MOTIVATIONAL FACTORS AND FRAMEWORKS FOR COUNSELLORS AND PSYCHOTHERAPISTS

by

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ABSTRACT

The purpose of this study was to examine the lived experience of the day-to-day and continuing work motivation of professional counsellors and psychotherapists. A life history methodology was employed to distill discrete motivational factors and to construct broader motivational frameworks. Nine professional mid-career counsellors/psychotherapists (6 women, 3 men, 3 psychologists, 3 social workers, 2 counselling psychologists and 1 privately trained PhD) drawn from private practice (3) and institutional workplaces (6) were given in-depth interviews to delve into the motivational experience occasioned by their work.

Employing a series of guided questions each of the research participants were interviewed about the overall experience of the gratifications, satisfactions, and motivations occasioned by their work and discrete motivational experiences in session, in-the moment. Other questions delved into the experience of dissatisfaction and de-motivation, the factors that allowed them to persist in adverse circumstances, changes in their work motivation from the time they first entered the profession, and the effects of their work on their feelings of self-esteem and well-being.

Through a grounded theory analysis of the interview transcripts and informed by work motivation theory, the research participants’ observations on their motivational experience were used to construct three models. The first model demonstrated that the overall work motivation of
the research participants was generated by the opportunity to simultaneously meet the three universal needs postulated by self-determination theory – autonomy, competence, and relatedness. The second model was based on the phenomenon of privilege experienced by the research participants. In essence, the research participants were motivated to return the gift of intimacy, honour, and trust accorded to them by vulnerable clients in the establishment of the therapeutic bond and alliance, which allowed them to meet their own needs for relatedness and competence and generated feelings of responsibility and obligation to safeguard trust and protect vulnerability. The third model was generated from the research participants’ experience of the process of counselling and psychotherapy, incorporating goal-setting with clients, privilege, in-the-moment experiences of efficacy, and effectance feedback to the realization of proximal goals within the process, which reinforced the motivation to work towards the distal goals of positive outcome. The three models were incorporated into an integrated framework, describing the factors and processes underlying the work motivation, work satisfaction, self-esteem, and well-being of the research participants. The research may be useful for professional counsellors and psychotherapists and the institutions which employ them.
ACKNOWLEDGMENTS

No acknowledgement would be sufficient to the nine mid-career professionals who granted me the privilege of access into their personal worlds. Their kindness, eloquence, heart, and dedication to their clients are present throughout the dissertation. I was consistently moved by the simplicity and beauty of their words and the sophistication of their understanding of the essential elements of their work. Each participant taught me important lessons about motivation and client care. Each participant’s gift transformed relatively dry theory and technique into something alive and meaningful. Because of you my heart is larger and stronger.

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DEDICATION

This thesis is dedicated to the research participants, Maureen, Elizabeth and Maura McCann, my parents, Frank and Theresa McCann and to Carman Guild.
INTRODUCTION

Derived from the Latin motivus “to move”, the Oxford Encyclopedic English dictionary defines motive as “factor or circumstance that induce people to act in a certain way.” Work motivation “is a set of energetic forces that originate both from within as well as beyond an individual being to initiate work-related behaviour and to determine its form, direction, intensity and duration” (Finder, 1998, p.11 quoted from Latham & Pinder, 2005 p. 485). There is overwhelming evidence that the most important factor in psychotherapy in deciding a positive outcome, regardless of theoretical orientation, is the person of the therapist (Norcross, 2002; Lambert & Barley, 2002). Moreover, the relationship formed within the therapeutic dyad is increasingly viewed as healing in and of itself (Norcross, 2002). Because the person of counsellors and psychotherapists are critical to positive outcome and healing, it is important to understand the factors and circumstances which activate, direct, and energize counsellors and psychotherapists’ altruistic desire to help clients solve problems, change, heal, and grow. What, why, and how these factors and circumstances induce action and contribute to its form, direction, intensity, and persistence in both optimal and non-optimal circumstances are questions well worth investigating. In their monumental study on the development of psychotherapists, Orlinsky and Rønnestad’s (2005) argued that “research on the abilities and experiences of psychotherapists should be seen as relevant and valuable complement to those areas of research that focus on therapeutic processes and outcomes, and the lives and problems of patients” (pp. 6-7). Given this criteria, the experience of motivation and the factors which underlie that experience are a relevant and valuable focus of research. To paraphrase Orlinsky and Rønnestad (2005. p. 4) to develop optimally counsellors and therapists need not only to understand “who we are, what we do, and how well we do it” but also why we do it and what keeps us doing it.

There is a substantial body of work investigating the initial motivation for entering the profession (Farber, Manevich, Metzger & Saypool, 2005; Farber & Norcross, 2005). However, there is a paucity of work delving into the motivations underlying the decision to remain in the
field in the face of its challenges, obstacles, hazards, and perils, (McWilliams, 2005, Yalom, 2003; Sussman, 1995, 1993), as well as the risk of burnout (Ackerly, Burnell, Holder, & Kurdec, 1988; Farber, 1983; Malach, 1982),

The most ambitious attempt to look at work satisfaction, as one of several themes encompassing the entire career spectrum of counsellors and psychotherapists, was undertaken by Skovholt and Rønnestadt (1992). They address in very general terms the satisfactions to be found in the work at each stage of professional development. In essence, they found that work satisfaction corresponds directly with the degree of perceived effectiveness of the work and the realistic apprehension of its limitations. In the early career phases newly-minted professionals take on a disproportionate sense of responsibility for client change. They look to the client for positive feedback to maintain self-esteem and validation of the effectiveness of their work. Throughout the transition to mid-career there is a gradual realization that their responsibility for client change is limited by client factors, regardless of their efforts and expertise. Expectations regarding client change are modified by an appreciation that effective change may take longer and may be smaller than originally imagined. Mid-career satisfaction is found in the enjoyment of the creative process imbedded within the work and the ongoing process of professional individuation, whereby professionals become increasingly comfortable blending their personal styles with theory and technique. Whereas the beginning stages of career development are marked by the highest levels of anxiety, by mid-career practitioners have greatly reduced levels of anxiety. In the final stages of a professional career self-acceptance and self-confidence derived from a sense of competence is at its peak; anxiety at its nadir. The understanding of effectiveness has been modified to the extent there is a comfort with the limitations of the self and of clients but also an understanding and appreciation of their ability to working effectively with difficult clients. The satisfaction of helping others remains a constant throughout the career span (Skovholt & Rønnestad, 1992).
Orlinsky and Rønnestad’s (2005) inherently motivating conception of Healing Involvement, which builds on psychotherapists’ “experience of effective therapeutic process” (p. 196) derived from experiences of Felt Therapeutic Mastery, Currently Experienced Growth, and Cumulative Career Development has every potential to be developed and constructed as a fully developed framework explaining the work motivation of counsellors and psychotherapists. However, the work is what its title says it is – a study focused on career development, therapeutic work, and professional growth – it is not a dedicated study on work motivation.

There are studies on separate components related to the work motivation of counsellors and psychotherapists – professional values (Jennings et al., 2005; Jensen & Bergin, 1988), goals, (Orlinsky & Rønnestad, 2005), rewards (Kramen & Hansen, 1998) satisfactions (Norcross & Guy, 1989; Faber & Heifetz, 1981), and the characteristics/traits of psychotherapists (Duglos & Friedlander, 2001; Jennings & Rønnestad, 1999) – but there are no dedicated studies, which attempt to bring these various facets, all of which contribute to work motivation, into an integrated framework. Moreover, despite voluminous 20th century literature on work motivation theory (Latham, 2007; Latham & Pinder, 2005), there are no qualitative studies which employ objectively researched work motivation theories as theoretical lenses for examining the subjective experience of the work motivation of counsellors and psychotherapists.

The motivation to enter and remain in the profession is sometimes met with skepticism by family and friends who can’t imagine why any sane person would want to work with people who maybe characterized as troubled, traumatized, depressed, anxious, addicted, psychotic, or personality disordered. Because I wanted to ground the qualitative research and findings in work motivation theory, after reading Latham’s (2007) excellent book, Work Motivation: History, Theory, Research and Practice, I asked him for a consultation meeting to discuss the thesis proposal. Gary Latham is a Professor of Management at the Rotman School of Management at the University of Toronto and an expert on work motivation. Professor Latham and I had met through leadership development courses offered by the University of Toronto to its senior
administrative staff. When informed that I was planning to leave the ranks of university
administration to become a counsellor/psychotherapist, he asked with an overtone of surprise and
exasperation the all-too-commonly-heard, “Why would you want to do that” question. He then
went on to answer his own question by referring me to the work of two University of Rochester
academics in the Department of Clinical and Social Sciences, Edward L. Deci and Richard M.
Ryan, the creators of a general theory of work motivation called self-determination theory (SDT).
This theory holds that people are intrinsically motivated to meet basic universal human needs for
autonomy (freely choosing activities that accord with core interests and values), competence, and
relatedness. Meeting these needs they suggest results in well-being; their frustration the gateway
to unhappiness and pathology.

In order to incorporate a perspective based on work motivation theory into the study, in
addition to self-determination theory, Latham’s own theory developed with Edwin Locke – goal-
setting theory (Latham, 2005; Locke & Latham, 2002; 1990, Locke, 1970) – together with Albert
Bandura’s social-cognitive theory (Bandura, 2001, 1994, 1988) will be used as lenses with which
to view the motivational experience of the research participants.

That which motivates an individual is, after all, deeply personal and has at its core
cognitive, emotional, and spiritual elements. It is the participants’ experience of that which is
satisfying, gratifying, valued, motivating, and contributes to their sense of self-esteem, self-
efficacy, and well-being that is under investigation. It originated out of personal interest in
becoming a professional counsellor/psychotherapist and through an interest in the people, many
of whom I admire, who work in the profession. The relative paucity in the professional literature
on this essential subject (and the need to undertake this research) was evident in the experience of
the nine research participants who agreed to take part in this study, all of whom mentioned in the
course of the interview or follow up that they had enjoyed participating, because it gave them the
unanticipated opportunity to think deeply about their commitment to and satisfaction with their
chosen profession and their ongoing motivation to do this work.
CHAPTER ONE
LITERATURE REVIEW

Constructing a literature review on the motivational factors animating the work of counsellors and psychotherapists is a challenging task. With the exception of Skovholt and Rønnestad’s (1992) general comments about satisfaction with the work at different career stages and a single monograph delving into unconscious motivation (Sussman, 1995), there are no studies on the conscious motivation of counsellors and psychotherapists beyond their initial reasons for entering the profession. There are, however, several sources which partly address the phenomenon of motivation. There are the writings of several noted and notable stars of the profession, such as Nancy McWilliams (2005), Irving Yalom (2002), and Martha Pipher (2003), which speak to the rewards, gratifications, and satisfactions of the work. In addition, there are discrete studies on the level and sources of satisfaction and reward (Stevanovic & Rupert, 2004; Kramen-Kahn & Hansen, 1998; Norcross & Guy, 1989; Watkins et al, 1986; Prochaska & Norcross 1983; Farber & Heifetz, 1981) with the work, the values (Jennings, Sovereign, Bottorff, Mussell & Vye, 2006; Jensen & Bergin, 1998) guiding the work and the characteristics of its most passionately committed (Duglos & Friedlander, 2001) and master (Jennings & Skovholt, 1999) practitioners that serve as guideposts along the continuum which comprises work motivation. To this professional literature, because they will used as lenses to examine the work motivation of the research participants, will be added a review of literature on goal-setting and self-determination work motivation theory. In addition, a brief review of literature on the nature self-esteem and well-being will be covered because of their relationship to work satisfaction and motivation. Finally, the literature review will conclude with a provisional motivational framework which brings together self-determination needs theory and common treatment goals to the discrete studies on satisfactions and rewards, values, and characteristic of counsellors and psychotherapists.
Beginning Motivations

In their article in a special edition of the Journal of Clinical Psychology (August, 2005) dedicated to the topic of “Why I became a Psychotherapist”, Norcross and Farber note that the reasons for choosing psychotherapy as a career are seldom encountered in coursework or professional literature. The title of their lead article, Choosing psychotherapy as a career: Beyond I want to help people, is a reference to the standard work by Henry, Sims and Spray (1973) which posits that understanding people and the simple, altruistic urge to help others is the primary motivation among several for choosing the profession. Norcross and Farber (2005) have no apologies to make for the altruistic urge to help, as it is a “core human value, an evolutionary advantage and spiritual goal of many people” (P. 940). They ask an essential question: in the light of other socially acceptable options for those who wish to exercise their altruistic impulses such as teaching, medicine, and social service ‘why psychotherapy’. They suggest that reasons are often unconscious and complex but offer two key factors: the desire for self-healing/self-growth and mere chance.

They argue that therapists’ own narcissistic desires (or put another way – personal goals) for self-healing and growth are offset by the benefits of pursuing those desires, because they serve as an internal barometer which guides the direction of therapy, provides a model for clients to emulate, and fortifies therapists’ belief in their career choice. Not everyone knows from an early age that they want to be a psychotherapist. An innate sense of psychological mindedness may be a pre-requisite but chance encounters of meeting the right role model in University, being identified by a peer as a confidante, the experience of personal therapy, dealing with a psychiatric illness, or witnessing the psychic pain of a friend or family member have much to do with generating the initial spark (Norcross & Farber, 2005). Farber et al (2005, p. 1024) identified twelve recurrent themes in answer to the question of “why we become therapists”. They are careful to note that no single reason but rather a confluence of influences combine to engender the desire for a career as a counsellor or psychotherapist. The twelve themes include the experience...
of cultural or social marginalization and the consequent desire to make the world a better place through the expression of personal values and philosophy, the experience of healing painful childhood experiences (wounded healer), the need for self-growth and healing, the experience of personal therapy, the need for safe intimacy, a high degree of psychological mindedness, the need for intellectual stimulation, enjoyment of the role as advisor and confidante to others prior to entering the profession, the experience of working with an admired role model/mentor, and the simple, but foundational, altruistic impulse to be of help to other human beings.

Unconscious Motivation

Norcross and Farber (2005) note that the motives for choosing psychotherapy as a career are often not fully understood until late in a therapist’s career or after a course of personal therapy. Experienced therapists interviewed by Skovholt and Rønnestad (1992) also realized later in their careers that their motivations for entering practice were often unconscious, and they admitted to a need for a better, more complete understanding of their motivations. They believed that, when they first became therapists, they were often unaware of their own conflicts and problems, and their (unconscious) desire to understand these led them to the career choice of psychotherapy. A thorough understanding of unconscious motives for becoming and remaining professional counsellors/psychotherapists is essential to ensuring that unconscious motives, do not compromise the effectiveness of the therapist and efficacy of the process (Sussman, 1992). A substantive examination of potentially iatrogenic unconscious motives – the urge to overly give of one self in the service of the other, the need for (and abuse of) power (Procter 2002), and the exploitation of intimacy to fulfill one’s own relational needs – are elucidated in Sussman’s (1992) study of unconscious motivation. Although the topic is fascinating, it lies beyond the scope of this study, which focuses on the conscious experience of the nine research participants.
Rewards and Satisfactions

Personal Accounts

Nancy McWilliams (2004), a noted psychoanalyst, writes lucidly about her appreciation of the satisfactions, rewards, and gratifications of her work as a psychodynamic psychotherapist. She has a sense of autonomy and control over her work. Emotionally and intellectually, she is ‘fascinated’ and ‘nourished’ by her work and the opportunities it provides for ‘ongoing, in-depth learning’. She is rarely bored and gratified “to make a living by doing something so meaningful and positive” (McWilliams, 2004, p. 278). Above all, the work allows her to be most fully herself. Consonant with her personality and temperament, there is a fluidity and inclusiveness in her work that connects to her values – autonomy, helping, learning, curiosity, charity, and authenticity. There is a palpable sense that that which is meaningful in her life – her intrinsic interests and her values – are connected with and integrated into her work.

While many professions involve service to others, the vocation of psychotherapy allows for a particularly intimate, organic, integrated kind of helping, that makes one’s life meaningful and fulfilling, no matter how tiring. I am grateful that such a role exists in my era and culture, a role that allows me to earn a living by doing what I enjoy doing and find consonant with my temperament. ….I feel a kind of fluidity and inclusiveness in my work that I think is rare, at least in the modern and postmodern era. Via the role of psychotherapist, my work life, my charitable impulses, my limitless curiosity, and my longing for authenticity are all connected (pp. 282-283).

Other renowned therapists, who write on their work, while not hiding its inherent challenges and risks, make similar affirmations. Irvin Yalom (2002) warns psychotherapists to beware of occupational hazards but also exhorts them to cherish the “occupational privileges”. He explains that doing this work provides “extraordinary satisfaction”, “intellectual challenge” and allows for a “life of service in which we daily transcend our personal wishes and turn our gaze towards the needs and growth of the other” (p. 256). The rewards extend beyond the altruistic
gratifications of helping to other more deeply personal rewards – growth in self-knowledge and awareness, and becoming more accepting.

Martha Pipher (2003) warns of the perils of trying too hard, the pain of her failures, dangers of the work (both emotional and physical), and the necessity of self-care to avoid burnout. She also describes one of the work’s ‘luxuries’: it is work that sustains her idealism, allowing her to grow fonder of her fellow human beings, as she sees the world from their point of view and realizes that most people strive to be good. Although the work can be “frustrating, demanding and fraught with peril”, she tells the young therapist to whom she writes, it is “one of best jobs around” and “really fun if you can stand it” (Pipher, 2003, pp.137-38).

Therapeutic relationships are ‘extremely’ rewarding for Rogers (1961), requiring “continual personal growth on the part of the therapist and this is sometimes painful, even though in the long run rewarding” (p.14). Understanding the experience and the “private perceptual worlds” of others is ‘enriching’ for Rogers “because understanding is rewarding” (Rogers, 1961, p. 19). For Rogers, knowing others intimately is a ‘deep’ privilege. Being witness to and a catalyst in a client’s growth for him is part privilege and part mystical experience.

The existentialist psychotherapist, James Bugental (1981) addresses the ‘neurotic’ gratifications of the therapist, which he likens to ‘therapeutic addiction’. These neurotic gratifications include one-way intimacy, feelings of omnipotence, and contingency mastery (which is a narcissistic but self-therapeutic, voyeuristic tendency to work out one’s problems while observing them in one’s clients). He then goes on to describe the ‘synergistic gratifications’ which includes an unparalleled view of the human condition, where, immersed in the living laboratory of psychotherapy, psychological processes are displayed in ‘exquisite’ detail (Bugental, 1981). In common with other therapists, witnessing client growth and realization of potential as they change and emerge more fully as persons, is a primary gratification. The inherent growth for Bugental (1981) is two way: through the provision of therapy, the therapist too has the opportunity to realize his own potential and authenticity. Finally, Bugental (1981),
echoing the sentiments of McWilliams, Yalom, Rogers, and Pipher singles out the ‘privilege’ and the ‘sacred trust’ of access embedded in the work.

Empirical Studies

Beyond the musings of McWilliams, Yalom, Bugental, Pipher and Rogers, there are relatively few studies on the rewards, satisfactions and work motivation of experienced therapists. In a major survey taken in the early 80s of 410 of American psychologists, Prochaska and Norcross (1983) investigated their characteristic activities, affiliations, theories, and selected attitudes using an 82-item questionnaire. Fully 92.2% of the respondents indicated that they were satisfied with their careers as therapists and an overwhelming 84% indicated that they were either “quite satisfied” or “very satisfied.” In a mid-eighties survey of 900 American counselling psychologists, Watkins, Lopez, Campbell and Himmell (1986) found that of the 716 useable responses, 73% of the respondents were either quite satisfied (43.1%) or very satisfied (33.9%) with their career, while slightly under 13% were either slightly, quite, or very dissatisfied with their career as counselling psychologists. A similar result was found in a more recent survey of 286 licensed psychologists in Illinois undertaken by Stevanovic and Rupert (2004). Almost 94% of the respondents were at least “somewhat satisfied” with their work, and did not think much about leaving the profession, and 85% indicated they would pursue psychology again. Such strong endorsements demonstrate that most psychotherapists find their work to be satisfying and indicative of a strong commitment to the work of the profession.

Dryden and Spurling (1989) solicited ten psychotherapists to outline why, how, and when they became psychotherapists and what continues to ‘sustain’ them as psychotherapists. In a summative chapter Norcross and Guy (1989) crystallize the issues and themes culled from the portion of the individual narratives dealing with that which sustains the authors in their work.
Table 1 Sources of Satisfaction

<table>
<thead>
<tr>
<th>Sources of Satisfaction</th>
<th>Norcross and Guy Mean Rating</th>
<th>Farber and Heifetz Rank Order</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number One: enhancing growth in patients</td>
<td>6.7</td>
<td>2</td>
</tr>
<tr>
<td>Number Two: self-knowledge;</td>
<td>5.7</td>
<td>5</td>
</tr>
<tr>
<td>Number Three: self-growth</td>
<td>5.7</td>
<td>4</td>
</tr>
<tr>
<td>Number Four professional autonomy</td>
<td>5.2</td>
<td>NR</td>
</tr>
<tr>
<td>Number Four: using therapeutic expertise</td>
<td>5.2</td>
<td>1</td>
</tr>
<tr>
<td>Number Six: learning about many types of people</td>
<td>5.1</td>
<td>3</td>
</tr>
<tr>
<td>Number Seven: being socially useful</td>
<td>5.0</td>
<td>6</td>
</tr>
<tr>
<td>Number Eight: professional independence</td>
<td>4.4</td>
<td>NR</td>
</tr>
<tr>
<td>Number Nine: achieving intimacy</td>
<td>3.9</td>
<td>8</td>
</tr>
<tr>
<td>Number Nine: status of a professional career</td>
<td>3.9</td>
<td>8</td>
</tr>
<tr>
<td>Number Eleven: learning intimate details</td>
<td>3.7</td>
<td>9</td>
</tr>
<tr>
<td>Number twelve: the’ mystique’ of being a therapist</td>
<td>3.2</td>
<td>10</td>
</tr>
</tbody>
</table>

Sources: Farber and Heifetz 1981; Norcross and Guy, 1989

The results were shown against a comparison sample from an article by Heifetz (1981) from a survey of 60 therapists – 36 men and 24 women from a metropolitan community in the US Northeast who had been in the field for an average of 10 years. Two-thirds of the participants worked in institutional settings and 40 of the 60 identified as primarily classical analytic or psychodynamic. Promoting growth in patients was a prime source of satisfaction in both studies. With regard to what sustained them in their work, “watching client growth” comes through strongly in each of the ten narratives in Dryden and Spurling’s (1989) compilation. A passage from Bloomfield’s chapter from that work sums up this phenomenon:

It is very rewarding to see people change, grow, and mature in the course of therapy, to see them acquire an improved self-image and different attitudes towards themselves and
notice changes in unhelpful patterns of behaviour. Perhaps the most exciting aspect of change is the patient’s discovery of his or her creative potential (p. 47).

Farber and Heifetz (1981) found a significant gender effect. In their study women reported greater satisfaction than men in enhancing the growth of their clients, as well as more satisfaction from a group of factors they called “revered efficacy”, which included “using therapeutic expertise”: the highest-ranked factor in the survey. (Of note, is the primary emphasis placed on the satisfactions gained by the experience of using therapeutic expertise by the mid-career respondents in the Farber and Heifetz study compared to their more accomplished counterparts in the Norcross and Guy article.)

Two more recent works on sustenance and satisfactions have a different emphasis. The first is a study by Berger (1995) who interviewed ten senior therapists based in a large metropolitan area in the US Northeast. Nominees were recommended by colleagues who were asked to recommend ‘the best of the best’. They had to be independently licensed in psychology, social work, or psychiatry and to have been practicing for 20 hours a week for the past 15 years. Ten psychotherapists were chosen: five-men and five women with an average age of 59 and an average number of years in practice of 29.6 years. As with the therapists interviewed by Faber and Heifetz (1981) and selected by Guy and Spurling (1989), the therapists were white and middle to upper class. Five were in full-time private practice, three in part-time practice and worked in health agencies or hospitals, and the remaining two worked in mental-health clinics. Five were Ph.D. psychologists, three were clinical social workers, and two were psychiatrists. Berger’s (1995) account of the therapists’ satisfactions and gratifications is qualitatively different in tone and substance from the earlier studies. Using terms such as “fun”, “excitement” and “fascination” to describe their work experience, what they got from their work rather that what they gave was prominent in their narratives.
As a whole, these people were fascinated by the subject of psychotherapy. They continued to experience, throughout their careers, a sense of intellectual stimulation and challenge from their work. They felt nourished and privileged by the unique view of human experience that it allowed them. They still actively participated in and led training workshops, seminars and research projects and were as Sam said, "still enthusiastically investigating new directions in which I want to see the field moving (Berger, 1995, p. 307).

Once again the participants expressed a common satisfaction in promoting the growth and health of patients. A particularly surprising result for Berger and an important shift from earlier studies was the shared sense of real enjoyment of the relationship with their patients. These therapists enjoyed a sense of “closeness and sharing” with their clients.

In the majority of these clinicians' descriptions, one is struck by how much personal gratification they receive from their time with patients. Patient relationships are spoken of as important in the therapists’ lives. While helping patients resolve problems and improve psychological health was clearly important, they emphasize the satisfaction derived from being in the relationship itself (Berger, 1995, pp. 307-308).

Other rewarding aspects of their professional lives included the long term development of their sense of competence as clinicians, a deep and abiding faith and sense of the efficacy of the process of psychotherapy, the unique view of humanity, and the opportunity to learn about the human condition, and a growing ease and spontaneity with patients, as they left behind theory and routinized techniques and experimented with their own ideas (Berger, 1995). A 1998 survey of American psychotherapists undertaken by Kramen-Khan and Hansen investigated the occupational hazards, rewards, and coping strategies of psychotherapists,
Table 2 Most Frequently Endorsed Occupational Rewards

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage Endorsing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Promoting growth in clients</td>
<td>90</td>
</tr>
<tr>
<td>Enjoyment of work</td>
<td>79</td>
</tr>
<tr>
<td>Opportunity to continue to learn</td>
<td>76</td>
</tr>
<tr>
<td>Challenging Work</td>
<td>73</td>
</tr>
<tr>
<td>Professional Autonomy (independence)</td>
<td>71</td>
</tr>
<tr>
<td>Flexible Hours</td>
<td>62</td>
</tr>
<tr>
<td>Increased self-knowledge</td>
<td>61</td>
</tr>
<tr>
<td>Variety in work and cases</td>
<td>56</td>
</tr>
<tr>
<td>Personal growth</td>
<td>56</td>
</tr>
<tr>
<td>Sense of emotional intimacy</td>
<td>51</td>
</tr>
<tr>
<td>Being a role model and mentor</td>
<td>39</td>
</tr>
</tbody>
</table>

Source: Barbara Kramen-Khan and Nancy Downing Hansen (1998)

The survey results listed in Table 2 were based on the responses to a questionnaire distributed to 700 US psychotherapists. Those surveyed met the criteria of being licensed psychologists, counselors, marriage and family therapists, or social workers and spent a minimum of 50% of their time in professional work and 50% of that time in direct client contact. Of the 208 respondents most were master’s level professionals (66%) and women (65%). A third of the respondents were social workers (32%), a quarter psychologists (27%), a quarter marriage and family therapists (26%) and 15% were professional counselors. They present a very different profile from the therapists analyzed by Norcross and Guy (1989) and Berger (1995). Most were therapists in private practice (65%) who worked and average of 36.5 hours per week and who spent 77% of their time with clients. Although the mean age was 49.5, the mean number of years in practice was 13.5. The results of the questionnaire found in Table 2 reinforce the finding that promoting client growth is a primary motivating factor for psychotherapists. Other satisfactions – workplace autonomy, increased self knowledge and personal growth, and a sense of intimacy
were again voiced in the results, albeit couched in varying language, but newer, highly-rated satisfactions such as enjoyment (echoing Berger’s findings) and challenge were also introduced.

Common to the studies on satisfactions and rewards is the primacy of enhancing or promoting growth in patients. Another indicator of satisfaction is the experience of professional competence or efficacy expressed as “using therapeutic expertise” (Norcross & Guy, 1989; Farber & Heifetz, 1981), a growing appreciation of the long-term development of competence and a deepening of faith in the efficacy of psychotherapy (Berger, 1995). Self-knowledge and personal growth were prominent sources of intrinsic satisfaction (Norcross & Guy, 1989; Farber & Heifetz, 1981) and reward (Kramen-Khan & Hansen, 1998). The intrinsic factors of enjoyment, fascination, challenge, variety, and social utility were reported as satisfactions, sustaining factors, or rewards of the work. A third common factor was comprised of the relational rewards (Kramen-Khan & Hansen 1998), satisfactions (Norcross & Guy, 1989; Farber & Heifetz, 1981) and simple enjoyment (Berger, 1995) derived from the intimacy inherent in client relationships. A fourth common factor found in each of these studies was the opportunity to learn: learning in general, learning about the human condition, and the opportunity to investigate new directions in the field. Professional autonomy/independence was experienced both as satisfying (Norcross & Guy, 1989; Farber & Heifetz, 1981) and rewarding (Kramen-Khan & Hansen 1998).

Motives, Needs, Values and Goals

Eliot, McGregor and Thrash (2002) argue that there is no consensual way to define ‘need’ and ‘motive’, nor is there a common conceptual understanding of how goal, motives, and needs differ from one another. They assert that needs differ from other motive dispositions (such as the desire for dominance or the wish for closure) in that they are inherent psychological requirements, which must be acted upon for optimal functioning and well being. Further they assert that goals may be distinguished from needs and motives in that “the latter are affectively-based dispositions which energize behavior and orient an individual in a general way, whereas the
former (goals) are cognitive representations that serve a directional function for behaviour by focusing individuals on more specific possibilities” (Elliot, McGregor & Thrash, 2002, p. 372.).

