusion, doubt, or anger about herself or her client than feelings of satisfaction, approval, and comfort” (Borders et al., 1988, p. 66).

With a rate of over double the negative to positive thoughts, it is clear that FOI need to be exposed among student therapists in order to intentionally promote remediation. Borders et al. (1988) state one participant “was preoccupied with self-doubts over ‘rules of counseling’ and ‘the right way to do things’” (p. 68). Such thoughts likely cause

rigidity in exerting skills instead of awareness that each client is unique and requires individual adaptation. They recognize the heavy impact negative feelings play in the training of a new therapist. Another case participant “seems to worry about how virtually everything she says and does could adversely affect the client” (Borders et al., 1988, p. 68). “Clearly therapists equated FOI with knowledge and training deficits” (Theriault and Gazzola, 2006, p. 319).

Hand-in-hand with this fear of harming the client is the conception of setting firm boundaries in order that the therapist is not inclined to do more work or desire change more than the client. “Therapists readily acknowledge that when boundaries were clearly set and onus for change lay with the client, the FOI were significantly attenuated” (Theriault and Gazzola, 2006, p. 322). This responsibility of deciding what belongs to the therapist and what belongs to the client is a vital imperative in relation to FOI. Theriault and Gazzola’s (2006) findings state that “therapists’ efforts to set appropriate boundaries, and to recognize and respond to violations of responsible boundaries were primarily private” (p. 322) and that “the more responsibility they took for client growth processes the more vulnerable they made themselves to FOI” (p. 323). Striving for client improvement beyond the degree the client was willing to work, amplified FOI.

“The most concerted efforts to understand therapist subjective FOI have been undertaken by the psychoanalytic school through studying countertransference” (Theriault and Gazzola, 2005, p. 12). Theriault and Gazzola (2005) address countertransference as therapists’ unresolved conflicts. “Client experiences of helplessness and hopelessness trigger a therapist’s FOI through a process of identification, and the therapist’s attempt to defend against the resulting anxiety” (p. 12).

They posit that clients are negatively impacted by FOI. “When distress alters the therapist’s disposition the quality of the therapeutic services rendered may be compromised” (Therriault and Gazzola, 2005, p. 12). Psychotherapists are typically a highly reflective population and practitioners’ understanding appears to overlap with their perception of their clients’ concerns. “Students’ perceptions of what their own learning involved was remarkably similar to what they perceived their clients’ learning to be about” (Bennetts, 2003, p. 311). When therapists feel like a hammer perhaps they more often perceive their client as a nail. The state of novice therapists directly appears to affect the quality of interaction with their clients; therefore, it is critical that their emotional states be well managed.

Wheeler, in her deliberation on whether the making of a therapist is chiefly affected by nature or nurture, elaborates on whether therapists are born or trained. She suggests “the place for processing unresolved conflicts is in the role of client, not in the role of therapist” (Wheeler, 2002, p. 436). She continues regarding countertransference: “The task for the therapist is to make, endure and end a relationship. This is no ordinary relationship, but one that makes substantial demands” (Wheeler, 2002, p. 433). Roles of the therapist include “hating and being hated without withdrawing or acting out” (Wheeler, 2002, p. 433), as well as “being tested emotionally, intellectually, and sometimes practically and physically” (Wheeler, 2002, p. 433). Emotional intelligence and maturity appear to be prerequisites in this career.

**Personal consequences.** FOI may negatively impact the process of psychotherapy and the well-being of the therapist. Guy (2000) affirms that clinical work exacts a high cost on both the practitioner’s personal and professional functioning. Deutsch (1984)

linked FOI to burnout, Mahoney (1991) to depression, and Theriault and Gazzola (2005) to premature career abandonment. These consequences “often extended beyond the session itself; they affected overall self-esteem, carried over into the personal life of the therapist, and generated stress” (Theriault et al., 2009, p. 111). Patterson et al. (2009) observe “many going home after seeing clients and crying, while others report that the stress results in headaches, difficulty sleeping, stomach aches, or changes in appetite” (p. 7). It remains clear that counsellors are deeply affected when FOI bleed into their personal realms. “Therapists both discussed and displayed how perturbed they became when FOI reached into their personalities and personal experiences” (Theriault and Gazzola, 2006, p. 324).

Apprentice counsellors are discovering a new way of existence in their professional roles; thus they are fragile and tentative at first. They may realize that the mere possession of knowledge from coursework and acquired skills are not sufficient for their current needs of meeting clients. “Until experience gives one the internal cognitive map, the novice experiences the elevated stress of inexperience” (Skovholt and Ronnestad, 2003, p. 52). Bennetts (2003) also addresses expectations placed upon therapists. “Counsellors are expected to have a high level of self-confidence, self-esteem, and self-knowledge, and student counsellors must demonstrate a willingness to work with uncertainty” (p. 305).

Glamorized expectations are another issue affecting FOI. Typically, the type of person who is drawn into counselling is one with high hopes of making a difference in others’ lives. Skovholt and Ronnestad (2003) believe that “the novice often is more hopeful about the impact of his or her efforts than is warranted” (p. 53) and professional



self-worth is often tied to client improvement. Human change is complex and is customarily a slow process where therapists may not recognize they play only a humble role. A novice counsellor's idealistic attitude takes time to be replaced by a more realistic one where multiple factors account for client success. Initially, novice therapists may expect to completely revolutionize the lives of their clients; whereas experienced counsellors recognize this self-imposed expectation is fallacious. "For the novice, the problem with glamorized expectations, of course, is that they add to the mountain of elevated stressors" (Skovholt and Ronnestad, 2003, p. 54).

Blurred boundaries between professional and home life may occur in the realm of FOI. Truell's (2001) study demonstrates that training in this helping profession may cause significant disruption in the trainee's relationships with friends and family. All Truell's (2001) participants were significantly affected in their relationships during their practicum experiences. After their internships, Truell's (2001) participants had fewer friends: their re-examination of boundaries made them less likely to be taken advantage of. They also relinquished pleasing behaviors towards others in their personal lives where they felt compromised. Perhaps the knowledge gained, as well as the self-reflection incurred during their programs of study, changed the balance of power in their interpersonal relationships. It is also possible that this turnover of friendships resulted from necessitating more depth and intimacy within personal interactions due to the expectation of this very quality during therapeutic relationships. Five of the six participants experienced complications in their spousal relationships but after their practicum experiences, reported improvements exceeding the state prior to starting their practicums (Truell, 2001). FOI increased in one of Truell's participants "when his own

relationship struck difficulties, he felt that he should have had all the answers. He went on to say how inadequate he felt” (Truell, 2011, p. 77). He concludes that “the trainee counsellor is likely to experience rapid changes in their relationships and their self-perception that can cause many difficulties” (Truell, 2001, p. 73).

Truell’s (2001) research concurs with other authors that a sizeable number of trainees developed feelings of depression, anxiety, and stress. Unrealistic beliefs such as feeling one should be able to help every client, self-blame if a client does not make progress, that personal conflicts must be resolved before one can be a good therapist, and that one should be able to cope with any client situation that arises, can undercut confidence and professional capacities. These FOI “can lead to feelings of guilt, sadness, self-anger, powerlessness and other undermining experiences” (Truell, 2001, p. 70). Excessive crying, guilt, sadness, and feeling like a fraud are other responses experienced by his participants. Feelings of taking advantage of clients by practicing one’s skills on them and not possessing skills they felt they should have were some causes of this negative reaction.

Therriault and Gazzola (2005) divide FOI into three categories, each increasing in intensity. The mildest is labeled “inadequacy” and results from professional issues like skills, knowledge and training. More intense FOI are “insecurity” and related to self-confidence in one’s professional role and faith in the process of therapy. Included here are therapists’ preoccupations with being confident and worrying about one’s capability as a practitioner. The most damaging forms of FOI emerge from personal issues and target core elements of self where therapists question their self-worth as humans. Researching this topic in conjunction with spirituality is immensely relevant to the field

under study. An examination of faith creates a natural backdrop in which to observe FOI. Scrutinizing how fledgling therapists interact with tenets of their faith is a valuable asset in understanding this phenomenon as these deep rooted beliefs of self-doubt require an even deeper engrained value system in order to eradicate them.

### **Persistence of FOI**

Research differs on this topic regarding the persistence of FOI. Some studies show the diminishment of FOI over the course of a therapist's journey while others indicate they remain influential. Ornston, Cicchetti, Levine, and Fierman's (1968) research, although dated, produces long established results as it follows tangible changes in word patterns between novice and expert therapists. Results specify that "novice therapists tended to 'say something' rather than to 'ask something,' whereas experienced therapists made more than twice as many comments of a non-questioning nature than did novices. When novices spoke, they almost invariably asked a question" (p. 242). As well, when it came to the number of words spoken, "the expert therapists spoke more than three times as many words associated with non-questions than did novices" (Ornston et al., 1968, p. 243). These are some overt differences that may indicate the continuing presence of FOI among expert therapists. Results of this research point to obvious differences between veteran and intern therapist in how they relate to clients verbally.

Skovholt and Ronnestad's (1992) posture is that FOI are caused by inexperience and are expected to diminish with professional maturity. Patterson et al. (2009) concur that FOI subside with experience. They suggest that after five to seven years most clinical issues have already been encountered several times and FOI decline. They claim that therapists "stop struggling with issues of confidence" (Patterson et al., 2009, p. 5) and

“intense feelings of anxiety and being overwhelmed that are common in the beginning generally subside after a month or so of seeing clients” (Patterson et al., 2009, p. 6).

Therault and Gazzolo (2005) show contrary results for which there is more academic support: “Self-doubt directed at oneself continued to be quite potent and disturbing despite years of experience” (p. 9). Surprisingly, FOI is not strictly the territory of fledgling counsellors. Therault and Gazzola’s (2005) research shows that veteran practitioners (those with a minimum of ten years’ experience) continue to express self-doubts. They make the indicting claim that “many therapists continue to worry about their competence despite years of experience. The issue is not whether one will experience FOI, but rather at what level of depth FOI will be experienced” (Therault and Gazzola, 2005, p. 9). They note that novice and experienced therapists process self-doubts about their competence differently, so, although the types of FOI may be similar, among veterans “the experience seems to be more easily contained” (Therault and Gazzola, 2005, p. 9). This implies that, although FOI may not disappear, novice therapists can hope to gain some familiarity in coping with their intensity.

“There is compelling evidence that FOI are substantial and of consequence, but it is unclear what causes them to arise in experienced therapists and it appears that experience does not alleviate FOI” (Therault and Gazzola, 2006, p. 315). This supports my contention that much research still needs to be done in order to comprehensively survey the nature of FOI and their causes. Poidevant, Loesch, and Wittmer (1991) state that FOI remain prevalent despite counselling skills being performed with a high level of confidence and that many effective therapists vastly underestimate their capabilities.

Research verifies that, although FOI may travel far along therapists' career journeys, they change in intensity. While initially FOI were more easily triggered and often sensed as profound, "these types of self-doubts became acceptable to therapists and with time did not produce important levels of anguish" (Therriault and Gazzola, 2005, p. 9). These self-doubts no longer had the ability to contaminate counsellors' self-judgement to the same degree. Orlinsky and Howard (1997) indicate that even experienced therapists feel uncertain regarding their effectiveness in 25% of conducted sessions. "FOI represent a relentless dimension of therapist experience, continuing to plague many therapists despite the accumulation of years of experience" (Therriault and Gazzola, 2006, p. 314). "It appears that experience does not alleviate FOI" (Therriault and Gazzola, 2006, p. 315). They demonstrate the persistence of FOI among therapists with a minimum of ten years' experience who "cannot find fault with their therapeutic decisions yet feel incompetent because the results seemed poor" (Therriault and Gazzola, 2006, p. 321).

This suggests that FOI may occur whenever a therapeutic outcome is unfavorable, even when there is no culpability with the therapist. Persistence of FOI, in fact, may be attributed to a poor therapist-client interpersonal coupling. Nor are combinations of relational connections or issues encountered ever exhausted. Therefore, it is acceptable, even expected, to occasionally encounter a situation beyond the scope of even the most effective counsellor. Of particular interest is that research demonstrates that the persistence of FOI has the capability to overflow and impact counsellors' practice.

### **Shining the Spotlight on the Elephant in the Office**

It is this disparity of opinion regarding the perseverance of FOI that lead me to wonder how similar and different other students' experiences of FOI were to my own. My goals

of easing the growing pains and mitigating some of the wobbliness of the novice years of training in psychotherapy were my compulsion to bring FOI out of the closet and into the open where they can be normalized and effectively addressed. Only as that occurs will FOI be more apt to be framed as opportunities for growth instead of internalized as possible poor performance.

McLeod (1990) recognizes that “few training programs include therapist self-care in their curricula and the cultivating of feelings of competence in particular, as standard academic fare” (p. 94). Exposure to this information may help students know that they are not abnormal when encountering feelings of shutdown and withdrawal - others have overcome similar states. Preparation and protection are the antidotes against this pervasive and destructive form of negative self-appraisal. Education begins with awareness and acknowledgement of FOI with an in-depth understanding from a therapist’s perspective. Affirming the unavoidability of FOI arms student therapists regarding their insidious nature and may prevent potential damage. Simple recognition of the universality of this job hazard may in itself prove therapeutic. Firstly labeling, and then addressing FOI, may contribute to mitigating - even eradicating them, thus preventing personal judgements of self-damaging conclusions.

After exploring the dearth of literature on this considerably under researched topic, my research takes a novel angle in examining FOI specifically in the lives of spiritually-focused therapists. I am offering a foray into uncharted territory – a peek at how faith impacts FOI in student practicum experience. To effectively reach this end, it becomes imperative to unfold my personal perception of spirituality and reflect upon it by an examination of literary sources.

## **Spiritual Perspective**

In order to comprehensively approach FOI involving spiritually-informed student therapists, the second part of my literature review is focused on my personal faith paradigm, anchored in spiritual literature. My goal in this portion of the literature review is to enlighten the reader regarding what I mean by a spiritually-informed practitioner, since definitions seem endless and are often unique to the adherent.

The challenge in portraying my spiritual perspective was capturing God within our limited vernacular. Moberg (2010) supports the myriad concepts of spirituality that abound: “Hundreds of definitions are available” (p. 106). With Bregman’s (2014) collection of 92 definitions of the term “spiritual,” which she claims is not exhaustive, she demonstrates that this hazy term lacks consistent usage across disciplines, but morphs according to culture in order to fit religious, psychological and sociological needs. In the generic sense spirituality is the personal quest for the transcendent; a peek beyond the veil of everyday experience in this material dimension of human life. Meaning and purpose are created in this place, elevating the mundane to a world beyond comprehension. Hague (1995) defines this encompassing experience of spirituality as “the sense and practice of the numinous, the mysterious, that which is too great to fully comprehend – the transcendent” (p. 13).

How does spirituality differ from religion? Hague (1995) expounds that both religion and spirituality “strive to achieve similar goals – an exploration of those dimensions of the human person that are beyond the merely physical, dimensions that are overarching, transcendent, full of meaning and great purpose and direction” (p. 13). However, spirituality diverges beyond religion in its emphasis on intimate personal encounter over

tidier organizational tenets and often communally-endorsed principles. Frankl (1969) declares that faith is the process of the search for meaning and it can be found even in secular circumstances. Gadamer (1975) links true knowing as emerging from one's quest for meaning and significance. In Gadamer's (1975) portrayal of hermeneutics he elucidates how Being makes human existence meaningful. (He refers to Being here as the commonality we all share). Tillich (1957) endorses the belief that faith is an act of the personality and therefore integrates emotion, will and knowledge. Faith, therefore, involves the entirety of personality in acquiescence, surrender and obedience.

Due to my concurrence with the previously mentioned authors, I cannot approach the field of psychotherapy as a separate component from spirituality. Although I have stated this worldview earlier, I wish to be clear on this foundational point: the spiritual is not merely an adjunct to humanity. Our relationship to God stands as the crux of everything. Spirituality or faith is not a static thing but a process that companions us as we search for meaning to make sense out of life and ascribe purpose and order to that which continues to escape our understanding. Fowler (1979) holds that faith is not only a noun but a verb. He expounds that the search for meaning includes the process of clarifying and making intentional the values from which we center our lives. Our values provide the direction and purpose that influence all decisions we make.

**God as all-pervasive.** It is my understanding that we cannot walk apart from God. I believe that because spirituality is intrinsic to humanity any research involving human beings naturally will encounter spiritual elements. Spirituality pervades everything that is human and beyond; therefore, its study is pivotal to any investigation comprised of the



disciplines of psychotherapy and spirituality. “Since spirituality is the essence of human nature, everything in which people are engaged is related to it” (Moberg, 2010, p. 110).

The Bible in Genesis 2:7 clarifies that “God formed man of dust from the ground, and breathed into his nostrils the breath of life; and man became a living being” (New International Version). Every human is a creation of God within God’s image and, due to containing a sacred spirit, should be treated with innate worth. My view of humanity is rooted in the transcendent idea that spirituality is not just another category of life, separate from all else, but that it is the underlying foundation of our being. Therefore, all relationships with any who have breath “can be perceived as spiritual, especially when we understand that they have in common the life-giving gift of breath” (Cobbs, 2009, p.10). Thusly, it appears that spirit is part of our natural state, just by the simple fact of being. “Biological research provides supportive evidence that spirituality is a built-in biological component of human nature” (Hay, 2007, p. 109).

Marianne Williamson, world renowned speaker and best-selling commentator on *A Course in Miracles*, encapsulates the benchmark that distinguishes the spiritual healer and sets them apart as a different variety of practitioner. It is her platform that all who cultivate a spiritual practice have a part to play in the healing of the world. “There is no spot in the Universe that isn’t filled, infused, permeated, and lifted up by the Divine.

Your Creator can’t be left out, except in your thinking....Faith is an aspect of consciousness; there is no such thing as a faithless person” (Williamson, 2010, p. 50).