Where there appears to be some agreed convergence among needs, motives, and goals is in the realm of values, which are said to be derived from and give expression to needs (Latham, 2007; Kasser, 2002). Although Latham (2007) notes that the derivation of values from personal needs “is the least empirically researched causal connection”, he continues that Maslow’s assertion “that people value what they need” is at least partially right (p. 261). Moreover, he notes that values “provide the principal basis for a person’s goals” and are “similar to needs in their capacity to arouse, direct and sustain behavior” (Latham, 2007; p. 149). Values, according to Kasser (2002) serve as “guiding principles of life [that] organize people’s attitudes, emotions, and behaviors, and typically endure across time and situations” (p.123). He notes that values “are “cognitive representations and transformations of needs” (Rokeach, 1973, p. 20) and ‘cognitive representations of motivations in the form of goals and objectives’” (Roccas, Sagiv, Schwartz, & Knafo, 2002, p. 793, both citations quoted from Majstorovic, 2008, p. 31).

Goals are the “situationally specific form of one’s values” (Latham, 2007, p. 176) and, as they are derived from values, invest action with meaning and purpose (Bandura, 2001). Put differently, in any given set of circumstances a goal being pursued must be cognitively judged to have some personal value, either extrinsic, such as wealth, or intrinsic, such as growth (Kasser, 2002), or there would be no need, reason, purpose, or motivation to pursue it. A formula to bring needs, values, and goals together into a motivational framework for the purpose of this dissertation is as follows: personal needs are inherent psychological requirements which energize behaviour and provide direction towards the satisfaction of specific valued end states, goals, or outcomes; values which are derived directly from inherent needs are cognitive representations of those needs and synergistically interact with needs to direct behaviour towards a goal, end state, or outcome which have inherent meaning and purpose for the actor; and goals focus the energies
derived from needs and values towards specific outcomes which, when realized, satisfy inherent psychological needs, resulting in optical functioning and well-being.

Needs and values provide the energy or motive force underlying goal pursuit and goals serve to consciously direct that energy to specific outcomes. Satisfying needs is pleasurable; need frustration produces displeasure (Latham, 2007). Desire, derived from the wish to gain pleasure from satisfying our needs and to avoid the displeasure and dissatisfaction of need frustration, is the engine of motivation (Keshen, 1996).

Two Theories of Work Motivation

Goal-Setting Theory

Goal-setting as a motivational technique originated with E. A. Locke (1970) and was subsequently elaborated into work motivation theory by Locke and Latham. It is “among the most valid and practical theories of employee motivation in organizational psychology” (Locke & Latham, 2002, p. 714) and is considered “the single most dominant theory in the field” (Latham, 2007 p. 176; Latham & Pinder, 1999). Locke and Latham’s focus in developing and researching the theory has been on task performance of consciously set goals, rather than intent to take action (Locke & Latham, 2007). According to the theory, setting goals, particularly high goals (goals that are sufficiently challenging, but attainable), positively affects the “direction, intensity, duration, and creativity” of one’s efforts to attain them (Locke & Latham 2002, p. 706; Bandura, 1994). Goals that are too easily attainable or overly challenging goals have the opposite effect. Successful attainment of goals produces (self) satisfaction and acts as an incentive for increased effort (Bandura, 1986) while the failure to do so produces dissatisfaction. Setting difficult but specific goals results in higher performance than simply trying to do one’s best on a work-related task, because the ambiguity of simply doing one’s best acts to reduce work performance (Locke & Latham, 2002).
An important exception to this axiom is the pursuit of highly complex goals. In these circumstances pursuing challenging, specific goals can produce anxiety and an unsystematic approach to goal attainment. The more complex the tasks required to attain a goal, the increasingly higher levels of skill and creativity are required. Setting learning goals, directed to the discovery of effective strategies to competently undertake the task, is the better approach (Locke & Latham, 2002; Dweck & Leggett, 1988). Those who consistently use this approach are said to work from a learning-goal orientation.

Bandura’s social cognitive theory (Bandura, 1986) is highly compatible with goal-setting theory: both recognize the role of self-efficacy and the importance of setting optimally challenging, conscious goals to motivation (Locke & Latham, 2002). To this, social-cognitive theory adds a marked emphasis on self reflection and self-evaluation. According to Bandura (2001) goals which are

…rooted in a value system and a sense of personal identity invest activities with meaning and purpose. Goals motivate by enlisting self-evaluative engagement in activities rather than directly. By making self-evaluation conditional on matching personal standards, people give direction to their pursuits and create self-incentives to sustain their efforts for goal attainment. They do things which give them a sense of self-satisfaction and sense of pride and self-worth and refrain from behaving in ways that give rise to self-dissatisfaction, self-devaluation and self-censure (p. 8).

In essence, meeting value-laden goals through work generates a sense of positive self-esteem and accompanying feelings of enhancement (Keshen, 1996), which are inherently motivating. Not only are the satisfaction of needs through the pursuit of value-laden goals the engine of motivation, but, as if there was a continuous feedback loop, the realization of valued goals greatly enhances job satisfaction and spurs continued high performance (Latham 2007; Locke and Latham, 2002). Locke, Latham, and Bandura are of one accord on this phenomenon:
In the final quarter of the century Bandura (1989) argued on the basis of social cognitive theory that when people master valued levels of performance, they experience a sense of satisfaction. Locke and I (Locke & Latham, 1990a) on the basis of goal-setting theory stated that satisfaction is a result of the attainment of valued goals. This is because, as noted earlier, a goal is not only a specific standard for proficiency to be obtained within a given time frame, it is a standard by which to evaluate the adequacy of one's performance.... self satisfaction from the attainment of valued goals often leads people to set even higher goals for themselves rather than lapse into a state of contentment. The result is enhanced rather than diminished performance (Latham, 2007; p. 106).

Drawing upon several prominent, modern theories of work motivation (with goal-setting theory at its core) Locke produced an integrated model of work motivation (Latham, 2007, Figure 12.1, An Integrated Model of Work Motivation, p. 260), which incorporates much of modern work motivation theory. The model posits that for work to be both satisfying and motivating, it must also have contained within it sufficiently interesting, challenging, and meaningful goals that are realistically attainable. These goals find their genesis in personal values, which are derived from higher order needs for self-actualization and esteem (Maslow, 1968), and by needs originating in individual personality traits. Work which allows for the expression of personality traits contributes to job choice, satisfaction, and performance. (Provided these are compatible with the organization and its goals, or what is called the person-environment fit). Effectance feedback, which helps to assess progress towards goals, when positive, enhances motivation and contributes to self-efficacy. Moreover, work that is commensurate with experience and expertise and which is undertaken within an environment perceived to be supportive and fair also adds to the mix of motivational factors incorporated into the model.
Self-Determination Theory

Over the last thirty years Deci and Ryan have developed a theory of human motivation called self-determination theory (SDT). The theory is particularly attractive and well-suited to the profession of counselling and psychotherapy and to its practice (Ryan & Deci, 2008), because it is a psychological theory concerned with optimal human development and functioning. The self in SDT is described as something more than a “set of cognitive mechanisms and structures” but as a “set of motivational processes with a variety of assimilatory and regulatory functions that has at its core an energizing component that has been termed intrinsic or growth motivation” (Deci & Ryan, 1991, pp. 238 and 274). This intrinsic striving for growth, they argue, directs human beings to become actively agentic from infancy onwards in seeking out “optimal challenges, as they attempt to master and integrate new experiences” (Ryan & Deci, 1991, p. 239). They name this phenomenon the organismic dialectic (Ryan & Deci 1991, 2000a, 2002; Deci & Ryan, 2000) which holds that:

…humans are active, growth-oriented organisms who are naturally inclined toward integration of their psychic elements into a unified sense of self and integration of themselves into larger social structures. In other words, SDT suggests that it is part of the adaptive design of the human organism to engage in interesting activities, to exercise capacities, to pursue connectedness in social groups, and to integrate intrapsychic and interpersonal experiences into a relative unity (Deci & Ryan, 2000, p. 229).

They assert that impetus to individual growth and social integration contained within the organismic dialectic is nurtured by meeting three innate, psychological needs for autonomy, competence, and relatedness. These three psychological needs are viewed as fundamental, universal, and adaptive and as “part of the common architecture of human nature” (Deci & Ryan, 2000, p. 252). Regardless of whether people are consciously aware of these needs as goal objects
(Ryan & Brown, 2003), the healthy human psyche strives to meet these needs by seeking out experiences and environments which support them.

Competence refers to “the experience of being able to effectively act on, and have an impact within, one's environment. It is facilitated by optimal challenges and by positive, effectance-relevant feedback” (Ryan & Deci, 2003, p. 7). “It encompasses people strivings to control outcomes and to experience effectance; in other words, to understand the instrumentalities that lead to desired outcomes and to be able to reliably affect those instrumentalities” (Deci & Ryan, 1991, p. 243).

Relatedness refers to “the desire to feel connected to others – to love and to care, and to be loved and cared for” (Deci & Ryan, 2000, p.231) and is “facilitated by the conveyance of acceptance, warmth, or caring “(Ryan & Deci, 2003, p. 7). “The need for relatedness encompasses a person's strivings to relate to and care for others, to feel that others are relating authentically to one's self, and to feel a satisfied and coherent involvement with the social world more generally”(Deci & Ryan, 1991, p. 243).

Autonomy refers to “the experience of volition, ownership, and initiative in one’s own behavior, and is facilitated when people are not coercively or seductively controlled and when choices are afforded when possible” (Ryan & Deci, 2003, p. 7). The need for autonomy “encompasses people's strivings to be agentic, to feel like the "origin" (de Charmes, 1968) of their actions, and have a voice or input in determining their own behavior. It concerns the desire to experience an internally perceived locus of causality with regard to action – that is, to experience one's actions as emanating from the self” (Deci & Ryan, 1991, p. 243).

The delineation of these three needs grew out of Deci and Ryan’s original work on motivation. In Deci’s early experiments (1975) he found that extrinsically motivating factors, such as tangible rewards, (e.g., bonuses) undermined intrinsic motivation and reduced job satisfaction and job performance. He argued that the introduction of external rewards reduced intrinsic motivation and job satisfaction, because of a perceived shift from a personal locus of
control (PLOC) to an external locus of control (ELOC), thus reducing the sense of autonomy. For this reason, other external factors, such as the imposition of deadlines, fear of evaluation, and assigned tasks also reduced intrinsic motivation (Ryan & Deci, 2000b). The sense of being controlled or acting out of a perceived ELOC results in a sense of pressure or a sense of having to act to satisfy another, which reduces the pleasure in the task (Gagne & Deci, 2005; Deci & Ryan 2000b).

As a result of these early findings, Deci proposed that intrinsically motivated behaviours sprang from peoples’ needs to feel competent and self-determined (Deci & Ryan, 2000b). These needs spark a natural process or inclination towards activities that allow for personal growth and development through experiences of ‘novelty’, ‘exploration’, ‘learning’ ‘challenge’, ‘mastery’, or ‘aesthetic value’ (Ryan & Deci, 2000a). Out of intrinsic motivation humans seek “out novelty and challenges, to extend and exercise capacities, to explore, and to learn” (Ryan & Deci, 2000a, p. 70). Intrinsically motivated behaviours are prototypically autonomous. They are behaviors or activities that people choose to engage in for their inherent interests, satisfactions, and enjoyment rather than for their ‘instrumental’ value or a ‘separable outcome’, which are hallmarks of extrinsic motivation (Gagne & Deci, 2005; Ryan & Deci, 2000; Deci & Ryan, 2000b; 1999, 1991). They are authentic, agentic, and freely chosen originating from an internal (versus external) locus of causality and require active engagement in a task. They are undertaken out of personal interest, because they are challenging, enjoyable, novel, or aesthetically pleasing.

Although intrinsic activities are interesting and enjoyable, SDT holds that for motivation to be maintained they must also meet basic needs for competence and autonomy (Ryan & Deci, 2000b). For example, one might initially be intrinsically motivated to achieve a level of competence or mastery on a relatively simple task such as a video game but, once mastered, lose interest in the game and with it the intrinsic motivation to play. However, activities that maintain interest by offering ongoing, optimal challenge continue to meet inherent needs for autonomy and competence and allow for intrinsic motivation to persist over time.
Well-Being

Self-determination theory posits that people employ one of three different causality orientations in the regulation of their behavior. An impersonal orientation is representative of someone who acts out of an ELOC, is self-derogatory, socially anxious, lacks intention and attends to ineffectance indicators (Deci & Ryan, 1991). A control orientation is representative of someone who acts via external and introjected regulation (that is someone who is motivated by taking in the non-congruent interests and values of another person or institution) and whose experience does not correlate positively with well-being but rather with Type A behavior and public self-consciousness. An autonomy orientation is the necessary prerequisite for satisfying needs for competence and relatedness and for these to result in optimal engagement in work-related tasks. This type of orientation correlates strongly with intrinsic motivation and is characteristic of people who regulate their behavior by their interests and personal values and relates positively to measures of “self-actualization, self-esteem, ego development, and other indices of well-being” (Deci & Ryan, 2000, p. 241), greater integration of feelings and behaviors and “a tendency to support other people’s self-determination” (Deci & Ryan, 1991, p. 266).

Intrinsic motivation is driven by the human organism’s natural movement towards personal integration and optimal development by striving to meet the innate, deeply structured, psychological needs for competence, autonomy, and relatedness (Deci & Ryan, 1991). Meeting these intrinsic needs, the theory posits, will result in psychological growth, vitality, and well being, but the failure to do so will produce pathology and ill-being (Gagne & Deci, 2005; Ryan & Deci, 2000a; Deci & Ryan, 2000, 1991). Moreover, the “fulfillment of these needs is essential for psychological growth, integrity, and well-being (e.g. life satisfaction and psychological health), as well as experiences of vitality and self-congruence” (Ryan & Deci, 2001, pp. 146-7). SDT research demonstrates that those who place greater emphasis in meeting goals with intrinsic goal contents, such as personal growth, correlate positively with measures of self-actualization, self-esteem, and other indicators of well-being. Placing greater emphasis on extrinsic aspirations such
as wealth and self-image related negatively to these same well-being factors (Ryan & Deci, 2000a; Sheldon, Ryan, Deci & Kasser, 2004).

Hedonic psychology is a relatively recent formalization of the study of happiness and well-being. Khaneman, Diener and Schwarz’s (1999) seminal edited book on the topic defined Hedonic psychology as:

….the study of what makes experiences and life pleasant or unpleasant. It is concerned with feelings of pleasure and pain, of interest and boredom, of joy and sorrow and of satisfaction and dissatisfaction. It is also concerned with the whole range of circumstances, from biological to the societal, that occasion suffering and enjoyment (p. ix).

Happiness or well-being in Hedonic psychology is gauged in two separate ways: objective happiness is a measure of an individual’s evaluations of their affective states on a good/bad dimension (pleasant or unpleasant/pleased or distressed) on a regular basis over a set period of (real) time. Subjective happiness is a global evaluation of one’s overall level of well-being, sometimes expressed as the absence of negative mood, presence of positive mood, and general satisfaction with life (Diener & Lucas 1999). Measures of objective happiness are said to be more scientific, whereas judgments of well-being over time are said to be more fallible, because they are based on memory and an assessment of memory (Khaneman, 1999).

Ryan and Deci (2001) expand on the arguments by Alan S. Waterman (1993) and others which suggest that people’s well-being is enhanced by living eudaimonically or in accordance with one’s true self. In so doing, they wished to provide a broader view of well-being and happiness than those forwarded by the proponents of Hedonic psychology. A eudemonic perspective holds that happiness and well-being follows when people’s life activities are most
congruent with their deeply held values and they are thus holistically or fully engaged in these activities (Ryan, Huta & Deci, 2008; Ryan & Deci, 2001).

In summary, according to self-determination theory intrinsically motivated behaviours springing from an autonomy orientation designed to meet basic psychological needs for autonomy, relatedness, and competence contribute positively to eudaimonic living and to an overall sense of well-being and life satisfaction.

Self-Esteem

McWilliams (1999) believes that “the emotional engine that drives the psychotherapy process in the clinician is the opportunity to support and restore his or her own self-esteem” (p. 167). She notes that most therapist’s super egos are so constructed that it is critical to “make a difference” (2004 p. 265) and that failure to do so produces a depressive aftermath, especially after the investment of much emotional capital. Stephen Mitchell (1988) is equally explicit. Therapists’ sense of themselves, their worth and what they can offer to a client is inextricably bound up in the service they offer. Moreover, he believes that it is not just the offer of help; it is the success of the helping enterprise that it is crucial to therapists’ sense of well being; and an inability to help to generate anxiety.

Both goal-setting and social-cognitive work theories posit that one of the key components of self-esteem – a sense of competence or self-efficacy – is a critical motivator for job performance (Latham, 2007; Bandura 2000, 1994; Locke & Latham, 1990;). Not only does a strong sense of self-efficacy motivate people to set high performance goals, it pushes them to preserve in the face of difficulty, and brings with it resilience to stress and depression in the face of adversity (Bandura, 1994). Given this, the maintenance and restoration of self-esteem within the work of counselling and psychotherapy, especially in the context of a client’s failure to meet collaboratively set goals, is an important component of work motivation and performance.
Mruk (1999) provides a comprehensive review of the major theories defining self-esteem. (The quotations that follow in this paragraph are all taken from Chapter One: The Meaning and Structure of Self-Esteem). It is a feeling about whether one is “good enough” (Rosenberg, 1965; p.17). “It is the integrated sum of self-confidence and self-respect…. [and] the conviction that one is competent to live and worthy of living” (Branden, 1994; p. 9) “It expresses (Coopersmith, 1967, p. 19) an attitude of [self] approval or disapproval and indicates the extent to which an individual believes himself to be capable, significant, successful, and worthy … that is expressed in the attitudes the individual holds toward himself”. It should be “an enduring and affective sense of personal value based on accurate self-perceptions (Pope et al, 1988; p.4). But it is also “an attribution of some level of worthiness according to some ideally held standard” (Wells & Marwell, 1976; p.10). Epstein’s (1985) theory goes deeper; he believes “the need for self-esteem at the most basic level, arises from the internalization of the need of the child to be loved by the parents…Thus, at its most basic level, self-esteem corresponds to a broad assessment of loveworthiness….“(Mruk, 1985, p. 21).

The core notion common to these definitions is that self-esteem is a judgment or an evaluation of the self made by an individual. A positive judgment leads to high self-esteem and engenders feelings of ‘enhancement’; a negative judgment to low self-esteem and engenders a feeling of ‘diminution’) (Kersen, 1996, p. 4).

Drawing from these various definitions for the purpose of this study self-esteem can be summarized as follows:

Self-esteem is an individual’s global evaluation or judgment about the self as worthy, loveable, and competent that is affectively experienced and expressed in positive or negative attitudes about the self.
Career Stages

Based on interviews with 100 counsellors with experience ranging from the first year of graduate school to 40 years of practice in the Minneapolis/St. Paul area, Skovholt and Rønnestad (1992) identified eight distinct career stages. Each stage has its own predominant tasks, working style, influences, learning processes, conceptual systems, and measures of effectiveness and satisfaction. Of interest to this study is the mid-career Individuation Stage which begins from 4 to ten years after graduation and entry into the profession and lasts from 10 to 30 years.

In this stage counsellors and therapists move from the “narcissistic” position of power and responsibility for cure in the earlier career stages to the “therapeutic position”, whereby power and responsibility are located in the client (p. 122). Although humbling, the experience is also ultimately freeing, as “the true satisfaction with the work often correlates with decreased perfectionism and grandiosity” (pp.63-64). Along with the challenges of mid-career, there are the satisfactions of learning and mastering new techniques, the confidence that accumulated experience brings, the beginnings of developing one’s own style, and the realization that one cannot take on the client’s responsibility for change but that one can “also offer a powerful healing presence” (Orlinsky & Rønnestad, 2005, p. 70).

No longer a novice and settled into a career normally marked by a variety of experience and often work settings, those in the Individuation Stage have the central task of developing authenticity in their working style and relationships (personal and professional) and of continuing to develop as professionals. There is the potential for lasting growth and satisfaction, provided that therapists begin to develop the “optimal therapeutic self” and by establishing clear boundaries between work and their personal lives, taking care of their needs for sustenance (physical, emotional, and relational) outside practice. Developing a vision for the future, a reliable and comfortable style of working, and finding deeper satisfaction in the work by accepting its limits and by celebrating measured successes are essential to the navigation of this stage. However, during the same period, if therapists succumb to the challenges and anxieties
associated with the work, or if insufficiently challenged and become bored and disinterested, there is potential for intellectual stagnation, apathy, disintegration, and burnout. During this stage, if growth and development does not occur, and if sufficient challenge is not present or overwhelming challenge is present, counsellors and therapists can take two alternative paths – a ‘moratorium’ or ‘pseudodevelopment’.

Pseudodevelopment is “an unconscious, predominantly defensively motivated, distorting process that sets in when the challenge is too great” (p.135) and interrupts the process of developing through reflection about and assimilation of one’s work experience. Reliance on the tried and true, a reluctance to expand one’s therapeutic arsenal and the unconscious decision to find a way of working unauthentically combine to halt to development. Emotional depletion and burnout is not far off. (Pseudodevelopment resonates with Orlinsky and Rønnestad’s (2005) description of Stressful Involvement and Distressing Practice.) A moratorium is the decision to take a break from work, usually because it is either too stressful or not sufficiently challenging. The concept of a moratorium finds equally strong resonance in Orlinsky and Rønnestad’s (2005) descriptions of Stressful Involvement (too much challenge with little or no institutional support) and a Disengaged Practice (not enough challenge). Rather than succumb to burnout or give up the work entirely, there is a conscious decision by a practitioner to leave the profession for a period of time and concentrate on other activities. After a period of reflection, a decision to return to work must be made. Those who choose to return to the work of counselling and psychotherapy often to look for alternatives: work that is either less stressful or more challenging/fulfilling, and that which affords more opportunities for control of the conditions of work.

Skovholt and Rønnestad (1992) identify several developmental themes that abet the successful evolution from the Individuation Stage to the final step in their development, the Integrity Stage: a positive attitude towards challenge and change, an understanding of one’s own defenses in order to tolerate and regulate one’s own emotions and the construction of long-term goals for personal development as a professional. Over time, the evolving professional goes
through a “personal anchoring process” melding the theoretical and conceptual with personal values. The process is defined as the “gradual attainment of higher levels of internal integration between one's personality, one's value system, one's philosophical base, theoretical and conceptual structures, and methods and techniques” (p.131).

Values and Characteristics of Counsellors and Psychotherapists and their Relationship to SDT

Universal Needs

Values

By means of a national survey of clinical psychologists, marriage and family therapists, social workers, and psychiatrists, Jensen and Bergin (1988) sought to investigate the values of mental health professionals. The survey was sent to 800 individuals, 200 to each of the four professional groups. Of the 800, just over half – 441 – were useable for analysis: 67% of the clinical psychologists, 64% of the social workers, 63% of marriage and family therapists and 40% of the psychiatrists responded. The average age of the respondents was 50, 60% of whom were males. Based on a review of pertinent literature, the respondents were asked to indicate which value themes were “important for a positive, mentally healthy life-style” and “important in guiding and evaluating psychotherapy with all patients” (p. 293). There was substantial agreement among the respondents on the importance of the six most frequently cited values to a mentally healthy lifestyle ranging from 96% to 99% endorsement. There was also a robust relationship of these values to their beliefs on the importance of these values to guide therapy, ranging from 81% to 97%.

The first value theme of human relatedness spoke to the capacity to give and receive affection. Aligned to this value was that of competent perception and expression of feelings centering on openness, genuineness, authenticity, and honesty and sensitivity to the feelings of others. Finding satisfaction in one’s work, combined with the ability to cope with work and life stressors, formed a third set of values identified by the authors as integration, coping, and work. A
fourth set of values spoke to importance of freedom, autonomy, and responsibility, which encompassed the notions of increasing opportunities and options to make informed choices and enhancing a capacity for self-control. The fifth and sixth set of values—self awareness and a mature set of values—addressed the importance of becoming aware of (and acting on) inner potential and ability to grow and of having a sense of purpose for living, respectively.

A qualitative rendering of the values of master therapists by Jennings et al (2005) was culled from a review the original transcripts used by Jennings and Skovholt (1999) in a study of the characteristics of master therapists. The authors arrived at a set of nine common ethical values which were condensed into two categories, each encompassing various themes. Within the first category Building and Maintaining Interpersonal Attachments, the value of relational connection was primary. Relationships outside the workplace with family and friends were highly valued. Relationships with colleagues, supervisors, and mentors within the workplace were similarly valued, in part, because of their role in maintaining competence and augmenting expertise. Within the workplace high value was also placed on relationships with clients and the value of the relationship in effecting change. A second key theme in this category was that of autonomy. Because autonomy had been a guiding value and force in the lives of master therapists, they worked assiduously to ensure they did not impose their own world view and values on their clients and encouraged clients to find their own answers and to determine the timing and direction of their treatment. A third value within this category was identified as beneficence. To work in accordance with the values inherent in reducing the suffering of others and improving their welfare was recognized by the master therapists, not only as key values guiding their work, but as a means of fulfilling their own needs to be socially useful (competent), to have intimate contact with interesting people, and to engage in satisfying work. Directly related to beneficence was nonmaleficence, best summed up as vigilance in ensuring no harm comes to clients via the therapeutic relationship, in part, by ensuring their own emotional health by engaging in personal therapy. The values embedded in the second category, Building and Maintaining Professional
Expertise, were related to the drive for competence and professional growth. Master therapists were strongly motivated by this value to build and improve skill sets and to continue to grow professionally. Lifelong learning, keeping abreast of current developments, seeking feedback from colleagues, and pursuing ongoing professional growth experiences through student supervision and personal therapy were common activities attached to these values. Two other values in this category humility and self awareness were closely connected. Humility afforded them an appreciation and awareness of their limitations and fueled the drive to increase expertise. Self-awareness contributed to their perception of their own needs, conflicts, defenses, and vulnerabilities, so as not to let them negatively affect treatment. Though humility and self-awareness the dangers of professional grandiosity combined with attention to their own personal emotional and physical needs helped them avert instances of Nonmaleficence. The final value in this category was that of openness to complexity and ambiguity. This value reflected the master therapists’ beliefs that all clients bring a unique world view and set of challenges to their joint work and that openness to difference and complexity forestalls the sameness of approach and premature closure.

Characteristics

Duglos and Friedlander’s (2001) article, Passionately committed psychotherapists: A qualitative study of their experiences, was based on interviews with 12 participants, each of whom was described as “seasoned” and had to have had at least ten year’s experience and to spend 50% of their time providing psychotherapy or be engaged in psychotherapy-related activities. Their sample was derived by seeking written nominations from local psychologists, psychiatrists, clinical social workers, and counselors (N = 548) who were asked to nominate colleagues identified as “passionately committed” to their work over a long period of time. Those with three or more nominations were asked to participate and twelve agreed. Ten were psychologists, one a social worker, and one a psychiatrist. Nine were in private practice, two in out-patient clinics and one worked in a Veterans’ Hospital. Duglos and Friedlander undertook the
study out of their concern about the stresses encountered by psychotherapists, owing to economic and regulatory conditions, which they believed affect negatively the career satisfaction of psychotherapists. To counter this, they wished to identify the common lifestyle features and personality factors shared by passionately committed therapists, so that current and future psychotherapists might use this information in assessing their own career development. Why is it, they asked "some have managed not only to survive, but also to thrive, experiencing a joy, love, and passion in their work that enhances rather than detracts from their passion for other important life commitments” (Duglos & Friedlander, 2001, p. 298). Passionately committed therapists were defined as those who: love and thrive in their practice despite its obstacles; are energized and invigorated by the work rather than drained or exhausted by it; who successfully balance their professional and personal lives; and who energize and invigorate colleagues.

Duglos and Friedlander (2001) identified four key themes: balance, adaptiveness and openness, transcendence and humility, and intentional learning. Within the theme of balance were three sub-themes. The first, balance, stressed the importance of maintaining boundaries between work and personal life to make time for vacations, hobbies, sports, and family care. Balancing work life by seeking diversity within work activities, were strategies used to ensure a healthy variety of clients and client issues. Engagement in a multiplicity of non clinical professional activities, such as teaching, supervision, and consultation to keep fresh and abreast of current developments was also balance factors. A second group of themes centred on adaptiveness and openness to obstacles in the workplace. Passionately committed therapists were able to respond to the difficulties of working in managed care and institutional environments, turning obstacles into challenges by realistically and creatively dealing with bureaucratic regulations and regulators. Openness in this context translated into an identification of their own professional shortcomings as an obstacle to their work. To counter this they displayed a hunger and feedback for supervision, actively seeking formal or informal supervision or engaging in personal therapy. The third group of themes – transcendence and humility – addressed the spiritual nature of the work
for some of the participants and their experience of participating in a larger and more transcendent reality. The connection between their work with fellow human beings and the identification of the significance of therapy within social and communal responsibility to the values inherent in social justice were expressed by a third of the respondents. The fourth group of characteristics – Intentional Learning – directly addressed the participants’ sense of well being, sense of vocation, and motivation to continue in their work. The first theme in this group is identified as continued fascination with human development and change, which encompasses the commonly-held motivating factor derived from the “privilege and honor of watching a human being evolve, heal, develop and change” (Duglos & Friedlander, 2001, p. 302). The second theme, work as a therapist facilitates congruent self-expression, deals with the apprehension of sense of vocation and fit with one’s identity that is fostered by the work. Finally, under the theme of complementarities of personal and professional development, all of the interviewees indicated that their professional work had a marked effect on their sense of well being, as it enabled them to live “better, fuller and more complete lives” (Duglos & Friedlander, 2001, p. 302).

Jennings and Skovholt’s 1999 study of the cognitive, emotional, and relational characteristics of ‘master’ therapists was based on interviews with ten therapists. Seven women and three men with a median age of 59 and a median of 29.5 years of experience were interviewed using 16 open-ended questions. Six were psychologists, three were social workers, and one was a psychiatrist. Of their theoretical orientations, four participants identified as primarily psychodynamic, two with family systems, two with existential-humanistic approaches and two as integrative practitioners. They were chosen by purposeful sampling: “well regarded” therapists in a major Midwestern (USA) metropolitan area were asked to nominate colleagues whom they considered the “best of the best”, whom they would recommend to family and friends for treatment, and whom they would seek out for personal therapy. Those with the most nominations were contacted and interviewed. Jennings and Skovholt chose to study master therapists because they believed “that a considerable amount can be learned about potentially
efficacious therapist characteristics by studying highly-experienced, well-regarded therapists across various professional mental health disciplines” (Jennings & Skovholt, 1999, p. 4).

Jennings and Skovholt’s study identified three key domains of characteristics – cognitive, emotional, and relational. Within the cognitive domain, they found an ongoing drive to develop expertise through professional development and a “hunger and thirst for knowledge” (Jennings & Skovholt, 1999, p. 6) summarized in the theme that master therapists are voracious learners. A second theme, accumulated experiences have become a major resource, speaks to their ability to draw upon past experience and the necessity of being open to that experience in order to develop therapeutic mastery. Openness to the experience of others is also found in the characteristic of valuing cognitive complexity and the ambiguity of the human condition. (Of note, embedded in this characteristic was openness to the evaluation of therapeutic outcome in the context of the complexity of psychotherapy.)

The emotional domain has within it a key theme, emotional receptivity defined as being self-aware, reflective, non-defensive and open to feedback, which addresses master therapists’ ongoing desire to learn about themselves as persons and professionals through self-reflection and by assiduously seeking critical feedback from clients. The second and third themes within this domain are related: master therapists seem to be mentally healthy and mature individuals who attend to their own emotional well-being and master therapists are aware of how their emotional health affects the quality of their work. The former centred on the importance of self care through exercise, hobbies, spirituality, and personal therapy to maintain well-being. The latter was viewed critical to ensuring their personal emotional issues did not interfere with the delivery of therapy. These themes encompassed their efforts to live work values of authenticity and honesty in their personal lives, and on their presentation of humility, as evidenced by a lack of grandiosity or self-centredness.

The third domain was comprised of three relational themes. The first – master therapists have strong relational skills, addressed their genuine interest in people and innate ability to
sensitively and compassionately relate to others, sometimes honed by their own emotional suffering. The second and third themes – master therapists believe that the foundation for therapeutic change is the therapeutic alliance and master therapists are expert at using relationship skills in therapy – centred on the purposive use of relational talents and beliefs. Regardless of theoretical orientation, all the master therapists agreed that the foundation of therapy was a strong working partnership. Within this belief was the conviction that clients can effect necessary changes and the change process and healing is fostered by and through the therapeutic relationship. The final theme, master therapists appear to be experts at using their exceptional relationship skills in therapy, spoke to master therapists’ relative comfort in allowing clients to express strong or painful emotions, and their willingness to challenge or confront clients in service of therapy. Owing to their years of practice and relational expertise, their interventions were viewed as timely and accurate.

The Integration of Values and Characteristics with SDT Universal Needs

The characteristics of passionately committed and master therapists can be subdivided into two discernable groupings. The first and largest is the complementary relationship of characteristics with counsellor/psychotherapist values, as reported by Jensen and Bergin (1988) and Jennings et al (2005). As an example, the value of openness to complexity and ambiguity (Jensen & Bergin, 1988) is mirrored in the master therapist characteristic of valuing cognitive complexity and the ambiguity of the human condition (Jennings & Skovholt, 1999). Similar analogues can be found in the values and characteristics associated with the values of building and maintaining professional expertise/professional growth and the characteristic of voracious learning and hunger for feedback and supervision, the values of having sense of purpose to the characteristics of having a sense of responsibility to the community and the value of relational connection to the characteristic belief that the therapeutic alliance is the foundation of change. In essence, what is valued appears to end up becoming characteristic beliefs and behaviours.
<table>
<thead>
<tr>
<th>SDT Need</th>
<th>Values</th>
<th>Characteristics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Autonomy</td>
<td><em>Jensen &amp; Bergin</em>&lt;br&gt;Integration, coping and work&lt;br&gt;Freedom, autonomy and responsibility&lt;br&gt;Self-awareness and mature sense of purpose</td>
<td><em>Duglos &amp; Friedlander</em>&lt;br&gt;Boundaries between work and personal life&lt;br&gt;Seeking variety within work activities&lt;br&gt;Community and social responsibility&lt;br&gt;Congruent self expression (vocation)</td>
</tr>
<tr>
<td>Autonomy</td>
<td><em>Jennings et al.</em>&lt;br&gt;Autonomy&lt;br&gt;Beneficence&lt;br&gt;Self-awareness</td>
<td>Privilige and honor of watching a human being evolve, heal and grow (fascination with human development) Complementarities of personal and professional development (well being)</td>
</tr>
<tr>
<td>Autonomy</td>
<td><em>Jennings &amp; Skovholt</em>&lt;br&gt;Self-awareness</td>
<td>Attend to own emotional well being</td>
</tr>
<tr>
<td>Competence</td>
<td><em>Jensen &amp; Bergin</em>&lt;br&gt;Integration, coping and work</td>
<td><em>Duglos &amp; Friedlander</em>&lt;br&gt;Seeking variety within work activities&lt;br&gt;Adaptiveness and openness (workplace)&lt;br&gt;Openness (to personal shortcomings)&lt;br&gt;Hunger for feedback and supervision&lt;br&gt;Privilege and honor of watching a human being evolve, heal and grow (fascination with human development)</td>
</tr>
<tr>
<td>Competence</td>
<td><em>Jennings &amp; Skovholt</em>&lt;br&gt;Beneficence/nonmaleficence&lt;br&gt;Building and maintaining professional expertise&lt;br&gt;Competence and professional growth&lt;br&gt;Humility and self-awareness&lt;br&gt;Openness to complexity and ambiguity</td>
<td>Voracious learners&lt;br&gt;Valuing cognitive complexity/ambiguity of human condition&lt;br&gt;Self-aware, reflective, non-defensive and open to feedback&lt;br&gt;Emotional health affects the quality of work</td>
</tr>
<tr>
<td>Relatedness</td>
<td><em>Jensen &amp; Bergin</em>&lt;br&gt;Human Relatedness&lt;br&gt;Competent perception and expression of feelings</td>
<td><em>Duglos &amp; Friedlander</em>&lt;br&gt;Privilege and honor of watching a human being evolve, heal and grow (fascination with human development)</td>
</tr>
<tr>
<td>Relatedness</td>
<td><em>Jennings et al.</em>&lt;br&gt;Building and maintaining interpersonal attachments&lt;br&gt;Relational connection</td>
<td><em>Jennings &amp; Skovholt</em>&lt;br&gt;Therapeutic alliance the foundation for therapeutic change</td>
</tr>
</tbody>
</table>
The second smaller group of characteristics deals more with personality traits and talents exemplified in master therapists’ ability to use their exceptional relational skills and their capacities for openness, self-awareness, and self-reflection, all of which are employed in the process of conducting effective therapy. Recalling the dynamic interaction of needs and values providing the motive energy to pursue desired outcomes or goals, the fundamental linkage between need satisfaction and personal values is critical to the investigation of counsellor/therapist motivation. This synergistic interaction is demonstrated in Table 3, SDT Needs and Corresponding Values and Characteristics, which align self-determination theory’s universal needs for autonomy, competence, and relatedness to the values and characteristics of counsellors and psychotherapists as reported in the several studies above. Each set of values corresponds to an identified need for autonomy, competence or relatedness and each set of characteristics reflects the beliefs, attitudes and behaviours that over time typify master and passionately committed therapists.

Goals and Hopes

What is missing from the needs, values, and characteristics identified in Table 3 to complete a provisional motivational framework are corresponding goals to which to direct the energy generated from the dynamic interaction of needs and values. This lacuna was remedied by the use of Orlinsky and Rønnestad’s (2005) list of the top ten treatment goals most frequently endorsed by therapists across all career cohorts. Their list was based on the responses of over 3,958 psychotherapists drawn from over 15 countries found in the data base of the Collaborative Research Network of the Society for Psychotherapy Research to the Development of Psychotherapists Common Core Questionnaire (DPCCQ). (From a list of goals participants were asked to choose four only.) These ten goals encapsulate the thrust and end purpose of the work; helping clients solve problems, change, heal, and grow. To practitioners’ treatment goals can be added their hopes.
Table 4 Top Ten Treatment Goals Identified by Therapists in the DPCCQ

<table>
<thead>
<tr>
<th>Treatment Goal</th>
<th>Percentage</th>
<th>Rank</th>
</tr>
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<tbody>
<tr>
<td>Have a strong sense of self-worth and identity.</td>
<td>60.1</td>
<td>1</td>
</tr>
<tr>
<td>Improve the quality of their relationships.</td>
<td>43.8</td>
<td>2</td>
</tr>
<tr>
<td>Understand their feelings, motives, behavior.</td>
<td>41.2</td>
<td>3</td>
</tr>
<tr>
<td>Integrate excluded or segregated aspects of experience.</td>
<td>31.7</td>
<td>4</td>
</tr>
<tr>
<td>Experience a decrease in their symptoms.</td>
<td>29.6</td>
<td>5</td>
</tr>
<tr>
<td>Develop courage to approach new or previously avoided situations.</td>
<td>28.5</td>
<td>6</td>
</tr>
<tr>
<td>Allow themselves to experience feelings fully.</td>
<td>26.7</td>
<td>7</td>
</tr>
<tr>
<td>Identify and pursue their own goals.</td>
<td>24.8</td>
<td>8</td>
</tr>
<tr>
<td>Learn to behave effectively in problematic situations.</td>
<td>21.9</td>
<td>9</td>
</tr>
<tr>
<td>Modify or control problematic patterns of behavior.</td>
<td>18.8</td>
<td>10</td>
</tr>
</tbody>
</table>

Source: DPCCQ, Orlinsky and Rønnestad, 2005

The following passage by the late, highly regarded, relational psychoanalyst, Stephen A. Mitchell (1993) powerfully makes the case:

The analyst’s hopes are embedded in the service she offers – a form of treatment, a way of practicing, and a set of techniques. We cannot speak or write much of the analyst’s hopes as such, because that sounds too personal somehow. The analyst is portrayed as a professional, providing a generic service that helps when applied properly. But we all know it is much more personal than that, that the analyst’s hopes for her patients are embedded in and deeply entangled with her own sense of herself, her worth, what she can offer, what she has found deeply meaningful in her own life. The more we explore the complexities of counter transference, the more we have come to realize how personal a stake the analyst inevitably has in the proceedings. It is important to be able to help; it
makes us anxious when we are prevented from helping or do not know how to help. Our hopes for the patient are inextricably bound up with our hopes for ourselves (Mitchell, 1993, p. 208).

A Preliminary Motivational Framework

Table 5 brings together the tabularized findings gleaned from several discrete studies on values, goals, characteristics, satisfactions, and occupational rewards of counsellors and psychotherapists found in Table 1, Sources of Satisfaction (Norcross & Guy, 1989; and Farber & Heifetz, 1981), Table 2, Most Frequently Endorsed Occupational Rewards (Kramen-Khan and Hansen, 1998), and Table 3, SDT Needs and Corresponding Values and Characteristics (Jennings et al., 2005; Duglos & Friedlander, 2001; Jennings & Skovholt, 1999; Jensen and Bergin, 1988) and Table 4, Top Ten Treatment Goals Identified by Therapists in the DPCCQ (Orlinsky & Rønnestad, 2005). By applying work motivation theory to the several studies on the rewards, satisfactions, values, characteristics, and goals of counsellors and psychotherapists, a preliminary motivational framework can be constructed from the literature review. The strong linkages, congruencies and dynamic interaction between needs, personal and professional values, and inborn and evolved characteristics to the goals pursued in helping clients are clearly evident in Table 5. From the table a supposition can be made that the work motivation of the professionals who participated in the various studies on values, passionate commitment, and mastery springs from their desire to work in accordance with their personal and professional values while meeting their needs (and helping clients meet their needs) for autonomy, competence, and relatedness. These needs are met by pursuing with clients goals with intrinsically meaningful contents which reflect their own values and characteristic ways of being, and which, when realized, result in satisfactions and rewards that are wholly intrinsic in nature.
Table 5 Convergence Matrix of Needs, Values, Goals, Characteristics, Satisfactions and Rewards of Counsellors and Psychotherapists

<table>
<thead>
<tr>
<th>SDT Need</th>
<th>Values</th>
<th>Characteristics</th>
<th>Goals</th>
<th>Satisfactions and Occupational Rewards</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Increase alternatives at a choice point</td>
<td></td>
<td>Professional Autonomy</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Increase capacity for self-control</td>
<td></td>
<td>Professional independence</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Autonomy: Individuals to determine the course of their own lives facilitating this process</td>
<td></td>
<td>Kramen-Khan &amp; Hansen</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Professional Autonomy</td>
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<td></td>
<td></td>
<td></td>
<td>Flexible Hours</td>
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<td></td>
<td>Being socially useful</td>
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<td></td>
<td>Self-knowledge/growth</td>
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<td></td>
<td></td>
<td></td>
<td>Being socially useful</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Become aware of inner potential and ability to grow</td>
<td>Non-professional activities to maintain balance and passion</td>
<td>Self-knowledge</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Humility: Awareness of limitations motivates continued professional and personally growth and to become aware of their own needs, conflicts, defenses and vulnerabilities</td>
<td>Maintaining boundaries between work/personal life</td>
<td>Self-growth</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Integration, coping, and work: Develop effective strategies to cope with stress</td>
<td>Jennings &amp; Skovholt (1999) Emotional receptivity: self-aware, reflective, non-defensive and open to feed back</td>
<td>Promoting growth in client</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Develop appropriate methods to satisfy needs</td>
<td>Awareness that emotional health affects the quality of their work</td>
<td>Personal growth</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Find fulfillment and satisfaction in work</td>
<td>Work facilitates congruent self-expression</td>
<td>Increased self-knowledge</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Jennings et al (2005) Self Awareness: understanding and fulfilling personal needs; awareness of personal conflicts, defenses and vulnerabilities for effectiveness</td>
<td></td>
<td>Promoting growth in client</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Attention to emotional and physical needs</td>
<td></td>
<td>Enjoyment of/Challenging Work</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Variety in work/cases</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td>Flexible Hours</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Ongoing Learning</td>
<td></td>
</tr>
<tr>
<td>SDT Need</td>
<td>Values</td>
<td>Characteristics</td>
<td>Goals</td>
<td>Satisfactions and Occupational Rewards</td>
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<tr>
<td></td>
<td></td>
<td>Decrease in symptoms</td>
<td>Modify or control problematic problems or behavior</td>
<td>Enhancing growth in patients</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Learn to behave appropriately in problematic situations</td>
<td></td>
<td>being socially useful</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Professional Growth: continually seeking formal and informal training to broaden abilities; keeping current on latest developments; personal reflection; consultation, supervision and therapy</td>
<td>Status of a professional career</td>
<td>Promoting growth in client</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Humility: realization of one’s limitations and the desire to keep growing professionally and personally</td>
<td>Opportunity to continue to learn</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Openness to complexity and ambiguity</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Using emotional skills in the service of therapy</td>
<td>Allow themselves to experience feeling fully</td>
<td>Achieving intimacy</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Privilege and honor of watching a human being evolve heal, develop and change</td>
<td>Integrate excluded or segregated aspects of their experience</td>
<td>Learning about many types of people</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Relatedness: Relationships with family, friends, colleagues and clients valued in of themselves</td>
<td></td>
<td>Kramen-Khan &amp; Hansen</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Relationships with clients are key to positive change</td>
<td></td>
<td>Sense of personal intimacy</td>
</tr>
</tbody>
</table>
The satisfaction and gratification generated from the realization of value laden, intrinsic goals fuels the motivation to continue to meet their own and their clients’ needs through their professional work.

Rationale for the Current Study

The Literature Review demonstrates that beyond Skovholt and Rønnestad’s (1992) general reflection of the sources of satisfaction in different career stages and Sussman’s (1995) monograph on unconscious motivation, there are no comprehensive studies the work motivation of counsellors and psychotherapists. The relatively few personal accounts of the rewards and gratifications of their work as psychotherapists have been written by stars, (McWilliams, 2004; Pipher, 2003, Yalom, 2002; Bugental, 1981, Rogers, 1961). Qualitative accounts investigating the sources of work satisfaction draw on the experience of senior therapists (Norcross & Guy, 1989) who are at a stage of professional development characterized by minimal anxiety and deep satisfaction with the work (Skovholt & Rønnestadt, 1992). Norcross and Guy’s (1989) rendering of the sources of satisfaction found in the work was based on ten articles by therapists who were sufficiently prominent to be invited to submit to Dryden & Spurling’s (1989) edited book. Berger’s (1995) look at what “sustains” therapists was drawn from a select sample of senior therapists (average age of 59), who were nominated by local therapists in a Midwestern metropolitan area because of their reputation for excellence. Duglos and Friedlander’s 2001 qualitative study focused on a highly select group identified by colleagues as passionately committed. Finally, the findings of 1999 study by Jennings and Skovholt on the characteristics of ‘master therapists’ was based on interviews with senior therapists (average age of 59 with almost 30 years experience) considered to be the ‘best of the best’.

Thus, most of the energy in investigating the satisfactions, rewards, and characteristics, (and by extension the motivation) of counsellors and psychotherapists has been focused on highly
accomplished professionals who are in the latter stages of their careers. Another qualitative study on career satisfaction and motivation based on the lives of the stars of the profession or those identified as the ‘best of the best’ and ‘passionately committed’ would be redundant.

Beyond Skovholt and Rønnestad’s (1995) major contribution in summarizing experiences of effectiveness and satisfaction in each phase of the counsellors’ and therapists’ career development; there are no qualitative studies which directly address the work motivation of counsellors and psychotherapists in the early or mid-career stage. Although the motivational factors of newly-minted professionals deserves detailed investigation in a qualitative study, beginning counsellors and psychotherapists in early stages of practice are presented with a unique set of challenges. They are subject intense stress, acute performance anxiety, (Skovholt & Rønnestad, 2003), and early burnout (Skovholt & Rønnestad, 1999). In addition, they are still in the process of developing a unique working style, blending personality with theoretical knowledge (Skovholt & Rønnestad, 1999). There are more compelling reasons for a dedicated study on the work motivation of mid-career professionals who are past the initial stages of their career in what Skovholt and Rønnestad (1992) identify as the crucial Individuation Stage. This stage, which lasts for between 10 to 30 years, is marked by the emergence an optimal therapeutic self, burgeoning self-confidence and the experience of work as creative and satisfying. Paradoxically those in this cohort are more at risk for intellectual stagnation, boredom, and emotional enervation – of burning out and dropping out (Skovholt & Rønnestad, 1992). The motivation for this cohort of professional counsellors and psychotherapists to continue with and grow in this profession has not been studied in depth and this study is intended to partially address this lacuna.

This study reports on the motivational factors underlying the work experience of nine professional, mid-career counsellors and psychotherapists by delving into several critical areas of their working lives.
Have the factors that initially drew the research participants into the profession of counselling and psychotherapy changed over the first 10 years of practice and are there new factors which contribute to their motivation?

What are the factors that contribute to professional counsellors’ and psychotherapists’ current work motivation and can these factors be consolidated into an overarching motivational framework?

Are goal-setting and self-determination work motivation theories useful in explaining the work motivation of counsellors and psychotherapists?

Because agreement on the tasks and goals of counselling and psychotherapy are critical to the establishment of the therapeutic alliance and ultimately to positive outcome, what is the applicability of goal-setting theory to research participants’ motivation?

Do counsellors and therapists find congruence between their personal and professional values which “provide a principal basis for goals” (Latham & Pinder, 2005, p. 487) and do they perceive links between their personal values and goals and those they collaboratively set with their clients?

Within the process of providing counselling and psychotherapy are their factors in-the-moment, such as, the sense of ‘privilege’ (McWilliams, 2004; Pipher, 2003; Yalom, 2002; Bugental, 1981; Rogers, 1961) that are satisfying, rewarding, and motivating, which contribute to the work motivation of the research participants? If so, why is this so?

A search of the PsychINFO database in Scholars Portal turns up nothing of substance in mainline journals or monographs under the descriptors – self-esteem and psychotherapists, self-esteem and counsellors, or self-esteem and psychologists. There is a clear gap in the literature on this essential subject. A key component part of self-esteem (Murk, 1999) is self-efficacy, which has been identified as key to the maintenance of motivation in goal-setting (Locke & Latham, 2002) and social cognitive theories of work motivation (Bandura, 2001, 1994). This study will also delve into the sources of the research participants’ self-esteem and self-efficacy through their
work and how it is maintained and regained in the face of setbacks. In particular, the study will also seek the research participants’ views of how their success and failure to meet collaboratively-set therapeutic goals contributes to or detracts from their sense of self-esteem and work motivation.

Because goal-setting holds that performance feedback is critical to motivation (Latham, 2007) and positive effectance feedback is said to increase intrinsic motivation when individuals feel responsible for the outcome and have freely chosen to undertake the task (Deci & Ryan, 1991), do the research participants seek and use client feedback – both positive and negative – and by what means; and how do they measure success in meeting collaboratively-set therapeutic goals?

Flowing from these broad questions will be the related questions of whether and how do motivating factors arising from the professional practice of counselling and psychotherapy contribute to practitioners’ subjective evaluations of their own well-being and life satisfaction.
CHAPTER TWO

METHODOLOGY

A Qualitative Approach

Although qualitative research can be informed and complemented by quantitative research (Strauss & Corbin, 1998), it attempts to understand “the meaning or nature of the experience of persons” and “can be used to obtain the intricate details about phenomena such as feelings, thought processes, and emotions that are difficult to extract or learn about through more conventional research methods” (p. 11). Because motivation is a deeply personal lived experience driven by individual desire (encompassing feelings, thought processes, and emotions), this study is well suited to a qualitative approach.

Life History Approach to Qualitative Research

Interpretive biography, as described by Denzin (1989), is a method by which the researcher” by telling and inscribing stories” creates “literary, narrative, accounts and representations of lived experiences” (p. 19). Interpretative biography is sometimes referred to as a life history (Bodgan, 1992). Life history research, as outlined by Cole and Knowles (2001) is “about understanding a situation, profession (my italics), condition, or institution through coming to know how individuals, walk, talk, live, and work (my italics) within that particular context (p. 11). This study seeks to understand through the lived experiences of the nine research participants the motivational factors and frameworks under girding their desire to undertake and continue with the work of the profession of counselling/psychotherapy. Interpretive biography, as described by Denzin (1989), is a method by which the researcher” by telling and inscribing stories” creates “literary, narrative, accounts and representations of lived experiences” (p. 19). Interpretative biography is sometimes referred to as a life history (Bodgan, 1992). Life history research, as
outlined by Cole and Knowles (2001) is “about understanding a situation, profession (my italics), condition, or institution through coming to know how individuals, walk, talk, live, and work (my italics) within that particular context (p. 11). Because this study seeks to understand through the lived experiences of the nine research participants the motivational factors and frameworks under girding their desire to undertake and continue with the work of the profession of counselling/psychotherapy, it is well suited to a life history approach. It is particularly relevant to this study as a perspective on the historical elements of a life when connected with the present help give the present its meaning (Cole and Knowles 2001). Accordingly, the research participants were asked to reflect on their initial motivations for entering the profession and on their current sources of work motivation based on an average of almost 13.4 years of professional experience. A life history approach also seeks to understand the intersections between the personal and the cultural contexts of lived experience, which is of particular importance to the investigation of the effects of the work on the research participants’ self-esteem. To these ends, this study will employ a life history approach as its central qualitative lens.

An interpretive biography according to Denzin is written both for an intended audience as well as for the author. Central to this view is that the interpretive biographer must be mindful of their own motivation for undertaking a study, their own life circumstances (class, gender, education etc.), and that of the subject(s), as neither the subject(s) nor the biographer cannot help but bring her own biography to the telling of the story(ies) of the subject(s). No interviewer is neutral. The researcher who believes she brings objectivity to her work is engaging in a self deception. The topic, preliminary research, thesis proposal, thesis advisor, method of participant selection, information/consent letter, and the questions asked (and not asked) all reflect the conscious and unconscious frames of reference a researcher brings to the work. Cole and Knowles (2001) put this proposition in the following quote:
As we have said many times, we research who we are. We express and represent elements of ourselves in every research situation. The questions we ask, the observations we make, the emotions we feel, the impressions we form, and the hunches we follow all reflect some part of who we are as person and researcher. (p. 89)

Situating the Researchers Lived Experience

Because the researcher cannot help but bring their person to their research, it is critical in qualitative research that the researcher reveals their own background and explains the rationale behind their interest in a research topic. In my own case, I come to this topic because I am embarking on a significant mid-life career change, trading a sinecure as a senior human resources administrator at the University of Toronto for a new career as a counsellor and psychotherapist. I am interested in my own motivation for such a dramatic shift. Most people I meet, including friends who have gone through their own therapy, ask incredulously why anyone would want to be a counsellor or psychotherapist, listening all day to troubled people. My stock answer is that I find the work to be interesting and that it allows me to think deeply about the human condition. The answer I give to close friends is that I am by nature a listener and a noticer and I enjoy mystery, problem solving, coaching, and helping others. However, I was curious as to why others take this path and, once taken, remain on it. I like working with other counsellors and psychotherapists and to that end have volunteered at a walk-in clinic for four of the past five years, both for the practical experience and the camaraderie. I am truly grateful for my own therapy experience. By engaging professional counsellors and psychotherapists as co-investigators into the phenomena that contribute to their work motivation, I wanted to have the opportunity to have an intimate look into the lives of people I admire, to clarify my own motivation for choosing the profession, and find guideposts for what it takes to remain and be successful during times of high challenge and adversity. Moreover, I have always been interested in careers and career counselling. This interest was one of the reasons I made an earlier career
change into human resource management. Motivational factors which contribute to satisfied, productive, and committed employees (Robinson, Perryman & Hay, 2004) are naturally of interest to human resources professionals. Thus, in accordance with Denzin (1989), I acknowledge that this study is written for an intended audience (academic and professional) and for me.

The Participants

All the participants were of European heritage and working professionals. The average number of years of service practicing as a professional counsellor/psychotherapist was 14.4 years. Of the nine, three were registered psychologists; two were social workers; one a psychiatrist; one held a PhD in a related academic discipline (and was trained and supervised by another psychotherapist); and two held masters degrees in Counselling Psychology. Of the psychologists, one worked in private practice, one in a post-secondary educational institution, and one in a regional hospital. One of the social workers worked in a post-secondary institution and the other at a psychiatric hospital. One of the counselling psychology graduates worked in private practice and the second worked part-time in a post-secondary institution and had a small private practice. The PhD graduate worked in private practice and the psychiatrist in a regional hospital in Ontario. This fortunate mix of educational and professional backgrounds allowed for some measure of investigating the commonalities in the work motivation of psychotherapists in what has been identified in earlier studies as an autonomous “fifth profession” which fuses “elements of psychiatry, psychoanalysis, clinical psychology, and social work” (Sussman, 1992, p.16). In addition to the diversity of their educational backgrounds, all nine research participants brought to their work an eclectic perspective. All were willing to borrow from different approaches and techniques, depending on client presentation in the interests of using what works. This is not to say that several of the participants did not have a preferred or primary approach. Table 7 displays both the primary or preferred approach as well as the secondary approaches employed by the
Table 6 Educational and Workplace Information on Research Participants

<table>
<thead>
<tr>
<th>Informant</th>
<th>KG</th>
<th>EH</th>
<th>MS</th>
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<th>SG</th>
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<td>MCP</td>
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<td>MD/P</td>
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<td>Psych</td>
<td>Psych</td>
<td>MSW</td>
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<td>17</td>
<td>18</td>
<td>12</td>
<td>9</td>
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<td><strong>Primarily Brief</strong></td>
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<tr>
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<td>x</td>
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<td>x</td>
<td>x</td>
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</table>

PhD = Doctor of Philosophy, SW = Social Work, MCP = Counselling Psychology, MDP = Psychiatrist

Table 7 Preferred and Alternative Theoretical Approaches of Research Participants

<table>
<thead>
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<td>x</td>
<td>x</td>
<td>P</td>
<td>x</td>
<td>x</td>
<td>x</td>
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<tr>
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<td>x</td>
<td>x</td>
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<td>x</td>
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<tr>
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<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
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<tr>
<td><strong>Feminist</strong></td>
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<td>P</td>
<td>x</td>
<td>P</td>
<td>x</td>
<td>x</td>
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<td>x</td>
<td>x</td>
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<td>P</td>
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<td>x</td>
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<tr>
<td><strong>Solution Focused</strong></td>
<td>x</td>
<td>x</td>
<td>x</td>
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<td><strong>Transformative</strong></td>
<td>P</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
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<td>x</td>
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</tr>
</tbody>
</table>

P = Primary or Preferred Mode of Practice
X = Secondary theories/approaches/techniques employed
research participants. All the participants have been given pseudonyms, and their backgrounds have been disguised in order to protect their privacy.

Participant Summaries

To bring the research participants’ stories and descriptions of their “lived experience” of their work motivation into perspective, brief biographical sketches of the nine research participants are presented below.

Sarah (MSW - Hospital Practice)

Sarah has been a social worker at psychiatric hospital for the past 15 years. Her interest in working with psychiatric patients stemmed from her volunteer work as an undergraduate at the hospital. After graduation she kept up her contact with hospital staff and when a job opportunity arose she leapt at the chance and has done inpatient work ever since. A trusted senior colleague and mentor who wished to harness Sarah’s talent directed her towards a speciality outpatient clinic where she has worked since the mid-nineties with mentally-ill patients (including sex offenders and persons of both sexes who have murdered family members). Her caseload includes both short- and long-term clients, and she provides both individual and group therapy. She currently sits on a number of hospital committees and is a member of the of a regional university’s social work practicum committee.