Another author on spiritual issues, D. Williamson (1995) elaborates that “spirit is the core principle of conscious life, the vital principle that energizes the body. Spirit is the fundamental dynamic or energy that inspires and pervades all thought, feeling and

action” (p. 9). This definition postulates that every person is spirit and therefore, it is our heritage as human beings to possess the Divine. God resides within all as a part of our intrinsic nature. “Once we recognize that God is everywhere, all the time, we can relax into any instant and know that healing is natural” (Williamson, 2004, p. 100).

Humanity’s challenge is to remove the barriers that allow the Divine to flow.

Spirituality cannot be divorced from other dimensions of life; in fact, it pervades the very fabric of it. “Spirituality can reveal itself in the ways we think, the ways we feel, the ways we act, and the ways we relate to each other” (Pargament, 2007, p. 3). Although it includes the extraordinary, it is a vital part of our ordinariness as human beings.

Humanity was created with an inner need that requires acceptance and love for its very existence. The initial responsibility of the spiritually-informed therapist is to make this spiritual connection in order to create the environment to channel God’s healing.

**Conduits for the Divine.** From this belief that Spirit infuses all, it logically follows that with this awareness of habitation by the Divine, humans possess the divinely inspired ability to channel power outside them. It is from this miraculous state where wisdom beyond oneself is downloaded. Williamson (2004) calls this exchange of human time for God’s time the *holy instant*. “It is a moment of quiet when the spirit enters and makes right all things” (p. 98). “Our ability to be transparent, to become an empty space through which God’s love can flow, is our spiritual strength. When the ego disappears, we are hardly invisible, we’re illumined....The light within shines through” (Williamson, 2004, p. 101). Grounded in this attitude of blessing we are transformed into authentic and effective healers. “People feel uplifted and energized along with us, subconsciously corrected and healed in our presence. When we reach for the highest within ourselves,

people around us feel called to their highest. And that is the beacon for which every soul is looking” (Williamson, 2004, p. 106). This awareness of the availability of supernatural assistance is the very essence of a spiritually-informed therapist.

When spiritual practitioners encounter a client, the atmosphere is one of acknowledgement of self as a mere vessel. When we work from that detached, yet extremely present place, FOI vanish and true human connection ensues. “Highest solutions don’t come from you; they come *into* you and *through* you....It is our surrender to the flow of divinity that allows divinity to flow through us” (Williamson, 2004, p. 99). As we center ourselves within this truth and step back from our agendas, we create the sacred space where the healing power of God can step forward.

Just as the Divine desires to commune with humanity the only medium in which to access this state is in relationship with another. “Therapists must convey to the patient that their paramount task is to build a relationship together that will itself become the agent of change” (Yalom, 2002, p. 34). Gendlin (1990) discloses his greatest advice: “I want to start with the most important thing I have to say: The essence of working with another person is to be present as a living being....What matters is to be a human being with another human being, to recognize the other person as another being” ( p. 1). Lartey (2003) defines spirituality as “the human capacity for relationship with self, others, world, God, and that which transcends sensory experience” (p. 141). Life derives its essence from relationships and our capacity to relate is spiritual.

Unlike many professions, counselling is not simply a set of skills put into practice. Techniques may fall on untilled soil without a mutually positive encounter. Doherty (1995) postulates that “the therapist’s ability to create a warm, accepting atmosphere is a

principal healing component in all forms of therapy. Its absence is a primary cause of therapeutic failure” (p. 118). He reiterates the absolute imperative of the therapeutic relationship: “Caring is not just a frill in the helping professions. It is an essential lubricant for the flow of mutual understanding, which is, after all, at the heart of a helping relationship” (Doherty, 1995, p. 119). Life derives its essence from relationships. Without connections life holds little meaning but survival. Even our capacity to relate is spiritual. Whenever therapists and clients collaboratively seek meaning and purpose, this is spiritually-inclusive practice.

**The role of silence.** As novice therapists the thought of silence can be terrifying, yet according to Williamson (2004), the role of silence is empowering. “We are so much more powerful when surrounded by silence” (p. 98). FOI frequently occurs in the spaces where we think we need brilliant words or novel solutions for our clients. “Out of this space of silence a more reflective response often may ensue than if we try to fill the awkwardness of the silence with comments or questions that amount to little more than chatter” (van Manen, 1997, p. 112). Connected to our inner source of wisdom, we become available to our clients with a degree that extends beyond our greatest capacities.

“Knowing that what you don’t say can be as powerful as what you do say, thinking deeply about something before making a response – such actions leave room for the spirit to flow, to harmonize your circumstances and move them in a more positive direction” (Williamson, 2004, p. 98). As healers it is essential to become comfortable with knowing you do not possess the answers and to wait until genuine wisdom arrives. “Sometimes it is our silence that testifies to our strength” (Williamson, 2004, p. 99). Knowing this

divinity lies within opens our mind to greater insight so we can relax into a miracle-receptive mode.

Silence is often the medium for change. This occurs when it creates an atmosphere that is attentive and accepting. Rogers (1961) states that people only seriously consider change when they feel accepted for exactly who they are. “The most healing thing we can do with someone who is in pain, rather than trying to get rid of that pain, is to sit there and be willing to share it” (Peck, 1993, p. 28). The profession of psychotherapy exists because sufferers are empowered and healed having one just “being with” them.

**The purpose of pain.** Hague poetically hints at one of the benefits of embracing the inclusion of pain with an illuminating quote by Carl Whitaker. “Maybe relieving the pain will prevent the formation of a pearl” (as cited in Hague, 1995, p. 119). This aptly portrays the necessity played by the part of suffering in this world and allows us to make sense of the purpose of FOI as an opportunity toward growth. According to Hague (1995) we can expect pain on the journey toward progress. “There is bound to be conflict – between the old and the new, between the inferior and the better – if new integration is to come from disintegration” (p. 127). “It seems a basic paradigm of creation that ecstasy comes only with agony, that tears and joy mix, that only effort leads to triumph, that pain and birth are one, that life and death dance together” (Hague, 1995, p. 5). He reminds us that when “surrounded by pain and ugliness, and frequently because of pain and ugliness, the will toward health and growth is vibrant in the human heart, and life springs forth out of the most unlikely situations” (Hague, 1995, p. 5). It is only as we ascribe meaning and purpose to our suffering, that we are we likely to assimilate more peace and grace into that pain.

Suffering drives the counselling profession because the anguish of pain precedes a cry for help. The therapist's job is to help clients find meaning in their suffering. This same is true with student therapists' experience of FOI. Pain communicates the need to pay attention to the stimulus that requires change. Deliberate reflection on suffering's value profoundly affects one's response to it. "Sometimes He uses our suffering to hone us, as it makes us more humble, more contrite, and more open to guidance we'd rejected before. Sometimes we come out on the other side of a dark time with an inner knowledge, some sense of the soul we didn't have before" (Williamson, 2004, p. 97).

Taylor (2009) writes on ways to recognize and invite God into the ordinariness of everyday life. She explicates "there is something holy in this moment of knowing just how perishable you are. It is part of the truth about what it means to be human, however hard most of us work not to know that" (p. 76). She elucidates the benefits suffering holds in its extended hand. "Most of us do not know the first thing about the spiritual fruits of failure" (Taylor, 2009, p. 78). If someone asked us to pinpoint life incidents that changed us for the better, a lot of those times would be times in which we felt like wanderers in the desert.

When the safety net has split, when the resources are gone, when the way ahead is not clear, the sudden exposure can be both frightening and revealing. We spend so much of our time protecting ourselves from this exposure that a weird kind of relief can result when we fail (Taylor, 2009, p. 78).

Pain begs for change and that can be an expressway to an intimate encounter with God.

Suffering is transformed once meaning is assigned to it. One of Nietzsche's famous quotes in regards to the imperative of attaching purpose to suffering is "He who has a

*why* to live for can bear almost any *how*” (as cited in Frankl, 1963, p. xi). As humans we “hunger for meaning, values, and transcendence. It is important that clinicians learn to pay attention to the role of clients’ spiritual beliefs and practices” (Giblin, 1996, p. 46). Caroline Myss in her discourse on spirit describes its essence as the part of humanity that seeks meaning and purpose. She perceives spirit as the part drawn to hope, that will not give in to despair and the part of us that has to believe in something greater than what we see (Myss, 1996).

Hope is the transcendent state that arises and makes the spiritual aspect of suffering bearable. “When we deal with hope, we *must* deal with God. The energy that propels hope is a spiritual force” (Lamm, 1995, p. 48). When we hope, we are addressing that hope to God, even when we are not sure of our beliefs about the Divine. Hope unconsciously acknowledges that God has the power to help. During times of despair and vulnerability a channel opens in our hearts where the magic of hope can be poured in. This positive power gives people an ability to survive and the incentive to live; it can be the antidote to despair. This treasure called hope, not only enables one to survive life’s deepest sorrows, it actually has the ability to turn them around.

Our place and purpose in the world is addressed when we speak to the nebulous topic of the spirit. “Spirituality helps people come to terms with human limitations” (Pargament, 2007, p. 11). A spiritual approach to therapy brings into focus not only the student therapist’s negative pain of FOI, but the entire human population’s struggle with personal limitations. Internal hope is frequently discovered when profound problems are viewed through a spiritual lens. Psychiatrist Jerome Frank studies the effects of hope on physiological symptomology and informs us that “hope and positive emotions strengthen

the patient's expectations of relief and are absolutely correlated with short-term improvement" (Frank, 1973, p. 136). Just as the placebo is medicine's pill of hope, anything that heightens our expectations will facilitate healing. Hope is indeed a very appropriate pharmaceutical!

The process of navigating through the suffering of FOI prepares the spiritually-informed therapist to cultivate the fertile ground of empathy and compassion in their own practice. Brown (2015) theorizes that "empathy is the antidote to shame and it is the heart of connection" (p. 156). Personal suffering provides a clearer vision into the suffering of others, thus increasing empathy. Experiencing the suffering induced by FOI in practicum opens floodgates of emotional experience in order to provide a training ground to deepen a therapist's understanding of their client's pain. We can "take heart from Dr. Martin Luther King Jr.'s notion that there is 'redemptive power in unearned suffering'" (Williamson, 2004, p. 147).

### **Summary of Literature Review**

My primary goal of this literature review was to critically analyze the scanty research on the topic of FOI among spiritually-minded practicum students partaking in a counselling degree. My first part of the literature review explored the paucity of research on FOI, the extensiveness, and the positive and negative consequences on both student therapist and client.

The second intent for reviewing the literature was to provide context for my conception of spiritual perspective. I explored the underlying belief that spirituality is an undercurrent of being human. This section discussed true healing occurring with the recognition of another presence of which Lartey (2003) speaks: "The ability to cultivate



an *I – thou* relationship with another person in which mutuality, respect, accountability and friendship are sustained, is indeed a spiritual task” (p. 147). The challenge of becoming at ease with incorporating silence in early therapeutic experience is discussed as we comprehend that healing capabilities come from beyond us. Thus, waiting on the silence becomes less forbidding and silence may be perceived as a vehicle of divine inspiration instead of possibly being perceived as weakness.

My final portion of the literature review presented the perspective that pain can be a transformative tool for the sufferer with the purpose of facilitating personal growth and humility. Viktor Frankl personally portrays a powerful example of this transformation in his survival and forgiveness of Nazi atrocities in World War two concentration camps. He believes that strength is derived from purpose and the discovery of meaning in one’s life and experience. He posits that “man is ready and willing to shoulder any suffering as soon and as long as he can see a meaning in it” (Frankl, 1963, p. 154). Ascribing purpose to hardship can sustain one’s vital life force and transform the sufferer.

This literature review has demonstrated my familiarity with relevant literary material appropriate to my study. As I critically reviewed the nature and scope of these influential works of highly respected accredited scholars and theologians, my intent was to convey previous knowledge and ideas already established on these topics and evaluate their strengths and weaknesses.

### Chapter 3: Methods and Methodology

As I contemplate a spiritual focus for my own research, my values align with Helminiak's (1996) articulation that "every thought, feeling, and action reflects spirituality in some way, and almost all of them could be used in research" (p. 109). This underpins further exploration of my primary research question: *What are the lived experiences of spiritually-informed student therapists' feelings of incompetence in early therapeutic encounters?* The supplementary research questions sprouting from that primary question were: *What meaning is the spiritually-informed student therapist making in order to cope with feelings of incompetence? What part, if any, has the student therapist's spirituality played in dealing with feelings of incompetence?* As a researcher I acknowledge I am not merely a detached observer of this phenomenon of FOI: "research is always a co-construction, reflecting the choices and questions the researcher makes and brings as much as the experience of the participants being recounted" (Langdridge, 2007, p. 59).

#### **Paradigm**

The first step in any research project, according to Moustakas (1994), is to "refrain from judgement, to abstain from the ordinary way of perceiving things. In a natural attitude we hold knowledge judgementally; we presuppose that what we perceive in nature is actually there and remains there as we perceive it" (p. 33). Research paradigms provide labels to identify the researcher's beliefs. These beliefs are the principles about reality that guide my actions in this study. "Scholars must state beforehand their prior interpretations of the phenomenon being investigated. Unless these meanings and values are clarified, their effects on subsequent interpretations remain clouded and often

misunderstood” (Denzin, 2001, p. 23). Gadamer (1975) supports the impossibility of suspending preconceptions during research, as these biases actually induce more open-mindedness when they are modified through the encounter of the phenomenon studied. Since they cannot be ignored they must be acknowledged and used as an essential starting point for conducting research. “Phenomenology includes recommended procedures for becoming clear about taking into account biases and predispositions during both fieldwork and analysis so as to get at the true essence of the phenomenon under study” (Patton, 2002, p. 129). My research paradigm of constructivism endorses the position “that there is not merely one fluid reality, but many realities specific to the people and locations that hold them. Reality then is what you make it to be” (Wilson, 2008, p. 37).

As a researcher, I position myself within a constructivist worldview where “the researcher’s intent is to make sense of (or interpret) the meanings others have about the world” (Creswell, 2007 p. 8). Constructivism means that humans construct knowledge rather than find or discover it. We invent ideas and constructs to make sense of experience and continually modify them with the advent of new experience. Knowledge is actively constructed. What is real is constructed in minds of individuals, through their interaction with their world. Constructivist research relies heavily upon the words of co-researchers. I recognize my participants will draw their own conclusions from events that transpire and, while similar situations may unfold, each constructs their own view of the event.

Gadamer (1975) purports that truth is not reducible to a set of criteria but an event or experience in which we find ourselves engaged and changed. This paradigm supports my intent to report FOI experiences among spiritually-informed student therapists while

recognizing that my own background as a spiritually-informed student therapist will invariably impact my interpretation. My interpretations were also influenced by my female gender, Caucasian ethnicity, and strong spiritual background. Prior experiences, understandings and expectations for this topic, which include addressing FOI in an educative capacity in order to mitigate feelings of being overwhelmed for therapists-in-training, may also bias my approach.

According to Guba and Lincoln (1989) the philosophical paradigm of constructivism is built on the ontology of relativism (as opposed to realism) and on the epistemology of subjectivism (in opposition to objectivism). Constructivism, based on relativism and subjectivism states that since each learner is unique, they will approach learning their own way and therefore, construct meaning that is unique to them. It is paramount that, as researchers, we understand others' beliefs, behaviors and experiences are not only potentially seen differently from ours, but may be experienced differently also. In constructivism, "knowledge in itself is not seen as the ultimate goal, rather the goal is the change that this knowledge may help to bring about....The research is not seen as worthy or ethical if it does not help to improve the reality of the research participants" (Wilson, 2008, p. 37).

### **Ontology**

"Ontology is the theory of the nature of existence, or the nature of reality" (Wilson, 2008, p. 32). Ontology answers the question *what is real?* All qualitative researchers embrace the stance that reality is subjective and multiple. Phenomenology aligns within these chosen perspectives and is endorsed by themes and participant quotations.

Usher (1996) states that “every ontology and epistemology is itself culturally specific, historically located and value-laden” (p. 14). Relativism designates that absolute truth does not exist but depends on an individual’s culture, experience, and other external factors that create his/her own frame of reference. The ontology of constructivism, posited by Swinton and Mowat (2006) “presume[s] that ‘reality’ is open to a variety of different interpretations and can never be accessed in a pure, uninterpreted form” (p. 35). “All reality is interpreted and formulated via an interpretative process within which the researcher is inevitably enmeshed” (Swinton & Mowat, 2006, p. 37). Under this worldview, where reality is subjective and socially constructed, we arrive at multi-faceted understandings.

### **Epistemology**

My ontology is rooted in my epistemology and informs my choice of methodology. “Phenomenology includes recommended procedures for becoming clear about taking into account biases and predispositions during both fieldwork and analysis so as to get at the true essence of the phenomenon under study” (Patton, 2002, p. 129). Epistemology explains how we know what is real. “Epistemology is the study of the nature of thinking or knowing. It involves the theory of how we come to have knowledge, or how we know that we know something” (Wilson, 2008, p.32). Usher (1996) “argues that the ‘real’ is unstable, in flux and contingent” (p. 28) when viewed through a postmodern lens. Reality is as multiple and subjective as are the co-researchers.

“Edmund Husserl, considered as the founder of phenomenology, focused most on epistemological concerns: how knowledge about life and the world can ‘come from’ a reflection on what appears in consciousness” (Todres, 2007, p. 5). In consultation with

Wilson (2008), Creswell (2007) and Usher (1996), my epistemological position is anchored in subjectivism which espouses that realities lie in wait to be discovered and rediscovered because people construct meaning differently. Subjectivism dictates that we use personal interpretation as we perceive and interact with the world. Qualitative research ascertains the subjective or ambiguous nature of human experience (Creswell, 2007).

### **Axiology**

“Axiology is the ethics or morals that guide the search for knowledge and judge which information is worthy of searching for” (Wilson, 2008, p. 34). It is the moral base that directs my research and the ethics surrounding how I gain that knowledge. Creswell (2007) enlightens us that “all researchers bring values to a study, but qualitative researchers make their values known in a study (p. 20). Axiology dictates the role of values within my ontology and epistemology. These values as a spiritually-informed individual have been clearly delineated under the ethical considerations section of this chapter and can be summarized by the overarching principle that I do no harm. Axiology is the ethical platform that guides the search for what is real.

### **Methodology**

Wilson (2008) defines methodology as “the theory of how knowledge is gained, or in other words the science of finding things out” (p. 34). While all qualitative research examines how meaning is constructed from one’s world, phenomenology digs underneath that which is found beyond language. “Phenomenology differs from other disciplines in that it does not aim to explicate meanings specific to specific cultures, social groups,

historical periods, mental types, or to an individual's personal life history" (van Manen, 1997, p. 11).

I am seeking to understand, not only my co-researchers' experience of FOI, but also the meaning they attribute to this phenomenon as spiritually-informed practicum students. Phenomenology illuminates, not just the topic itself, but the meaning placed upon it. "What is important to know is what people experience and how they interpret the world. This is the subject matter, the focus, of phenomenological inquiry" (Patton, 2002, p. 106).

Moustakas (1994) suggests that phenomenology is a philosophy, as well as a method, involving studying a small number of subjects through extensive and prolonged engagement in order to develop patterns and relationships of meaning. A phenomenological approach is most suitable for deep exploration of the essence and meaning of human experience as lived by participants. Phenomenology appeals to me in its active concern with my co-researchers and their voices. It ensures we "care for the human phenomena that are being expressed, to care for how our own voices as writers and researchers reveal, conceal, and co-create, and to care for our readers as part of the ongoing conversation of understanding" (Todres, 2007, p. 64). "Such a methodology which grounds itself in the concrete experiences of informants is more likely not to lose sight of the fact that human living is an unfolding narrative in which *meaning* rather than *measurement* is the appropriate currency of understanding" (Todres, 2007, p. 65).

My phenomenological research endeavor "when successful would lead to an empathic understanding between people of both the details and the sense of the phenomenon as palpable and alive" (Todres, 2007, p. 183). Todres continues that "this 'aliveness' means

that the communicated understanding and sense is open enough to allow individuals to relate to it in personal ways that are unique, while also engaging in elements that may be shared” (Todres, 2007, p. 183).

Phenomenological research focuses on “exploring how human beings make sense of experience and transform experience into consciousness, both individually and as shared meaning” (Patton, 2002, p. 104). Since others cannot always relate to the experiences of FOI of a spiritually-informed student therapist, I will “undertake in-depth interviews with people who have *directly* experienced the phenomenon of interest; that is, they have ‘lived experience’ as opposed to secondhand experience” (Patton, 2002, p. 104). How do they describe FOI, feel about them, judge them and remember them? Especially relevant, as these are spiritually-informed student therapists, is how they make meaning from them and speak about them to others. Gathering this type of data requires being methodical in order to accurately capture these unique accounts. “Qualitative research may help fill the gap of understanding subjectivity by providing portrayals of meaning that may help us with understanding the uniqueness of individual experience” (van Manen, 2002, p. 71).

### **Research Methods**

**Data collection.** Primary procedures for gathering data were verbatim typed transcripts from audio-recorded interviews, the reviewed literature, researcher field notes and personal reflections. Interviews were conducted from three practicum students who identified as spiritually-informed. The process of collection occurred over a period of eighteen months.



**Interviews.**

*Participant selection.* I employed *criterion sampling*, described by van Manen (1997) for matching co-researchers with specific inclusion criteria. van Manen (1997) states the importance of choosing participants who have experienced the phenomenon under investigation and who are willing to openly talk about it. Criterion sampling typically utilizes small samples in order for the phenomenon to be studied in rich depth. Consideration for participant selection included being a master's student in a counselling psychology program, actively serving in a practicum situation, and strongly identifying as a spiritually-informed practitioner. This awareness of being spiritually-informed is self-defined and may not embrace the precise beliefs outlined in my literature review. However, a cognizance of the transcendent realm must infuse their professional practice.

I ensured some diversity of perspective was present in terms of specific programs, ages, and faith practice to ensure variation of the phenomenon would be represented. My participants were all females from first generation Canadian families, between the ages of 27 and 51 and from different educational institutions, as well as different practicum sites. All three identified strongly as spiritual, with only one being a member of an organized religion. No interested participants were denied participation in the study. Once verbal agreement was secured from my participants, a letter of consent (appendix A) and letter of initial contact (appendix B) were emailed to them before interview appointments were booked.

“Phenomenology differs from almost every other science in that it attempts to gain insightful descriptions of the way we experience the world pre-reflectively, without taxonomizing, classifying, or abstracting it” (van Manen, 1997, p. 9). There was no

attempt on my part to garner a truly representative sample since the transferability of results is not a realistic goal in hermeneutic phenomenology. Age, gender, class, and ethnicity were not relevant when determining eligibility. Since my study only employed a sample of three participants in a highly specific context, it was not my aim to demonstrate that my findings apply to other populations or situations. Phenomenology's intent is not to generalize, solve problems or create theory, but to interpret what makes an experience unique. It does not develop cause and effect relationships but attempts to understand lived experience (van Manen, 1997). I chose hermeneutic phenomenology as my methodology due to its aim to focus on the experience of FOI and avoid getting lost in individual identity. My intent in interviewing is that as participants reflect upon their experience, they gain a deeper understanding of the phenomenon. It is also the case that as I listen to my participants, I will also gain a deeper understanding. We are able to purvey an understanding of FOI to each other.

Interviewees were already familiar to me so were deliberately selected for their capacity towards insight and self-disclosure. I recruited possible candidates by speaking about the nature of my research on FOI to student therapists whom I knew were deeply spiritual. I explained how FOI had impacted me and they resonated with confirming their own experience. Trustworthiness was increased by knowing participants beforehand. "The credibility of your findings and interpretations depends upon your careful attention to establishing trustworthiness" (Patton, p. 567). Time building sound relationships with respondents contribute to trustworthy data. Our previous relationship allowed my co-researchers, in their comfort with me, to be generous in disclosing both professional and personal vulnerabilities in order to provide honest and rich, thick description in a delicate

area, typically clouded with shame of exposure. “When a large amount of time is spent with your research participants, they less readily feign behavior or feel the need to do so; moreover they are more likely to be frank and comprehensive about what they tell you” (Glesne, 1999, p. 151).

To ensure the environment encouraged secure, distraction-free, and candid conversation, I extended the invitation for my participants to meet in my home, therapy office, or a quiet location conducive to elevated levels of security and trust, encouraging them to delve into highly personal narratives. Given the intensely emotional nature of the interviews, it was critical they take place where my participants felt most safe, spiritually and physically. “The aim is always the development of rapport to enable joint exploration of the participants’ worldview concerning the topic” (Langdrige, 2007, p. 67). Four of these interviews were conducted in my home and two of the follow-up interviews occurred in two of the participants’ homes, at their requests, for the sake of convenience.

*Semi-structured questions.* Gadamer (1975) remarks on the semi-structured interview as the interviewer being able to contribute more personal perspective to the process to better tease out meaning between interviewer and participant. The order of questions (appendix C) began with openers to orient the co-researchers and allow them to settle into a comfortable pace, followed by fourteen questions that served as a guide to extract relevant narrative. Concluding questions served as an opportunity for my participants to summarize and highlight what most impacted them. I consulted a list of probes as necessary, which were prompts to ensure interviews flowed easily. deMarrais (2004) states that, as knowledge is gained, it “construct[s] as complete a picture as possible from

the words and experiences of the participant. This can only be accomplished when the qualitative interview is open-ended enough for the participant to provide a depth of knowledge on the research topic” (p. 52).

The choice to delete questions or to employ sub-questions was left to my discretion. My protocol aimed at eliciting accounts of FOI from my specifically selected population with regard to their faith and their struggles as budding professionals. “This approach to interviewing has a long history in psychology and represents a trade-off between consistency and flexibility that best meets the needs of many qualitative researchers” (Langdrige, 2007, p. 65).

deMarrais (2004) states that “fewer participants interviewed in greater depth usually generates the kinds of understandings qualitative researchers seek” (p. 61). My original semi-structured interview was arranged to be approximately an hour and a half, with an optional extension, depending on the flow of conversation and content of discussion. deMarrais (2004) talks about opening an interview with broad brushstrokes to get the conversation rolling, and then narrowing in with questions that hook in deeper, keeping conversation focused on the description of the experience instead of abstract discussion about it. deMarrais believes that “why” questions derail discussion toward more abstraction and away from the goal of meticulous description and she reminds us of the importance of “‘uninterpreted’ descriptions of an experience” (deMarrais, 2004, p. 58). deMarrais (2004) provides clear and concise questioning technique – short and clear questions over long and elaborate ones. “Questions that ask participants to recall specific events or experiences in detail encourage fuller narratives” (p. 62). “Phenomenological questions are meaning questions. They ask for the meaning and significance of certain

phenomena” (van Manen, 1997, p. 23). I anticipate that meaning is most optimally derived from this flexible type of questioning.

Data was returned to the co-researchers for review, a strategy known as member checking (Creswell, 2007), in order to validate my findings and to ensure I accurately represented participants’ experience. Following the first series of interviews, a shorter and highly individualized second interview occurred. The purpose of the follow-up interviews, determined upon review of the themes that materialized from the first round of interviews, further unpacked the layers of description, feeling, and experience of FOI. This second round of less formal, approximately 60 minute interviews, allowed supplementary responses and an opportunity to further reveal a profundity of experience. Third interviews were not necessary but I would be remiss not to have made room for them and had permission from the ethics review committee to conduct them, if necessary.

*Informed consent.* Co-researchers were asked to sign the letter of consent prior to our initial interviews. These forms state the title of my study, contact information of the researcher, listed my qualifications, as well as my thesis supervisor and her designation. Following is a brief statement about the purpose of the study, voluntary participation and objectives. Support is addressed regarding the potential risks of participation in this research project. The possibility exists that feelings of unease or personal difficulties may be exacerbated during these interviews, given the nature of FOI. It concludes with an explanation upholding the confidentiality and anonymity of any identifiable participant information. As well, in the initial interview co-researchers were reminded that participation was of a completely voluntary nature and they were informed of their right to decline responding to any questions and to call for breaks as required. The right

for participants to withdraw from the study at any time, without prejudice, was also included in the letter of consent.

*Confidentiality and anonymity.* Every effort was made to ensure the privacy and confidentiality of my co-researchers was maintained. Interviewees' names were removed from the transcription of data and any area of this thesis project, as were the names of any agency, affiliates, or organization. Interviews were transcribed without names or any other identifying information and audio recordings will be deleted after one year of this study's completion. With my co-researchers' signed permission, I audiotaped our interviews for transcription purposes. They were stored on a hard drive and locked in a filing cabinet in a home office to which only the researcher has access. After one year upon completion of this study, it has been made clear to all participants that the audio recordings will be deleted and the hard copy of the transcripts shredded.

*Literature.* Reviewing the literature assisted me in a number of areas. First, it helped me to clearly elucidate my research questions. The literature also deepened my curiosity to widen the breadth of research. I used it to understand what other researchers proffered in order to gain deeper insight into the phenomenon. Familiarizing myself with the field has allowed me to more deeply contemplate my topic. Exploring these multiple sources supplemented and brought depth to the information collected in the interview process. It also directed me toward my chosen methodology. Although this topic has not been flooded with literature, I am grateful that what was available has richly advanced my comprehension of this subject area.

*Field notes and researcher reflections.* Gadamer (1975) encourages researchers to keep a study diary as a phenomenological technique. He recommends recording, not

only the straightforward description, but also the emotional responses immediately following the interview. Field notes were used to record observed objective elements, such as setting, conversations, words and behaviors of people, without interpretation, particularly during interviews. As well, notes made on the literature comprised further field notes and were incorporated into the thesis where appropriate in order to generate new insights into my topic.

Usher (1996) comments on reflexivity as a resource: “It helps us to recognize that we ourselves are a part of, rather than apart from, the world constructed through research” (p. 35). While the term ‘value neutral’ is not entirely possible, field notes are intended to be as value neutral as one can attain when recording observations. Researcher’s reflections are a subjective forum in which to evaluate and critique my process and record my musings.

Ideas for researcher action were simultaneously recorded, such as personal reminders, questions and concerns that may occur throughout the interview process. Such reflections acknowledged my biases, emotions, surprises, impressions and prejudices that emerged. This subjective forum of researcher’s reflections is where I allowed myself to evaluate and critique my process for possible further exploration. Often these notes were the birthplace of new ideas or revealed points of confusion I intended to clarify.

I discussed researcher reflections with my thesis supervisor, peers and fellow students as I progressed along my research journey. Gadamer (1975) writes that the role of conversation holds an important key in understanding, so peer conversation was likely to increase the depth of my work in producing the rich and creative accounts of FOI. These personal reflections also influenced the direction I took my interviews. The subjective

perspective of researcher reflection is the forum to evaluate, criticize and record evaluations, while the field notes are more objective. Both are important sources of data.

**Data analysis.** My data is analyzed with the recognition of the important role of the researcher in co-creating meaning. Gadamer (1975) emphasizes the importance of remaining open-minded as I read through my transcripts so to allow for what he calls a “fusion of horizons” when searching for meaning. He explains that our horizon of previous understanding must merge with the texts we are learning from. Processing my data by reading and re-reading transcripts, highlighting words and phrases, scrawling notations in the margins, and taking notes during the read-throughs was how nuances became more clearly revealed.

The possibility exists that different researchers may arrive at different interpretations or conclusions from the same interview. More than one meaning is always possible; in a post-modern world that is to be expected. “Hermeneutical and postmodern thought allow for a legitimate plurality of interpretations. There are multiple questions that can be posed to a text in an analysis, with different questions leading to different meanings” (Kvale and Brinkmann, 2009, p. 212). Gadamer (1975) acknowledges this individuality with the concept of *bildung*, which indicates that researchers remain connected to their own current reality, as well as remain open to a new meaning or point of view.

The demarcation line is ill-defined as to where data collection ends and analysis begins. Patton (2002) recognizes the fluidity between these processes which “makes the distinction between data gathering and analysis far less absolute” (p. 436). The emergent nature of my analysis originated with field notes and insights recorded during interviews and while reading and transcribing them. Deepening of my analysis was attained through



a balance between not rushing to conclusions prematurely and not repressing ideas that may deepen my research, out of the concern that they may not be retrieved later. The wheels of analysis were already set in motion during the collection phase.

Analysis continued with the second round of interviews where themes from the first interviews had already been percolating. Personally transcribing all interviews provided deep immersion in my data, in anticipation of specific themes materializing. Repeated listening to the recorded interviews ensured accuracy of the content and extends the range and precision of observations so data can be re-examined in the context of new findings. They are also a source of reference for the researcher while conducting follow-up interviews.

“‘Theme analysis’ refers to the process of recovering the theme or themes that are embodied and dramatized in the evolving meanings and imagery of the work. Theme gives control and order to our research and writing” (van Manen, 1997, p. 79). Two thematic approaches to data analysis were amalgamated in my research. My first approach is proposed by Langdrige (2007) and outlines four stages to analysis, beginning with reading and re-reading transcripts, followed by making comments on the emerging themes. In his third step, Langdrige recommends listing themes separately in chronological order. His final stage identifies common links between themes and reorders them in a more analytical way.

I blended Langdrige’s (2007) method with a second approach where I utilized two out of three of van Manen’s (1997) layers of thematic analysis. Here I employed van Manen’s wholistic or sententious search (van Manen, 1997, p. 94), where I read the text as an entire unit and then deduced phrases that encapsulated the essence of the meaning.

van Manen also advocates the highlighting approach which details specific verbatim phrases or sentences of the transcripts that get to the crux of the phenomenon of FOI. I feel that the amalgamation of these results creates balance between part and whole reading, and is part of doing my due diligence toward my data.

Using Langdridge (2007) and van Manen's (1997) approaches analyze my transcripts I arrived at four predominant themes. Themes recurred in meaningful patterns across co-researchers. While organizing data I continually kept my research questions in mind. This helped me organize in a manageable way that made sense in relation to my overall topic. These four themes are uncertainty as certain, self-expectations in the *game-changer syndrome*, presence, and practicing as a conduit for the Divine. They are elaborated on in detail in chapter four.

These approaches demonstrate that analysis is not a formulaic process but allows the researcher's creativity to arise. Since phenomenology is an approach focusing on human experience, the subjective data emerges from observation and field notes, interviews, and the perceptions of the co-researchers. Due to the subjective nature of the data, writing up the results are as individual as the researcher herself, resulting in a unique project.

**Ethical considerations.** Safety for all participants is paramount and it is my ethical imperative to do no harm. All descriptive and demographic references were changed in order to protect the confidentiality of my interviewees. To further shield privacy, pseudonyms were attributed and all details that would make them susceptible to identification were altered. Once co-researchers fully understood the process and expectations required of them for the study, informed consent forms were signed. In order to maintain the privacy of participants' shared experiences, these forms were

securely locked in a filing cabinet where only the researcher had access. Interviews were only audio-taped as permitted by my participants. The recordings were password protected and will be destroyed within one year of completion of this research. My thesis supervisor, Rita Martino, was the only person permitted to access this information on a need to consult basis.

I remained alert and sensitive to the emotional state of my participants, ensuring that established relationships with personal therapists are in place, as there is a chance that participation in this study may evoke distressing memories or thoughts. If participants were not already connected with a reputable therapist, one was recommended from the Community Counselling Centre, where prior arrangements had already been established. Counselling is never the role of the researcher, even when he/she is one.