Miriam (Counselling Psychology – Private Practice)

Miriam has been a practicing psychotherapist for 18 years. It is a second career for her. After graduating from an Ontario university with a BA in Psychology and Women’s Studies in the early 1970s, Miriam worked as a political organizer for several years and then for eleven years in an inner city community centre. A dedicated, hard worker, she devoted herself to the Centre, putting in long hours and admittedly not taking very good care of herself. Eventually, she became exhausted and in the midst of an extended vacation in the late 1980s, she was diagnosed with a chronic disease. She decided that her body was telling her something important and that it
was time for a significant change. Her decision to become a counsellor/psychotherapist was the result of two factors: chance and a perceptive, personal counsellor. When brainstorming what else she might do, her counsellor suggested that Miriam might be well-suited to counselling. Upon hearing the suggestion her ‘eyes lit up” and she applied to and entered a Master’s program. Upon graduation in the early 1990s, she worked as a counsellor in social service agency in Toronto and started a small private practice. She now works full time in private practice and sees individuals and couples. Most of her clients stay for a year or more and many of her individual clients are long-term clients who have histories of severe trauma and abuse. A life long political activist, she brings to her work a strong feminist perspective.

Susan (Registered Psychologist – Private Practice)

Susan grew up in western Canada and did her undergraduate work at a provincial university. She originally thought about becoming a medical doctor, but after taking an undergraduate psychology course became “hooked”. She came to Toronto to earn a master’s degree in psychology. She married and then finished her masters and PhD, while having children at the same time. After completing her PhD, she worked for several years in private industry. She is now in her fourth year of private practice as a registered psychologist. She sees herself as a general practitioner, using primarily a combination of cognitive behavioural and insight-oriented therapy, and borrows from other approaches as appropriate. She has a few long-term clients and works primarily from a short- to mid-term approach, seeing most clients within 12 to 20 sessions. Her approach to counselling and psychotherapy comes from a philosophical stance that people can function very well in the world without the necessity of uncovering everything.

Aldo (Psychiatry – Hospital Practice)

Aldo has been in practice as a psychiatrist in a large teaching hospital in southern Ontario for the past eight and a half years. He works with a diverse clientele, including those who present with depression, anxiety disorders, addictions, self-harm, and personality and eating disorders. He
sees primarily longer-term clients both individually and in group settings, and heads a relatively small but dedicated staff in his cluster. His primary theoretical orientation is psychoanalytic, but, working from a holistic approach, he happily borrows from other traditions, including CBT, depending on the needs of his clients. Using an integrative approach, he works with his clients in addressing personality or Axis 1 problems, the factors that might predispose them to relapse, and quality of life issues. Although the great majority of his working time is spent providing psychotherapy, he also has administrative duties, an academic appointment at the local research university, teaches part-time, and has a small, but growing, research program.

Chris (Ph.D. - Private Practice)

Chris’ initial career was as a commercial artist. After a few years, he realized the commercial work he was doing was getting further away from the creative work he enjoyed. After a course of psychotherapy, he became interested in pursuing psychotherapy as a career. At the same time he pursued independent studies at the undergraduate level at a regional university in Ontario and at the graduate level at a state university in the United States where he earned a PhD. His doctoral thesis, which addressed the nature of soul as an expression of evolving consciousness, reflected his interests in human potential. While he was pursing university studies he began to work as a psychotherapist and group therapy leader with a colleague. After eight years of joint practice, he decided to start his own private practice. His practice has undergone several changes over the last six years but transformational change has always been at the heart of his endeavours. He was initially successful in building his own psychotherapy practice, but found that it ‘wasn’t enough’ (that is, it was no longer satisfying), and consequently his psychotherapy practice did not continue to thrive. He became interested in coaching, with a particular focus of transformational change within organizations. He worked successfully for a few years in this area, often counselling employees who were in the process of being let go. After a period of reflection his initial sense of calling for the work psychotherapy and key value and central
motivating factor in his life – that of service – led him back to full time work as a psychotherapist.

Karen (College and University and Private Practice)

Karen earned a Master’s degree in Counselling Psychology in 1996. A pragmatist, her internship at the University was split between personal and career counselling. After graduating, she found a permanent part-time position four days a week in a medium-sized University Counselling Centre in Southern Ontario. The split between career counselling and personal counselling was instrumental in her getting her present position at a large community college in Metropolitan Toronto, where she has worked for the past six years. She spends one third of her time providing career counselling and the remaining two thirds providing personal counselling. She works at the college counselling centre four days a week, and has a small private practice of four to five hours per week with primarily longer-term clients. She describes her primary orientation as eclectic, incorporating various aspects of the styles and approaches of her supervisors and colleagues at the University Counselling Centre: primarily CBT, object relations, and some body work, as well as influences from narrative, solution-focused, and systems theory. In addition, she brings both a feminist perspective to her work and an interest in cultural studies stemming from her undergraduate major.

As much as Karen loves her work as counsellor/psychotherapist, at the time of the interview she was on a leave of absence to consider whether or not to return to the College counselling centre or strike out in a different direction, including the expansion of her private practice. The decision to take the leave was not sparked by dissatisfaction with the intrinsic aspects of work with clients, which she enjoys greatly, but with extrinsic factors related to institutional management at her current workplace. Her workload had increased to the extent that she saw seven or more clients daily. She did not have time to fully process or optimally document her work, which led to dissatisfaction with her working conditions.
Maria (Registered Psychologist – College and University Practice)

Maria was born and educated in southern Europe. She had almost completed a Masters degree in psychology in Athens before immigrating to the United States where she completed her masters. She initially contemplated a career as a research psychologist before deciding to become a clinical psychologist because of a greater interest in applied psychology and in the workings of therapeutic interaction within a dyad. She completed a second master’s in clinical psychology in the United States before immigrating to Canada. She worked in a community mental health centre for four years before entering a PhD program in Clinical Psychology. For the past six years, she has worked in the Counselling Department of a mid-size, research University in south-central Ontario. Her chief therapeutic approach is derived from emotion-focused therapy, but she relies heavily on relational concepts and approaches as well. She does not necessarily like to describe her approach as eclectic, but likes to mix and use a variety of approaches – cognitive, psychodynamic etc., depending on the client and in response to whatever seems most appropriate in the moment. Owing to the nature of the Counselling Service, counselling and therapy is limited to approximately 4 to 8 sessions and is thus short-term and brief. In addition, she has a small part-time private practice.

Molly (Registered Psychologist – Hospital Practice)

Molly works as an administrator/teacher/supervisor and therapist in an outpatient unit. Early on in her career she provided front-line counselling to street youth. After getting a masters degree in psychology in the early nineties, she did clinical work with families, individuals, and couples for four and a half years before moving to Toronto from eastern Canada to pursue a PhD in Psychology. During the first stage of her career, roughly half of her time was spent providing personal counselling and psychotherapy. However, since she began working full-time, the time spent in the direct provision of psychotherapy to individual clients at the hospital and in her private practice has fallen to approximately 20% of her professional time. Her work in the hospital’s outpatient clinic includes research, program administration, teaching and supervision,
assessments, and the provision of psychotherapy to individual clients. In addition, she has a small private practice of approximately four to five hours per week. Her clinical clients tend to be longer-term clients who present with multiple problems, including substance and alcohol abuse, eating disorders, self-harming behaviours, and depression. She works from humanistic and client centred perspective and strong feminist principles.

Ian (Social Work – University and College Practice)

Ian has been practising as a counsellor/psychotherapist for the past 12 years. With an eye of going into medicine his undergraduate work was in Human Biology. What appealed to him about medicine were its relational aspects: the compassion, caring, and listening inherent in a good bedside manner. Midway through university he became a Residence Life Assistant, which brought with it a small ‘c’ counselling role. He decided to switch majors to psychology, because he found that he could get as much or more back from the counselling role as he was putting in. After graduating, he entered an MSW program. His second MSW practicum was in a university setting. He realized early on that this was the environment and population that he wished to work with. The influence of his graduate practicum supervisors, his ongoing professional development, and the supervision of his own practicum students has influenced his theoretical approaches and techniques. His first supervisor worked from the perspectives of object relations and attachment theory and his second supervisor from cognitive-behavioural and brief, solutions-focused models. His approach is relationship driven, with an ongoing focus on getting lots of feedback from his clients. He also finds narrative approaches and CBT useful in the University environment. Keenly interested in the profession, he is a member of the provincial university and college counselling association executive.

Procedure

Participant Recruitment

In line with this study’s focus on mid-career counsellors/psychotherapists, nine professional counsellors/psychotherapists with between 10 to 18 years of professional experience
(with one exception) and who (with one exception) spent 60% or more of their time providing
counselling and psychotherapy were recruited. There were two inclusion criteria in the selection
of participants. The first was that those who were nominated and selected were to be mid-career
professionals with between 10 to 20 years of experience. The span was derived from the
Individuation career stage identified by Skovholt and Rønnestad (1992), beginning after four to
ten years of post graduate experience and lasting for 10 to 20 years and the overlapping
established (7-15 years post graduate) and seasoned (15-25 years postgraduate) career cohorts
identified by Orlinsky and Ronnestadt (2005). The only other criteria was that the participants
were identified by their nominators as professional practitioners who they believed were ‘good’
or ‘very good’ counsellors or psychotherapists and one whom the nominator would feel
comfortable recommending to a family member or a friend. Four key sources were used in the
identification of the research participants: 1) the President of the Canadian University and
College Counselling Association (CUCCA); 2) the President of the Ontario Society of
Psychotherapists (OSP); 3) the heads of three key services at the Centre for Addiction and Mental
Health (CAMH) in Toronto (the Psychologist in Chief, the Deputy Chief, Professional Services,
and the Physician in Chief); and 4) faculty members from the Counselling Psychology program in
the Department of Adult Education and Counselling Psychology (AECP) at the Ontario Institute
for Studies in Education at the University of Toronto (OISE/UT). (A copy of the letter sent to
AECP faculty at OISE/UT is attached as Appendix 1. The letters sent to the other sources were
identical in content.) In addition, I sought nominations from staff members in the Concurrent
Disorders Programs at CAMH, where I was a practicum student in the Borderline Personality
Disorder (BPD) Clinic.

Once again, my own background informed the selection of those from whom I sought
nominations. My master’s practicum and first doctoral practicum were both in counselling
departments in research universities and my second doctoral practicum was in the Borderline
Personality Disorder clinic at the Centre for Addiction and Mental Health (CAMH). In each
setting, I worked with professional colleagues drawn from social work, psychology, counselling psychology, and other related disciplines. My own therapy was undertaken with a registered psychologist in private practice. By seeking nominations from these four groupings, I had hoped to draw upon counsellors and psychotherapists from diverse educational and professional backgrounds, as well as from institutional settings (hospitals, colleges, and universities) and private practice on the assumption that different environmental conditions might have differing effects on work motivation. As table 6 (Educational and Workplace Information on Research Participants) demonstrates both by design and by chance, I was largely successful in generating an eclectic mix of nine professionals. It was, however, difficult to find research participants who met these criteria. Referees were most often familiar with those with less than ten years of service and those with more, such as senior colleagues and recently taught or supervised graduate students. Faculty members from OISE/UT nominated a total of 14 persons of which three met the criteria and consented to interviews. Colleagues from CAMH nominated a total of twelve persons of which two met the criteria and consented to interviews. The President CUCCA nominated 14 persons of which two met the criteria and consented to interviews. The President of the OSP was comfortable nominating a single candidate with whom he was well acquainted. Of the 41 persons nominated, three persons who met the criteria declined invitations to be interviewed, two indicated to the nominators that they would not like their names to go forward, and four did not respond to the email request for consideration for an interview (which did not require the recipients to respond). The remaining 23 nominees did not meet the criteria, primarily because they either had more than 20 years of service or much less. Of those that exceeded the 20-year maximum, four expressed a keen interest in participating and were disappointed when they were excluded.

Two exceptions were made to the criteria: the first to a research participant who spent sixty percent or more of his professional time providing counselling and psychotherapy but had only been practicing for 9 years. This was done because of the difficulty in identifying
psychiatrists, regardless of their years of service, who spent 50% or more of their professional time providing counselling or psychotherapy. (The Physician in Chief at CAMH in his response to my request noted that “very few, if any” psychiatrists at CAMH spent 60% or more of their time providing psychotherapy.) The second exemption was for one of the three psychologists who met the service criteria but whose professional time providing counselling and psychotherapy had dropped to 20% in recent years. She was included in the study because of her stated desire to someday return to spending the majority of her professional time providing counselling and psychotherapy.

Each person who was nominated was sent an email (Appendix 2), which introduced the researcher and explained the nature and purpose of the research and the inclusion criteria. Those who responded positively were contacted by telephone to ensure they met the research criteria and to answer any additional questions about the research project. The nine research participants who agreed to be interviewed were sent a package of material, including a covering letter (Appendix 3), a Consent Form (Appendix 4), a Research Information Form, which outlined the purpose of the study and what was expected of the research participants (Appendix 5), and a copy of the questions and probes to be asked at the interview (Appendix 6). The participants were advised that they were free to answer any and all of the questions/probes and had the option of answering questions and related probes with a single response. Although most, but not all, of the research participants answered all of the questions and probes serially, there were overlaps in the interview questions and research participants were free to note that they had already addressed the current question in a previous response.

Participants were sent copies of the transcripts and were asked to make any deletions, amendments, and further comments they wished. Subsequently, all nine participants were sent detailed interview summaries, which included relevant passages, as well as a Summary of Research Findings (attached as Appendix 7). The participants were again asked to provide any additional comments or make deletions/amendments to the summary. (The individual summaries
varied from 7 to 18 single-spaced, typed pages, averaging 13 pages.) A copy of one of the summaries is attached as Appendix 8). In addition, the research participants were asked to answer one further question, either by return email or by means of a telephone interview. The additional question probed the motivational and relational aspects of working with individual clients. (A copy of the email is attached as Appendix 9.) Three research participants chose to respond by email, three to a brief telephone interview, one to an in-person interview, and two chose not to respond.

The Interviews

The interviews varied from 70 minutes to just over 2 hours, averaging 90 minutes. There were a total twenty-one questions/probes asked in the interview over five sections: 1) motivation and satisfaction, 2) professionalism, 3) values, goals, and needs, 4) in-the-moment experience and the experience of privilege; 5) self-esteem and feedback; and 6) life-satisfaction and well-being. The first set of questions and probes – motivation and satisfaction, including original and continuing motivation – attempted in a general way to address the research participants’ overall experience of their feelings with regard to the rewards, gratifications, satisfactions, and motivations with their work, as well as its dissatisfactions. The second set of questions, which sought their views on professionalism (what makes a good professional and a committed professional) and the ways in which they describe their work to family, friends, and colleagues were designed to gauge their engagement in and commitment to the profession. The third set of questions on the alignment of personal and professional values, needs, and goals addressed a variety of phenomena. Engagement in the work of the professions and the motivation to do it well find much of their genesis in the ways in which a person’s work harmonizes with their personal needs and values. Moreover, because of the dynamic interaction of needs, values, goals, and characteristics described in the Literature review (Table 5), I wished to investigate the impact of each on the experience of the research participants, and to determine whether or not their personal
values and goals factored into their work with clients and affected their consequent work motivation.

Earlier research into work motivation undertaken for a graduate term paper found that the first group of professional practitioners I interviewed spoke at length about the privilege of the work. Their descriptions of the in-the-moment experience of conducting counselling and psychotherapy revealed a profound appreciation for and enjoyment of the sense of connection forged in therapeutic relationships. Thus, this was the genesis of the fourth set of questions on privilege and in-the-moment experience. Further investigation on goal-setting theory and self-determination theory with regard to the importance of effectance feedback to motivation and self-esteem was reflected in the fourth set of questions. In particular, I wished to investigate whether success and failure in reaching collaboratively-set goals of counselling and psychotherapy directly affected the research participants’ work motivation, and whether or not success in meeting particularly challenging goals had a positive affect on motivation and enhanced self-esteem. The final set of questions on life satisfaction and well being addressed both what factors might increase satisfaction with one’s work and working conditions, and to generally gauge the research participants’ overall, retrospective judgement of their well-being and satisfaction with their life and the role of their professional work to this judgement.

Several of the questions targeted to one set of phenomena, e.g., questions addressing the best and worst part on one’s work which were designed to get at professional engagement and questions related to the ideal conditions of one’s work asked to investigate well-being, served to underline and augment responses to other phenomena, such as the rewards, gratifications, and satisfactions found in the work, the dissatisfying aspects of the work, and persistence despite dissatisfaction. Other questions related to the research participants’ views on the profession, (e.g., what makes for a good professional) addressed very directly the research participants’ personal and professional values and ultimately to the fusion of personality (interests, talents, and skills) and values with needs to produce the separate phenomena of motivation and vocation.
The decision to include the questions and probes to be asked at the interview with the Research Information Form and Consent Form was not taken lightly. There would be a trade off between spontaneously arising views from research participants, who did not have advance notice of the questions, and the insights and considered views of those with time for reflection. I opted for the latter, owing to my preliminary research on the topic, because two of the four participants in that study noted that they were had been thinking deeply about the questions prior to the interview. As in the earlier research project, most of the participants noted directly that they welcomed the opportunity to think about something as important as their own motivation for doing their work.

Data Analysis

A life history approach does not dictate a particular approach to data analysis. Coles and Knowles (2001) argue that the search for a tools, techniques, and established methods to analyze the data embedded in the research participants narratives is ‘fruitless’ and hold that “there are no formulae or recipes in life history analysis or writing” (p. 99). However, to provide the systematic framework for the technical aspects of the analysis of the transcripts and in the subsequent reporting of results and the generation of theory, this study utilized key elements of grounded theory and the constant comparative method (Strauss & Corbin, 1998, 1994; Corbin & Strauss, 1990. Although grounded theory employs specific procedures for data collection and analysis, it allows for “flexibility and latitude” (Corbin & Strauss, 1990, p.4) in their application. In addition to grounded theory, the analysis and the interpretation of the data was informed by work motivation theories.

Throughout the research phase of this study there was “a continuous interplay between analysis and data collection” (Strauss & Corbin, 1994, p. 273). After each interview, I listened again to the audiotape (the day after the interview or very shortly thereafter). As I listened to the interviews, I simultaneously prepared fieldnotes, transcribing sections I thought powerful or
meaningful and summarized the research participants’ responses to questions and probes. The fieldnotes which are akin to theoretical memos (Corbin & Strauss, 1990) contained a section on my thoughts regarding method, in which I listed new questions and procedural doubts and on the development of theory. (One of the fieldnotes is attached as Appendix 10).

Of the nine interviews, five were transcribed by me, and four others were sent out for transcription to a trusted, confidential source. I then re-listened to all audiotapes to ensure the accuracy of the transcriptions, making amendments as necessary. The detailed interview summaries sent to the research participants summaries, which included relevant quotations, were written prior to coding. These summaries brought together in a narrative form the essential elements of the interview. Prior to coding the transcripts, I read through each interview a third time, my field notes a second time, and the interview summaries. I also began to keep a journal to write down my initial impressions of the data and thinking about thematic links (Corbin & Strauss, 1990). Because of my familiarity with the transcripts, fieldnotes, and summaries, I had a strong sense of some of the preliminary concepts/categories/themes, which repeatedly found their way into the transcripts, such as the importance of values, privilege, personality/fit, environmental factors and professional development to the participants’ work motivation.

The transcripts were coded line by line. To facilitate the subsequent analysis and in aid of the generation of theory through the integration of interrelated categories (themes and concepts) emerging from the coding of the transcripts, I created an excel spreadsheet with 32 separate tables. Each table incorporated participant responses to subject and thematic areas arising from the interview questions/probes and from the ongoing coding process. (For an example of one of the 32 tables see Appendix 11, In-the-moment). The 32 tables ultimately contained encapsulations of over 1160 statements or data segments (key words or phrases) mined from the nine interview transcripts and over 1600 notations reflecting participant input. In essence, I created the equivalent of 32 convergence matrixes. As I coded each transcript, adding initially categorized statements and data segments to the tables, the previously coded transcripts informed
subsequent coding, as did also the ongoing analysis of the coded data. As above, the coding was not done in a vacuum. It could not fail to be influenced by the preliminary research on the motivational concepts and frameworks found in extant theories of work motivation and specifically self-determination theory, goal-setting and social cognitive theory, and in readings on life-satisfaction and well-being. The influence of preliminary research and work motivation theories on the analysis is consistent with Coles and Knowles (2001) proposition that previously published scholarship “inform the focus of the work, and provide support and inspiration for the processes used” (p. 65). In addition, Strauss and Corbin (1998) acknowledge that a key strength of grounded theory methodology is that it can be used to both generate new theory and extend existing theories.

Throughout the coding process, in accordance with grounded theory techniques and the constant comparative method, I returned frequently to the previously coded tables, revising and adding to the coding in line with the ongoing analysis. (A list of the preliminary codes is attached as Appendix 12.) After coding all nine transcripts, I returned to the excel tables to further inform the analysis by physically bringing together closely-related, coded statements/data segments. The 1160 statements/data segments were continually re-examined and in many cases multiple codes were attached to the statements/data segments, because of the conceptual/categorical overlap and the highly permeable boundaries between and among the major categories and three emergent central categories. This elaborate process of analysis revealed a conceptual density of individual data segments contributing to the identification of categories, general categories, and central categories which were used to generate hypotheses and theory based on the ascending integration of the data. To paraphrase Corbin and Straus (1990) it is the tight linkages and density of categories that give the findings of this study their explanatory power.
Results Reporting

The results of the study will be divided into three results chapters each focusing on one of the three central categories arising from the analysis which together pulled “the other categories together to form an explanatory whole” (Strauss & Corbin, 1998, p. 146) and from which it will be argued that the research participants derive their ongoing work motivation. To envision the tripartite nature of this ‘explanatory whole’, it is helpful to imagine a single tree with three separate trunks that have emerged out of a single seed, generating three separate trunks with a shared root system. Each trunk represents a central category; the main branches growing out of the trunks are akin to the major categories, the smaller branches emanating from the main branches as categories or themes and the tiny dendrites growing out of the smaller branches as sub-themes.

The first results chapter addresses the central category of competence/effectiveness and professional mastery. Inclusive of the motivation generated by a belief in and a striving towards the efficacy of counselling and psychotherapy, the chapter addresses the motivational factors found in the major categories of in-the-moment experiences of efficacy, continuing education, supervision, and the environments which support efficacy beliefs and strivings. The motivational factor of persistence, arising from the dissatisfactions which detract from the efficacy of the work, will also be examined. The second results chapter deals with the motivational factors derived from the central category of relatedness and specifically with the centrality of the sense of privilege the research participants realize from their work, the enjoyment, coupled with the purposive use of therapeutic relationships, and the profound influence the therapeutic relationship has on goal-setting with clients. In addition, the solicitation and use of effectance feedback and the assessment by the research participants of their role in the success or failure in meeting the goals of counselling and psychotherapy will be examined with regard to work motivation. The effect this assessment has on the self-esteem of the research participants will also be reported on. The third results chapter delves into the factors underlying the intrinsic motivation that is a
hallmark of the work of the profession and the ways in which the research participants’ interests, needs, personal and professional values combine to support the sense of autonomy in carrying out the work and combined with skills and personality traits produce a sense of fit with and vocation to the work. The research participants’ appreciation of variety within the work and workplace autonomy (as distinct from autonomy as it pertains to self-determined behaviours) as contributing factors to work motivation will be reviewed, as well as the research participants’ retrospective and present views on the effect of their work on their sense of their personal health, interpersonal relationships, and well-being.
CHAPTER THREE

COMPETENCE: THE EFFECTIVENESS OF COUNSELLING AND PSYCHOTHERAPY

This chapter addresses the motivation the research participants gain from the experience of witnessing the efficacy of counselling and psychotherapy and their consequent striving for professional mastery in the service of efficacy. The efficacy of their work is variously described by them as a prime source of satisfaction, one of its most rewarding aspects, one of the best things about it, and as a privilege. Satisfaction with, enjoyment of, and the motivational spur derived from the work is evidenced, in particular, in efficacy moments that are apprehended by the research participants during the process of counselling and psychotherapy. Striving for competence through the pursuit of activities leading to professional mastery, such as reliance on colleagues for support and direction, life-long learning through continuing education/professional development and supervision of graduate students will be examined as motivational factors which keep the research participants engaged in their work and committed to the profession. The dissatisfying and de-motivational aspects of their work, when efficacy is thwarted by challenging clients and environmental factors and when there is a feeling that the value of one’s work (both in dollar and moral terms) is underappreciated, will also be considered. Because the drive to persist in work and work related tasks, despite setbacks (ineffectiveness) is a hallmark of work motivation, the factors which contribute to the research participants’ persistence will also be reviewed as important motivational factors.

Mindful of the analogy of the tree with three major trunks growing out of a single seed, each with a system of main and smaller branches emanating from one another, representing the central categories, major categories, and general categories/themes, the results in this chapter will be presented sequentially according to the table below.
### Table 8 Central Category of Competence: Major Categories and General Categories

<table>
<thead>
<tr>
<th>Major Categories</th>
<th>General Categories</th>
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<tbody>
<tr>
<td><strong>Effectiveness of the Work</strong></td>
<td>Witness to Effectiveness</td>
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<tr>
<td></td>
<td>Efficacy and Energy</td>
</tr>
<tr>
<td><strong>In-the-moment Process of Counselling and Psychotherapy</strong></td>
<td>Moments of Insight</td>
</tr>
<tr>
<td></td>
<td>Moments of Crystallization and Flow</td>
</tr>
<tr>
<td></td>
<td>Creativity, Anticipation, and Novelty</td>
</tr>
<tr>
<td></td>
<td>Rising to the Challenge</td>
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<tr>
<td></td>
<td>Moments of Authenticity and Connection</td>
</tr>
<tr>
<td></td>
<td>Unpredictability of Effectance Moments</td>
</tr>
<tr>
<td><strong>Professional Mastery: Professional Development, Continuous Learning, and Teaching and Supervision</strong></td>
<td>Supervision</td>
</tr>
<tr>
<td></td>
<td>Professional Development</td>
</tr>
<tr>
<td></td>
<td>Supervision, Teaching, and Mentoring</td>
</tr>
<tr>
<td><strong>Colleagues and Working Environments: Contributions to Satisfaction and Dissatisfaction</strong></td>
<td>Hospital Environments</td>
</tr>
<tr>
<td></td>
<td>University and College Environments</td>
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<tr>
<td></td>
<td>Creating Supportive Environments in Private Practice</td>
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<tr>
<td></td>
<td>Unsupportive Colleagues and Dissatisfaction</td>
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<tr>
<td></td>
<td>Unrealistic Institutional Expectations and Dissatisfaction</td>
</tr>
<tr>
<td><strong>Dissatisfactions with the Work</strong></td>
<td>Thwarted Efficacy Workload and Institutional Resource Limitations</td>
</tr>
<tr>
<td><strong>Other Sources of Dissatisfaction and De-motivation</strong></td>
<td>Money and Security in Private Practice</td>
</tr>
<tr>
<td></td>
<td>Dissatisfaction Arising from Feeling of Ineffectiveness</td>
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<tr>
<td><strong>Persistence: Efficacy and Optimism</strong></td>
<td>Preponderance of Efficacy</td>
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<tr>
<td></td>
<td>Supportive Colleagues</td>
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<td></td>
<td>Personal Experiences of Healing</td>
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<tr>
<td></td>
<td>Personal Characteristics – Stubbornness and Optimism</td>
</tr>
</tbody>
</table>
Effectiveness of the Work

Clients seek help from professional counsellors and psychotherapists because they have been unable to deal with their presenting issues on their own. In so doing they expect that the counsellor or psychotherapists possesses the competence to assist them resolve their issues and in some matter help them change, heal, or grow. The experience of helping clients resolve problems, change, heal, or grow reinforces competence when the research participants see that through their work they have been able to act on and have an impact within their environment, as evidenced by its effectiveness. Without the reinforcement of the effectiveness of their work, motivation would quickly wither. Witnessing its effectiveness has the opposite effect.

Witness to Effectiveness

For two of the research participants the effectiveness of their work was the major contributor to work satisfaction. Susan reported that she can arrive at work feeling low in the morning and leave feeling great because she has “added meaning to clients lives”; sees a “difference” or something “healthier” [in them], which makes her feel “wonderful”.

That’s the most satisfying, when I know that I’ve made a difference, and that their work in here has made a difference to them in their life. I find that tremendously satisfying. That’s my number one motivator, and what really satisfies me personally at the end of the day. Because most of the time that is the case. (Susan)

For Sarah, who works with schizophrenics, who can initially present with severe psychotic symptoms, witnessing recovery and change is a primary source of satisfaction.

I get lots of satisfaction seeing my clients do well, get an absolute discharge, and just move on with their lives. You know, they call me, ‘I got this job, I got that job’, or just that they’re doing OK, you know, moving on with their lives. I saw one guy the other day at the No Frills store, he’s working at the No Frills doing the buggies and stuff, and it’s very satisfying to see where he’s come from where he was. He was so, so sick. (Sarah)
Witnessing the effectiveness of the work was viewed as a privilege by Sarah and Ian. Sarah described the opportunity to “hopefully make a difference; to help people to develop; to improve their quality of life” as a privilege. Ian, too, experiences the opportunity to witness client accomplishment and change through counselling as a privilege.

You get to see people accomplishing great things, recover from terrible things. You could say that’s a real privilege to be able to that and I agree with that part. (Ian)

Efficacy and Energy

In addition to privilege, the efficacy of the process gives Ian the energy to continue in this work. Because non-professionals cannot see the efficacy of the work but only insurmountable challenges they have difficulty comprehending why anyone would pursue this as a profession. In a passage which provides a succinct overview of process, journey, and the efficacious outcome of counselling and psychotherapy, Ian answers this question.

…thinking back to when people ask, ‘How do you do that job?’ I think they also imagine sometimes everyone you are meeting is at their absolute worst moment all the time and in despair, but over the course of a day, you have some people at the beginning of their journey, or at their worst point, or you might meet with someone else for whom things were awfully terrible, but now they are good and that’s where I get my energy from; I’m just ready to start fresh with somebody. So what’s the work like? In a day there might be something where you are just starting with someone and you’re not sure where you are going to go and another part of your day, you’re reflecting back with someone who has finished and asking them how they did that and what they would want to be mindful of in the future. And people are kind and generous with their feedback to me too, which has been wonderful; and say nice things and that helps you to go – so that’s what it’s like for me in a day. (Ian)

The shift from “awfully terrible” “to now they are good” exemplifies the effectiveness of the work and is the source of Ian’s energy and his eagerness to work with the next client.
In-the-Moment Process of Counselling and Psychotherapy

The theme of the effectiveness underlying the research participants’ motivation permeates all the narratives. It is nowhere more apparent in their descriptions of their in-the-moment experience of conducting counselling and psychotherapy. There are a variety of motivating factors operant during the research participants’ in-the-moment experience of providing counselling and psychotherapy which speak to the efficacy of the process and the competence with which the research participants do their work. The key motivational phenomenon reported by most of the participants was an efficacy moment: a moment when progress towards change, healing, and growth were apprehended by either the client or the research participant and most often by both.

Moments of Insight

A common theme adhering to several of the narratives were moments of ‘insight’: in Susan’s words, those moments when a client “gets it”: moments of connection and discovery when something revelatory happens to the research participant or the client whether it is a new understanding, a piece of the puzzle, or a new found desire to change.

Moments of connection with her clients that are precursors to engagement and joint work together and from which may follow insight and then change are highly motivating for Maria.

Those are the moments when I feel that both the client and myself are on the same plane. So that I feel that I really understand the client and the client is really with me somehow. They don’t need to be 100 percent with me but they are showing that they are engaged; that they are working on whatever they are working [on]. And then when we can together – when either intuitively or spontaneously or as a result of everything else [in the process] like the goals, we reach something new for them. Whether it is a new perspective or a tiny little thing they could do differently. So those are kind of the moments where not only there is a good connection but there is that insight experience
for a client. If not insight, then there is something that they want to do differently.

(Maria)

For Sarah, these insight moments are the necessary conditions for change. Insight moments when her sex offender clients see that they have a problem and responsibility for their actions provide her with the platform from which she can do her work.

Sometimes they’ll all of a sudden come up with something, and you’re like, oh my God, they finally get it. I was talking to a colleague about this the other day. About, sometimes a client will have been through all these different groups – sex offender groups and they’ll suddenly say, “Yeah, I get it, and I did it; I did that” – and you say to them, “Well, what finally turned the light bulb on”. … The moment when they can kind of say, ‘Yes, I have an illness, or I’m a pedophile’, then you can sort of work from that on. Like, they don’t always have that insight, but once you can kind of get that and hold on to that, and say, ‘It’s OK, that happened, and that’s OK, that doesn’t make you a bad person’, and then you kind of go on from there – it’s a great feeling. It doesn’t happen that often, but when it does, it’s very rewarding. (Sarah).

Moments of Crystallization and Flow

A closely related phenomenon to an efficacy moment of insight was described by Karen as a moment of crystallization. It is in those unpredictable moments of cumulative perception and unconscious processing over a session or sessions that a client’s experiential world comes together for her to form a meaningful, coherent whole. Embedded in those moments is an ineffable sense of intellectual and emotional pleasure derived from the process of making sense of a client’s experiential world which give her a feeling of flow. The additional pay off for Karen is the opportunity to expertly use those moments to communicate and use that understanding in session.
Then there is the feeling—that-I-get as I’m listening to the client and things are – I’m putting it together; it’s falling into place inside of me and I’m getting it. Like I’m getting where we’re going or I am making, you know, making connections across sessions or – I don’t know how to describe it, some of the concepts or the conceptualizations that I use are – its coming together that’s the only way I can describe it; it’s synthesizing or it’s crystallizing and that is very, very satisfying. I love that. And I can, of course, communicate that and use it. But its – as its coming; like it's a process; it’s just cool and it’s unbidden, right? (Karen)

Unbidden? (Interviewer)

Unbidden: you don’t know you’re doing it; I don’t sit there and think, Wow, will I think about this client in terms of this or that [theory/construct], I sometimes do that after they leave. In the moment it's coming unbidden. It’s like flow: you know the concept of flow? I experience flow in session with clients and so that’s a very cool feeling. (Karen)

Following the interview, Karen gave a very evocative image of the “unbidden” process of crystallization: “It’s like books falling off a self in order”.

Moments or insight and crystallization can happen in a single session, or as in Miriam’s experience, it can be cumulative process that manifests itself with suddenness.

And I can think of particular moments, or that person will suddenly be able to see something about themselves in an entirely different way than they did before, and it’s accumulation of probably months of work, sometimes years. (Miriam)

Creativity, Anticipation, and Novelty

Part and parcel of the suddenness of efficacy moments is the sense of anticipation and discovery of something new in the moment and the creative use of that discovery in helping a client. Chris finds the experience of being in-the-moment to be inherently rewarding and is grateful that “this is what I get to do with my life”. Each session for him is like entering into the unknown, and although he can prepare for it in advance, once begun, to be effective he must let
go in the moment. He feels as if he is being invited to participate in a work of art. There is an aspect of creativity each time that he likens to painting a picture – that of creating relationship and out of that relationship new understandings.

It can be exhausting even, but it’s, it’s – thrilling isn't right – it's, it’s so rare. Again, it’s like entering into a dream – in the best sessions – a very deep sense of that. You know this space that's created; this relational space that's there— I mean, you know, you can feel it; you can feel it; there's something going on in it, or the space itself invites something forward; something emerges out of it that is completely – new. It's completely original.

(Chris)

After making reference to Wilfred Bion’s advice that the therapist listen to clients ‘without memory or desire’, Aldo reported that he finds each session with each client to be something new. He describes this sense of novelty as “exciting” and “stimulating” and part of what makes the work “rich and interesting for me”. Even with patients he has seen for years, there is a sense of anticipation, as he can never be sure what will happen in any session and whether there will be something he can use to help the client to a new “insight”, “understanding” and a “consequent shifting”. Like Chris he finds the experience to be creative.

…even patients who I have been seeing for years, it’s ‘ok, what’s going to happen today? What’s going on today? What’s being said? What’s not being said”? Again, can we get to another layer to get at what’s going on or can we, can I with them figure out something that helps shift them from where they’re at to get into an emotion or thought or space where you know – if it’s hopelessness today, can we climb out of that a little bit. It’s always like each clinical encounter presents a new challenge. So it kind of feels – both pressure but also kind of rewarding and creative. You know, what can we do? Can we figure out something together today? (Aldo)
Rising to the Challenge in-the-Moment

Added to the mix of novelty and discovery is the sense of challenge found in each session and, in particular, during a difficult session when Aldo must competently use his skills, training, and knowledge to get either himself, his patient, or both “unstuck” in order to do something useful for them. This sense of overcoming difficult challenges by using his training and skills keeps him stimulated and interested in his work.

…the client’s coming in really hopeless today, or I’m feeling really hopeless, or I’m feeling demoralized, or detached, or resentful and how can I get myself out of this and do something useful for them. The excitement is nice but sometimes it’s just a little you know – getting unstuck, getting us unstuck, getting them unstuck, getting me unstuck can often be a piece of it. When I can do that and use my training and knowledge that feels rewarding and again it’s like a challenge and so that’s nice; it kind of keeps me –what’s the word – keeps me stimulated I guess and interested. (Aldo)

Moments of Authenticity and Connection

The use of relational skills and technical expertise to take clinical advantage of efficacy moments was a theme common to several of the research participants’ accounts. In this passage Ian speaks the confluence of the relational aspects of the in-the-moment experience and the competent use of those moments to advance the work. He describes moments of authenticity when he and a client reach beyond the artificially contrived situation of a counselling session and bring the reality of their experiential world directly into a session. It is in these moments of relational authenticity that Ian feels he can be most therapeutic, helpful, and effective. It is those moments that insight and crystallization are invited to come forward and which then allows Ian to do his work by helping a client find a piece of the puzzle or solution.

So it’s these moments that feel a little bit more real that I feel become very therapeutic; very therapeutically instructive and helpful. And so that feels good. So for me sometimes noticing those kinds of things is reinforcing: that I’ve found a piece to the puzzle or
solution; that we’ve done something pretty important. Even if it’s – it doesn’t have to be
a – I guess it’s just identifying something real. But sometimes it just feels really real and I
feel closer to the person and then I feel like we do a lot of good work shortly after those
moments. So that’s motivating I guess; it’s very humbling. So I sort of look for them. But
I don’t know if that’s exactly what you are asking. (Pause) (Ian)

Unpredictability of Effectance Moments

Karen’s unbidden moments of crystallization, sudden moments when Sarah’s clients
finally ‘get it’ or when Miriam’s clients, sometimes after months of work see something new
about themselves, the excitement and anticipation that Aldo feels even with his long term clients
wondering what will happen today, or the prospect of something completely new unfolding in the
moment in one of Chris’ sessions had in common their unpredictability. Ian, after pausing
(quotation above) drew on the work of Oliver Sachs and named these unpredictable moments of
efficacy the ‘therapeutic moment’ and went on to describe the powerfully reinforcing nature of
those moments.

It’s something about discovery; sometimes you just feel as though you have an
‘Ah ha’ kind of moment, or I recognize it in someone else. When someone
realizes what the problem is and what needs to be done. I’m thinking of Oliver
Sachs. He describes the therapeutic moment where someone is sitting and
realizes what the problem is and what needs to be done. He calls that the
therapeutic moment. (Ian)

There’s also The Present Moment by Daniel Stern. (Interviewer)

Right. Yes. Yeah. So those things, yeah. For me what it almost feels like is when
they solve a Rubik’s cube or something, where you just kind of go ‘Ahhhh’. It’s
extremely, yeah, it’s the proverbial piece of cheese or pellet or something I think
that we get cues when we’re pecking away. (Ian)
Professional Mastery: Professional Development, Continuous Learning and Teaching and Supervision

Flowing from the satisfaction and reward experienced by the research participants generated by witnessing client healing, growth, and change via the efficacy of their work is their striving for professional mastery. Their drive for competence and professional mastery to “understand the instrumentalities that lead to desired outcomes and to be able to reliably affect those instrumentalities” (Ryan & Deci, 1991, p. 233) is demonstrated through the research participants’ universal pursuit of continuing learning and professional development activities. As Susan succinctly put it, the drive to professional mastery by keeping up to date with new developments by reading and attending workshops is “really important to keeping fresh and stimulated and good at what I do”.

Professional Development

All the research participants devoted time and energy to a variety of professional development/continuing education activities. The activities and opportunity for learning afforded by the profession were variously experienced as a reward (Sarah, Karen, and Maria), best things about their work (Karen, Aldo, and Maria) a professional value (Sarah, Miriam, Maria, Molly, Susan, and Ian) and necessary to their continued commitment to the profession (Ian, Susan, Maria, Sarah, and Karen). The most common forms of professional development raised by the participants were reading books, journals, and articles (including three research participants – Susan, Aldo, and Maria – who surf the net) going to conferences, taking courses offered by professional schools, and simply talking with colleagues.

The link to competence and motivation was expressed most directly by Karen for whom access to colleagues from whom she can learn new things and professional development activities were core sources of motivation.

…most of the places I’ve worked there are opportunities for us to do professional development and that is hugely motivating for me. I would whither and die in a place
where I could not have access to professional development and colleagues; access to colleagues who are doing interesting things, so I get to learn from them. I love to learn – and I guess it would be de-motivating for me to spend all my days [without professional development]. I need that in addition to seeing my clients and doing that [professional development] motivates me to see my clients and to be with my clients and all that kind of stuff. (Karen)

The need to maintain competence through professional development activities not only addresses the desire for professional mastery but is also enjoyed as an intellectual activity by Aldo, who in order to address his needs as a person and a professional, attends as many conferences as he can. He makes a point of “treating” himself to conferences about topics he is interested in or is struggling with clinically.

I just had a reaction to the previous question [on needs] and I guess this is an extension but part of what I do to take care of myself clinically is educating myself, ongoing education. In this city there are lots of conferences all the time, so I make a point of treating myself conferences about topics that I am either interested in or I am struggling with clinically. You know, to hear somebody and get that input and education and academic focus and body of knowledge. I find that very helpful in helping me with difficult clinical situations. When I have a body of knowledge and hear experts talk about it or write about it. I find that really helps with some of the clinical struggles – when I’m struggling with somebody – having that kind of background and clinical knowledge and theory, it just kind of helps me through the process. (Aldo)

_Investing Personal Resources in Professional Development_ To support their needs for competence through professional development activities all three of the research participants in private practice invest their own financial resources in their professional development. However, this investment is not limited to those in private practice. Sarah annually attends a three-day
workshop at well-known Liberal Arts College in the United States, paying out of her own pocket, because “it’s worth it”.

The first time I went, the hospital paid, but then they kind of, they just don’t do that anymore. But to me it’s worth it. The College is like this social work Mecca. It’s amazing – you go from Thursday to Saturday and you come back Sunday. And it’s very regenerating to go to that. Their stuff there isn’t forensic stuff, but it’s a lot of dynamic stuff, psychotherapy stuff, plus the trauma stuff.

Supervision, Teaching, and Mentoring

Closely aligned to this desire for continuing education and professional development, all the research participants who are in a position to supervise graduate students do so willingly, because they enjoy its intellectual and relational aspects, and it keeps them current with new developments and thus able to maintain or increase expertise and professional mastery. In addition, it allows them to transmit their hard won competence and give back to the profession by training students to become the next generation of skilled professionals. Advancing the field through student supervision and teaching was viewed as a source of satisfaction (Ian and Sarah), a new motivational factor (Molly, Aldo, and Ian), one of the best things about the work (Molly, Ian and Aldo) and a factor which helps maintain their commitment to the field (Karen and Ian).

The enjoyment of the relational, intellectual aspects of supervision as well as they ways in which it contributes to competence and self knowledge was summed up by Karen with her statement that she finds the experience of supervision to be “wonderful”. She finds the experience to be enriching and a means by which she learns more about herself and her practice.

I like supervision: one-on-one supervision is wonderful. I almost sometimes say that it feels a bit bad. Because I like it so much, there must be something wrong with it. You learn so much about your own practice. Your own practice is enriched by trying to
support somebody else in figuring out theirs. And the relationship stuff is really good, because I can remember being an anxious, new therapist and I know what works, and I know what helped me, and I know the kind of supervision that I had that was useful. It’s like being a therapist and a teacher and all those roles; it’s a really rich experience. And you learn so much about yourself, which we all like to do. (Karen)

Ian’s finds that his eclectic approach to practice and his competence as a professional are fostered by his experience as a supervisor.

What makes me most eclectic is supervision. So depending what people are interested in, I just keep trying to educate myself on things they know about. We have a team approach to supervision here and so if someone is really interested in something that I don’t feel competent enough to provide supervision for, then we bring in someone else who is and so I learn about it at the same time and that’s been really, really great; really rewarding. (Ian)

In addition to supervision, Aldo finds connections with colleagues and the chance to teach at the local psychoanalytic society a great motivator, which keeps him committed to the profession while deepening his professional expertise.

Oh yeah, the connection and the teaching. I’m teaching introductory courses there, but yeah, all that stuff helps the teaching and the connection. Yeah, it’s a great motivator. If you’ve got to talk about something, you’ve got to be the expert on something, better read up on it! (Laughs). So I sound that I know what I’m talking about. (Aldo)

Ensuring the Efficacy of the Next Generation

Giving back to the profession and contributing to the effectiveness of the profession through supervision was raised by Sarah and Ian. Providing supervision to students and advancing social work education is a “motivating force” for Sarah. To that end, she takes on at least one student each year and sits on the social practicum committee of her local university. Giving back to and advancing the profession while continuously supervising students and mentoring new professionals has become an increasingly
important factor in Ian’s career and his commitment to the profession. With regard to the
development of his supervisees his hope is that not only will his competence increase but through
his efforts his students they will “become better at this than I am”.

And now that I have been in the field for a little while, I’m motivated or really interested
in teaching, advancing, and learning from my colleagues. So it’s not just focused on the
clients but focusing on newer graduate students, new professionals, connecting with
colleagues, kind of advancing the field on its own. The whole learning process of it is a
lot more attractive. So I think the more I’ve learned the less I feel I know. But rather than
being intimidating, it’s been really quite exciting. (Ian)

Through the active ongoing pursuit of learning opportunities, professional development
activities, and the supervision of students the research participants demonstrate a desire and drive
for competence and professional mastery (and that of their students) throughout their career.

Colleagues and Working Environments: Contributions to Work Satisfaction and Dissatisfaction

The environments in which research participants work and/or create directly affect their
sense of satisfaction or dissatisfaction with their work and hence their motivation. Environments
and colleagues that are supportive enhance motivation and competence while unsupportive
environments sap initiative and thus undermine effectiveness.

Hospital Environments

Supporting Competence  For Aldo, Sarah, and Molly, the rich environment of the
teaching hospitals replete with workshops, guest lecturers, and continuing education programs, as
well as opportunities to teach and supervise students supports their development as practitioners
and hence their competence and the efficacy with which their work. Colleagues support Sarah’s
effectiveness in very direct ways. She feels fortunate to be “on a team working with supervisors
and managers who are open to me being interested in different things”. This openness has
allowed her throughout her career to launch new programs and initiatives for clients, such as an
educational program for the relatives of schizophrenics who are about to be discharged or an outpatient group for ex-offenders which helps them avoid recidivism. Monthly meetings with a hospital psychiatrist and social work colleagues where cases are discussed and shared allow her “every time I go to learn something new”.

**Intellectual Stimulation and Satisfaction** In addition to a valued sense of community, the hospital environment provides Aldo with intellectual stimulation, and an outlet for his academic endeavours.

There are some great things for me working in an academic setting, not the least of which is that sense of collegiality and not being isolated. And as I’ve alluded to before, the intellectual satisfaction; hearing experts in different areas come in and speak and being able to get into a dialogue with somebody about something, so the kind of intellectual stimulation.... And for my own work, I trying to build a bit of a – a small research career, kind of a more academic career along side my clinical – although I’m mostly a clinician. You know that stuff is very rewarding; feeling like I have some recognized expertise in something in the institution; being a teacher – so all that stuff is wonderful, very stimulating and rewarding. (Aldo)

University and College Environments

Ian and Maria find their University work environments are enriched by the academic atmosphere and institutional sense of purpose. Ian works in a particularly rich and supportive collegial environment. He appreciates the opportunity to learn “about the latest trends in Chemistry and Engineering” or “go to sporting event or see a drama”. Moreover, there is a strong team atmosphere that extends from the support staff through to Centre’s Director. Eclectic approaches are valued and a palpable sense of formal and informal intellectual sharing is pervasive, creating a rich mix of approach and technique, which contributes directly to their communal competence as staff members “feed off one another”. It is little wonder that he finds it one of the best parts about his job.
One of the best parts about my job right now is the people that I work with, the staff. So I really feel kind of spoiled that way. The support staff, my direct supervisor, my supervisor’s supervisor: there is a real sense of security and collegiality. … There’s just a lot of respect. We’re able to disagree; we work well together. That’s huge as far as satisfaction I think. (Ian)

Creating Supportive Environments in Private Practice

It is no accident that the research participants in private practice went out of their way to duplicate the environmental advantages of their institutional colleagues by regularly consulting professional colleagues on new developments (Susan), or by taking leadership roles in provincial organizations which promote professional standards and practice (Chris). Miriam takes deliberate steps to create collegial relationships, which support her practice, by joining other professionals in a study/peer supervision group or through paid supervision.

I like the collegial relationships that I’ve been able to develop over the last 18 years; both with supervisors whom I’ve paid, or consultants whom I’ve paid to supervise me and with quite a number of therapists where it’s collegial. I belong to a study group (associated with the professional society in which she is a member). So I like the intellectual, emotional dialogue of that as well. (Miriam)

Unsupportive Colleagues and Dissatisfaction

Common to the research participants’ experience is the motivational support they receive from respectful and like-minded colleagues. However, colleagues who are oppositional, unaware, and unsupportive can equally diminish motivation. Both Aldo and Molly are passionate in their belief in the efficacy of their preferred theoretical approaches and techniques. In Aldo’s experience this can come under scrutiny and criticism from colleagues who employ more mainstream approaches. This can lead to a sense of caution with some colleagues with whom he doesn’t feel “there would be a kind of respectful understanding or appreciation of what I do”. 
I think for me even within psychiatry there is the outside and the internal kind of differences. Having psychoanalytic training is viewed quite differently by different colleagues in the field, so there’s caution about discussing what I do at all levels. (Aldo)

Alternatively, he can find common cause with colleagues who work from differing perspectives but are interested in eclectic and integrative approaches.

And then I have colleagues who I’m very open with because we work similarly, we think the same way or we don’t have to but there’s kind of a sense of respect; a mutual respect so they may not be analytically trained but there’s a respect for what I do and interest in it. So it’s really very colleague specific. (Aldo)

In Molly’s experience there can be at one and the same time a sense of community and a sense of philosophical isolation within the confines of a large institution, because of her humanist/feminist approaches. Although she gets to work with colleagues who ‘inspire’ her, one of the key things she misses about her earlier work in community centres is the sense of team and teamwork cemented by those working from a similar theoretical orientation:

There’s much more of a sense of team and team collaboration; we did teams, you know, reflecting team work, and I mean, all this stuff that I miss very much. Back then, that was very satisfying to me. What’s de-motivating is for me to feel like I have to grab moments where I could have that same sense of team and true collaboration. So, that’s actually what I find satisfying and that’s what I miss. (Molly)

To counteract feelings of intellectual isolation, she has a network of professional colleagues in private practice who share a similar philosophical and theoretical approach and are also friends.

Unrealistic Institutional Expectations and Dissatisfaction

An institutional environment with unrealistic expectations with regard to work load can diminish work satisfaction. Karen’s College is a busy, dynamic institution, which attracts and retains lots of dedicated staff. However, College managerial culture is such that institutional
dedication results in overwork for both management and staff. With a constant demand from students for service with not enough staff to meet the demand, Karen’s has little time for reflection, for fully documenting sessions, or for discussing her work with colleagues.

There is not a lot of support top-down for people doing the work or limit-setting around the number of clients they see. So we can be put in the position of seeing seven people in a day, eight people in a day; no admin. time; no time to write notes for extended periods of time. And sometimes it's not even that they are saying that you have to, it's that no one is supporting – like I said it’s sort of not spoken but no one is saying – no one’s encouraging or supporting healthy taking care of yourself. (Karen)

Despite the intrinsic satisfaction and enjoyment she derives from her work and her conviction that despite environmental constrictions she remains an effective counsellor, the lack of time to do her work thoroughly has led to sense of dissatisfaction, sparking her moratorium.

What I realized was that my job satisfaction to be frank has decreased. But I recognize it has nothing to do with my clients. It has nothing to do with the work itself; I still love what I do. But I realized that I hit the wall. I can only – I have limits. (Karen)

Dissatisfaction with the Work

In addition to the dissatisfaction with work and working conditions that are generated by unsupportive or competitive colleges and by institutional environments where managerial culture values overwork, dissatisfaction with the work was derived from experiences where the research participants’ potential efficacy was thwarted by institutional and social conditions, a sense of unfairness of remuneration for work of equal value, and from working with clients whose challenges and life circumstances made it more difficult to realize the effectiveness of counselling and psychotherapy. Understanding the sources of dissatisfaction with the work is important. Work dissatisfaction produces feelings of frustration and resentment in the research
participants. If left unchecked, such feelings could lead to burnout or spark a career change, effectively ending their competent and effective practice of counselling and psychotherapy.

Thwarted Efficacy - Workload and Institutional Resource Limitations

Karen’s onerous workload clearly produced a sense of dissatisfaction. However, the desire for a reduced workload was shared by all the participants in institutional workplaces. This common desire was rooted in an environmental phenomenon that can best be described as Thwarted Efficacy. The common theme underlying Thwarted Efficacy is that the opportunity to help a client is impeded by economic and social conditions, which either limit the frequency and number of times a client can be seen or impede access to those most in need of counselling and psychotherapy services.

Thwarted Efficacy, arising from client loads and constant demand for service and which results in an inability to devote as much time and energy to individual clients as deemed optimal, produces a sense of dissatisfaction (Aldo, Karen, Maria, and Molly), frustration (Ian), and can sap energy (Maria and Molly). Ever increasing student demand for services has resulted in Maria’s institution reducing the number of sessions a student could be seen at the service. With the reduction in the number of sessions, she feels added pressure to more quickly connect, foster a therapeutic alliance, and determine counselling and therapeutic goals. In her view, the constant turnover can leave her tired and feeling dissatisfied, as does the check on her ability to help clients make significant changes.

But unfortunately because of the demands on the University Counselling Service we switched and now we are asked to work more briefly, so that part of it is dissatisfying. Not just because of working briefly but I realize that now there is a higher turnover of clients and I feel now more tired. I feel like I have to make these connections relatively quickly, I have to work in a very focused way and then go to the next, next, next. That feels dissatisfying. I would prefer ideally in terms of my profession, but that is maybe to ideal or unrealistic, “Oh, if I could have five clients that I am working with and working
with long term”. So I could really make some sort of change with five people rather than five hundred people that I am seeing yearly at the Counselling Centre. So that part is dissatisfying. (Maria)

It is particularly frustrating for Maria when she has established a strong alliance with engaged clients who are benefiting from counselling and her ability to help is thwarted when “there is still work to do.” Moreover she perceives that her ability to be of help would be enhanced with more resources so that better, more thorough assessments could be made during intake to best match clients with clinicians’ strengths and areas of expertise.

First of all, I would be able to do more thorough assessments. We don’t have much time so we do very brief initial screening. So more thorough, deeper intake procedures, so I can really determine with the person, if I am the most suitable person; or if I don’t have the experience with a certain aspect; or it’s really not a good time for them to enter psychotherapy, I would be able to determine from the beginning whether we [should] enter into the psychotherapeutic realm or not. …And then, of course, I think that when somebody is really engaged and benefiting and there is still work to do, ideally there would be more money and resources to make it longer term. (Maria)

Despite a relative “embarrassment of riches”, Ian believes that his University’s counselling service could easily use a few more full-time positions to simply keep up with clinical work. Moreover, with more time and resources, he knows that if he could see some of his clients more frequently, as he used to do once a week, rather than every two weeks or more, he could “really make a difference”. This sense of limitation underlying Thwarted Efficacy leads to frustration.

Demands have grown for our service in the community and here on campus. And what can be quite frustrating for me – it’s not the content of what we are helping people with – it’s when I feel like, if I was able to see this person a little more often, I would be able to help them really make a difference. And sometimes I feel that before maybe I would have
been able to see this person maybe every week or every ten days or something and now it might be two weeks or longer sometimes. And it feels – things are carrying on or maybe not progressing at all the way they could have, if we just could have met a little more often. But there are so many people wanting to come in and that part’s been kind of frustrating. (Ian)

Even for Molly, who is able to see clients for extended periods, the reality that clients, especially clients most in need of help, can only be seen for so long because of economic limitations produces an environment she sometimes finds overly challenging. Being thwarted in her ability to help to the degree she thinks necessary, saps her energy because it leads to questions about the efficacy of her work.

In this particular setting (and maybe it’s all settings); clients seem to really have so many challenges; there’s so many challenges. And often we offer short-term therapy; they could probably use longer-term. I mean there are just not a lot of resources out there. I would probably like to work with some of my clients for years and years; I’m not able to. You know, is that de-motivating for me? It’s a challenge for me; it’s a challenge. It can make the work – it’s hard for me to have that same sense of energy when here we are and I’m not really sure how to be helpful to someone. (Molly)

*Unsupportive Social Environments* Beyond the frustrations, challenges, and dissatisfying aspects of professional work, owing to a lack of resources in the workplace environment which produce feelings of Thwarted Efficacy, some of the research participants noted that the broader social environment is not ideally supportive of them or their work. Aldo noted that he was not always comfortable talking about his work to non-professionals because psychiatry was not “always highly valued and sometime looked down upon” by society. The low value society places on counselling and psychotherapy contributes to Miriam’s sense of isolation with regard to
the work she does. Moreover, Miriam wishes that society as a whole was more supportive of people who seek counselling and psychotherapy.

“…but it goes back to sort of feeling isolated and alienated in terms of the work I do, if there were, if the whole society was more supportive of people doing psychotherapy and counseling, didn’t see it as they are sick or ill or crazy or weak. (Miriam)

She identifies the sources of the negative public perceptions of counselling and psychotherapy on accounts of physicians sleeping with patients, therapist jokes, and horrible books and movies such as the Prince of Tides. Although she has become inured to these negative societal views, she is concerned about the effects these negative attitudes has on her clients because of the lack of support by unsympathetic and uncomprehending family members which can undermine her work with clients.

At this point I don’t feel that touches me in a deep way. But it touches people I work with because they’re often not supported by families and friends or partners about doing this work, cause they think, ‘What’s wrong with you?’ “Why are you in therapy?” “Why are you in therapy so long?” (Miriam).

Closely aligned to this apprehension of the lack of societal support is the reluctance that three of the research participants (Aldo, Chris, and Karen) felt in talking about their work to family and friends in any depth because of the misunderstanding about the nature of the work, its confidential and personally meaningful nature, and its propensity to isolate the research participants from non-professionals.

It’s a question I try to avoid at parties. I find outside I don’t talk much about my work. I just find that the reactions and misunderstandings –it's something I find I don’t talk about very much outside of the work setting. (Aldo)
So I don’t know, I just don’t because it’s too – it’s just that people who don’t do the work – some people don’t have the vocabulary – it’s not like I – it’s interesting, it sounds as if I feel that sometimes they can’t understand but I guess I don’t talk about it so much because I don’t think they will. The deeper parts of it, the deeper parts of it like the metaphors, all this, the deeper stuff I just don’t think it’s that accessible to – my mother or my friends who have – who, it’s not in their experience or... And I don’t like to set myself apart either. (Karen)

*Paucity of External Resources* The lack of societal support for mental health issues and services has a direct spill over from the broader community to the workplace. Ian notes that the lack of accessible, affordable external mental health resources has translated into students taking courses at his University simply in order to get access to counselling services. Moreover, in addition to the challenges of meeting the demands for service by students who present with more complex and entrenched issues, there are fewer external resources in support of student clients in need of referrals to longer term care in the external community: everyone has long waiting lists; and services have changed names without notice or, worse, lost funding and no longer exist.