Participants were encouraged to break for self-care and to decline answering questions they were uncomfortable with. As well, I provided the opportunity to contact me at any time to reflect on the interviewing process. Participants were offered full access to their transcribed interviews. I honored all participant decisions and never placed them at risk or intentionally deceived them by any means. I adhered to the ethical guidelines outlined in the St. Stephen's College thesis manual. These procedures were in full compliance with the regulations set out by the ethics review committee before undertaking any interviewing.

In order to provide adequate self-care, I consulted with a secondary advisor, who is a professional therapist that remains a trusted sounding board for me, as the need arose. I met with my thesis supervisor as necessary and regularly attended St. Stephen's monthly thesis forums. In addition to a team of expert help from colleagues, I maintained

personal therapy as part of my ongoing self-care plan. I benefited from receiving regular supervisory input and adhere to my professional code of ethics. Although “no code [of ethics] can substitute for the active process of being ethical” (Truscott and Crook, 2004, p. xxi), the welfare of my clients and co-researchers demand that I am “familiar with the guiding principles of the ethics codes and the accepted standards of [my] profession” (Corey, Corey, and Callanan, 2011, p.3). I also received regular one-on-one supervision, monthly group supervision, and regularly consult with colleagues.

### **Trustworthiness**

Although researcher accountability is important, validity does not carry the same connotations in phenomenology as it does in other methodologies. Generalizability is the external validity of applying results to new settings. Creswell (2007) states replicability and generalizability play a minor role in qualitative methodologies. Phenomenology operates with its own criteria for rigor. “Human science strives for precision and exactness by aiming for interpretive descriptions that exact fullness and completeness of detail, and that explore to a degree of perfection, the fundamental nature of the notion being addressed in the text” (van Manen, 1997, p. 17). Phenomenology does not allow for empirical generalizations since “the tendency to generalize may prevent us from developing understandings that remain focused on the uniqueness of human experience” (van Manen, 1997, p. 22). It bears repeating that my research is not meant to be generalized. Another researcher would likely yield different findings.

Trustworthiness is the preferred terminology when determining academic soundness in phenomenological research. Guba and Lincoln (1989) propose qualitative researchers consider four issues to determine trustworthiness: credibility, transferability,

dependability, and confirmability. I attained credibility through the adoption of an appropriate, well recognized research method. Credibility was strengthened by employing debriefing sessions between researcher and thesis supervisor. Another factor for credibility was peer scrutiny, which I included for fresh perspective and as an opportunity to challenge my assumptions. Member checks of data ensured participants' verbal content was truthfully represented and served to check viability of data. Guba and Lincoln (1989) consider member checks to be the most important factor to bolster a project's credibility.

According to Patton (2002) the researcher's credibility is especially important in qualitative research, as the researcher is the instrument of data collection and analysis. Background description, experience, and qualifications of the researcher were outlined. I also demonstrated trustworthiness through journaling personal reflections, allowing participants to refuse participation, and providing anonymity and confidentiality. This allowed contributions to be made honestly and without fear of compromising participants' credibility. Guba and Lincoln (1989) consider that establishing positive rapport and strong interviewing skills increase a study's integrity, as it encourages frank discussion. Sensitivity, adaptability, and self-revelation during the interview process allowed for more personal information to be disclosed. Thick description was an important provision to promote credibility, as it helped convey the actual phenomenon that was investigated. Credibility was further established by explicitly stating my personal biases up front. This increased my self-knowledge and allowed me to more reliably interpret my data. Lastly, credibility was revealed through my examination of the literature to frame findings and assess congruence of my study with existing studies.

Transferability was demonstrated with the provision of sufficient background data to establish the context of the study. Guba and Lincoln (1989) state that dependability is difficult to establish in qualitative research, but was attained by overlapping research methods such as researcher's reflections, field notes, review of transcripts, and familiarizing myself with relevant literature. Confirmability demonstrates that findings emerged from my data and not as a result of my own presuppositions. Like credibility, confirmability was accomplished by the admission of researcher's beliefs and assumptions, as well as employing an in-depth methodological description. These criteria of trustworthiness provided a framework to ensure academic rigor.

### **Limitations**

Limitations of the work impact the conclusions that can be drawn. Since I essentially borrowed my participants' experiences and provided an interpretation of them, the predominant limitation was whether or not my choice of words accurately represented them. van Manen (1997) is explicit that hermeneutic phenomenology is not an effective methodology for understanding processes or generating theories. It is not intended to provide causal explanations, demographic information, or data for analysis. Instead it does tell us, in the participants' own words, their experience about how meaning is made and used. "The essence or nature of an experience has been adequately described in language if the description re-awakens or shows us the lived quality and significance of the experience in a fuller and deeper manner" (van Manen, 1997, p. 10). Given that this is a phenomenological piece of research, I made no attempt to conceptualize the phenomenon or explain it, only to present a unique contribution to the field.

While it is true that limitations influence conclusions that can be drawn, it is not the role of phenomenological research to predict outcomes. My small sample-sized study certainly may be limited by factors such as gender, age, sexual orientation, socioeconomic status, faith background and practice. It was also limited by my choice of methodology. Phenomenology never claims to yield anything other than a rich, detailed description of the phenomenon under investigation.

Since researchers can only interpret a phenomenon through their own experiences, I cannot avoid imposing my personal understanding and biases upon my participants' description of experiences. However, I have made these prejudices explicit. As I bring my background and presuppositions into the research, any interpretation is based upon them. My gained insight and personal background are entwined. van Manen (1997) argues that the true value of the research lies in knowing the essence of a human phenomenon.

### **Summary of Methods and Methodology**

This chapter contained the details of coordinating this thesis project. It opened with an in-depth examination of my particular methodology, outlining my paradigm, ontology, epistemology, and axiology. I described the methods for conducting this study and explained my data collection process. I utilized semi-structured interviews from three co-researchers, incorporated relevant literature and integrated field notes and researcher reflections. Data was categorized into themes following the formats of van Manen (1997) and Langdrige (2007). Chapter three concluded with the compulsory ethical considerations under the overarching premise that, as a researcher, I will do no harm.

## Chapter 4: Findings and Discussion

### Introduction

The purpose of this chapter is to describe the findings of this research. To reiterate, my research question is *what are the lived experiences of spiritually-informed student therapists' feelings of incompetence in early therapeutic encounters?* Moustakas (1994) reminds us that we must look for what lies beyond language, deep into the emotional realm that depicts not only *what* is experienced, but *how* participants experience it. My three gracious co-researchers were candid in sharing their vulnerabilities about the ways in which FOI were confronted personally and professionally. Each of them have contributed three to four hours of interviews detailing how they interact with FOI and integrate them with their spirituality. This recorded and transcribed data, combined with field notes and researcher reflections, as well as my comprehensive literature review, yielded four core themes. I am using this research to unpack what I have learned as we peek into the hearts of these spiritually-informed student therapists. I am providing the reader a front-row seat where you will access the thoughts that swim through student therapists' minds and often nearly drown them. Various verbatim excerpts from my participants' responses are provided to demonstrate correlated themes. All unreferenced quotations are direct quotes from participants.

The first theme is that uncertainty is certain when starting out in this profession. Various physical symptoms were shared by participants as indicators of this discomfort, which illustrate the need to process this complicated emotion. Sometimes the body's physiological response is the first clue that we are being engulfed by emotion. This



theme explores vulnerability both with clients and within the context of clinical supervision.

The second theme revealed is the high expectation we place on ourselves as fledgling therapists. I have dubbed this the *game changer syndrome* where we set the bar so high for ourselves with clients that we risk disappointment in many areas instead of remembering that we are just one stop among many where people attempt to garner support. The pressure we place upon ourselves as therapists-in-training is unrealistic and complicates our journey to becoming professionals. Perhaps a high rate of perfectionistic tendencies contributes to the unattainable goals as we pressure ourselves to “fix” our hurting clients or to be the game-changer along a client’s journey toward well-being. Shame is the only currency in the world of a perfectionist.

The third theme of presence is a total focus on the client’s needs to the degree that we are no longer aware of other things vying for our thoughts. In this shift from acute self-awareness to other-awareness participants became aware that FOI had vanished. Here is the surprise of discovering that by remaining cognizant of areas like specific theories to implement, how we behave as therapists, and remembering content from our textbooks and classes that we can improve the quality of our therapeutic alliances, when in fact holding these things in our minds has the opposite effect. To the degree we are focused on factors outside of our clients’ stories, we are not fully present with their narratives and our effectiveness is diminished rather than improved.

My final theme, also experienced by all participants, was the recognition that as therapists they were conduits to something greater and wiser than themselves in therapy. These spiritually-informed student therapists all comment on reaching that ideal space as

effective counsellors where they operated in a state of flow. Here they recognized an ability to channel a divinity that was greater than them. In this idyllic working state they were able to access information, words, knowledge and responses that surprised and delighted them and worked optimally within each client encounter.

I would be negligent if I did not share my co-researchers' valuable faith practices employed to decrease FOI, which include guided imagery, grounding, utilizing breathing techniques, prayer, meditation, and self-talk. To conclude this chapter I incorporate my participants' perspectives on the perception of FOI as positive influences on their practices, faith, and humanity.

### **Theme #1 - Uncertainty is Certain**

**All I know is this does not feel good!** Somatic symptoms can be among hurting therapists' first indicators that they are experiencing the vulnerability of uncertainty. Often we are alerted to FOI by our bodily responses. We may not accurately be able to pinpoint the exact emotion we are experiencing but something awful washes over us and lets us know we are not well. "I was feeling a kind of panic attack, deep anxiety and worry. I had no idea how to conduct a first session, no idea how to do *any* kind of session." "I had no clue what I was doing." To these student therapists uncertainty was absolutely certain! My participants tell me of the deep feelings of helplessness being placed in a brand new position of expecting to be the expert and realizing they lack the necessary skills. Like an actor on stage with a starring role who has not memorized their lines, is the state of fear that FOI can embody early in an intern's career. The student hopes they will know something about the subject the client presents but in reality, they may bring in a completely novel situation one knows nothing about. There is no safety

net of a memorized script to fall back on and one is presumed to play the role of an apparent expert!

As human beings we have a very limited capacity for ‘not-knowing.’ These feelings of ambiguity cannot be ignored due to the physiological discomfort that accompanies them. One participant describes feeling her client’s specific vulnerability, a sort of countertransference. “I felt like I was embodying that helplessness. But instead of being able to use the feelings I was gathering from the client, I just kind of sat with it and didn’t know what to do anymore.” As if being plagued by your own host of anxieties was not enough, there was the additional task of dealing with emotion that belonged to your client. It is no wonder student therapists’ feelings of incompetence can overwhelm! After years of studying to prepare for this new career, these are the unanticipated feelings that are initiated in those early practicum encounters.

It became clear that once FOI were elaborated upon they engulfed far broader affect than simple inadequacy. Emotions expressed were those of fear, anxiety, feelings of panic, feeling insecure, and distrusting in their own abilities. Even sleep was adversely affected. “I would churn about it all night and worry about it,” reports a co-researcher after a particularly memorable encounter with FOI. One participant had to restrain herself from bolting out of the office when confronted with a combative client who was questioning her credentials as a student. “At that moment, whoo, fight or flight! My anxiety level went out the roof. I no longer could think and I was trying not to shake. This was the worst experience ever.” Another co-researcher reported that, although her FOI were somewhat alleviated, they “never went away because I still felt like I needed to work hard; it still raised my heart rate.”

FOI create considerable repercussions during early interactions with clients. “It’s scary because if you challenge [a client] you’re afraid that he’s going to get up and walk away.” It is unclear who we fear will experience the fight or flight response – us as clinicians-in-training or our clients. What is clear is that our bodies are programmed for self-protection and tell-tale signs often kick in somatically before our conscious minds do, creating the compulsion to fight, flight, or freeze.

The heaviness of dread can make even getting out of bed feel like a monumental task. “I remember talking a lot about being tired, feeling exhausted, and feeling like you want to give up, dreading; dreading what’s about to come and dreading going to sessions. I felt exhausted all the time and I worried.” This participant reveals the despair as she dreaded the FOI and the feelings of not knowing what to do. There was also the dread of feeling useless, lost and lonely. “It came to a point where I dreaded going to practicum and I dreaded meeting my supervisor.” “It’s a big slap in the face that you’re not likeable; you’re not approachable.”

The very core of the spiritually-oriented practitioner is their intuition. Even that deep space inside is at risk of being inhabited by the pervasive ache of FOI. An ability to trust our intuition was one key to keeping FOI at bay. “When I began to intuit on certain things, to pick up on certain things- that really decreased my FOI.” After experiencing a couple of negative encounters with clients, the price can be higher than mere feelings of incompetence. It can directly affect our reliance on this priceless and practical implement. “I’m beginning to not trust the intuition that I have about what to say. I no longer know if what I’m doing is right...It almost makes me feel that I can’t trust my intuition.” For the faith-focused student this is equivalent to losing an imperative

barometer for practice. Our faith without our intuition is flat as that is the channel in which we hear the Spirit speak to us. This is the only tool we bring to the office – that of our core self, our basic intuitive skills. Losing trust in this is a fundamental job hazard that affects our daily faith practices of prayer and meditation if not remedied. Being able to trust our gut is foundational to our careers as well as our walk with God. Feeling uncertain in our intuition as spiritually-informed therapists makes the ground underneath us feel very wobbly.

Often our bodies are the first responders to strong emotion and we may shut down or hide away by detaching from our mind or ‘checking out.’ Dissociation is a severe response to the fear of being completely overwhelmed and is the body’s system of defense when feeling overcome by helplessness. We disengage as a measure of self-protection. One co-researcher describes such disconnecting as a response to an extremely stressful therapeutic encounter. “I think I kept it together but I don’t know and I didn’t know what to do. You could see on the video that I was just dissociating, disengaged, thinking about what to do in my mind...trying to breathe through and trying to re-engage but the trigger was just way too overwhelming.” This participant found that she could appear composed from the outside but “knew that from the inside I was checking out.”

Other experiences of distancing from clients are also shared. “I use this head-heart thing but I go to my *head* and what my *head* does is it takes me to a variety of places *or* it freezes and shuts down so you almost over-analyze the situation and you’re no longer there with the client.” When uncertainty soars and we stay in our heads we lose the connection to our hearts which holds the warmth, empathy and acceptance required for the job. “You are stuck and so you lose being grounded....I think that just comes when

you're feeling insecure. When you *are* insecure with yourself you tend to almost step out of your body a little bit, especially when you have clients." Detaching puts some necessary distance between us and what we feel threatened by.

My participants helped illuminate how FOI seeped into three specific arenas of uncertainty: the fear of making a client worse, the mounting fear of the value of the profession and their role within it, and thirdly, the garden-variety crippling fear that they were just not good enough in general. Although it almost seems irrational that a client will leave worse than when they came into your office, this anxiety of harming clients was expressed by all my participants. "I'm aware of how much damage I can do to another person and sometimes that's not easy. That's difficult." "When I'm feeling incompetent it's when I say I don't have any skill, when I did more harm than good, when I've missed something or when I'm not helping." "I'm fearful of putting the person into a worse place; not helping that person who's paying to come. I feel like my fear ends up kind of taking over and actually hindering me from doing good work with my clients a lot of the time."

The weight of the entire profession on the shoulders of a clinician-in-training can feel unbearable. "You question your role. What did I just do there? Did I just help this person at all? I question a lot of things and the final thing I questioned was the job of psychologist." "Do counsellors really make things work? What difference is our profession to a close friend who's good at listening? It makes you question yourself, like why I'm in this profession. Is this something I want to do for life? Is this something I should be taking people's money for?" When FOI are severe, questioning whether they are a suitable candidate for the profession tends to strike.

Because this form of FOI, not feeling good enough, is so pervasive I refer to it as the garden variety type - not one of my participants was unfamiliar with it. This may be the most crippling and insidious type of all since it sweeps across every category and engulfs who we are as people. Being not enough cannot be remedied through action. With its focus on self, versus on behavior, it is a negative commentary on our very existence. This type of FOI is so general and all-pervasive that it is the most dangerous and difficult to weed out. There is no place this deficiency is not experienced; it goes deep into the cells of a therapist. “So I guess it’s a huge part of my FOI that I’m not going to be good enough for this person....It was very hurtful and extremely terrifying as a new therapist to think that as I practice and people come to see me, out of ten people to choose, they just don’t want me. You feel like a sort of rejection.” Never feeling good enough is a huge trigger for shame and shame always and only indicts.

Remember the tightening feeling that washes over you when you are not chosen by either captain for a team sport till the very end? Can you recall standing there watching your friends form teams and feeling so alone as you try to smile and show your best self but know your inadequacies before you have even been granted the opportunity to get on the field and prove yourself? My co-researchers experienced this kind of a blow when clients return to the agency but book with another therapist. This compounds the pain even more than when clients never return where you can speculate that they abandoned counselling or perhaps no longer need it. “The first few times I was like ‘Oh my gosh! He’s not coming back to see *me*.’ You still have that internal talk that you’re not going to be good enough.”

At the point of waiting to be selected for a team, the longer you wait, the less it becomes about feeling like a bad player and the more it becomes about feeling like a bad human. “The fear and FOI weren’t just about how I was doing as a student but it was about who I am as a person. I’m like a bad therapist. I must be like a bad person.” Along with this awareness is an understanding, but an inability to fully grasp, the antidote to this lousy feeling. “I think it’d have helped if I was more confident, comfortable and happy and self-assured of who I am as a person....Yeah, it’s about me. I wish I knew me and stood my ground and was comfortable with who I am.”

Many of us spend our lifetimes avoiding the pain that uncertainty can incur and thus we have become proficient artists in developing skills of self-protection. Certainty feels far more comfortable but ignoring these feelings of vulnerability comes with a high price tag. It requires courage to sit in our FOI puddles since vulnerability creates deep feelings of deficiency. We feel that we alone lack some necessary ingredients that others surely must possess.