The qualitative limitations in resources – that has been the most difficult. There seems to be, and certainly the research would indicate at least in post secondary institutions in Canada (we have some Canadian data now), more people are coming in with more severe issues, more hospitalizations, more likely to be taking medications, more likely to have multiple presenting concerns. But staff hasn’t increased; certainly not on par with what is happening. And that’s here but also in the community: there aren’t more guidance counsellors in the high schools; more psychiatrists and psychologists in the hospitals are [now] in private practices. (Ian).

Ian went on to encapsulate the accompanying feelings and cognitions of Thwarted Efficacy that arise from a lack of emotional and social capital invested by society in mental health issues and services (and by extension to mental health professionals) – ‘you can’t do enough’.
That’s the worst part right now: feeling that you can’t do enough. That’s been hard and that’s more recent. (Ian)

Other Sources of Dissatisfaction and De-Motivation

The perception that one is being treated unfairly in comparison to others who do the same work for more pay, or because one’s competence is directly challenged by clients who test the limits of theory, experience, skill, and patience are experienced by the research participants as dissatisfying and de-motivating. In the first instance, competence for work of equal value is not rewarded fairly. In the second, the drive towards competence (of being of help) is frustrated by clients who may not yet be able or ready to accept help and by a social environment that does not fully value the work of private practice counsellors and psychotherapists, particularly with regard to public funding.

Money and Security in Private Practice

All three private practitioners in this study had built their practices to a satisfactory point with regard to income. However, each had gone through periods of struggle in building their practices to this level. In order to do their work they need sufficient remuneration to survive. The necessity of ensuring a reasonable income can affect work satisfaction, not only because basic needs for survival must be met, but also because of the adverse effects of concerns re money and security can have on competence. Miriam and Chris offered two examples of the pressure the need for a steady stream of referrals and income can put on the effectiveness with which they do their work.

Balancing Client Loads There were times earlier in Miriam’s career when “the unpredictability of referrals and income” caused her to fear she would have to abandon full-time practice and get a part-time job in a social service agency. Even now, with relative comfort with her stream of income and referrals, she is aware that a fallow period may come in the future. This awareness influences the number of clients she takes on. There are times she feels she is working
too many hours than is best for her. And, of course, there are other times that she wishes she had more clients.

So I would like it better if there were a steady stream of referrals all the time. And for the last couple of years that’s more or less been the case. But I know that that could come again. So that unpredictability but then I also know, it also means sometimes I have to, or I choose to take on more clients than really I think is the best for me, because of the unpredictability, people moving away or when they’re going to finish up. And for a period of time I didn’t do that, and then that just wasn’t working either. So sometimes I feel I’m working too many hours, and then other times I’m wishing I had more hours. (Miriam)

Another source of dissatisfaction for Miriam arising from the challenge of earning sufficient remuneration in private practice is the effect it has on the quality of her personal home life. In order to accommodate her clients her hours are akin to that of a transit driver: split shifts seeing clients in the morning and again in the evening, which best suit her clients but means she has less time to spend with her partner in the evenings.

_Holding on to Clients_ Chris, who abandoned his successful practice as a coach “to return to ground zero” had restart his career as a psychotherapist and rebuild his practice. (Fortunately for him, through attendance at a professional development seminar run by association of professionals to which he belongs, he became aware of a local Toronto website, which made a significant difference to the volume of his practice.) One of the difficulties he perceives with the challenges of developing a private practice is that in the course of attempting to make a living professional judgement and competence can be compromised when it comes to termination with clients.

One of the big things with me was a very practical issue: how does one build a practice. See, it's very dangerous, if you – and it can be very subtle – if you don't have a practice that is drawing a lot of referrals, you can get this insidious thing it starts to happen where
– I mean, I felt in myself and I know amongst other people – where you don't want to let your clients go because it is also your livelihood. And that's a real problem. And that was one of the things that I was really most concerned about when I started to rebuild again. (Chris)

Chris believes that it is important for professionals to review with clients their reasons for leaving to determine whether or not the timing is appropriate. However, it is just as important to be able to jointly recognize the natural end of therapy (or any reason the client wishes to leave therapy), and to participate wholeheartedly in that process, particularly because clients may have had traumatic issues around leavings in their past, and a properly conducted termination can be beneficial in itself.

But there are other times when for a whole variety of reasons it's very appropriate that they leave; either they're in the wrong place or they've come to a natural end point at this stage or, you know, there can be lots and lots of reasons why it's very appropriate to leave and it's very important to not just let them go but participate in – because leaving is a process too. And quite often when people come in to psychotherapy that can be a big issue for them: you know, when they left home their parents cursed them – who knows what? So, it’s a big part of the process. (Chris).

Unfairness in Remuneration The sense of unfairness with regard to remuneration for similar work undertaken with professional competence was most strongly felt and expressed by Susan and Miriam. Susan noted that a de-motivating factor for her was that she works hard and worked hard to get to where she was as a professional but her income as a psychologist was limited compared to other professionals who do similar work. It is not that she is unhappy with her level of remuneration; on the contrary, she realizes that it affords her the autonomy to successfully mix career and family, and that by dint of hard work she has built up her referrals to a comfortable level of income. However, her perception of unfairness with regard to income
levels is based on her educational and professional qualifications and the expertise with which she does her work compared to other professionals who are often less competent.

Other than that de-motivating factors are, I work hard, and there’s limits to how much money you make, as compared to professionals who are in similar careers but [have] different backgrounds and are making a lot more money, although that’s better than it used to be. …I find it frustrating when I hear of, for example, family doctors who practice psychology with no background, and then I see their clients, who come in here, certainly no better off than when they started off – [and sometimes] in worse shape. And the lack, I guess, of acknowledgment and respect, sometimes, of the community at large, as to really what a psychologist is and how we’re different from other related professionals – can be frustrating at times. (Susan)

Access to Treatment A perception of Thwarted Efficacy related to money and security and to Ian’s perception that inadequate services and public funding translate into the feeling the “you can’t do enough” for people in need was voiced by Miriam and Susan. The paucity of support for the work by society at large, as expressed in the absence of funding for services via OHIP for both registered psychologists and private practice psychotherapists was troublesome to both. The consequent limitation of service primarily to those who can afford private counseling was vexing, not only because of its immediate effect on income, but because they could clearly see how many people could benefit from the effectiveness of counseling and psychotherapy.

Susan believes that therapy should not be thought of as a privilege or an extravagance for the wealthy only because for so many people “it’s so important to do this work; just to get so much value from life, happiness, contentment, accomplishment”. At the same time she feels challenged by how much she has to charge clients compared to other professionals who can charge through OHIP and do not face similar challenges in building a practice.
You know, I guess maybe the financial component of it would bring it closer to my ideal. I’m challenged about how much I feel comfortable charging people. And when I know psychiatrists who open a practice and in a month are full and that it took me more years for me to get there. – that would bring me closer to my ideal. (Susan)

Miriam’s ideal working conditions would see psychotherapy services by ‘appropriately trained’ professionals covered by OHIP. When she first started out she saw many clients for a very low fee, because many of her clients who were most in need could not afford to pay professional rates. (She keeps a sliding scale to this day.) Accessibility is very important to her politically and philosophically. That counselling and therapy are not accessible to people on an equal basis, but primarily to the middle and upper classes, which exclude whole ranges of people, including minorities and recent immigrants, is an injustice to her.

Yes. I would like the psychotherapeutic work I do to be covered by OHIP. So when I started out initially, I saw people for a very low fee because lots of people need these services. They don’t have very much money. I still have a range. I think accessibility is really, really important. And I do not like that the work I do is not accessible on an equal basis to people in our society. I feel like it’s accessible to people primarily who are middle and upper class. Or sometimes I work with people in their early 20’s whose parents are financing it. And it doesn’t mean – I also work with people who are working class who have really good jobs in a plant, that type of thing. But there are whole ranges of people who are excluded. I think it’s more white people who can afford the kind of psychotherapy I do. And I do work with people of colour and immigrants. But I really don’t really like that [unfairness of access]. So that would make a huge difference, if it was accessible, government subsidized, yeah. (Miriam)
Dissatisfaction Arising from Feeling of Ineffectiveness

Just as the effectiveness of their work and their consequent striving for competence and professional mastery are prime motivating factors for the research participants, the perception of ineffectiveness and lack of competence is similarly dissatisfying and de-motivating. The pressure to maintain effectiveness at the cost of personal and family needs, the perception of ineffectiveness owing to a lack of competence, occasioned by inexperience or insufficient theoretical knowledge, and the problems encountered with challenging clients who present with overwhelming difficulties or those who are unable or unwilling to put in the necessary work for counselling to be effective, drain energy and limit effectiveness.

Balancing Well-being and Client Welfare The pressure to maintain efficacy at the expense of personal well being can lead to dissatisfaction. Two research participants (Karen and Aldo) spoke to the difficulty of taking time off for vacations (Aldo), personal and family appointments (Karen), or even taking sick days (Karen) because of concerns for client welfare. Balancing her personal and family needs versus those of her private practice clients has caused Karen to struggle to maintain a balance between work and family life. She finds it difficult to do “things I need to do” because “I care deeply about the people I work with”.

I have struggled in my private practice for what’s best for my clients and what’s best for me, eternally. Somebody said to me a long time ago, they said, ‘it has to work for you’. And they were right and I think that I’ve sort of struggled with what’s right for me, but it’s still the same self-other balancing off my needs against my clients’ needs. How do I say no? (Karen)

Moments of Ineffectance Just as effectance moments are motivating for the respondents, moments of perceived incompetence and ineffectiveness when clients are not helped are sources of dissatisfaction for several participants. Chris finds that during moments of self-absorption, when he is not fully with his clients and becomes concerned about his own performance (competence) or his own issues come to the fore in session, his work is no longer satisfying. He
notices right away that something is amiss: his body alerts him that he was not effectively present during a session.

Yeah, I would say in moments of – in self-absorbed moments. It’s less satisfying, right, if it becomes about me. If it becomes about me, if the work that I’m doing is personal, then it certainly becomes less satisfying. And I notice, physically even, when I get self-absorbed, I literally start to bang into things. I disconnect, I’ll bump into tables, and I’ll knock things over. I get clumsy. So there’s all different ways of noticing it. (Chris)

There are moments of dissatisfaction during a session that is not going well when Maria realizes that her client is not happy with the way things are progressing, and she is not helping. In these moments she questions her competence by wondering whether a response or intervention could have been formulated differently or more accurately. What is unsatisfying is not so much a sense of incompetence but rather the sense of potential competence that is yet to be realized. That is, the knowledge that there are new techniques and concepts that she could have used, but she has yet to have the time or opportunity to read up on or receive training in them, limits her competence. It is not so much that she does not have the ability to do her work more competently but that there is always more to learn from colleagues or on her own.

The worst part is also when – yeah, when clients are not happy. When whatever I do is not working and I either, again, maybe don’t have the experience with that particular problem or working – not just working with that type of population but on many levels of experience that somehow I not good with the person in front of me. That’s also not a good feeling. But it’s not only incompetence but somehow sometimes maybe it’s a need for additional knowledge, experience or really kind of specific – maybe I need some specific, guided supervision and readings to be able to work better with a specific population. (Maria)

*Non-optimally Challenging Clients* Challenging clients who present difficult obstacles to effectiveness (or who make it impossible to help) whether through poorness of fit (Susan and
Maria), suicidal tendencies (Aldo and Susan), countertransference (Aldo), lack of effort (Ian) or by impoverished life circumstances and severe pathology (Molly) all contribute to feelings of ineffectiveness and incompetence.

It may be that there is no greater instance of inefficacy of treatment than the suicide of a client. That it is a prominent source of anxiety is no surprise. As Aldo noted there is often “a sense of worry with people on the thin edge” and concerns about saying the wrong thing in session “which may send them off in the wrong direction”. Susan commented that worries about suicidal clients are particularly difficult for those in private practice, who are not part of a team. Fortunately, she shares office space with a supportive colleague.

Worst things. Probably suicidal clients. And it comes up some times very – It’s not that I see a lot of that, and then it comes up quite unexpectedly and there’s always, you know, I have to pull on a lot of other resources to manage that, and not panic; know I’ll get through it; and thankfully, never lost a client to suicide in my many years of practice. But that’s probably one of the hardest parts, especially being in private practice on your own and not being part of a team, and feeling like – Am I covering, you know, everything I can; [and] is there more that I can be doing. I mean, it is nice having a colleague with whom I share office space and we rely on each other for support that way. So maybe that would be high up there on the worst things. (Susan)

Clients who are not willing to expend the energy to help themselves by engaging in the work of self-reflection and who want immediate answers and solutions to their presenting problems can frustrate and de-motivate. Ian has noticed an emerging cultural phenomenon he names the “quick fix culture” from younger students who come to counselling expecting immediate service and appointments at times that suit their particular schedule. These clients are very problem-and-answer-focused, and are not willing to spend the time in self-reflection necessary for the problem resolution.
The not so good parts: I struggled to answer that for a while because maybe if you caught me on a different day, I would have different answers for you. I would say in today’s world the quick fix culture; that people access us differently than they had before. They are very problem and answer focused; maybe not a lot of time for self-reflection or to… (Ian)

These are the clients. (Interviewer)

The clients, yeah. And, you know, I want to see you now. (Ian)

Right. Fix it. (Interviewer)

Yeah, right now and I have to leave early, so if you don’t mind…. (Laughs). You know, ‘I’m in crisis; I need to see you now’. ‘Well, I can see you at 1:00’. ‘Well I have a class at then’. So that kind of catering. (Ian)

Clients who come from impoverished backgrounds (socially and emotionally) can often be very challenged and challenging. The magnitude of their problems and their sense of hopelessness combined with the economic restraints limiting patient care can sometimes get to Molly and make her wish for a less overtly challenging environment and clientele.

I will tell you that there are times where working – I mentioned earlier the stresses of the day-to-day of my job – so sometimes working with people who have a number of different difficulties and challenges, who themselves feel hopeless. [And] working in a system that poses its own challenges in terms of what we can do and how much of it, and what’s valued and what’s not valued and things like that. Those actually sometimes lead me to feel um – I don’t know if it’s – I would say dissatisfaction, but certainly a sense of feeling disenchanted with what I do. So there are times when I think, oh, you know, I really wish – there are some days when I really wish I worked not with people who are struggling so much, or not sort of in an environment where it feels like, oh, so, day-after-day, I’m facing – trying to help people, sort of, you know, feel better. I would like to
work – I don’t know, sort of what the opposite would be. But something where you’re surrounded by the good things in life: more happiness than sadness, more positive than negative – those sorts of things. So it can have some wear and tear on me, too. (Molly)

Persistence: Efficacy and Optimism

The sources of dissatisfaction with the work are varied and many. Environmental factors encompass the challenges posed by unsupportive colleagues, heavy workloads, negative societal views of the worth of the profession and professionals, and the perception of thwarted efficacy; that with more resources one could always do more. Concerns about money and security, the unfairness of remuneration among professional declensions for work of a similar nature, the feeling that despite best efforts one is not helping clients, and working with challenging and challenged clients were all reported as sources of dissatisfaction. If counsellors and psychotherapists did not persist despite the many sources of dissatisfaction inherent in the work, its effectiveness would be severely compromised. There would be a reduced sense of reward, ultimate satisfaction and motivation arising form the effectiveness of the work. Moreover, it is often through persistence with the most challenging clients that skills, technique, and experience are tested and feelings of competence are confirmed or restored.

Given the challenges inherent in the work, it is import to identify the factors which continue to motivate the research participants during difficult times when effectiveness is not observable and personal competence in question. The research participants named a variety of factors, the majority of which related directly to the overall effectiveness of the work and their own competence in undertaking it. A firm belief in the ultimate and preponderant efficacy of the work (Sarah and Molly), the memory of one’s own successful therapy experiences (Miriam), a desire and sense of reward from using skills to forestall ineffectiveness (Aldo), reliance on colleagues for support (Aldo and Miriam), the desire to repair relational ruptures and restore the
therapeutic alliance (Aldo and Maria), and a sense of perspective that puts temporary setbacks into a longer term perspective of efficacy and competence (Aldo, Ian, Miriam and Susan) all contribute to persistence.

Preponderance of Efficacy

The belief in a preponderance of efficacy despite the inevitable failures that come with the exceedingly difficult challenges faced by her clients and the ‘agony’ of seeing some clients who never progress was cited by Sarah as the well spring of her persistence.

I think helping them, seeing them get better, seeing them do better. It’s really hard when they don’t do better. That’s the hard part. Those are the ones you agonize about. But I think seeing people get better, because mostly people do get better. (Sarah)

A firm belief in the efficacy of treatment, as evidenced in rewarding times in session when she notices progress, healing, or learning happening, help Molly to persist. Her belief in the ultimate efficacy of the work of the profession undergirds her motivation to teach and supervise. Together with her colleagues and students efficacy is manifest in her belief that as a group they can “change the world”.

I just have this unyielding belief that this work is useful to people. I really believe in that; I believe it’s useful to the clients. I believe that I want there to be good therapists out there, so I help train them. I want to make a difference to people’s lives immediately and to the field. And it’s those moments – those – whether they’re moments or hours or days where things feel really good; where [during] a great session, a great teaching moment something good happens; something important happens, and that kind of makes up for all the administrative forms I have to fill out and the numerous challenges of all my other clients… It’s the opportunity to do therapy, to teach, to train, to affect colleagues and to have that sense working together with people to change the world, if that doesn’t sound terribly idealistic. (Molly).
Supportive Colleagues

Colleagues provide invaluable supports to persistence by supplementing and boosting competence. In the following passage Aldo gives testament to the importance of the relational support given by colleagues to motivation and persistence throughout the career span. In a difficult clinical encounter with a patient Aldo is never alone in the room: the wisdom and experience of colleagues past and present accompany him.

So that’s one example of how I persist or what helps me; it’s kind of this – you know my training; this means a lot of hours of support and mentoring from colleagues. This is something that pretty well my entire early and middle career was a very important influence; constantly discussing and reviewing with mentors and supervisors my work. It didn’t happen in isolation. And I think to this day and for the rest of my career, I would imagine it will always be important to have a few trusted colleagues I can go to bounce around – you know, this is going on; if I want to fire this patient what’s going on; what do you think is going on and can you help me address this? (Aldo)

So your colleagues, in some sense help you do get through... (Interviewer)

Absolutely. (Aldo)

Challenging, difficult times, even sort of the memory of working with other esteemed colleagues from the past who inspired you... (Interviewer)

Oh, totally; the kind of role models or ideals – what would my supervisors say; what would my mentors say; how would they handle it; how would they approach it? I think that’s a constant – I know it sounds a bit dramatic but you never feel alone in the room.

(Aldo)

Personal Experiences of Healing

Colleagues also help Miriam to persist but so also do her memories of the effectiveness of her own healing therapy experiences. In addition, although the psychotherapy process sometimes involves disconcerting ruptures and periods of disconnection, she realizes that
persistence through disconnections and ruptures and finding ways to make repairs may ultimately end up being a transformative and healing for her clients.

I was able to get – it was healing. I was able to get to a better place: so remembering that about my own experience. Getting supervision and consultation with colleagues, which is very helpful because I’m helping to sort out – Could I be doing something differently, have I missed something here, is this what this person needs to do as part of their healing? So not just grappling with it alone, but really trying to have more support around me. And having experience, particularly with a few clients, of reasonably long periods of disconnection, and eventually finding our way back into connection. And I would say through a co-created process. And it’s been enormously transformative, like enormously! Like healing in a way that probably nothing else could have been. (Miriam).

The Will to Competence

The importance of the will to competence to persistence through the use of skills and experience to figure out a way to get past impasses, solve problems, or repair and restore alliances was raised by both Aldo and Maria. What allows Maria to persist in the face of dissatisfaction, she attributes to a ‘small part of her personality” that does not want to let go of work that is dissatisfying without taking steps to rectify it. Driving this sense of persistence is the attempt to restore her sense of self-efficacy, her intellectual desire to solve problematic situations and the relational imperative of making repairs.

It’s a small part of my personality to persist or not let go or something like that. And it is sometimes part of not feeling good enough and wanting to prove otherwise. But actually it is more like – that part is more scientific – I’m facing a problem here so how can I work around it, how can I solve it. But what makes me – again I think it is that curiosity about solving a problem. Either curiosity or figuring out or some kind of sense recuperating self-efficacy or self-esteem. I suppose there is some of that too. Um, but also like I know, for example if I am having a bad moment with a client we kind of butt
heads or as we said earlier I see from his or her reaction that it’s not going well or they
directly tell me. I think in that sense, it’s the basic human sense in me that I want to make
the repair.

The desire to find a way out of a countertransferential impasse and restore connection
with a client to counter dissatisfaction fuelling persistence was also voiced by Aldo. Finding a
way in session through the use of his training and skills when a patient gets under his skin
resulting ‘negative” and reactive” feelings and turning it into something “clinically useful” to
figure out what is going on between him and patient helps him persist and brings a sense of
reward.

So, you know, this kind of view that negative feelings towards patients are a natural part
of a – more a kind of in depth encounter and it’s important, actually potentially useful
part of the work if it’s harnessed. So I think very much my training and my theoretical
understanding and approach kind of help me kind of get out of these positions or to try
and get out of them. And when I do that can be very rewarding to find a way to talk about
and address something that’s going on between me and a patient in a way that’s might
help them understand themselves better and get me out of that role. That can feel very
rewarding. I can feel the – for me it's kind of the power of the technique; getting
unhooked. (Aldo)

Personal Characteristics – Stubbornness and Optimism

Personal characteristics combined with the belief in the effectiveness of the work
contribute to persistence. Maria brought her stubbornness when faced with unsatisfactory work to
the fore. An innate sense of optimism helps Susan and Ian to persist. Susan stated that her
persistence is derived from the fact that she finds “way more satisfaction than dissatisfaction” in
her work and that she persists with difficult clients because she is “an eternal optimist that things
work out in life”. When Ian’s frustration levels rise, because he is unable to help someone he
persists by stepping back to get a sense of perspective about what is going on around him in and
out of session. He simply tells himself that he is “having a bad day” or his problems aren’t so bad after all. Although he imagines he might be fooling himself, his innate sense of optimism takes over, and he believes that both he and that profession will evolve in a way to accommodate these difficulties. Ultimately his compassion fatigue will wane and his personal competence and the effectiveness of the work will be restored.

How do you keep going? And I say this often to people here. Sometimes if I despair at the absurdities of my life or how things are – I’ll say to myself, ‘Oh I think I’m having a bad day’ and I get perspective. It speaks to compassion fatigue. Sometimes I think when I’m getting a little bit thick skinned or in a way that I don’t necessarily want to, I’m becoming frustrated on how things are progressing on someone who I am trying to help. And then I just have to remind myself, “these problems I am having or too many emails, they’re not so bad after all’. And so then I get perspective and carry through and I imagine, and maybe I’m fooling myself, that this is temporary. I will evolve, the practice will evolve, [and] things will evolve in a way where we will accommodate this somehow. So I just need to stay humble and learn more and figure out a way. I guess I am pretty optimistic that that will come. (Ian)

Chapter Summary

The efficacy of counselling and psychotherapy, as evidenced by the experience of watching clients heal, change, and grow, brings with it a sense of reward, privilege, and satisfaction that fuels the research participants’ work motivation. The apprehension of the efficacy of the work and the pleasure and excitement this generates is most apparent in the in-the-moment experience of the research participants when efficacy moments are realized. Efficacy moments of insight, crystallization, and relational closeness are used to advance the work of counselling and psychotherapy further contributing to its effectiveness and the competence with which the research participants do their work. Because the effectiveness of their work generates
feelings of satisfaction and reward, the research participants strive to enhance their own personal competence through ongoing professional development and continuing education. Books, journals, the web, conferences, and colleagues all contribute to a learning culture whose end purpose is to enhance personal competence. Learning about the self and others is enjoyed for its own sake, as well as for its instrumentality. Supervision and teaching are extensions of this learning culture and are experienced as rewarding, motivating, and pleasurable because they simultaneous allow the research participants to meet relational and competence needs. In particular, the provision of supervision provides an avenue for the research participants to give back to their profession and to ensure it effectiveness by passing on their generational competence to the next generation of professionals.

Competence and effectiveness are influenced heavily by work environments. Hospital and University environments provide multiple learning opportunities extending beyond the development of counselling and psychotherapeutic skills which reinforce a learning culture. Supportive colleagues in a team environment encourage autonomous program development and innovation in patient/client care and for the intellectual sharing of technique, theory and wisdom, abetting a rich and varied eclectic approach to work. Unsupportive or competitive colleagues can undermine the free exchange of knowledge or engender feelings of isolation and alienation when other than main line approaches to treatment are pursued. The research participants in private practice take steps to duplicate the positive aspects of institutional environments, which enhance effectiveness and personal competence through regular consultation with professional colleagues, leadership roles in provincial organizations promoting professional practice, and membership in study groups.

Whereas work satisfaction, arising from its effectiveness, enhances motivation, those aspects of the work that either contribute to its ineffectiveness or thwart its effectiveness produce feelings of dissatisfaction and de-motivation. The phenomenon of Thwarted Efficacy arises not out of a lack of desire or competence on the part of the research participants; it arises from
environmental constraints, such as heavy client loads, limitations on the number of times a client can be seen, and the chronic need for more staff to meet client demand. Its manifestation is particularly frustrating when work with clients who are benefitting from treatment and for whom the effectiveness of joint work was becoming apparent is brought to an arbitrary end. An additional cause of frustration occasioned by Thwarted Efficacy is the knowledge that community resources are shrinking or changing so rapidly that it is increasingly difficult to refer clients to affordable longer term care. Challenging clients, such as clients who are a poor fit with personality and areas of expertise, who are suicidal, who seek a ‘quick fix’ or who present with multiple problems, are impoverished, and who feel hopeless test the limits of competence and effectiveness and in so doing produce dissatisfaction and de-motivation.

Concerns about income and security by those in private practice can lead to dissatisfaction caused by overwork and under work. Moreover, the temptation to hold on to clients longer than is advisable out of monetary concerns must be constantly monitored to guard against iatrogenic delay of termination. The inequity of remuneration based on professional declension for similar work can also be de-motivating for those in private practice because competence is reward unevenly. Private practice psychologists and psychotherapists must constantly seek new clients willing to pay for their services from personal resources, whereas medical professionals have a steady stream of clients and income security because their services are funded by OHIP. The limitation of government subsidies to the medical profession also produces feelings of Thwarted Efficacy arising from two of the research participants’ perceptions that many people could benefit from counselling and psychotherapy cannot access their services because they cannot afford reasonable fees.

Just as the effectiveness of the work and the desire to increase personal competence through ongoing professional development produces work satisfaction and consequent motivation to become more expert, the same factors undergird the research participants’ persistence despite thwarted efficacy and high challenge. A firm belief in the preponderance of the efficacy of the
work, the desire to find ways out of impasses, repair therapeutic relationships (and restore self-efficacy), memories of one’s own successful therapy, supportive colleagues past and present, and the personal characteristics of stubbornness and optimism act as powerful antidotes to dissatisfaction and potent spurs to persistence.
CHAPTER FOUR


Relatedness factors are fundamental to the work motivation of the research participants. As evidenced in Chapter 3, they are nourished by professional colleagues and by the students they teach and supervise, both of whom augment their competence and work satisfaction. Important as these professional relationships are to work motivation, the key relatedness factors driving the work are clinical relationships and their functional expression in the therapeutic alliance. This chapter examines the effect of clinical relationships on the work motivation of the research participants. These relationships, which bring feelings of attachment to and connection with clients, are enjoyed by the research participants. And they are also used instrumentally to advance their work with clients, thus adding a second dimension to their work motivation. The dual nature of the clinical relationship is experienced by the research participants as a relational privilege. The research participants experience feelings of being honoured by clients who share with them the intimate details of their lives and who have invested their hopes and trust into their care and competence. Simultaneously, the experience of relational privilege engenders feelings of responsibility and accountability for the welfare of vulnerable clients.

The therapeutic alliance is built upon the foundation of the relationship between professional practitioner and client. The quality of the relationship and the alliance are crucial factors in determining positive outcome. Within those relationships and alliances goals designed to lead to positive outcome are forged and pursued collaboratively. An examination of the collaborative goal-setting process and the influence of the research participants’ personal beliefs and values on this process are discussed in this chapter. In this examination the limitations of goal-setting theory to the work experience of some of the research participants, especially as they pertain to process and relational factors, are highlighted. Assessing progress towards
collaboratively-set goals by the research participants and, in particular, by noticing change in clients’ behaviours both inside and outside therapeutic relationships is also considered. In addition, the ways in which the research participants seek direct, indirect, and negative effectance feedback and then use that feedback to advance their joint work is examined.

To maintain their motivation and effectiveness the research participants must find and maintain a sense of self-worth and professional self-esteem, while working within the limitations of the therapeutic relationship. How they do this and the mechanisms they employ is explored at the end of the chapter.

Recalling the analogy of the tree with three major trunks growing out of a single seed, each with a system of main and smaller branches emanating from one another, representing the central categories, major categories, and general categories/themes, the results in this chapter will be presented sequentially as listed in Table 8, *Central Category of Relatedness: Major Categories and General Categories.*

**Therapeutic Relationships**

**Attachment, Intimacy, Connection, and Care**

Six of the nine participants noted that their needs for meaningful connection or relationships were met through their work. In work that is anchored in the formation of therapeutic alliances, feelings of intimacy, connection, attachment, and care flow from the nature of this special human relationship. That these feelings are essential motivational factors which add to the enjoyment of work was expressed succinctly by Aldo and Ian. Aldo spoke to the importance of relationships with his patients to his life and the attendant feelings of attachment, connection, and reward they give him.