These uncomfortable physical symptoms of FOI are one of the few things that new therapists are certain about and these negative physiological symptoms are compounded by the fear of the unknown that accompany them. That queasy feeling in our stomachs that comes with uncertainty feels like the uneasiness of being on a sharp roller coaster ride when our feet are not comfortably on solid ground and we do not know if we are madly racing upwards or downwards; left or right. Part of our stomachs lurch upwards while the other part pulls downward creating feelings akin to motion sickness. As one co-researcher puts it “my FOI are more exaggerated than in my previous job because there are so many unknowns. There are more unknowns but also less feedback. And you don’t



want to keep asking for feedback because they'll think you're needy." Another participant reports that "there's got to be a point where I know that what we're doing is working. But I've also heard from many therapists this is one job where it is difficult because you really *don't know* all the time."

One participant has found a successful strategy in mitigating some discomfort when she experiences FOI.

Sometimes I'll try to just acknowledge I don't know what's going on. I've done that a couple of times when I felt very incompetent and I think I did that just to take off the pressure that I have to know everything and to take off the pressure that my client is coming to see me because they know I'm supposed to be good at something. I remind them I'm a student. I usually say 'I'll talk to my supervisor about that' and kind of redirect and say 'I'll have to do more research on that.'

I'll just name what it is and say 'I don't know what to do. I'll get back to you.'

This helped decrease FOI because I was verbally talking about what I was going to do next, which is 'I'm getting help.'

Even in times of great uncertainty this participant states that "you *do* know what you're doing. The fact that you know there's something you don't know means you know there's something you need to explore."

Another participant greatly reduced her FOI by admitting to her client that she did not know what to do.

I felt like that is a nice skill to have as a counsellor; to be able to collaborate with a client. By putting it out there that I don't know what to do I stay more present.

Versus if I don't name it I go to all this FOI and just going 'how should I help it?'

How should I think about it? I'm not doing good enough.' So by naming it, just openly saying it, you almost continue to stay present with your client....The fact that I *know* I don't know something, that's a competency. That did take away my FOI because I stay present.

She further elaborates with "by acknowledging it [the not knowing], it kind of shuts down my mind to not even go there anymore. It's like 'yup; it's there but let's continue with whatever's in front of me. Let's just do whatever you can for now.'" "Giving yourself permission to be a student or to be learning or to be in a position of not needing to know and do everything right because the problem or the concern is to live in the now and deal with what's in front of you now" is one participant's method for shrinking FOI when they surface with a client.

**Uncertainty as feeling powerless.** The nature of the most persistent FOI for one participant is "feeling like I can't do anything about this." This individual tells a story of a particularly frustrating client that she never became comfortable with. "What kept FOI high was because I continued to feel voiceless in this situation like this client was pointing responsibility onto everybody but himself. I felt like nothing was changing." Perhaps this powerlessness in our ability to make a difference is especially difficult for therapists-in-training who may be more likely to take this personally than experienced practitioners who are more clearly able to distinguish which responsibilities belong to them and which belong to the client. "I began to feel there was a lack of change from his perspective and I was the reason he didn't change. I was another of his excuses."

One participant claims the biggest contributor to her FOI is "feeling voiceless, like my opinion doesn't matter. Like what I have to say doesn't matter in the end. That's the

biggest origin of FOI and it continues to this day.” “There was that sense of voicelessness that has come back that has already triggered FOI. So not being heard again was not helping in any way.”

**Uncertainty in supervision.** Surrendering to uncertainty insists that we feel our vulnerability, yet these vulnerabilities with clients comprise only half of the self-doubts that intern therapists encounter. Nobody successfully travels this path solitarily and the relationship most critical to a student therapist’s learning is the one he or she has with their supervisor. The complexity of this student- supervisor connection can be every bit as harrowing as that with a difficult client. As student therapists, we not only brace ourselves for our clients’ responses, but also for those of our supervisors. “As a student it’s not only what your clients think of you that becomes a huge distraction, but what you think about what your supervisor thinks about you.” We may even dread what can be a vexing hour. In an emotional debriefing with a supervisor one participant describes feelings far more dramatic than merely questioning her competence.

She [participant’s supervisor] has no confidence in my ability and I have no confidence in my ability. I am humiliated right in front of her! Honestly, I wanted to cry. I felt very embarrassed. And I felt I didn’t know how to go on with the client and I was humiliated because it was *in front of* my supervisor. Yeah, that was big. I was shaking. And I *really* wanted to cry. It took me so much not to. My confidence was shattered and I was totally on shaky ground.

Anxiety appears to be compounded through certain interactions with supervisors, especially when their advice is novel, further stretching us out of our comfort zones. “I had a plan for my client and twenty minutes before I saw my first client she [the

supervisor] changed the plan. Well, I have to tell you, I was feeling really anxious again because I thought I had it all under control. So this was putting me in a very anxious spot.” We can often feel even more alone, ashamed and unsupported if we do not encounter positive experiences with our supervisors.

When looking at vulnerabilities towards our supervisors, they are often compounded as a result of the vulnerabilities experienced with clients. When one participant was asked about her supervision she replied, “It caused me a lot of anxiety because I thought at some point I asked if I was doing OK. I really felt needy for maybe the first three to four months.” “Sometimes I feel more incompetent around her [supervisor] because she’s so motivated, she can do so many things and she also has young children and I’m thinking, ‘Man! What are you taking?’ Like I can’t even imagine.”

The learning experience of the supervision process becomes more overwhelming when the relationship does not flow easily. “One of my main causes of FOI was my relationship with my supervisor, how he came across, and my first impression of him. I think you go in already feeling very intimidated.” Another participant mirrors the intricacy of this often delicate connection. “When you don’t have a relationship with your supervisor, I don’t know what to expect from him. What is he looking for from me because he’s going to be the reason of my growth or if I pass this practicum course, or not.”

It is natural that when beginning a new career we hunger for as much positive feedback as possible. We watch supervisor’s faces for every nuance that they are pleased with us and when we don’t see any spark of it we may interpret that as not measuring up. “That internal need for others to tell me I was doing well wasn’t being met by what my

supervisor was saying. My seeking of assurance not being met caused lots of FOI.” It can feel like continually being on an audition where we second guess ourselves in anticipation of what our auditioner may be seeking. “What if I’m missing the direction this client needs to go and it’s glaringly obvious to my supervisor? Do I appear intelligent enough for him? Is that dress too tight?”

Previewing video with a supervisor can be absolutely terrifying. It can feel like we are a door-to-door salesperson, tentatively unpacking our briefcase of merchandise, preparing to sell our finest wares to our supervisor without being convinced that our wares are wonderful enough to purchase ourselves.

Then on top of that, you’re already feeling very uncomfortable watching yourself and not doing well, and you have an audience. Your supervisor, who has all these years of experience, wants to watch it [video session with a client]. That definitely caused a lot of anxiety and incompetence and not being able to control what you wanted him to see. He had his agenda about the process and what he wanted to see....Having someone better than you watch your work is nerve-racking. Having someone who knows their stuff, it’s just a natural feeling that you think they’re going to judge you because they’re watching your process and they have to critique it and that’s fair. I remember the feeling was ‘what was I wearing?’ and ‘how do I look?’ I know those things are not important for them.

It’s kind of like going to the dentist and thinking ‘my lips are dry.’

“You’re thinking way more into it but those videos cause lots of anxiety.” “Not only are you in session but you’re being taped and that’s scary! You don’t know what your client is going to present and *that’s* scary!” FOI can increase when videoing a client, knowing

you are creating permanency with any mistakes you may make. However, to openly risk re-living a bad moment by allowing your supervisor to view it and then comment on it, in the name of learning, can cause us to brace ourselves with clenched jaws and shoulders tightened up around our ears.

Some supervisors maintain the educational practice of co-counselling with their students, whether behind a one way mirror or sitting with you and your client in session. Having a supervisor witness a conducted client session can feel like a driving instructor sitting beside you, carefully evaluating your skills, as he scrutinizes every move, amplifying all feelings of clumsiness. One participant describes this experience of feeling like she's under the magnifying glass:

I've had sessions when my supervisor sits and watches me and I'm conscious of 'how are you sitting? How are you moving? How are you doing? Are you doing the ah's?' And that gets very scary and you almost blank out, like you would freeze – get stuck....Especially if it's your supervisor, somebody who has knowledge and someone you admire watching you do what you do; it's hard.

The supervisor may or may not comprehend the high value the student places on this primary relationship. It seems that student therapists also gauge the workplace environment by the quality of their relationship with their supervisor.

When I felt shut down by my supervisor I started to close my door a bit too and I didn't go out and say hi [to colleagues]. You feel incompetent, not welcome and not sure of yourself and so your supervisor is almost like the guidance of the whole environment in that agency. The first person you meet is your supervisor

and the most contact you get is with your supervisor. He's almost my compass about how I interact with the rest of the agency.

The feeling of being cut off may begin with a student's relationship to their supervisor but it can spread outward into the larger realm of their professional experience.

**Loneliness and isolation.** One reason student therapists have so much riding on their supervisors may be due to this journey being a singular one and it can be heart-wrenchingly lonely. Isolation was mentioned as one realistic component of the profession by all my co-researchers, whether they were in a cohort based program or not. Navigating this solitude makes us feel as if we are the lone ship out in a vast ocean, the first ones to set sail in these uncharted waters. We must learn to depend on a very limited number of others since we are bound by the ethics of confidentiality.

For most of us who prefer to keep our failures to ourselves, coping with the separateness inherent in this occupation is a daunting challenge. Our compulsion is to lick these ugly festering wounds in our own private corner of the world and believe that we can heal alone. However, just as we break within relationship we can only heal within relationship. The challenge then becomes exposing these sores to another in order to receive help. This requirement for connection, the asking for and receiving guidance is a necessity as we process the fears of training for the vocation. The limited number of places where we can share our on-the-job miseries may create students with voracious appetites to over share once we connect with supervisors. According to all my co-researchers, feelings of loneliness and isolation were huge contributors of FOI which even superhuman supervisors could never fully be expected to satiate.

I didn't realize that about the isolation until I started one-on-one counselling sessions because everyone keeps their door closed and it's hard to reach out to people. I'd relied on being able to talk about it, being able to process it, being able to hear someone say you did the best you can, it's OK, or you've got some skill there you didn't realize. Just words of comfort, right? That was hard to seek....So you kind of just stay in your room and reflect on your own.

“The job in which I've chosen is subject to isolation and loneliness.” “Loneliness is a big one. The isolation comes with nobody understanding the situation at hand and no one being able to help you. I think that's the main thing too is when you don't know what to do you feel really lonely. Doing it on your own was very difficult.”

Surprisingly, each participant stressed the loneliness of the profession.

The isolation piece comes from how the therapist approaches and finds their support and manages his or her environment. It *is* an isolating profession.

Acknowledge it. It can be [isolating] and it's my firsthand experience. The important piece is you don't have to make it out to be. The isolation piece is a really natural thing in our work but you don't have to feel isolated if you have a good support system.

**The impact of personal uncertainties.** This process of navigation through the sea of uncertainty is the same process whether we are navigating personal or professional struggles and a student therapist's personal life vividly impacts FOI in the professional arena. Although we may like to believe personal and professional boundaries exist, in actuality there is great fluidity between them. The gritty life issues of pain, resentment, humiliation and forgiveness do not get closed down at five o'clock with our offices. We



cannot be sterilized of our emotions like robots just because we switch from work to home life.

Uncertainty is strengthened with additional stress at home and may often be the straw that snaps the camel's back in a professional interaction, creating further FOI. In a personal conflict at home with her brother, one co-researcher bursts from the depths of her despair how badly she is failing those around her, including the family pet.

Because of all those feelings of incompetence I'm having, it's just making it worse for me. It's just showing that I'm not even good enough to take care of the dog - which I already know. And I don't have enough time to look online to find her a new vet, to make sure she's on the right food. I'm just trying to swim to take care of the kids, to balance my work life and student life, you know, balance life. So yeah, and I was bawling. So I just went upstairs and cried. I was just not feeling good enough. So I was primed and ready when I saw my client the next day! I was already feeling *that*. I no longer felt safe in that office because that FOI right there took it to a new level. I wanted to run.

Guilt at home about being too busy to parent at our best also has us wracked with FOI. "Being a stay-at-home mom really brings out a lot of FOI, especially with school and when you're going through other stressors. This program of being a therapist brings out a lot of FOI from my children." Not surprisingly our primary partners also impact how capable we feel in our workplace. "When I don't feel supported by my partner I feel very incompetent...I would just be more discouraged when my relationships weren't good. They would never complain but I would feel incompetent." Judgement and shame are lying in the wake to knock the wind out of us everywhere.

One of the reasons the supervisory relationship becomes so urgent is due to the fact that those that are the closest to us in our personal sphere are not those who can be privy to share our uncertainties on the job, since we are ethically bound to confidentiality regarding our clients. This can create a gap in connecting with those that we love most. FOI experienced at work cannot be brought fully home and those uncertainties experienced at home would be inappropriate to bring to work. This can leave the therapist in a place of limbo, unsure where to completely decompress.

I think my vulnerability was because I was feeling incompetent, like I wasn't giving enough to them [participant's family members] and there was not enough of me. So the messages they told me about take care of myself, I heard 'I'm not doing enough for you.' I think I ruined my relationships a lot with FOI because it was just a constant. So even if I wasn't feeling it at work, I carried it home and then I'd ruin my relationships and not have enough support and just feel like I'm not contributing and playing my role.

The first common theme my co-researchers exposed was that of the persistence of uncertainty during the practicum experience. It was typically felt within their bodies anywhere along the continuum from mild discomfort to being flooded with shame. Uncertainty was also experienced as feelings of powerlessness. It presented strongly in encounters with supervisors and contributed to feelings of loneliness and isolation. The impact of uncertainty on their personal lives concluded my co-researchers' portrayal of their experience with uncertainty.

## **Theme #2 – The *Game-Changer Syndrome***

The *game-changer syndrome* is a term I arrived at during a second interview with a participant where we were reliving our determination as student therapists' in our fervency of attempt to grant our early clients their every wish. It arose in the context where a client had seen a number of different practitioners and was now sitting in her office. Her desire to finally help "solve" the client's problem once and for all was compelling. While this desire to be our client's game-changer was sincere and stemmed from an admirable motive, in hindsight we saw our naiveté and realized we were often working harder than our clients. If our clients could be helped strictly by our attempts to please, we most certainly would have been these game-changers! If hope alone put us in possession of a magic wand to wave over our clients, we would be the answer to all their problems.

**Unrealistic expectations.** I still wonder if the hope to help our clients early on in our careers is warranted at all. We feel certain they desperately need us and that sets us up to experience high levels of performance anxiety. "As a new therapist I really carried a heavy burden. I was like 'Oh my gosh! That person is not going to live through the weekend. I was their only hope!' You're like a small part in their journey but not the only part. I totally, as a new therapist, was like 'I'm the game-changer!'" Although at this point in the interview we both laugh heartily, there is a deeper meaning to this point. As ridiculous as we both knew it sounded we recognized this belief held some cogency. "But when you think about it, when you're paying that much money, don't you want your therapist to be the game-changer? If you invest in an hour you want something to change." Do we, as student therapists, hold the notion that experienced therapists can

miraculously find solutions for people immediately and we, as newbies, do not possess this level of expertise yet? Maybe as we learn this task is impossible, that even the world's best don't practice at such a level, we can relax into our task and remain more present.

This frantic desire to solve a client's problems is a belief most therapists-in-training harbor, even if it is below the surface. One participant remarks on this phenomenon. "It's because we always want to give. Instead of letting them [clients] focus on their sadness we're almost band-aiding them because we need to fix, fix, fix." Another co-researcher mirrors this experience. "Being in that room was so anxiety-provoking; to be in the presence of someone relying on me, to be what I felt, fix them, and to be responsible to move them out of whatever troubles they were having."

One of the common themes among therapists is that becoming a counsellor is more of a calling than a profession and emotional giving is in their DNA. Indeed many therapists go into the helping profession because of this desire to be a game-changer and in many instances the uncomfortable stance of stepping back and allowing the client to own their issue is a skill we learn through supervision. Perceived expectations from supervisors add to our already elevated stress levels. We greatly fear being judged in this area and coming up deficient, particularly in the presence of experienced supervisors which we may imbue with near demi-god status. Our FOI can morph into a general fear of not measuring up. "I have the expectation that I've got to be really good. She [supervisor] has got a high expectation of me. That felt needy to me because somehow I think if you have high expectations, your student would be self-sufficient."

One of the themes I experienced is not doing good enough. I think that's just how I valued myself or learned to value myself is that my value lies in what I can give to others. When I rely on my competence to feel value, it's almost like you crave for people to tell you you're needed and valued....I don't see my own value.

The self-expectations of my participants are hefty and grounding themselves in mindfulness-based practices appears to be the antidote to these unrealistic goals we have for ourselves. "Whatever they're [clients] conveying, it's just understanding it and not having a solution; bringing yourself back from the idea of problem-solving, feeling like I have to do something with every single word they're saying."

**Perfectionism.** Along with unrealistic expectations, perfectionism is another trait in the *game-changer syndrome* that sets us up for disappointment. One participant explains the pain incurred by perfectionism:

The quality of being a perfectionist increases FOI because you can never be perfect and this leaves a lot of room for rigidity in how you want to perform or expectations for yourself....There are just so many little expectations that you put for yourself as a perfectionist and it becomes so stressful. And because you won't meet all of it, FOI increases.

So although this participant may have done well in a number of areas she would focus on that one place she failed to meet her ridiculously high standard. This is reminiscent of an anecdote where a daughter asks her father why her desk was more often messy than it was clean. His answer to her was that it was because there was only one way it could be ordered and so many ways in which it could be messy. This is the deck we stack against ourselves as student therapists. Unless every area is met with utmost excellence, it is

difficult to celebrate any success at all, since it is comprised of many small parts. One participant shares the weight of her burden:

I held such a responsibility for myself which all equates into the FOI because I had this expectation that I'm not going to mess it up and yet it is impossible for me to be that perfect therapist, that person who's always going to get it right. It actually creates *more* incompetence for me by holding onto this concept that I need to do everything correctly.

**Comparison.** The third component of the *game-changer syndrome* is comparison. Comparisons are battles that take down all its players – no survivors remain in this dirty internal game. “I need to be better than that” is how one co-researcher feels after she senses she has given a less-than-stellar performance where she “failed” to get a standing ovation from her otherwise very approving supervisor.

Comparison is like a sword right through our hearts. It is never good. It can turn our worthiness directly into unworthiness, as suddenly as whatever King Midas touched turned to gold.

Comparing is a bad one and it definitely brings out a lot of incompetence. I'm a pretty competitive person. You expect your peers to be where you are. You compare who needs to be better, which I do quite often to myself. When I do that I feel very incompetent. It's like I am behind in my process. Or she could keep that client and I couldn't. Or if your colleagues have more clients than you, it could mean she's better at building rapport or the administration people arrange it and that means they see more potential in her than you.

The subject of comparison was rife throughout my participants' process during their practicum experiences. Comparison can allow you to either be a winner or a loser. When we fall short, FOI can skyrocket, yet it also has the capacity to increase confidence.

As I'm growing older I compare myself a bit more which can increase and decrease FOI. If I compared how consistent my clients are coming, how many hours am I getting, this supervisor said that to this person but never said that to me. Those kinds of comparisons definitely increase my FOI. But on the upside of it is when I'm comparing and then you hear what other people are experiencing in their FOI's and you never felt that before. You feel confident that you know what you're doing. I know how to do these things, so that helped too.

All of my co-researchers struggled with this particular demon of comparison, often disguised as competition. It is when competition emerges that the *game-changer syndrome* becomes apparent. We strive to do better than the last therapist or healer for this client to satisfy our worth. "My competitiveness increases FOI because you can never stop comparing yourself. There will always be someone doing something better than you in some way or the other." "It's always about doing better....And you want to make sure, not only are you good, but you're doing *better* than people....So I'm always trying to be *up* in the game." "I have this secret need to be competitive and people don't realize how, by confiding in me sometimes, it increases my FOI."

### **Theme #3 - Presence**

The third theme that emerged from the data was being mindful of presence. As therapists, we need to work from our hearts and our heads. When we remain 'in our heads' alone and entertain all those swirling inadequacies we believe about ourselves, we

cannot be completely present with our clients. This is the basis of mindfulness practices where we remind ourselves about what is important in the here and now and bring ourselves back to the present reality.

One participant describes that when she stays in her head, without integrating her heart, it takes her to freeze, shutdown, and over analyzing the situation; therefore she is no longer holding onto the ability to be with the client. She recognizes that when she is using her intellect alone that she no longer is grounded and feels insecure. “When I lose focus it’s because there’s too much going on in my mind.” Being only in our head creates a state of fear that shrinks the field in which we deeply connect with another.

Although we are equipped with theories, skills, and ideals of practice we ironically cannot be allowing them precious space in our minds as we sit with our clients. It is often met with shock that, as we purposefully attune to our clients and their unfolding narrative, we show up as our best counselling selves. This is the crux of the therapeutic alliance in which healing occurs. An inverse relationship exists between presence and FOI among all my participants. This theme also was the most pervasively represented across all data in this research project.

I can’t be present in session when I feel incompetent. I’m not present because I’m so worried that I’m not going to be able to *do* anything with this person. I can’t do anything about what I’m about to listen to. I don’t know how and so, when you’re so worried about that, you listen for information and you don’t know how to be there for them.



“So it is hard to stay present and hard to just accept everything as it is and do something about it later. Make a plan later because as a new therapist, you want to fix every little thing.”

The ability to be present with a client seems to be one end of a see-saw and FOI is the other. They appear not to co-exist in session. Only one side of a see-saw can be up at any time and then the other is clearly down.

When I’m feeling incompetent I lose all my confidence. If I’m feeling confident I don’t have any FOI at all and when I’m feeling one itsy bitsy bit of incompetence I lose my confidence right away. They’re like the moon and the sun. One exists and the other doesn’t.

Other participants weigh in with the identical perspective. “I can’t be present when I have FOI. When you’re not present it’s totally because you’re thinking about your FOI. What can I do to be smarter right now? Judging yourself.”

When I’m in a session and I allow FOI to take over, I feel like I’m no longer aware of what the client is saying, so to counter that, I may talk myself out of the FOI in that moment because right now, if I’m focusing on my own FOI, then I’m not tending to the client. So I’m making myself the client instead of making the client the client. I try to remind myself that the client is before me, they are speaking, and they are saying something that probably holds great importance right now. You need to be engaged now.

Presence does not come automatically. It often requires immense effort to acquire this state of concentration, often taken in the form of self-talk. “I might say things like ‘you can deal with this later. You don’t have to worry about this right now. Be in this moment

right now.’ Those are ways I talk down my FOI.” Conversely, another co-researcher discovers that the opposite path may also be traversed.

I begin to ruminate on those feelings and lose track and realize the client has said something and I’ve completely missed it. You really need to be aware of what that client is saying because you’ve got these FOI, yet you’re creating incompetence in yourself right now by ruminating on them.

The experience that truly being present dampens FOI is echoed across all participants in this study. “If there’s one thing that I have that does not involve FOI it is my empathy; to sit with a client....Empathy was the greatest way for me to create alliance with my clients and because of that FOI would dramatically decrease when I would practice empathy.”

**The role of silence.** Part of practicing being present with our clients is utilizing the power found in silence, which can be an effective tool when used properly. To new therapists, it is often the most neglected implement in our newly formulating kits since it can be terrifying to feel that clients are coming to us; withholding our words can feel like withholding treatment. “I think it’s so uncomfortable to put yourself in that spot to *just* listen, to *just* hear.” One of my participants had silence backfire on her while being intentional about using it. She describes an interlude with a client that created particularly high FOI.

She [client] actually said ‘I don’t feel good right now. I want to end.’ And then we just *sat* there in silence and I was trying to comfort myself and it was like ‘use silence. Use silence. Whatever needs to happen needs to happen here.’ But then she just got up and said ‘thank-you’ and then she left. And I reflected on that and

it made me question myself because I thought I trusted that process and that process I guess, was just hard.

Another co-researcher poignantly describes her inner struggle with utilizing silence in session and her conflict regarding its usefulness. Notice how it directly feeds into her feelings of uncertainty.

When you're feeling unconfident in what you're doing you always want to fill in the silence. You always want to say things to make sure you're giving your client enough to work on. They did not pay money to sit for an hour just to talk and have someone listen to you. That's the thing about just being a listener. It's hard and it feels like it's not enough just being a listener as a counsellor, especially as a first time counsellor. Not understanding the value of listening, of holding the space for your client, or being confident enough as your client is processing stuff and they totally feel fine. I know for sure that I did not know any of those things because right now I'm feeling more confident with silence because I know of those things. In my stance, what I was uncomfortable with was not giving enough; not doing my part. The back and forth makes you feel like you're knowledgeable and people want to ask you questions.

Employing silence in session can be very daunting for novice therapists, as well as veterans, yet when utilized effectively it can be a transformative tool. "When I started off silence was uncomfortable and my clients were angry and that was uncomfortable....I trusted the process by using silence instead of fixing." We may be clunky with silence early in our practice, creating more uncertainty, yet a small taste of its efficacy is enough to convince us of its power. "I was just sitting with her and that alone decreased my

FOI.” One participant shares part of the magic for which silence opens the door. “Those were good moments of silence because I was actually grounding myself. Or those were just good moments of listening and not having anything to say because clients go on when you’re quiet. They have lots of things to say.” The role silence plays in therapy is further explained in relation to practicing presence by one intern who seems to have discovered its value through the process of trial and error. Listen to her tangle with hesitation as she approaches silence:

*Now with silence I think I’m pretty good with it. I would like to say I’m confident that it has its purpose and I’m confident that my client feels more awkward with silence than I am because silence is awkward. Silence is a place where you can’t escape what the emotion is in that room. Now that I think of it, incompetence comes from knowing there’s pain in the room and not knowing what to do with it. Both people feel uncomfortable. Your client feels uncomfortable because they’re like ‘say something.’ So we can either talk about something else and not the pain or say something to put a band aid over this pain. Like ‘tell me what I should do with it.’ When someone’s grieving or whatever the issue is and feeling the stress and you’re silent, that pain is right in front of you between the therapist and the client. Then as a new therapist, when I couldn’t do anything about it, you feel incompetent because it is right there in front of you and you’re like ‘I’m not giving this client anything to do about it. I’m not solving the problem right in front of me. It’s right in front of me and we are not doing anything about it because we’re silent.’*

As this co-researcher continues with her epiphany in implementing this effective tool, hear how silence makes a gigantic contribution to being present with her client. Also hear her level of intentionality around creating space for this practice and notice how many opportunities there are to be veered off course. Silence is a highly operative part of truly being present in a therapeutic relationship but due to its ethereal quality can so easily slip out of the inexperienced therapist's grasp.

I'd like to say now I see the problem and I am comfortable with the problem. And I am more comfortable letting my client feel the problem and letting them move that silence. You see them do that while the silence is there. They know the silence is there and they're probably feeling a big lump in their throat because I did before and they're feeling it and they'll say something like 'anyways, the other day' [an attempt to make small talk]... They'll try to change it but I bring it back. That's the therapeutic process. Silence is that space for healing; recognizing that 'yeah, it needs to be here.' You have a witness. You kind of have that person. That's what counsellors are for. They're there to witness and hold and work with you in that pain.

#### **Theme #4 – Therapists as Conduits**

Is what I'm saying, is that from me; is it from God? Where is it from? And you know what? It doesn't matter...I know that I am a conduit and I am guided. I truly believe I am an instrument because it's not me. I mean, it's me in my presence, but sometimes I'm like 'What? What'd I just say?'

Although this sounds somewhat simplistic, and perhaps a little irrational, this theme of being a channel for the Divine was common to all my co-researchers and was always accompanied by complete quelling of FOI in the process.

I just thought ‘thank-you’ [to God]...and I just thought ‘that’s powerful!’ I know it’s me, but I know it’s not *just* me. And you know what? I did not feel incompetent....It was the right time, it was impactful, it was amazing and yet there were no FOI. When I really go with my gut, it’s great!

My co-researchers attached a feeling of exhilaration and deep satisfaction to their experiences of allowing themselves to be vessels of wisdom.

This phenomenon is as individual an undertaking as my participants are in their uniqueness. To each of them the practice of becoming a finely tuned intuitional instrument was viewed with slight differences, yet it yielded similar and positive results for each of them. In fact, they regarded this as the highest form of practice as spiritually-informed practitioners. It was this feature that differentiated counselling as their calling instead of merely their careers. Being channeled by something greater than they, set this apart as a vocation and something they were able to do as ministry. “There’s prayer involved because I call on my angels, my guides, and God to keep me open so I’m a conduit, so I know what to say and what to do.” When working in this context, all trace of uncertainty vanishes.

As previously portrayed, FOI can knock the wind out of therapists, especially when it comes to trusting our intuition. Here we see why that is so debilitating to this variety of practitioner who values intuition as that internal locale where they communicate with the Divine. “So I stuck with my gut. And once I had that connectedness, I was able to stand

in my own power and say ‘no’ and so that feeling of FOI just kind of drained, actually.”

“I just have to trust my gut, my intuition. I know I’ll know what to do no matter what. As long as I’m in connection I will know what to say and do.” It appears that this type of connection is a most welcome remedy for FOI. As we shift perspectives from being the “doer” to becoming the conduit, the state of not-knowing is no longer something to be feared; it is perceived as an opportunity to hold hands with truth.

This procedure of opening ourselves up to be the faucet that supernatural water can flow through may sound esoteric and I was curious about how my participants specifically hooked into this power. “I just say, ‘God, give me guidance. I need the support right now.’ It’s just having that constant connection so I think I consciously do that all the time.” This is predicated on the simple premise of awareness. The only prerequisite for experiencing this phenomenon is to know greater wisdom is available to tap into. All we need to do is empty ourselves and invite the help.

Another method one participant employs for attaining this state of divine inspiration comes through praying “let my words not be *my* words but let them be *Yours*.” She follows with her reasoning as to why this assuages FOI. “It almost relinquishes responsibility on my part, but it also helps me be attuned to whatever Spirit is saying...I don’t necessarily have that power in session but *He* may be the one at work in session.” God acts as the breath that creates the music while we recognize our role as the instrument. It’s almost like there is someone else in charge. “It’s like the burden doesn’t lie upon me,” one co-researcher comments.

Employment of this spiritually-inspired practice has the added bonus of suppressing FOI. “How, in essence, the burden should not be mine but it’s *His* gives me so much

more peace.” This co-researcher shares that she identifies with this spiritual position as a conduit of God, rather than on her ability as a therapist; therefore, her perception of herself does not change according to her performance. Her spirituality gives her a sense of belonging and purpose which takes the pressure off of her skill in therapeutic encounters. “I’ve prayed that the likeness of Jesus Christ would move through me, would *become* me.” This participant emphasizes the significance she places on this element of her method of practice: “I truly believe the Holy Spirit is what moves me along in therapy. My number one weapon in therapy is the Holy Spirit.”

### **Spirituality’s Role in Alleviating FOI**

In exploring this theme of yielding oneself up in order to channel the Divine, my research revealed some tangible practices that spiritually-informed student therapists engage in to assist them through these gut-wrenching FOI, which at times they feel they are engulfed by. How do those who experience a faith practice apply their spirituality to cope with these great feelings of being overwhelmed? Does their focus on faith alleviate FOI and its symptoms? What is the significance to a novice therapist of having a spiritual practice? “What helped me through my personal growth was my spirituality and knowing who I am. And the more I got to know who I am, the more I realized the importance of the spiritual-personal growth connection.” Another co-researcher emphatically states that “my FOI would be so much higher without my spirituality. *So* much higher. It relinquishes so much of the FOI that could potentially be present if I didn’t have it.”

It is critical to remain spiritually authentic in the context of the therapeutic relationship. There is often anguish in the recognition that a student’s faith practice may



differ, even contradict that of their supervisor's; yet, not holding true to one's personal spiritual paradigm, feels like a compromise and does not diminish FOI. "Just to be comfortable with my own spirituality was a struggle.... That's how it impacts me because it's taken me up to now to see how my spirituality impacts my religion." When this participant worked with clients from the true center of her spirit in a way that felt genuine, FOI dissolved. Even while previewing video with a supervisor possessing a very different faith practice "FOI wasn't a big part because I felt very competent doing it and I believe in it 100%. How could I go wrong? How could you [supervisor] judge me?"

My research suggests that spirituality mitigates FOI for those with a faith-based practice. Just as trapeze artists may be frightened atop the high wire, once they can trust that a new bar will present itself the moment that they release the one they cling to, they can perform their duties with confidence, no matter how scary. "I truly trust the process. I've had proof [of supernatural assistance] time and time again that I'm getting to the point where it's just funny. It just puts a smile on my face, that's all." The dramatic shift from a high level of FOI to a state of smiling are most welcome as that nagging fear of failure is replaced by the consistency of the high wire bar being present that does not let us down.

One co-researcher discussed the fact that her diminishment of FOI was accompanied by an increased focus on her spiritual growth. As student therapists get more comfortable in their practice, confidence grows and co-relationally, their FOI declines.

I don't know what kind of therapist I'd have been if I had done this in my twenties; if I had done this just after my bachelor's degree. My life is richer now

than then. My spirituality is richer now and not to get pulled down by burnout and things like that. I had to really develop my spirituality to learn to trust.

Risk feels less scary with the certainty that support is available. “It’s kind of like I’m protected; no matter what, I’m OK.” “I’m still being watched over. My angels weren’t around just because I needed them, they’re *always* with me.” What specifically about relying on a spiritual being augments our role as student therapists?

I could rely on someone, which takes away the stress and burden that’s all on you. It’s almost like you have a way out; a little light at the end of the tunnel....When I don’t know what I’m doing, when I don’t know what I can do for a client, or I don’t know what I can do to hold this space or to fix this problem. Being able to rely on someone, knowing that I don’t have to do this alone is almost like a way out of this hole. It’s a way out of not knowing and not doing....Knowing I could rely on God is almost putting that responsibility and pain on someone who is bigger than me, so I could let what happened, happen for this person. I prayed for him, for sure. This was totally out of my hands.

A converse relationship exists between trust in the supernatural and FOI. Simply put “the more trust there is, the less FOI there is.” As we learn to trust our burden is lightened.

FOI was there all the time but I think being able to rely on God is like, ‘Yes, I’m incompetent, but *You’re* not.’ Now let me take this whole burden and responsibility and self-blame and let’s remove that because it really isn’t my responsibility anymore. I have to learn to let go. And being able to rely on someone, and not do this alone, you learn to let God take away the self-blame.

**Spiritual practices that decrease FOI.** Due to the generosity of my participants, I would be remiss not to elaborate upon their gleaned wisdom as they have learned practical methods to accommodate the negative symptoms of FOI. The following outlines some of the most informative findings of my research.

“I have my own guides, my spiritual guides that help me when I’m low. I actually do my own prayer meditation on my way to work every day.” “I just pray for guidance, the support to be open and connected so what I need to say is said, and if I don’t know what to say, I’m guided to what needs to be said and I really use a lot of that in session. I use a lot of my intuition in session; trusting my gut.” The disbelief of how well this serves is reflected in one co-researcher’s bewilderment every time she employs this practice. “I have tested it time and time again thinking ‘is this for real? Is this intuition for real? Are you [God] really supporting me?’”

Another participant describes a particular ritual she implements to combat FOI.