…getting to know people intimately over years leads to an attachment and connection with my patients; they form an important part of my life and of each working day that can make work very rewarding and enriching. (Aldo)
### Table 9 Central Category of Relatedness: Major Categories and General Categories

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Ian described the formation of therapeutic relationships with clients as a “primary, if not the primary, motivational factor in my working life”. Opportunities for intimacy and attachments with clients were enumerated by him as one of the best things about his work. Although the short-term nature of his work allows Ian to enjoy and fulfil his needs for emotional intimacy without a reciprocal long-term commitment, this does not prevent him from experiencing his relationships with clients as “authentic, meaningful, intimate, and in many instances, quite intense”.

… it’s so wonderful, so amazing sometimes such an honour – I get to form these really wonderful, intimate relationships with people short term. And that can feel really great; that sense of attachment that I can have with people. (Ian)

With intimacy and attachment comes caring, which with time can become a form of love. In a follow up interview, Miriam talked about the profound depth of her feelings for some of her longer-term clients and the motivation growing out of the caring impulse.

Any of the people I work with for any length of time, I grow to care for. Some I have – I’ve got some with ten plus years, who I’ve grown to deeply care for and I would say love. I know we are not supposed to say that.

I know. (Interviewer)

I am not saying I say it to them but I have a very deep care, concern, regard, and respect for them. I consider those relationships to be important in my life; not in my personal life but my clients are people whom I think about from time to time outside the therapy hour and outside of formal consultations. I might read something in the newspaper or hear something that makes me think – oh, that would be of interest to this client. And not just in terms of their healing but as human beings. So I consider them profoundly meaningful relationships where I have a lot of deep care… I truly want what’s best for that person and I truly want for them to have a happier life. (Miriam)
Feelings of intimacy, connection, and attachment are enjoyed by the research participants because they allow them to meet some of their own relatedness needs through their work and because they are the building blocks of the therapeutic alliance upon which the effectiveness of their work is dependent. The dual nature of enjoyment of relationships and effectiveness was apparent in many of the research participants’ descriptions of their work. Despite her heavy client load, Karen clearly enjoys her relationships with clients. She is, in her own words, a “relationship junkie” and believes that most therapists similarly enjoy clinical relationships because “we are good at building them”. When speaking to the question of what makes a good professional, she identified relationship building and the ability to quickly connect with and form relationships with people as key professional strengths. In the last two sentences of the following passage her summation of the simultaneous simplicity, complexity, and centrality of the relational bond to her work as a counsellor and psychotherapist is stunning in its brevity and in its crystallization of the process.

A good professional counsellor/psychotherapist? Well, I have a lot more tools now than I had twelve years ago, but I think the thing that is still at the basis of it all is relationship building. And I would say it’s what makes me a good – I think that really that my strength is being able to build relationships with difficult people and – with connecting. Even though I could talk to you about all kinds of things if you want to know about positive psychology [or] about object relations – I can tell you all kinds of things I do out of those, but really fundamentally – and I think that I had that [relationship building skills] when I began the work.(Karen)

So it’s innate; it’s within you? (Interviewer)

I think it was there. Yeah, I think it was the thing that – yeah, the ability to build relationship and to do it fairly rapidly with people, so that my clients feel, yeah, like there is a bond that I think is the container for everything and I still believe that. And it’s the
simplest thing but it’s the most complex thing. But I think it’s everything – everything else grows out of it.

Simply connecting on the human level provides Maria with a primary sense of relational satisfaction. The use of that connection to help clients make meaningful change provides her with an added measure of satisfaction, which she articulated in equally simple but elegant terms.

The best part is again and what is most satisfying is the sense of connection on the human level, but also the use of that connection to make meaningful change. (Maria)

With a population that would lead many to give up hope of effecting substantial change, Sarah’s experience has taught her that the development of the therapeutic relationship is essential to the conduct of psychotherapy with schizophrenic clients.

There is this myth that you can’t do supportive therapy or psychotherapy with people with schizophrenia, and it’s not true. Because you can do a lot of work with mentally ill people – a lot of supportive therapy, and some psychotherapy over the years that gets done. It’s just a matter of developing a relationship with them … (Sarah)

The therapeutic relationship itself is understood by two of the research participants (Molly and Miriam) to be essential to healing and transformation. Healing, Miriam believes, “has to take place in an empathic, connective relationship”. Appreciation for the power of therapeutic relationships to effect change and healing is what first motivated Molly to enter the profession and continues to fuel her motivation. She remains fascinated by people and relationships. The therapeutic work effected through relationships she finds “to be extremely important and rewarding”. She remains “committed to the idea that change happens within relationships and that healing happens within relationships.” Molly both enjoys relationships with clients and the sense of competence she gains from building them. The spill over benefit she gets from contributing to her clients’ welfare and to society is an added motivational bonus.
I love relating to people; it’s something that I’ve always liked and so I found a way of doing it that gives me a sense of competence, privilege… and I get to contribute to someone else’s welfare and to society as a whole. (Molly)

What is common to these descriptions is the overriding importance of relationships to the efficacy of the work of counselling and psychotherapy. Everything else grows out of it. The relationship is satisfying in and of itself, but so also is the use of the connection to make meaningful change. Relationships in psychotherapy are central to change and to healing. Providing supportive psychotherapy to schizophrenic clients is just a matter of developing a relationship. It is clear from the experience of these several research participants that relatedness through the formal mechanism of a therapeutic relationship is essential to the effectiveness of their work and the competence with which they undertake it. The clear connection between the quality of the research participants’ relationships with clients and their assessment of the effectiveness of their work and of their own performance as helpers is explored in more depth in a later section of this chapter dealing with assessment of progress.

Privilege

Privilege is established in the process of forging the therapeutic bond with clients. The establishment of the bond is the necessary and essential prerequisite to the formation of the therapeutic alliance. The recognition of the importance of relatedness to effectiveness by the research participants is nowhere more apparent than in their universal appreciation of the privilege inherent in the work. The category and theme of privilege percolates throughout the transcripts as a motivational factor and its own unique framework. It usually arose in their narratives long before the direct question was asked. Five research participants (Karen, Miriam, Molly, Maria, and Ian) named it as one of the best things about the work. It was also variously described as an intrinsic reward (Aldo), a source of satisfaction (Molly), and as an important
motivational component of the in-the-moment experience of providing psychotherapy (Chris, Miriam, and Molly).

The Honour of Access and Trust

The Oxford Encyclopaedic English Dictionary (1991) defines privilege as a right, advantage, or immunity belonging to a person, class, or office and as a special benefit or honour. The research participants experience their work (or their office and profession) as work that brings decided advantages, benefits, and honours that are highly valued and deeply appreciated. ‘Trust’, ‘honour’, ‘share’, ‘intimacy’, and ‘responsibility’ are the words most commonly associated and intermingled with the research participants’ experience of the privilege of intimacy. First and foremost among them is the appreciation of the trust clients invest in them when they are admitted into clients’ inner worlds. Susan feels

…privileged in the sense that people trust me; trust me and be vulnerable and give me information they otherwise wouldn’t share in their life. (Susan)

Maria cannot imagine any other profession, save the clergy, where she would be invited into the private, intimate world of her clients. She feels honoured to witness the struggles and suffering of her clients, but also to watch them grow, heal, and recover. She finds it “amazing” that her clients let her into their private worlds and by so doing trust that she will listen and understand their world, that she has the professional competence to provide them with a new perspective, and that they will place their trust in her guidance.

It’s really amazing that people let me in; let me enter their world and trust me that I could figure – that I could be in that world; that I can listen to it; that I can figure something out that they – share something different to provide [them]. It’s quite an amazing thing. It’s a big thing to do; to let somebody into your world and trust their opinion or trust their guidance...

When speaking of the best part of her work, Molly noted the gratifying feeling of honour she experiences when clients trust her enough to share their stories.
I do definitely think its privileged. I can’t even believe sometimes how privileged I am and I feel when clients really, I think, honour me by sharing their story and sharing their feelings, and really it’s remarkable knowing that I’m someone in their life who they have let in. It really is such a gratifying feeling – and I don’t take it for granted. (Molly)

Holding Hearts and Hopes: the Responsibility of Trust

With trust and honour come associated feelings of responsibility for clients’ welfare. Simply being placed in a position to help is experienced by Sarah as a privilege but accompanying that privilege is a keen sense of responsibility because her clients are “very vulnerable”.

It’s a privilege just to be involved in people’s lives, and you know, having that opportunity to hopefully make a difference, help people to develop; to improve their quality of life. I think that’s pretty important. … It’s a responsibility, but it’s a privilege because these clients are very vulnerable. Bottom line is, they’re vulnerable and you mustn’t abuse them… (Sarah)

The profound sense of the responsibility and duty accompanying the privilege of the work and the imperative of safeguarding clients who risk vulnerability by investing hope and trust with the research participants was most eloquently put in the following two passages from Karen and Miriam. Each in their way put fresh meaning into the metaphor of the holding environment. In this hauntingly evocative passage Karen melds her co-occurring experience of deep privilege and reciprocal feelings of responsibility.

It’s a privilege because you share in – it’s just because, I mean people are so vulnerable when they come to counselling: they reveal and share with you often some of the most vulnerable parts of who they are, and you hold it gently because so many people in their lives have not held them gently. So it feels to me like somebody gives you – it’s just this thing that you – your task is to hold this thing so carefully and so to me the privilege is just in that, I don’t know how to describe it other than that. And they reveal things to you
that they don’t reveal to other people. And they’ve taken a huge risk and they are asking for help which makes them [vulnerable] right off the get-go to a perfect stranger. But I think its more – when I think about the privilege, I want to create a tie or I want to build something in there, and I feel privileged to be able to do it, and just to be a part of, a piece of that person’s life for that time and to be able to participate with them in their unfolding. It’s all... (Karen)

What are, what are you holding? (Interviewer)

I think I’m holding them in a way; this piece of themselves or the something between us. That’s my job, right, to keep – the hope. And that’s what’s fragile when people come in. It’s that they don’t all have a lot of hope. So the privilege is; it’s privilege and responsibility. (Karen)

Miriam in the following passage eloquently evokes the responsibility engendered by the trust and hope given over to her by clients who have been “broken and betrayed” and the awesome feeling of privilege she experiences in holding something equally precious.

Well, to me I think it’s the privilege of sitting with someone who has been very wounded and very distressed, and them being willing to share their vulnerability with me, to talk about things that are deeply shameful, to try to trust again when the trust has been betrayed and broken probably many, many, many times; to believe that maybe it might be possible this time to get heard, and understood, and seen. And in those moments it feels sometimes like someone is actually entrusting their heart into my hands, and I’m holding their heart. Some of those moments are full of awe to me. And I’ve never known anything like that, certainly in any other kind of work situation. (Miriam)

Gently holding hopes and hearts describes the sense of profound privilege and deeply felt responsibility to safeguard the vulnerability of their clients and the motivation to earn that trust. It is no accident in work that is dependent upon trust and intimacy that in a later section of the interview when the research participants were asked to speak to professional values and the
characteristics of good professionals (see Chapter 5) that ‘ethical’, ‘accountable’, and ‘responsible’ were prominently used adjectives.

Competence and Trust

When asked if he found his work to be privileged, Ian summarized the motivational paradigm of privilege: you have been found trustworthy by your clients and with that confidence comes the imperative of living up to the clients’ expectations that you are a capable professional who can provide expert help, which simultaneously engenders feelings of privilege along with responsibility and accountability.

I can agree with that and think of the word privilege in different ways. Privileged in some ways that you have been officially, objectively identified as this capable and professional person that is worthy, able to do this kind of work; that people can have confidence sharing these kinds of things. And it’s hard not to think about privilege in isolation and with that comes a fair degree of responsibility and accountability. There’s that privilege and the responsibility that comes with it. (Ian)

The client by risking intimacy invests trust and hope that the counsellor will safeguard their vulnerability and provide competent help. In return for clients’ investment of intimacy, feelings of responsibility and accountability are engendered in the research participants by the experience of being honoured by clients as trustworthy and competent professionals.

Other Privileges

Access to the Human Condition and Self-growth Another privilege inherent in the work raised by Aldo and Karen were the opportunities to “participate in peoples’ journeys” (Karen) and through that participation learn about the human condition and gain a deeper knowledge of self. The opportunity to witness clients’ struggles with grace and determination was described by Aldo as a primary privilege, with a secondary privilege of getting ‘life lessons’ from his clients’ experience.
…it really is a kind of privilege to get to know people as well as I can and deeply as I can and you know it is very humbling to see people with lives so much harder than my own and struggling with grace and determination. … I’m constantly learning… about life and the lives people live. Hearing about the things my clients do; the wisdom of the things they do; the folly of the things they do. But I feel like I am constantly getting, um, learning about life and getting lessons in life. You can’t help but have it spill over about how you think about your life and what you are going to do. And so that feels like a privilege to get that kind of knowledge. (Aldo)

Therapeutic Relationships and the Goal-Setting Process

The primary, initial task of the counsellor or psychotherapist is to establish the therapeutic bond (relationship) from which to forge the therapeutic alliance. Although clients normally have some idea of what would they would construe as a positive outcome (e.g., a problem solved or simply to feel better), through the mechanism of the therapeutic alliance counsellors and psychotherapists help clients identify and collaboratively-set the goals to be pursued in a course of counselling or psychotherapy; be it one session or seventy. Without goals, the measurement of progress by both members of the therapeutic alliance towards a positive outcome would be problematic. Thus both the goals and the factors influencing the ways in which goals are collaboratively-set are vital concerns.

That collaboratively-set goals may be influenced by the goals the research participants set for themselves as persons (and reflect the personal and professional values underlying them) was not initially recognized by all the research participants. It was clear that, until they were asked a direct question during the interview regarding the influence of their own personal goals on the goals they collaboratively set with clients, most of the participants had never thought about the relationship of their own goals and values (and the values inherent in their preferred theoretical approaches and techniques) to collaborative goal-setting with clients in such clear, concrete
terms. However, most were quick to add equally clear caveats that it is the clients’ values, needs, and hopes that ultimately determine collaboratively-set goals.

Health and Holistic Goals

In the following passage, Aldo provides both a confirmation that his values do emerge in the process and a caveat that the client’s autonomy in setting goals must always be respected.

Oh, I think in a more general sense yes, but in a specific sense, I try to avoid that kind of Pygmalion, you know, syndrome, trying to make patients images of myself or think that you know, if they do things like me everything will be good and they should all be like me, and if they’re not – but in a kind of broader sense, yes. You know, helping them actualize themselves and their potential – um, helping them know themselves better, those kind of broader ways – Yes, helping them practice a healthier lifestyle, if they wish, but also respecting their autonomy [to establish their own goals]; the way I like my autonomy to be respected. (Aldo)

The theme of setting goals reflecting personal conceptions of health was also evident in Ian’s descriptions of goal-setting with clients. Ian’s first response to the question of whether the goals he set for himself as a person were reflected in the goals he set for his clients was that he was “simply not objective enough to know.” In the context of our discussion and upon reflection Ian acknowledged that his own holistic understanding of what is important to functioning well influences goal-setting dialogues with clients:

I try to look holistically. So if someone’s not well, not feeling great; almost invariably I’ll speak with them about how they’re eating, how they’re sleeping, physical activity, social [activities] – those are all things that I think need to be, you know, that I believe are important to functioning well, and it’s a mistake to exclude those in the pursuit of something else. (Ian)
Personal Values and Goals and the Goal-setting Process with Clients

Personal values influence the research participants’ goal-setting with clients. Miriam readily acknowledged the influence her own values have on the goal-setting process with clients.

It would be hard for that not to be the case for most therapists, because I don’t believe we are objective; we are guided by our own value system. (Miriam)

Molly’s personal and professional values of warmth and acceptance reflect the goals she sets for herself and influences the therapeutic goals she collaboratively-sets with her clients.

I don’t necessarily have different values for myself as a person as I would for myself as a psychotherapist. And the relationship between those values and the goals for myself as a person would be also pretty much indistinguishable to the degree that I want to – that I believe that warmth and acceptance go a long way to helping people to lead productive, positive lives. I try to be a warm and accepting person, and I try to gather warm and accepting people around me. And I would say that would hold true for therapeutic goals I would collaboratively-set with my clients. I don’t necessarily sit down with my clients and say ‘let’s make a list of goals’. But I would certainly look for who’s in their life; what’s their environment like; what experiences have they had and help them establish relationships, and environments, and experiences that are in line with what I value.

(Molly)

Susan sees a direct relationship between her personal value of optimism with the goals she sets with clients.

I am very much an optimist and very much of the belief that if you need to get something – if you need to figure something out, and you need to get something done, you could do it. And that could mean coming out of a depression; that could mean a career change; that could mean leaving a marriage or working on a marriage; [and] that can mean managing
anxiety differently. I’m very optimistic and I persist with that attitude and value, I know I do. (Susan)

Self-understanding is a personal goal that Karen pursues through her own therapy and one of the goals she often sets with clients. She believes that an understanding of her own experience helps her better understand her clients’ experience and informs her ability to offer her clients new alternatives, but she is always careful to tailor her own self-understanding, so that her suggestions apply directly to her clients’ individual experiences.

As you do your own work – as I continue to do my own personal work, what I learn about myself helps me to support my clients in different ways and I think – yes, there is some mirroring. Not like it’s one size fits all – you don’t have to do what I’m doing but there is some – it’s like you learn something new about yourself and you’re able to hear that in other people’s experiences, and offer them something new or different. (Karen)

Values Embedded in Preferred Theoretical Approaches and Techniques

The influence of the values and associated goals embedded in preferred theories and techniques can also directly influence the goal-setting process. Maria had not consciously thought about the way her personal goals might find their way into the goals she sets with her clients. She did, however, speak to the possibility that the she may convey to her clients the values and innate goals entrenched in her primary theoretical orientation of emotion-focused therapy.

For example, in emotion-focused therapy sometimes the value is really on knowing, learning, and being nourished from emotions and feelings. And probably I try a lot of times to convey that and in that sense maybe I [do]. (Maria)

In the context of our discussion on the ways in which the values embedded in a theoretical approach and set of techniques might affect the goal setting process, she noted she may start the process from the perspective of emotion-focused theory but that it was important to her to be aware of how her preferred approaches influenced the goal-setting process.
It’s a very interesting take because sometimes the orientation from which you work is loaded with values… (Interviewer)

Yes, yes. (Maria)

And implied goals if you will. (Interviewer)

Yeah, yeah. Yeah. Like knowing thyself in the psychoanalytic work and really knowing the conscious and unconscious and the value of the wholeness of life and all that. We start from there but [we must ask ourselves] where is the client and whether we implicitly try to foster all those [values]... Whether I should do that or whether I need to negotiate that more consciously with the client... (Maria)

Respecting Client Values

Although the research participants’ personal goals, values, and preferred theoretical approaches can influence goal-setting with clients, there was a universal respect for and recognition of clients’ values and goals as the primary drivers of the goal-setting process. Sarah accepts that her values of “hard work”, “doing the best she can” and “have people [clients] do the best they can” influence goal-setting. However, she is “respectful of the fact that everyone is different” and is vigilant in ensuring that her person and values do not overly influence the process.

You have to really, really look at your own values and be aware of use of self with clients and not be imposing your [values]. I mean, you’re always imposing your values…

(Sarah)

Although Miriam believes the process of “slugging through pain, terror, rage, [and] sadness in order to come to a place of greater understanding and inner peace”, she realizes that not all clients may wish, or are not yet ready, to take this path to achieve that goal. Although she prefers deeper work, if the client simply wants to focus on relieving distress, she respects their decision and proceeds on that basis. Her clients control their own journeys and decide “where and how far they want to go”.


Not everybody who comes to work with me is interested in that. Most people come when they’re in a state of distress. And that’s fine, so we have to attend to the immediate distress. … They have to decide where and how far they want to go. So if they have a different value system about that [going deeper]. If their value system is, ‘I just want to get rid of the distress that’s making it impossible for me to function in my everyday life.’

I respect that and go with that. (Miriam)

The awareness that personal goals and values have overly influenced the goal-setting process by varying too far from clients’ values was nicely summarized by Molly who described the relational disconnect she experienced with clients when she imposed her worldview.

I will tell you that I become aware of that exact experience which is that my beliefs about what makes for a satisfying and healthy life is what I want for my clients. I really become most aware of that when there’s a real disconnect. When I’m challenged by a client, which I have been, because I may – You know it’s become clear that I’m actually imposing my worldview on them, and then it becomes clear that, oh yeah, not everyone actually wants or needs or desires what I might want.

Process and Relational Goal Focus

Goal-setting and social cognitive theories of work motivation hold that by setting clear, measurable, appropriately challenging, value-laden goals with reasonable recognition and reward for successful attainment generates feelings of self-efficacy, work satisfaction, and the motivation to take on ever more challenging goals. Although the research participants unanimously report that their work satisfaction and motivation is positively affected when counselling and psychotherapy are seen to be effective, there are significant variances and important differences in the research participants’ views of the goal-setting process, goal attainment, and the consequent effects on their self-worth and self-esteem. Environmental factors, such as the number of sessions allowed, limit the goal-setting process for some of the
research participants. For other research participants the primary goal focus is not on the attainment of collaboratively-set goals but is centred on process aspects of counselling and psychotherapy and, in particular, on the quality of the therapeutic relationship. They keep this focus in the belief that process and relational goals take precedence or are foundational goals that must be pursued for positive outcome to occur.

Two of the research participants rejected the notion of setting specific goals outright. Chris believes his “approach is much more process-oriented, than it is product-oriented”.

And so the goal for me has something to do with awareness; getting people more involved in the process of their own existence. More involved through their awareness, through their ability to make choices: Who’s making the choices? Where they’re coming from…? (Chris)

Molly prefers not think in terms of a classic goal-setting approach; rather she focuses on the process of therapy itself, and, in accordance with her person-centred approach, on the importance of the therapeutic bond to successful outcome. The process itself she believes helps her clients achieve larger goals, such as leading more productive, positive lives. When talking to clients about what they want from therapy, she prefers to use the broader conception of hopes rather than goals, such as a client hoping “to feel better, like themselves better, be less isolated, and not to feel so lonely”, because in her experience they elicit different (broader) responses than specific goals.

Well, I will tell you that, as I mentioned earlier, I don’t necessarily use the word goals. That’s not to say to say that I don’t have any. But I’m not actually someone to sit down and say, so, what are your goals. I mean it might just be a different word – I might say what are your hopes? You know, what would you like to see emerge out of this process. Those sorts of things. In my experience, though, those elicit somewhat different responses than the word goals do. (Molly)
Owing to her client-centred approach, she trusts that her clients will bring to each session that which [the goals] they most need to work on each particular week. Thus, she will ask the client at the beginning of each session where the client is at and what they would like to discuss that day in order to set the agenda.

I sort of work on a session-by-session basis with my clients, so whatever their goal is for the session is where I’m at with them. (Molly)

Do you ask them at the beginning of the session? (Interviewer)

No. I don’t ask them at the beginning of the session, I guess, I’m not – it’s more just, ‘where are you at today’? And ‘where would you like this session to – how would you like this session to go’? Or ‘what would you like to talk about today’? And that’s where it is for me in terms of the goals and the reasonableness and the achievability. It’s a funny thing because I don’t really – Again, that’s not sort of where my head is at with it. If they want to come in and they want to just – just share some story about their life that’s reasonable and attainable to me and I’ll just go with that. That’s not to say that I don’t at times, express curiosity about a goal that they may have set – they want to stop restricted eating. That someone has an eating disorder, that’s not to say that I won’t come back to that at times. (Molly)

Another important process aspect of her work was raised by Molly. Meaningful, but unarticulated, goals can also be reached in the context of the therapeutic relationship.

I remember one client who told me that being able to be humorous in therapy was a really important leap forward for them, because that’s pretty risky. So when a client is able to do that with me, I know that something important has happened. So I guess it’s all wrapped up in the same thing but it’s not the same thing as I reached my goal of applying to university. It’s great if they do that but if they don’t, it’s also ok, if something else important happened. (Molly)
Minimizing a Goal Focus

Three of the research participants (Karen, Aldo, and Sarah) are careful not to put too much focus on goal attainment. Karen uses a variety of approaches in helping client set goals, often over several sessions, with a focus on helping them articulate their wants and needs, but she also provides her clients with lots of space in session and “is only as goal-focused as my clients want to be”. She is not attached to her clients achieving great things “because I realize how slow the process is and I am able not to obsess on it.” Aldo in later section of the interview noted that he is very careful not to let his clients think that he is invested in their successful attainment of collaboratively-set goals, as such a notion on their part could potentially “wreak havoc” on the psychotherapeutic process. Sarah has learned over time to minimize a goal focus and be more like a “coach” with her schizophrenic clients. Earlier in her career she fell into the “trap” of wanting her clients to accomplish ”everything”. Over time she realized that that her schizophrenic clients do not do well under the pressure of meeting goals. Rather, she concentrates on providing “support and encouragement” with this clientele. She related the story of a high functioning schizophrenic patient for whom she and the staff held raised expectations who was not doing well under this burden.

But once we took some of the pressure off him, some of our own expectations, that’s the thing when you’re dealing with people with schizophrenia, you have to balance, I mean, I don’t know if you’re familiar with the high “e”, the high expressed emotions? People with mental illness do well, with schizophrenia in particular, do well with support, and encouragement, but when there’s a lot of stress, high stress, criticism, a lot of pressure, they tend to not do well: both in families, institutions, and residential settings. And you find yourself – you’re like a coach, you’re like a support person, you’re all those kinds of things. (Sarah)

One of the research participants found her ability to set goals with clients was circumscribed by the limitations of her environment. Maria finds the Counselling Centre’s brief
and focused approach limits the depth to which she can go (“not as deep as I would want them to be”) in setting goals with clients. Thus, she is more conscious and more careful about setting reasonable and attainable goals, and setting them more quickly.

Now that we are doing brief therapy, I am just basically more conscious of setting more reasonable goals. Not more conscious; maybe more careful, more aware that I need to set reasonable goals fairly quickly; if I don’t then probably we won’t attain them. (Maria)

**Traditional Approaches to Goal-setting**

Although several of the research participants recognize the limitations to the use of goal-setting to their work with clients, several take a more traditional view of the process. The law and the severity of clients’ illnesses (a quarter of whom have mandated disposition orders from the courts because of their convictions as sex offenders) partially constrain Sarah’s ability to set goals with her clients. Her clinic has a dual mandate: the first is to provide for client safety, wellbeing, and recovery and the second for community safety. The primary goal for many of her clients is to return them to the community with the hope they won’t re-offend. For others, the primary goal is simply to have them graduate from a beginning group for sex offenders (that is, to understand that they are ill and that their actions are offensive) to a follow-up group. In order to foster her clients’ well-being and recovery Sarah tries to ensure that clients’ goals are “small but attainable”. In a nutshell she works “with clients around staying out of trouble and not hurting anybody or themselves and improving their lives”. Sounds simple, but by helping clients stay out of trouble and improve their lives, Sarah, in typical self-motivated fashion, moves well beyond mandated goals to the pursuit of multiple goals: first by establishing a therapeutic relationship and then by moving on to include helping her clients find work, working with families to ensure the family’s expectations upon discharge are realistic, helping clients understand their own experience to prevent recidivism, and working with clients via the therapeutic alliance on core issues around self-esteem, grief, and loss.
And I do a lot of other stuff with clients with helping them to find jobs, helping to understand what the heck happened and making sure it doesn’t happen again. And helping them to make sense of some of their illness and [to understand] that they control the illness: the illness doesn’t control them. And, I mean, the concrete goal is that they move on, they get an absolute discharge and they move on. So it’s very sort of measurable, in that way. The other things are developing the relationship with them, helping them to move on; helping them to work and to feel better about themselves. Because a lot of the people, I find, have pretty low self-esteem and that sort of thing. And helping their families to understand what’s going on and helping them to reassess their goals. And we assess what it means to have a mental illness. …you deal a lot with their grief and their loss around what they’ve had, what they can’t have, helping them to look at hope and what they can do. Because a lot of these clients move on and do really well. (Sarah)

Ian, whose work is usually time-limited, uses a variety of techniques to get set goals with clients, including solution focused questions (e.g., ‘How will you know when you no longer need to return?’) to an innovative use of the business strategy of stop, start, and continue. Clients are asked to identify those behaviours and aspects of their lives they would like to stop, those they would like to initiate, and those (positive) things they would like to continue. Ian, like Susan, takes an optimistic approach to the attainability of cooperatively set goals. Unless a client has clearly and unequivocally set irrational goals, Ian does not put limitations on the goal-setting process. He has “a working assumption that it’s attainable and that we are going to find out [during the process] if this is so”.

Although Aldo is careful not to let his clients think that he is invested in their success at meeting collaboratively-set goals, he believes that part of his responsibility as a counsellor/psychotherapist is to help clients identify and titrate their goals through discussion and
assessment: if they shoot too high, he works with them to identify shorter-term goals, or if they underestimate their ability to reach reasonable goals, he will encourage them to set the bar higher.

Yeah, well goals get developed collaboratively through discussion and through assessment, and part of my task in my view is helping with the balance in the goals, titrating their reasonableness if they are either too low or too high. I do feel that that is part of my responsibility to help them with that. If they are shooting too high right now to – you know, often I find [it helpful] to make it a short-term goal or vice versa if they underestimate themselves, I feel it’s my task to gently suggest that perhaps they might want to look at this or that. So that’s how we develop [goals] and what I view as part of my role. (Aldo)

Flexibility of the Goal-setting Process and Mutation of Goals

Goal-setting through the working alliance does not stop after initial goals are identified and agreed upon. Several participants (Susan, Maria, Sarah, and Miriam) noted specifically that goal-setting in counselling and psychotherapy is not a static process. Rather, it is fluid, changeable and ongoing, as presenting issues mutate or deeper issues come to the fore in a first session, after a few weeks or a few months. In the course of setting goals in a first session other more specific issues and related goals that can be profitably addressed can emerge. A client may initially present with a goal of such as reducing marijuana use, but deeper issues related to long-standing guilt and trauma can often arise quickly.