I do guided imagery grounding. What I do is picture God’s hands giving me a gift of light of whatever color I need for the day and I just allow the light to hit me just like liquid relaxation or liquid guidance, wisdom, calm, and it just goes all through my body. And I experience it, not just in color, but I also experience it in feeling. I just feel it go down my body. I allow it to go through me so that whatever worries and concerns I have will just be taken away and recycled.

This same co-researcher also subdues FOI by utilizing breathing techniques. “The other thing was the deep breathing; really doing some diaphragmatic breathing, nothing light, just really breathing it through. With each breath I would take, I’d just picture the light going right through me into the ground. So it’s grounding.” This same participant’s

favorite combatant for uncertainty is “self-compassion. I cannot stress that enough. It’s the biggest thing I utilize to decrease my FOI.”

*When beating us up becomes picking us up.* As spiritually-informed practitioners we would never dream of speaking to another in the negative manner in which we speak to ourselves. We would consider it spiritual *malpractice* if we ever were to say to colleagues, friends, or children the hurtful things we internally speak to ourselves when anxious. Self-talk during early sessions had the flavor of “what does my client think of me? Or if I say something meaningful, does my client think that was smart or useful? Did that make me sound like a good therapist? Did I ask a meaningful question? Do they *like* me?” Another participant’s refrain sounds like this: “I’m not good enough. I’m not doing enough. You’re no different than a friend who listens. You’re not a psychologist. You’re not here to change anything.” Words have the power to debilitate, whether spoken by another or ourselves.

Compassion is the order of the day when it comes to self-talk. My participants all learned to be extremely intentional in the way they converted their defeating patterns into supporting ones. They pursued negative self-talk as ardently as they pursued any spiritual discipline. Just as one participant reminds herself she would disallow another from verbally harming her, she ferociously guards her own internal dialogue. “Honestly, that’s what causes anxiety is my body knows no difference from *you* criticizing *me* versus me criticizing myself.”

One piece to self-compassion is self-talk that gives permission *not* to have to hide behind the façade of perfection. These are some words my participants purposefully substituted for their harmful internal chatter. “It’s OK. I have every right to feel

incompetent. Anybody in your situation would feel that way...so it's not just you."

"Also I'm learning, so I might not know everything. Yes, I've been doing this for a while but every person is different and so you're OK. I'm OK." "It's Ok. It wasn't easy. It's not easy and actually you did a good job keeping it together in front of your client. You breathed through. Was it perfect? No but it doesn't have to be perfect and you're learning from it. Everything is always learning."

Another benefit from self-talk is that naming something releases its strangulating tentacles from around one's neck and brings liberty from the places one feels engulfed.

By saying 'I'm not a proper fit for a client' it actually decreased my FOI. It helped me with my incompetence because it was about fit and not about my competence. To say that I'm not right for them is actually just saying 'it's not you [meaning herself] - it's just this relationship.' And relationships are fluid and they can be built elsewhere and you can't force relationship. And for me you have to have skill but you may not be able to make everyone like you and open up to you.

Compassionate self-talk is not a process that transpires naturally. Instead, it is part of a desire to pursue a more enlightened path, recognizing the defeating quality of this negativity.

Now I have huge FOIs and every time I feel that way I just have to remind myself I never did anything wrong. That takes the pressure off me because my FOI comes from a lot of blame for myself and a lot of personal pressure and control of 'what can I do?' But my spiritual journey with my God is knowing that He's always been there from the beginning. He's put me in the program, He helped me

out with the four years, and He brought me where I needed to be. He gave me opportunities to learn and each process that I've been able to have success with, I didn't do it alone. And knowing that when I was successful I didn't do it alone, makes me know I can continue to rely on Him. Having FOI's have definitely taught me a lesson about not putting everything on myself and that spiritually He's a constant for me that I need to continue to rely on....He's made me who I am today. He's brought me to what I've achieved and everything else. Definitely that was my biggest lesson.

Self-talk is rooted in the model provided by our spiritual disciplines. One co-researcher notices that when she identifies herself as a counsellor instead of a being created by God, her FOI increases dramatically. "Often I'm trying to talk myself down or trying to talk myself out of thoughts of inadequacy or incompetence. Often I hold onto 'OK, this is what I'm feeling but what exactly has God said about me?'"

### **Befriending FOI**

Getting honest with our struggles is the first step toward the transformation of these fears and anxieties to a deeper level of understanding of who we are. Candor regarding FOI also has the potential to positively influence our therapeutic alliances. When asked for the advice my co-researchers would give a therapist-in-training for dealing with uncertainty, all my participants were able to extend their vision beyond FOI's shadow side and relay its benefits. FOI and its uncomfortable experiences were seen as gifts when combined with reflection and trust.

I think if we didn't have FOI there's something wrong. I think FOI are healthy, they're uncomfortable, but they're a healthy part of life and it's what helps push

us to be what we can be and it also keeps us humble because the client in front of you is feeling incompetent in whatever way, otherwise they wouldn't be there. So it's OK to feel incompetent.

One participant states that FOI were more valuable than the pain they inflict. "Overcoming these areas while you're feeling incompetent, the accomplishment of that and the reward of that is so much greater than going through a situation in which you already know what to do." "I truly believe this FOI can be an instrument of change for you as a therapist....Being in check with your FOI can only help you be alert in session, can only help you to propel through difficult situations."

Another perk that accompanies the sting of feelings of uncertainty is common to other suffered hardships; FOI has the power to transform our spiritual perspectives. "My relationship with God has gotten so much stronger because of this process of learning and growing and feeling incompetent." Humility is another significant byproduct of FOI, an imperative tool of success in our profession. "Sometimes I try to see my FOI as a process of learning humbleness; as a process of growing and I guess that goes into being reflective too." "I would think in order to be a good therapist; to maintain the stance of humbleness and wanting to grow, a little bit of FOI is a good thing. My hope is that it'll never go away."

As reviewed elsewhere in this thesis the debate continues over whether therapists will ever be free from the ravages of the uncertainties inherent to learning the ropes of this profession. How is it possible to eradicate FOI when no two relationships are alike? There will always be something new because each relationship is new. One participant suggests that in other jobs "it's when everything you need to know about it, you know. I

think that's when FOI goes away. But in counselling *relationships* and working with people there's always going to be something you don't know." The following participant made peace with the understanding that FOI may remain a reality into perpetuity.

I admire people who've been in the industry for years and would relate to your FOI and say 'yeah, I totally felt that the other day.' You almost go 'Wow! That's amazing that you're able to say that and still be so good at what you do.' My summary is that FOI isn't related to how you are as a therapist. It's not related to how you perform and how you can help a client. You can have FOI and be an amazing therapist. With that feeling I don't mind if it [FOI] stays for a while. I don't mind if it's going to be present.

### **Summary of Findings and Discussion**

In this chapter I elaborated on the four themes revealed by the data. The first is that uncertainty is an absolute certainty while training as a psychotherapist. FOI manifest as physical symptoms, from an increased heartrate to sleep disruptions. Uncertainty also takes the form of feelings of powerlessness, loneliness, and isolation and is evident with clients, as well as with supervisors. The revelation of experiencing FOI at home strongly impacts job performance.

The *game-changer syndrome* is elaborated upon as the second theme, visiting the concepts of unrealistic expectations, perfectionism, and comparison among these spiritually-informed therapists-in-training. The third theme of presence, which arises out of deep connection with clients, is explored and the role silence plays during this intimate process is explored. Narratives of my co-researchers reveal the fourth theme of channeling their therapeutic gifts in order that they behave as conduits for the Divine, in



the various ways they perceive this. I conclude this chapter with an examination of spirituality's role in alleviating FOI, along with specific practices employed that are responsible for this diminution.

## Chapter 5: Conclusion

### Introduction

This chapter finalizes my phenomenological exploration of spiritually-informed student therapists' feelings of incompetence in early therapeutic encounters. It begins with a summary of my findings regarding this elephant in the office. It also revisits the reviewed literature. Further topics of inquiry are discussed as the temptation to broaden this topic continually presented itself. Musings on related ideas may spark new areas of research in the field. Potential capacities in which this project could be applied are outlined to provide pedagogical value to the reader. Finally, a brief personal statement is put forth to summarize the entirety of this research project.

### Summary of the Findings

**Theme #1 – uncertainty is certain.** The first theme extracted from my data was the uncertainty in the profession, not only for spiritually-informed psychotherapy students, but likely for all novice and arguably, veteran therapists, as well. Our bodies speak loudly and often speak first. They are vast fonts of wisdom and are often the reservoir of this uncertainty. We are prudent whenever we address the relationship between our bodies and our emotional well-being. A somatic notification is often the first clue to pay attention to nebulous emotions that may be a struggle identifying. Bodily sensations are often the route to access this available intelligence. “Unpredictability and the unknown make everyone feel anxious and therefore, less able to process information accurately” (Perry and Szalavitz, 2006, p. 126). To learn to become comfortable with being uncomfortable is a means to maximize our ability in building stronger therapeutic relationships. When one “is anxious it is much more difficult to form a positive

relationship, the true vehicle for all therapeutic change” (Perry and Szalavits, 2006, p. 126).

FOI created uncertainty in three domains among my participants. They uniformly feared making clients worse and were afraid of harming them, they felt the intensity of FOI to the extent of questioning whether they were suited to the profession, and they experienced feelings of deficiency to the degree of affecting their personhood. I elaborated on uncertainty as powerlessness and uncertainty in supervisory encounters under this theme. Lastly, loneliness and isolation inherent to the profession were explored, as well as the impact of personal uncertainties on their professional capabilities.

**Theme #2 – the *game-changer syndrome*.** The second theme the data revealed was that all participants had idealistic self-expectations. This included the notion of the *game-changer complex*, where sessions were infiltrated with thoughts that each therapeutic visit would provide a game-changing experience for the client. Undue pressure was thus placed on an already encumbered intern. The level of perceived responsibility was unrealistic, yet deeply ingrained within the subjects I interviewed.

These elevated levels of expectancy affected the critical relationship between the therapist and their supervisor. The issue of client confidentiality makes this relationship the primary avenue for fledgling therapists in which to debrief and learn, making it a likely place where expectations are overinflated. My research reveals that consulting is secondary in this partnership; its paramount value lies in the role of encouragement and facilitating the rapid learnings of the student therapist. Perfectionistic tendencies were rampant among the participants, both within supervisory and client encounters, creating a

standard that could never be attained. Similarly, the practice of comparison of self with colleagues is another struggle that regularly surfaces with the practicing intern.

**Theme #3 – presence.** Presence is the ability to sit with a client and focus intently to the extent that one no longer thinks about oneself or areas of uncertainty. A converse relationship exists between FOI and presence; they do not co-exist simultaneously. When concentration remains on one as therapist, true presence cannot be attained with a client. Conversely, when one maintains a focus on presence, FOI lies out of reach. Becoming intentionally present was a phenomenon expressed by all co-researchers and was a primary method of combating FOI.

Silence, although uncomfortable enough to scare one client away, played a central role in one's ability to stay present. The magic of this presence, created through silence in a therapeutic encounter, enabled participants to create a sacred space for the client to hear beyond their voice to the wisdom deep within themselves. This same wisdom is accessible as we stand back and invite silence to speak, heal, and change. The enchanting power inherent in silence is a transformative force that my participants learned to befriend. They experienced its value as a critical element of practicing presence. An anecdote by Carl Rogers clearly and beautifully captures a portrayal of presence:

When I am at my best, as a group facilitator or as a therapist I discover another characteristic. I find that when I am closest to my inner, intuitive self, when I am somehow in touch with the unknown in me, when perhaps I am in a slightly altered state of consciousness, then whatever I do seems to be full of healing. Then simply my presence is releasing and helpful to the other. There is nothing I can do to force this experience, but when I can relax and be close to the

transcendental core of me, then I may behave in strange and impulsive ways in the relationship; ways which I cannot justify rationally, which have nothing to do with my thought processes. But these strange behaviors turn out right, in some odd way. It seems that my inner spirit has reached out and touched the inner spirit of the other. Our relationship transcends itself and becomes a part of something larger. Profound growth and healing energy are present (Rogers, 1995, p. 129).

**Theme #4 – conduits for the Divine.** Each participant developed an awareness of emptying themselves to become a vessel through which a mystical force could work. They reached a state of flow where they were cognizant that they channeled a force greater than themselves. When they entered into this state they relaxed into a realm where they did not have to strive to be that game-changer. This experience of being conduits took not only the focus, but also the pressure, off themselves. When behaving as channels we extend love to others that is not personal but impersonal – “a love that is unconditional because it is based not on what people do but on who they essentially are” (Williamson, 2004, p. 161).

The emergent themes were followed by a discussion of the role spirituality plays in its ability to remediate feelings of uncertainty. My fascination with the spiritually-focused therapist is partially due to the advantages I perceive as the result of my own faith stance, only one of which is a reduction in FOI. I elaborated upon specific spiritual practices including self-compassion, prayer, meditation, grounding, breathing techniques, and the transformative power of self-talk.

Chapter four concluded with my co-researchers' final thoughts on making peace with their occasionally debilitating FOI and how they progressed to perceiving them as friends instead of frightening foes. Eventual acceptance of the inevitability of these uncertainties was demonstrated in all participants. The contributions that FOI contributed to their growth, not only as therapists, but as spiritual beings, became clearer. Painful experiences can yield beauty when we stay the course and grapple with the discomfort.

### **Revisiting the Literature**

A thorough and sophisticated understanding of the literature is a precondition for any substantial research project. Synthesizing the literature again, after sifting through my findings, has widened my perspective on the subject of the lived experiences of spiritually-informed student therapists' FOI in early therapeutic encounters.

The high prevalence of FOI, where self-doubts continue to run rampant in this profession (Mahoney, 1997), is partially due to the shame that surrounds this taboo topic. Yourman (2003) concurs that feelings of shame keep us silent about FOI, particularly in supervision. FOI within the context of supervision played a significant role for all of my participants. Negative consequences of FOI appear primarily in therapists' self-talk, according to Theriault et al. (2009), which has the ability to immobilize and creates performance anxiety (Skovholt and Ronnestad, 2003). Negative self-talk created a barrier between my participants and their clients that served as an obstacle to perceptions of effective therapy. Johnson (1997) indicates that self-doubts cause therapists to turn their focus inward, rather than outward toward the client. My findings strongly endorse that focusing on oneself as therapists opposed to focusing on the client, is one of the quickest ways to fuel FOI.

A theme of loneliness and isolation materialized as prominent among my co-researchers and was similarly my own experience. Clance and O'Toole (1987) addressed the *imposter syndrome*, where individuals fear being exposed as a fraud, often resulting in isolation. My findings demonstrated that the compulsion to isolate increased as FOI increased, including during encounters with supervisors. Patterson et al. (2009) and Brown (2012) concur that shame has the power to immobilize and shut us down.

Consequences of FOI were not only negative. One positive result is that shame may have the ability to provoke motivation towards change. "The psychological discomfort, something similar to cognitive dissonance, is what motivates meaningful change" (Brown, 2012, p. 66-67). Theriault et al. (2009) credit FOI with other positive attributes of "increased intentionality, desirable tactical changes, and a deliberate attempt by the counsellor to change the pace of therapy" (p. 110). The logic that fear keeps us on our toes is supported by the literature (Yourman, 2003; Skovholt and Ronnestad, 2003; Theriault and Gazzola, 2006; Langdrige, 2007). Positive consequences of FOI allow us to be purposeful with the strategies employed in sessions.

Brown (2012) states that for shame to induce meaningful change it must first be understood. Awareness is the antidote to overcome shame, precisely the reason I embarked upon this study. Theriault and Gazzola (2006) remind us that FOI promotes insight toward maturity in the profession, while Theriault et al. (2009) suggest that FOI imparted learning about therapist limitations, which also yielded insight.

FOI can have profound professional impact. Orlinsky and Howard (1986) indicate that client outcome is positively correlated with therapist self-confidence. Bandura's (1956) research on psychotherapeutic competence demonstrates that anxiety among

practitioners may present as incompetence (p. 334). Borders et al. (1988) claim that fears over doubts about skills and interventions created the most significant FOI (p. 66). My own findings harmonize with Theriault and Gazzola (2006) that indicate when disproportionate allotment of the responsibility for change was on the shoulders of the therapist instead of the client, FOI remained elevated.

Bennetts (2003) researches the personal burden arising from the profession's ethical prohibition of sharing confidential therapeutic information with those to whom we are closest. This struggle is augmented by the fact that developing a new professional identity takes reflection and dialogue, which typically occur with friends and family, though cannot in this case due to concerns about confidentiality. This was an important contributor to the high incidence of loneliness and isolation among my participants.

Other personal repercussions, such as burnout (Deutsch, 1984), depression (Mahoney, 1991), and early career abandonment (Theriault et al., 2009), are only a few ways FOI spills into the personal well-being of therapists. Truell (2001) concurs that increased FOI can lead to "feelings of guilt, sadness, self-anger, powerlessness and other undermining experiences" (p. 70). Patterson et al. (2009) lists crying bouts, headaches, sleep issues and other physical ailments, much like my co-researchers described when discussing the somatic influence of FOI on their bodies. The separation between personal and professional disturbances from FOI was indiscernible for my co-researchers.

High expectations were also issues of concern to my participants. Bennetts (2003) addressed the expectations placed upon therapists, either by themselves or others, to possess high levels of confidence, knowledge and self-esteem. This so strongly resonated with my co-researchers that the term *game-changers* emerged. Skovholt and Ronnestad



(2003) agree that glamorized expectations add to student therapist's already high stress load (p. 54).

It is difficult to predict whether FOI are permanent (Orlinsky and Howard, 1997; Poidevant et al., 1991; Theriault and Gazzola, 2005; Theriault and Gazzola, 2006), or if they diminish over time (Skovholt and Ronnestad, 1992; Patterson et al., 2009). From my data, along with informal conversations with seasoned practitioners, it is currently my belief that FOI will remain a part of this career path for life. However, my exploration did not include this population of veteran therapists. Patterson et al. (2009) claim that FOI generally subside after approximately one month of seeing clients. This was not the experience of my participants who were in practicum for numerous months. Therefore, my data more accurately aligns with Theriault and Gazzola (2005) who acknowledge that FOI continue to plague therapists with an excess of ten years' experience.

Incompetence is something that we risk moment by moment, due to the uncertainties and complexities of humankind. My findings give me hope that these ambiguous feelings change as we understand and even welcome them. Can the understanding and welcoming be expedited with a spiritual practice? My data portrays therapists who operate from the deeper region of spirit, according to beliefs espoused by Williamson, 2004; Williamson, 2010; Pargament, 2007; Rogers, 1961; and Rogers, 1995. It is my position that a spiritual approach may conquer debilitating thoughts that detract from therapist well-being, or at least change their intensity. The results of my data endorse this same stance.

The term "spirituality" is a slippery one in which there is little agreement (Moberg, 2010; Bregman, 2014). I explored four areas to delineate a construct of spirituality for

my reader: God as all-pervasive, conduits for the Divine, the role of silence, and the purpose of pain. These perspectives are endorsed within the personal faith paradigms of all of my participants. They prescribe to the belief that they cannot be separated from their spirituality, as it pervades this world and other realms, even if those other realms are not agreed upon (Moberg, 2010; Hay, 2007; Williamson, 2004; Williamson, 2010). They approach their practice and their lives recognizing the sanctity of every being.

They also align with the belief that, as healers, they have a part in healing the world (Williamson, 2004). They recognize the power that accomplishes the healing is made available to them from God and that they merely channel this power. Relationship is the context in which this occurs (Gendlin, 1990; Lartey, 2003; Doherty, 1995). Participants elaborated on the inherent strength proffered once they brought their attention to this intuitive process and off of themselves. Although a counsellor's skill set is also important, true connecting is most effectively achieved once we consciously lay aside our concerns to completely focus on our client's narrative.

Intentionally embracing silence, in order to be fully present with a client, enabled the cultivation of a spiritually authentic practice. Williamson (2004) and van Manen (1997) acknowledge the ability to access power deeper than oneself. With practice participants aimed to more frequently utilize the strength in silence and considered it a viable component of their training. The role of pain also comprised a large part of the participants' narratives. Hague (1995) speaks about pain's purpose in propelling us toward maturity, both spiritually and professionally. The pain experienced in suffering serves to initiate human beings into a deeper connection with their spiritual selves.

Meaning-making is what facilitates suffering in providing gifts for us as human beings (Frankl, 1969). Williamson (2004) reports that once we come through suffering our soul is enriched and Taylor (2009) concurs that suffering may bear gifts for the sufferer. This same conclusion was discovered by all participants after a period of struggle with FOI.

The spiritual literature elucidates this type of spiritual relationship, yet it remains lacking from the academic world of therapeutic practice. This point serves to widen the chasm between the role of a therapist and the role of a spiritually-informed therapist. There is much need for future research to explore these two topics in conjunction with one another more thoroughly.

### **Further Topics of Inquiry**

It is my hope that this research branches into other areas, such as the continually-growing field of brain physiology. Richard Burton (2008), as a neurologist, provides some biological clarity about why FOI may be so uncomfortable. Certainty creates feelings of well-being from dopamine secretion, the brain's natural opiate. Burton suggests quick reactions induce dopamine production and possibly compromise what is real in terms of our emotions. Implications for this research extend far past the field of psychotherapy, spirituality and FOI, and provide an explanation for the discomfort of ambivalence in every realm. Combined with the fact that the job of a therapist requires a high tolerance for ambiguity, Burton's research has the potential to take my research in an interesting biological direction.

A natural extension of my research might explore the consequences of FOI among veteran therapists. Their wisdom, gained through years of practice, may help to internalize deeper meanings of the uncertainties of FOI. In discussing this topic with

seasoned colleagues and supervisors, many shared their own struggles with FOI. This feedback supports the literature in favor of FOI remaining throughout the longevity of this career. I would be interested in seeing the wisdom of veterans, published as a letter for beginning practitioners. I know that many student therapists are nervous before undertaking an internship and would greedily devour instruction of this nature.

An exploration on the differences between spiritually-informed therapists and those who do not identify as spiritual would be fascinating. Do both identities of therapists experience the same access to supernatural wisdom? Could any difference simply be semantics? What specific practices might therapists who do not consider themselves spiritual perform to assuage FOI? Many practices that are seen as spiritual, such as meditation, listening to music, and dancing may also be viewed as secular practices, leading me to wonder whether the practice itself is important or attitudes about the practice. Might spiritually-informed individuals have more experience with being in our hearts as that is our state while engaging in prayer, meditation, and communing with God? The interplay between these two clusters of practitioners unearths a host of possible future directions and juxtaposing these two populations could catapult into seemingly endless milieus for researchers.

In reviewing the literature I occasionally read about student therapists who fell away from the profession due to overly robust FOI. It would be interesting to follow up with those who left. What specific ways was the profession a poor fit for them? Where were the areas that overwhelmed them the most? Were there precautionary measures that could have been taken for prevention? What factors contribute to the resilience in some students that sink others?

One final possibility for research that this project has stimulated is on the relationship between spiritual practice and perfectionistic therapists. Does the quality of perfectionism drive them toward faith in order to mollify their high burden of expectation? Do therapists who have high self-expectations have a greater need to lean on a higher power to moderate some of those idealistic tendencies? As we learn from research and build on prior knowledge we infuse future work with sophistication and integrity.

### **Areas of Potential Application**

The importance of capturing this topic may prevent acting from a place of pain or inflicting that pain on those around us. Therefore, it is critical that we recognize and accept FOI and feel its pain. Fear of shame and vulnerability makes us afraid of acknowledging our FOI, a critical step in dealing with them. It is no wonder we attempt to “tidy up” by sweeping these elephants under our office carpets.

My research demonstrates how feelings of uncertainty seep into many realms of life. When the existence and discomfort of FOI are acknowledged the career path of the nervous fledgling therapist may be smoother. Opening this conversation can mitigate the pain caused by ignoring FOI. While it is reasonable to feel incompetent, we need to shine the light on FOI in order to move past them. We must wade into the discomfort and risk feeling vulnerable to acknowledge these inevitabilities of this helping field. It remains my hope that as we lead and model exposure, we will shape the culture of those training for the profession. As student therapists, training to sit with another’s discomfort, it is essential to first learn and apply this practice with our own uneasiness.

To pretend FOI is not inevitable is to be in denial and is not the route to creating richer emotional lives and deeper connections – with ourselves or with our clients.

Exposing the susceptibilities of our uncertainties and self-doubts is not weakness but a bold act of courage. And it is only courage that is transformational. Straddling the tension between wanting to hush FOI and wanting to cry out for help requires candor in our training as counsellors. As we raise our level of awareness of the unavoidability of experiencing FOI in this profession, we are that much closer to a remedy. This awareness can reinvigorate us and pull us toward becoming, not only stronger and better therapists, but stronger and better people. Experiencing our vulnerability is the only exodus from the shame of FOI. I am hoping to give this population of student therapists the courage to label these elephants and usher them out of the office, as they make room for more acceptance and self-love, in order to effectively model these behaviors to our clients.

“Accumulated wisdom and insight can be the springboard that propels into affirmative action” (Therault and Gazzola, 2006, p. 328). It is my intent that the process of normalization of FOI may benefit future therapists. “Affirming the universality of the hazards are in and of themselves therapeutic” (Norcross, 2000, p. 710). As these very realistic and prevalent struggles are laid open, a more accurate portrait is painted of this profession in order to assist newer therapists to process their uncertainties. Intensified awareness of this phenomenon is a large step toward its resolution. As mindfulness of FOI becomes a subject more regularly discussed in graduate schools, fewer therapists-in-training will be blindsided by these self-doubts that inevitably emerge in the counselling profession, a field already fraught with uncertainty.

## **A Personal Statement**

“These are all experiences that could be yours or mine, not because we have all lived through them but because we are human and nothing human is alien to us” (van Manen, 2002, p. ii). I approached this project to appeal to a wider audience than student therapists and those who teach and supervise them. Successful phenomenological writing should arouse analogous feelings or recollections of times any one of us have felt inadequate at something, and therefore, can relate to my participants’ experiences. FOI, at their root, are a very human and familiar experience. “In providing concrete examples of distinctively human experiencing which appeal directly to the perceptions of other human beings, they provide us with powerful invitations to similarly experience the primary experience of others and so change the course of our own life-worlds” (Willis, 1991, p. 176).

The resilience gained in overcoming struggle is one component of a spiritual practice. Yet even as spiritually-focused therapists who believe we are innately loved and accepted due to possessing the Creator’s breath of life, it remains a struggle to live like we are enough, regardless of our performance. Why is leaning on spiritual ideals insufficient in obliterating incongruent feelings of not measuring up? Clearly a spiritual thrust does not engineer an easy, one-size-fits-all solution to FOI. The offices of spiritually-informed therapists may house just as many elephants as the offices of therapists that do not identify as spiritual.

My intent was to provide a glimpse into the lives of spiritually-informed student therapists, to build some language to deepen understanding of this phenomenon, and to bring awareness to the often ignored issue. We must re-awaken our own willingness to

lean into our discomforts if we are to be effective in extracting painful emotion from our clients. How can we expect vulnerability in therapeutic encounters while we sweep our own under the carpet? We skirt these mammoth-sized elephants to our own peril as fully integrated humans. We squeeze around them, yet expect deep emotional epiphanies with our clients. As we dare to discuss these elephants around our office water coolers, we enable our supervisors and colleagues to remind us of the most basic of therapeutic skills – to simply connect. We must be liberated enough in order to feel genuine rather than hiding parts of ourselves and sterilizing our stories. “The irony is that we attempt to disown our difficult stories to appear more whole or more acceptable, but our wholeness – even our wholeheartedness – actually depends on the integration of all of our experiences, including the falls” (Brown, 2015, p. 43).

It is said in Alcoholics Anonymous that we are only as sick as our secrets. Our system is one where we deny our shortcomings, not share them. We need to facilitate the creation of a culture that provides the environment to share our mistakes so that all can benefit and evolve. As we shine a light on FOI, we remove the fears surrounding these elephants that we skirt around without addressing.

I conclude with a story that occurred with one of my children, afraid to go to sleep due to something that frightened her at the bottom of her closet. As I focused the flashlight, she refused to look, instructing me to “just close the door.” As she fearfully buried her face in her pillow, doing her best to ignore the mass that lurked dangerously close to the foot of her bed, I insisted she peek at what frightened her. Cautiously she lifted her head to glimpse the mass on the floor and with great relief announced, “It’s just pants!”



Experiencing FOI at the beginning of undertaking anything new is merely ordinary and is to be expected. Once the flashlight has exposed these prowling fears we can see they are “just pants.” Until they are approached as just pants in our institutions of learning, in our supervision experience, and in our expectations with colleagues, they will continue to arouse more fear than necessary. We must recognize FOI, and in turn sit with them, engage with these emotions, and allow ourselves to feel them en route to authentic living. These are the elephants we must muster the courage to deal with, as we travel the path toward well-being as therapists.

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## Appendix A

### Letter of Consent

#### Title of Study

*The Elephant in the Office: Student Therapists' Feelings of Incompetence*

#### Researcher

Sherry Bilida, BA, MPS Candidate (with supervisor Rita Martino, Marriage & Family Therapist)

Personal information removed

#### Purpose

This research project will explore the phenomenology of feelings of incompetence among student therapists and their impact on you, your clients and the therapeutic relationship, either positively or negatively. As a participant, you will be interviewed up to three times in order to share your experience of this phenomenon during practicum.

This study is limited to three individuals. If you are currently in practicum, or have recently completed one, and are interested in contributing to this project, please return the signed consent form to the above researcher. Signing indicates consent to participate, as well as having read and understood the Letter of Initial Contact.

#### Voluntary Participation and Obligations

Participation in this research project is voluntary, with the option of withdrawing at any time during any stage of the study. Withdrawal after the first interview entitles you to keep transcribed data, but withdrawal after the second or third interviews allows transcriptions to remain the researcher's possession.

#### Confidentiality and Anonymity

No personal identity will be revealed and pseudonyms will be granted. Files will be kept in strict confidence between the researcher and her thesis supervisor, Rita Martino (Marriage and Family Therapist), in locked filing cabinets which only the researcher can access. Electronic files will be password protected, with all data being destroyed within one year of project completion. This data will not be used for any future research without written permission from participants and approval from an Ethics Review Committee.

I, \_\_\_\_\_ (Print Name), give consent to participate  
in this study as described more fully in the Letter of Initial Contact.

\_\_\_\_\_ (Participant Signature)

\_\_\_\_\_ (Date)

## Appendix B

Letter of Initial Contact

### Title of Study

*The Elephant in the Office: Student Therapists' Feelings of Incompetence*

### Researcher

Sherry Bilida, BA, MPS Candidate (with supervisor Rita Martino, Marriage & Family Therapist)

Personal information removed

### Introduction

The nature of this research project is to explore the lived experience of student therapists' feelings of incompetence with early clients during their practicum. You have been approached as an individual belonging to this demographic to consider volunteering to participate in this study. My research goal is to capture the essence of any feelings of incompetence you may have encountered in your practicum experience and have you describe the phenomenon of these feelings in order to infer their impact on you, your clients, and the therapeutic relationship.

### Method

Up to three audio-recorded interviews may be conducted at my office at the Community Counselling Centre at #202-10534-124 St., Edmonton. The initial interview will be a minimum of an hour and a half, with the possibility of extending that as necessary. Several open-ended questions will be asked regarding your personal encounter with feelings of incompetence during practicum.

Following this interview, I will transcribe your recording and identify the emerging themes of your experience. Upon transcription, you will receive a copy of these themes to either correct or approve.

The second interview will run a minimum of one hour. Its' purpose is delving deeper and is more focused in nature to encourage fuller narrative. This interview will provide collaboration on themes that emerged during the first interview and will clarify interpretation.

I am leaving the option open for, an approximate one hour, third interview if necessary. These supplementary interviews will also be audio-recorded and transcribed by the researcher. They provide an opportunity to elaborate, respond to, and deliver feedback to prior interviews.

### Support

Although this project poses no threat to participants, it is advised that contact is made with a professional counsellor at any sign of discomfort. If required, one will be referred from the Community Counselling Centre in Edmonton.

### Anonymity & Confidentiality

No personal identity will be revealed if you participate in this study and your data will be referenced by a pseudonym. All documents and recordings will be kept confidential on computer files that are password protected or in my home office locked filing cabinet, both of which only I have access. Data will be destroyed within one year of completion of this study.

Please do not hesitate to contact me at the above numbers if you have any further questions regarding this study.

## Appendix C

### Openers

- Something about keeping to the topic of FOI. Remind of time limits on interview so I may veer back if conversation strays off FOI. 10 mins talking=1 hour transcribing.
- Tell me the story about meeting and working with your first client (narrative brings participant into the space of the experience).

### Questions

- 1) What created FOI for you? How closely linked is anxiety to FOI?
- 2) Could you tell me about a time you were totally overwhelmed by FOI?
  - What did you do with that?
  - How did you feel at that time?
- 3) When you think about your FOI in early therapeutic relationships, is there a primary emotion that comes to mind?
  - Did that primary emotion lead to other emotions/thoughts/feelings? If so, what were those emotions/thoughts/feelings, and what did they each feel like for you?
- 4) If I could be inside of your head during your early sessions, what would I hear from your thoughts?
  - Did you do anything to relieve these feelings?
  - Did that help? If not, what did you do next?
  - Was there anything you noticed that held you in your FOI?
- 5) Did the type of client you had affect your FOI? If so, in what ways?
- 6) What happened to your FOI when you were feeling more confident?
- 7) Where (in session) did you find FOI at the highest? Lowest?

- 8) What's the relationship between your FOI and your spiritual journey?
- 9) Was your FOI impacted by anything happening in your personal life? How?
- 10) Were there any ways your FOI was affected by your supervisory experience?
- What did you need from your supervisor?
  - Were there things that you had hoped your supervisor would have given you but didn't? If so, did this have an effect on your FOI? In what ways?
  - What if your supervisor sat in with you in your session? Would that increase FOI? Decrease?
- 11) How do you see FOI impacted by your personal character (or personality)?
- Way raised
  - Family background
  - Personal experience
- 12) Was your FOI increased or decreased by your education?
- Work history
  - Caregiving experience
  - Own therapy
- 13) Was FOI affected in any way by your social support? If so how?
- What social support did you have that influenced FOI for the better? Worse?
  - How did they help? Not help?
  - Did asking for help bring up FOI?
  - What kind of help did you receive?
- 14) Was your FOI paired with self-talk? What kind? Examples?

### **Concluding Questions**

- I'm a therapist seeing my very 1<sup>st</sup> client. What would you tell me about FOI?
- What advice would you give someone entering the profession to help them deal with their potential FOI?
- What is the nature of the most persistent FOI that continues to affect you the most/give you the most trouble?
- Can you tell me what it was like to talk to me?
- Is there anything you'd care to add?
- What should I have asked that I didn't think to ask?

### **Probes**

- Elaborate on that
- Say more about that
- Tell me more
- Can you describe that more?
- Can you share more of the nature of that?
- Was there self-talk that went with that?
- That's helpful. I'd appreciate a bit more detail
- I appreciate this. Please keep going
- You said \_\_\_\_\_. What did you mean by \_\_\_\_\_?

2<sup>nd</sup> interview: "Last week you were telling me about what \_\_\_\_\_ experience was like for you.

Can you tell me again what it was like for you?" (Reflecting and re-telling may bring depth and clarity).