They [the goals] are usually related around the presenting problem or if we go beyond the presenting problem to something that kind of emerged in the session, and then I say “Ok shall we work on that”. For example, someone came with the other day the problem of smoking too much marijuana but as we talked she spoke about something that related to long-term guilt feelings around some traumatic events and so on. (Maria)
Working continuously on the goal-setting process allows for the discovery of core issues underlying presenting problems. Although Susan tries to establish clear goals with her clients in the first three sessions, she understands that in the changing and fluid nature of the process newer issues often come to the fore.

We’ll talk; I’m pretty explicit with clients, so I talk about why – for sure by the end of three sessions: what is their purpose of being here? And sometimes that’s easier to articulate for some people than others, and that’s OK. And they can be changing and fluid so there’s not, you know, in two weeks we discover really the issues wasn’t this, it was that; it could have been something else, and that’s OK. (Susan)

That goals frequently mutate over longer periods of time was raised by Miriam who noted that once a client’s initial set of issues are addressed, clients’ goals often get redefined substantially several months into therapy, as they realize there is ‘deeper stuff’ underlying their initial concerns.

But some people will have 5 or 6 things on a list. But 6 months later, or ever 3 months later, they may have a new agenda, or they may realize, well that looked like what the agenda was but there’s all this stuff underneath. (Miriam).

An initial goal focus is helpful in defining the course of the work. However, as the experience of several of the research participants attest, attention to underlying issues, unexpressed goals, and the fluidity of the process are equally important to a positive outcome.

Effectance Feedback: Measuring Progress and Performance - Behavioural Change and the Quality of the Relational Bond

Mindful of the importance to the research participants of the effectiveness of their work to their motivation and persistence and of the sense of responsibility and accountability for client welfare engendered by relational privilege, measurement of progress towards positive outcome
and the assessment of the competence with which they undertake their work should be important motivational spurs. The primary mechanisms for assessing progress towards collaboratively-set goals and their performance in the process reported by the research participants are noticing behavioral changes in session and by actively seeking feedback on clients’ reported behavioural changes in and out of session. A key indicator of behavioural change for several of the research participants and of their own performance as clinicians was the quality and nature of the therapeutic relationship and the ways in which clients’ patterns of relating to them changed over time. In addition to seeking feedback on behavioural change, many of the research participants report that they pay constant attention to clients’ moment-to-moment experience (including non-verbal behaviours) as a mechanism for acquiring ongoing feedback with regard to progress, their interventions, and the quality of the therapeutic relationship. Negative effectance feedback is valued by the research participants as a means by which they can make in course corrections to their interventions or make necessary repairs to perceived ruptures in the therapeutic bond.

Behavioural Change and Progress

Shifts in client behaviour were identified as a key marker of progress by Chris. He is aware of headway in couples’ counselling when both begin to report that they are beginning to experience their life differently both inside and outside the partnership.

Say a couple comes in; they do the same thing over and over and over again. They're getting crazy with it. They know that they love each other but they can't stand each other anymore. And we’re working and working and they start to report back. It's like we talked about, ‘I'm starting to experience it differently – I can actually see through their eyes [their partner’s eyes] a little bit’, or ‘I felt that I had a choice’ or, ‘I didn't take it personally’… and the relationship actually seems to be changing. Or it could be their relationship to their work seems to be changing or something – in other words at the level of their experience, real life experience, which is where we live… (Chris)
Highlighting Change

Highlighting shifts and change to clients was employed by several of the research participants (Chris, Miriam, Susan, Aldo, and Karen) as both a mechanism for assessing progress towards positive outcome and a strategy for solidifying positive change. Miriam looks for similar indicators of progress with couples: if the set goals are to improve communication and increase their capacity for mutual empathy, she listens for and highlights the couple’s behavioural shifts, which indicate movement towards those goals. She also provides direct feedback to her individual clients by remarking on positive behavioural changes, in part, because she believes her clients are not always fully aware of significant change over time. Change feedback both underlines and marks progress for her clients, and give them the opportunity to provide their own feedback.

So as part of the work, but also a way of giving them feedback I will say, you know what, I think it’s incredible that you can actually say this out loud now. Or that, you’re trusting me enough to tell me this. Or that you were able to behave so differently around such and such a thing. And often they won’t have thought about it in that way, Oh, well, actually, you’re right, I didn’t even realize that. That is a really big change. So it will get marked in that kind of way. (Miriam)

Helping clients understand the change process is a very important therapeutic goal for Susan. To do this she regularly brings to her clients’ attention positive behavioural changes, such as improved mood or level of activity. She then works with the client to understand the factors that contributed to the change. A wonderful example and apt analogy of bringing clients’ attention to their progress and the important goal of understanding of what contributes to behavioural change was given by Susan in the following excerpt:

And then after six weeks, I’ll go, look at the difference between when you first walked in here and it's six weeks now, and you can get up in the morning; so it doesn’t feel like – but remember when you first came in here, you barely were able to come into the office. And then I’ll talk about it sometimes in terms of a diet at Weight Watchers and getting on
a scale; how we can’t weigh ourselves every day, but then when we weigh ourselves once a week, and once every six weeks, and once every three months, you notice wow that’s different! And I try to talk about, well, if they’re feeling better, what’s different. If a marriage is working better, what’s different this week? You know, clients will come in and say, oh, it’s so much better. [And then I will say] OK. Great! I’m thrilled. That’s meaningful. What’s different? To try to help them understand what contributes to that difference is a very important goal. (Susan)

Therapeutic Relationship as a Measure of Progress

Behavioural changes out of session and relational change in session are important markers for assessing progress. Aldo pays attention to progress on the attainment of collaborative set goals via changes in clients’ external lives, such as finding work, establishing healthier relationships, reducing substance use, or becoming abstinent, and by looking for the changes in the way clients experience their relationship with him, especially via new behaviours that are typically difficult for them.

And I guess that’s part of the way I measure our progress. And my work is – are they looking at changes embedded in those goals. That is partially how they are in sessions with me. Are there shifts in their ability to experience certain emotions; to behave towards me in certain ways that are typically difficult for them. So, you know if an unassertive, compliant client suddenly becomes assertive with me or stands up to me. So, the kind of in-session ways of measuring it and there is obviously the out of session stuff: if they are telling me that they are starting to work or they are getting into a healthier relationship, or they’re using less substances, or if they stop using. And so, all those markers. (Aldo)

Relational change in session carried over to clients’ external worlds was raised by Miriam as key indicator of progress that therapeutic gains in session are being incorporated into clients’ daily lives.
By the way, that’s another indicator to me of success, is when the individual has been able to begin to speak up with me; when they’re now carrying that outside, or even revealing themselves in their life outside of therapy. And when the therapy starts to become – the therapist, I become less important. The intensity of the bond begins to lessen because more of this is being lived outside of the therapeutic process. That’s a very important indicator. (Miriam)

Therapeutic Relationship as a Measure of Progress and Performance

Molly, Maria, Karen, and Ian also assessed progress and measured their own performance as clinicians by the quality of the therapeutic alliance and by paying ongoing attention to process. Ian has the advantage of clients’ pen and paper assessments to measure progress and performance, but his assessment of the quality of the therapeutic relationships with clients is his primary bellwether for determining meaningful change or progress.

While these relationships [with clients] have been diverse, overall I experience them as authentic, meaningful, intimate, and in many instances, quite intense. To the extent that either I and/or a person I am working with experiences our therapeutic relationship in some or all of these ways, the more confident I become that meaningful change or progress has been or will be realized. (Ian)

Whether or not her clients meet their goals is not the measure by which Molly assesses her own performance. Rather, her attention to connection and moments of disconnection with her clients and to the process dynamics of a session are her measuring sticks. In the following excerpt she explains that by focusing on process and relational aspects in a session her clients will get what they need to help them meet their goals.

So, how do I measure my performance in meeting my clients’ goals? (Laughs) You know, it’s not my job to meet my clients’ goals. Right? So I would say I try to create a space for my clients to get what they need out of every session. And I guess I measure
my performance – if I do– it would be am I checking with my clients to make sure this is what he or she needs from this session. Am I aware of maybe disconnection from what my client is saying and maybe possibly feeling? Am I aware of the different levels and layers of what’s happening? That’s how I measure my performance. But really, my clients – I’m going to trust my clients to get what they need out of the work we do.

(Molly)

Connecting with clients and building relationships with clients who had previously never been able to establish intimate relationships are indications to Karen of that her clients are getting something out of the therapeutic process and is one way she measures her performance in helping clients reach their goals.

People say to me ‘how do you feel like you’ve done anything’, well if you’ve connected with someone and they keep coming back, and they’re getting something out the process, and you can see tiny fragments of – and your building a relationship and that’s the part of them that’s never really ever had that experience, then you feel like that’s how you measure your success. (Karen)

Seeking Effectance Feedback

Because behavioural change both in and out of session and the quality of the therapeutic relationships are viewed as critical markers of progress and performance, it is not surprising that all the research participants assiduously seek effectance feedback on progress in achieving client objectives and on the quality of the therapeutic relationship. They do so in four ways: (1) they ask directly, (2) look for behavioural markers of change and progress as above, (3) pay constant attention to the quality of the therapeutic relationship via in-session client behaviours, and (4) listen to their ‘gut’.

Direct Feedback Typical direct feedback questions include, ‘How's it going?’ ‘Does this seem to be working for you?’ ‘Do you feel you're getting what you're looking for?’ (Chris) ‘How
far have we come’? ‘What do you feel has changed for the better?’ ‘What do you think is still not working for you? ‘Are there other things that you might want to work on?’ (Miriam). ‘How we are doing?’ ‘What was helpful about the session?’ (Maria) “How are we doing; are we getting to where you want?’” (Sarah). “Where are we at? Is this working for us? What are we doing? What have we done?” (Karen) “Is this making sense? Are we heading in the right direction? Is this at all what you expected when you came in? How was today’s appointment?” (Ian)

The timing of these questions can vary from each session, after a few weeks or at longer intervals. With longer-term clients, where the relationship is firmly established, Karen and Miriam noted that direct feedback questions are not always asked at each session, but at lengthier intervals, such as at a quarterly review. After a reasonable number of sessions, Susan undertakes a general review of overall progress, asking about current feelings and client perceptions of overall change. (Although this timing varies with the client and the issues, e.g., for clients with depression Susan seeks weekly feedback.) In addition to pen and paper evaluations, Ian actively seeks direct client feedback at every opportunity. In this regard he has been positively influenced by the research of Miller, Hubble and Duncan (1999). Ian agrees with their thesis that what separates good counsellors from the very best boils down, not to personality or technique, but to an intentional way of practicing and by regularly seeking feedback and using that feedback to more effectively help clients.

People that tend to do the best have an intentional practice: they can describe more succinctly how they work and they ask for more feedback from their clients. And even monitoring, even if you just did that, it’s sort of evident, it’s sort of like a quasi-Hawthorne effect: as soon as you start monitoring, you start to do a little bit better. But [also] responding to that feedback, and if things aren’t going well, then trying to do something new. So what they found basically is that those who seem to be doing significantly better than the rest are just working harder on that particular part of their
job. They’re engaging the client in the feedback process and then they are trying to respond to it and problem solve. (Ian)

*Indirect and Non-verbal feedback* Paying constant attention to non-verbal and indirect relational behaviours was raised by several of the research participants (Molly, Ian, Maria, Aldo, Miriam, Susan, and Karen) as important feedback mechanisms. Molly noted that the quality of the relationship and client satisfaction with progress and process can be detected by their in-session openess, interest, engagement, and energy.

… if when we sit across from one another they are involved in their own experience, whether it’s working on the issues that they came in with. And by working and exploring, becoming interested in their own experience, if they are open to my questions or probes, you know, take it seriously, again, if they come back the next week and say, yeah, I gave it a lot of thought, or not, and if they are able to engage in that moment-by-moment process. So if I say you seem a bit distant, they’re able to acknowledge that or challenge that, whatever. If there’s something – if there’s movement of some sort, then I would say there’s something happening. (Molly)

Other indirect or non-verbal behaviours such as body language or coming late to sessions (Molly, Susan, and Aldo), eye contact, and tone of voice (Miriam) provide immediate, direct, and ongoing form of feedback about how the client is experiencing counselling and therapy, the effectiveness of their interventions, and on the quality of the relationship. This form of feedback is experienced by several of the research participants viscerally. Susan knows at a ‘gut’ level how treatment is going for her clients and trusts her instincts.

I know when I’ve done well, and I know when it’s worked out with somebody, and I know when it doesn’t from some gut feeling, and it’s accurate, and I trust it. (Susan)
Being attuned in session to clients’ moment-by-moment non-verbal experience allows Karen to perceive when things are not working and this knowledge allows her to take steps to address client concerns by seeking direct verbal feedback to make adjustments to the process.

Well, I think I can tell in session if people are not happy with the process. I know. So then I ask and then I get feedback and I adjust or we work on – I attuned; I’m highly attuned, would you believe that? (Laughs) So I know they’re not happy in the process. I think I can figure that out and then we work to fine tune it. (Susan)

Continuous Feedback Loop By focusing on clients non-verbal behaviours, being attuned to clients’ moment-to- moment non-verbal experience and by trusting their own intellectual and visceral perceptions of the therapeutic process, the research participants are constantly getting feedback. As Miriam was describing her in-session experience with clients, and, in particular, on the quality of the ‘therapeutic interaction’ [relationship] with her clients, the phrase ‘continuous feedback loop’ came spontaneously to this writer’s mind. When this phrase was raised with her conversationally in the interview, she agreed wholeheartedly with these words and description and then spontaneously elaborated on the function of the continuous feedback loop. It provides her with ongoing information on the quality of her connection and relationship with her clients. At the same time she is continuously getting information about her own performance as a psychotherapist and whether progress towards the therapeutic goal of healing is being made.

One last thing; I’m just thinking about this. Because I think the therapeutic relationship is so central to healing, a lot of where I take my reading about whether healing and transformation is taking place is around the quality of the therapeutic interaction. So, level of trust in me, level of the ability to be vulnerable, the way it’s working between us. (Miriam)

Well, can I put words in your mouth? I’m thinking about how this plays out. So in a sense, the relationship is a continuous feedback loop that you are always looking towards... (Interviewer)
Exactly! Exactly! And usually if there’s something amiss, if I’ve said something that I can tell is off, I’ll know right away. Because I think that most of the distress that I find with people I work with has to do with disconnections. It’s part of my philosophy.

Disconnection of some sort, whether it’s abuse or neglect, or just inattentiveness. And why I think the therapeutic relationship is so important is because it’s about connection. And so I think that that’s why people can’t just heal themselves from disconnection. And why I think the therapeutic relationship is so important is because it’s about connection.

....So the quality of the connection, how it’s maturing and developing, the back and forth is probably my key indicator to whether this therapeutic process is being valuable or not.

In the course of the interview, Maria, Molly, Aldo, and Ian all found resonance with their in-session experience and the concept of a continuous feedback loop, with Molly noting that she receives feedback “all the time” and Maria that it happens “on a moment by moment basis”. (It should be noted that this concept was not a question or part of the conversation in other interviews but arose in context of discussion during these individual interviews.)

In a similar vein, Aldo spoke to his attention to indirect verbal and to non-verbal information (conscious and non-conscious) about the quality of therapeutic relationship, which he then uses in order to help clients articulate negative and positive feelings about him, especially if unarticulated feelings are having a negative impact on treatment. Attention to non-verbal relational and process cues is part and parcel of his psychoanalytically-informed approach to treatment.

In my line of training, as you know in psychoanalytic training, you’re always thinking or wondering at least in the back of your mind about the therapeutic relationship and what are some of the ways the client feels towards you that they aren’t putting into words. If they put it into words you know it, but the non verbal ways or the kind of ways they make references about authority figures that at least apparently don’t have anything to do with you but you wonder if they might. So, you know, I am always listening to that with a
third ear, and, again, because of my training, that is often the focus. It is often a topic of discussion and gets brought in quite often, especially if I think it is affecting the treatment. Or if I think it is therapeutically important for them to be able to articulate some negative feelings or even positive feelings. I’m always thinking about it; thinking about what they are saying; what they are not saying. You know non-verbal stuff, coming late, they way they are with me, other references; and so I try to bring it in as a matter of course – you know, just kind of integrate it right into the practice. I will quite often focus on what’s happening between us and how they are experiencing me. So that’s part of progress but it’s also part of the treatment. (Aldo)

Without reference to the continuous feedback loop but with a constant awareness of her clients’ feelings, Susan spoke to the same phenomenon.

“I’m always getting feedback. I think in all kinds of ways. Because of how they’re [her clients] feeling in the moment.”(Susan)

Valuing Positive Effectance Feedback

As with any group of professionals, none of the research participants reported that they disliked positive effectance feedback; most often given in the form of expressions of gratitude from their clients. Positive feedback can feel ‘wonderful’ (Dave), ‘flattering’ (Maria) and ‘rewarding in the moment’ (Karen). Two participants noted that they also got positive effectance feedback from work colleagues (Karen) or from referring physicians (Susan). Two others (Miriam and Ian) noted the importance to their work of getting both positive and negative effectance feedback from colleagues. Miriam, Susan, and Karen reported enjoying delayed positive effectance feedback, such as clients referring friends. Sarah and Maria noted the satisfaction of delayed feedback experienced from return visits from former clients who reported on positive outcome. In a discussion on motivation derived from the in-the-moment process of counselling, Maria raised the sense of reward she gained during a review session with a client she hadn’t seen for six months.
The other thing, I just remembered: yesterday, it was more of a review session with somebody, so it wasn’t that exciting in terms of working together on something and reaching a new insight but a client was telling me how she made some really different decisions in her life. …I was really, really glad; not in any kind of a motherly sense. I was just really glad that she really changed. (Maria)

Valuing Negative Effectance Feedback

Not only do all the research participants regularly seek effectance feedback, four research participants (Chris, Susan, Aldo, and Miriam) reported that they specifically sought negative effectance feedback. For example, if Susan gets a negative vibe from clients in session she will follow up immediately, or if a client comes late repeatedly or terminates prematurely, she will follow up to get feedback.

So I’m always getting feedback in all kinds of ways by their body language and I’ll occasionally get feedback that isn’t so positive. I’ll get a funny vibe from somebody and I will ask about it. You know, I’m not afraid anymore, professionally, to do that, and I do try to follow up with somebody not coming back or [who] keeps changing, or [who] keeps canceling the appointment, or [who] has ended when I didn’t feel we were at our end. I do try to follow up and get some feedback. (Susan)

Using Negative Effectance Feedback to Restore Efficacy  Moreover, all nine research participants (directly or indirectly) noted that they valued negative feedback because it could be used productively to enhance treatment. There was an underlying tone of relief and even reward at identifying negative feedback as an impediment that could now be dealt with so that the effectiveness could be restored. In the following passage Chris identifies the value of negative feedback to his work. He describes the sense of knowing that negative feedback is yet to be articulated by a client and, once identified, the ways in which he is able to put aside his own uncomfortable feelings to concentrate on addressing the issues that underlie the negative
feedback. He accomplishes this by returning to two of his primary tasks as a psychotherapist –
listening and being present.

Well, I mean negative feedback – again it's the personal thing – so at the personal level,
you want to hear good things but at the professional level to me it's all the same. And
negative feedback is actually much more valuable. The fact of the matter is – it's usually
not a surprise. It would be pretty unusual for someone to start telling me that things are
going terribly and I'm going like, where did that come from? Now, it can happen and
sometimes when it does happen it's because it's not that things are going badly it’s
actually that things are going well from the process point of view but they're getting back
into someplace – they're coming up against their work and it's very uncomfortable and
they’d rather not be there and they would just as soon have someone to point the finger at
it. It can be that. And sometimes it can be legitimate, but it's rarely a surprise. I'll feel that
something isn't right or that I'm not – I'm not listening to them in some way that they
need to be heard. And so when they start talking about –it's not quite right for me. But
when I'm in session with someone and we're talking about these kinds of things,
particularly if it's negative feedback, I'm very conscious of sort of bracketing my personal
emotions and really focusing in on what they're saying; letting it hit; taking it in, and then
if I want to feel something, you know, personally I can deal with that in supervision or
something. Because if I go into it there, I'm not going to hear them and my job, my goal
is to hear them and be present, which usually is the solution to the problem. (Chris)

In a similar vein, Aldo spoke to the sense of reward he gets from receiving negative
feedback (although he will never be fully comfortable with it). Part of his ‘task’ is to identify
negative attitudes to him or treatment so these can be addressed. By doing so it allows him to
counteract his own uncomfortable feelings when clients experience him negatively and it acts to
reinforce his sense of self-esteem for dealing competently with the situation.
Am I comfortable with it? I don’t think I will always be fully comfortable with it. I think with experience it gets easier and easier. But I don’t think I will ever be fully comfortable with it. With time, I think the more experience one gets, it gets easier and easier. I guess I’m reasonably comfortable with it and again my self-esteem is tied around that as my task, so I get a sense of reward from eliciting negative feedback to an extent that counteracts the discomfort of being the negative focus of something – yeah, yeah, I guess I would say fairly comfortable. (Aldo)

Because of the power differential in a therapeutic relationship, Miriam invites and provides space for negative feedback from clients whom she perceives are reluctant to offer criticism because of their low self-esteem. By so doing she attempts to balance the relationship and open up possibilities for the client to articulate deeper concerns.

And I think there are lots of times where it’s very difficult because of the power differential and low self-esteem for a client to say something particularly negative. So there are times where I’ll say, I think some things last week didn’t go quite that well. I had a sense of dis-ease when you left. And try to provide an opening for it. And often that will result in something, or it’ll be there was something, and the person can’t say it yet.

(Miriam).

The usefulness of an immediate response to negative feedback to address a mistake and repair a rupture in the therapeutic alliance was noted by Sarah in the excerpt below. After uttering a poor choice of words with her group of sex offenders, rather than being defensive in the moment and by employing an empathic stance, she used the moment to take ownership of the mistake to make appropriate repairs and return her relationship to the group to an even keel.

I made some comment, something about a deviant. Oh my God! That was for the sex offenders the worst thing you can say around them is ‘deviant’. Hate that word, hate that word, and I totally understand, and I said – I knew right away from the reaction from the group, I’m like, “Shit”. And I said,” we talked about that and I know that’s a really, really
offensive word, and I’m sorry”. I thought I should take ownership of that. I said, “All of you are here because you’ve done something you shouldn’t have done”, but I said, “I apologize because I know that’s a word that’s really hard for you guys to hear”. Then it was cool. Then we kind of got past that. But you know right away, that certain times, – and it’s important as a therapist to take ownership of that, and say, you know “I messed up; I shouldn’t have said that, I’m sorry”. But also to sort of say, “Well, we’re not here because you were all at a picnic, either, it’s like, so, let’s not all be too indignant”.

(Sarah)

The research participants assiduously seek effectance feedback on an ongoing basis to assess progress towards positive outcome (goal attainment) and to measure their own performance. The focus on noticing and commenting on client positive behavioural change, including relational change within the dyad, is used to exploit positive behavioural change to mark and advance the work of counselling and psychotherapy. Paying constant attention to verbal and non-verbal feedback on the process, including its relational aspects and to their own ‘gut’ feelings are key strategies used by the research participants to measure effectance of process and the quality of the therapeutic relationship. Negative feedback is valued and used to advance the work and to address relational ruptures which may impede it.

Self–esteem and The Relationship between Outcome (Goal Attainment) and the Research Participants’ Self-Esteem

Although counselling and psychotherapy goals are set collaboratively with clients, the attainments of these goals are singular accomplishments by clients. The essence of research participants’ work is to help their clients reach their goals but they cannot reach them for them. As Molly noted in response to the question on how she assesses her performance in helping clients meet collaboratively-set goals: “It’s not my job to meet my clients’ goals.” (Her job was to set the process and relational conditions to help her clients meet their goals.) If the research
participants’ professional self-esteem is derived in part on their ability to make a difference by helping clients, the effect of positive and especially negative outcome (or failure of clients to meet collaboratively-set goals) should have a decided impact on the sense self-esteem they derive from their work. However, the impact on the research participants’ self-esteem is muted by their attitudes towards their role and their understanding of their clients’ responsibility and role in the change process.

**Deriving Self-esteem from the Nature of the Work**

The evaluation of the work itself as worthwhile by four of the research participants (Susan, Maria, Aldo, and Molly) has a positive effect on their self-esteem expressed as a sense of pride in engaging in work that adds meaning to clients’ lives, is growth promoting, and fulfils and important role in society.

I’m very proud of having a profession and a profession I enjoy. I’m proud to tell other people of it. Like I said earlier, I do get strokes from the work that I do both being able to say what I do and of course from the “thank yous” in all kinds of ways. And sometimes explicit and sometimes not explicit ways in which client’s really appreciate what we do in here. …I do get a lot of reward and self-esteem. I feel good about myself because of the work because it adds meaning to their lives. (Susan)

I’m proud to be a psychologist, psychotherapist/counsellor; I am. It’s something that I’ve worked hard at and I think is an important – an important role in society. …I think it very much affects my sense of self-worth in a positive way. So you know, I like what I do; I feel proud of what I do; I think it’s important. ….I’m sure it has led to increased self-worth. I’m proud – proud of what I do, proud to say what I do. (Molly)

The sense of pride connected to the work as worthwhile work was echoed by Maria who finds her complex, creative, and relational work to be worthy.
Yeah, I do believe that the work is worthwhile. It is very complex. It can be creative. It is very – as we said all the way through – it is very really, really very human and relational. And it is really dealing with people’s psyche and inner being and heart and so in that sense it’s very worthwhile in a nurturing and growing sense for somebody else. (Maria)

Competent Practice and Self-esteem

Central to the experience of self-esteem for Aldo and Karen was their sense of themselves as competent practitioners. Aldo’s sense of self-worth is enhanced by working in accordance with his values and by his affiliation with the academic environment. However, his sense of self-esteem is derived by working competently and in accordance with a preferred theoretical model.

I’ve talked about some of the positive ways, um, it does with the sense that you feel that you are exercising your skills with competence and with results; with the sense that you are working in congruence with your values; with the, um, with the intellectual stimulation and academic stimulation – That’s not self-esteem; well it can be good to feel you know a body of knowledge well; to feel you have expertise in something. That definitely can help my self-esteem. …I have a model or probably multiple models we all have in our brains of what’s the optimal way to work and deliver treatment, and I think that’s how I derive my professional sense of self-esteem – my sense, ok, that I am working competently; I am working within the frame of this model. Well, it’s not just working with the frame; it’s working competently with the model. (Aldo)

With regard to her sense of self-worth the [positive] feedback Karen receives from clients and colleagues has given her a sense of herself as a “good therapist”. Although she has challenging moments, questioning what she has done, or didn’t do, or didn’t know enough about, her sense of self-esteem is enhanced by her overall sense of competency best expressed during those moments of flow when the process comes together in the moment. In those moments of
flow when effectance is apparent she feels like she and her client “really got somewhere” which underscores her belief in her own competence.

I would say to you from the feedback I get from my clients and colleagues “I’m a good therapist”. But I have lots of moments of, Oh, what did I just do? or Did I do it right? or Maybe I’m not good enough or I don’t know enough? I have lots of those [moments] and I like to think it keeps me honest too. It keeps me from being – from believing that I have all the right answers all the time. So it’s not that my self-esteem is attached to oh, all my clients aren’t in a great space, so therefore I am doing something wrong but just sometimes I would say my sense of competency and mastery – uh, oh, those flow times that increases my self-esteem, when I really feel like I’m getting it and I’m putting things together and it feels really dynamic, then I feel like a competent therapist, like, oh, yeah, that was a really good session; we really got somewhere. The client probably doesn’t perceive the same things that I do, I’m sure of that, but that’s how I feel because I’m doing all those things that feel like psychotherapeutic things to do, right, and I get it and that makes me feel competent. (Karen)

Separating Outcome from Self-Esteem

The most striking aspect of the research participants’ experience of self-worth and self-esteem was that they were generally able to separate feelings of self-worth and self-esteem from setbacks in their work with clients or from the failure of their clients to meet collaboratively-set goals. Although self-esteem could be negatively affected in the immediate aftermath of setbacks and failures, the experience was described by Miriam, Susan, Miriam, Ian, and Maria as either “short-lived”, “fleeting”, “temporary”, or “transient”.

A variety of strategies and beliefs that underscored this separation were described by the research participants, ranging from persistence in finding new ways to address client issues or repair alliance ruptures to restore their sense of self-efficacy, finding self-worth both in and beyond the workplace, the advisability of tempering feelings of competence from outcome, a
storehouse of prior efficacy/mastery experiences from which to draw, and the recognition and acceptance that client factors have a predominant affect on outcome, regardless of the competence of the research participant.

Persistence and the Restoration of Self-esteem  Set backs and relational ruptures in the short run can negatively impact self-esteem for Susan and Maria. Both counteract these feelings by taking positive steps to restore it. When asked if the failure of her clients to reach their goals affected her self-worth or esteem Susan responded that “of course it does” but that she immediately tries to find other routes to help her clients.

I’m not devastated when things don’t’ work out. …I’m not horribly frustrated; I’m willing to try all kinds of things until we get to it where we/that person hopes to go.

(Susan)

Maria’s sense of competence does get affected when she gets feedback, either directly or indirectly, from a client’s reactions that she didn’t do a good job. However, she finds “nowadays it is a more transient feeling than in my early career years”. Over the years, she has developed a kind of “protective distance” from criticism and outcome “which doesn’t mean that I am distant in counselling”. Although her sense of self-esteem can be challenged when clients don’t do well, she actively takes steps to restore her sense of competence and self-esteem.

If I am doing something worthwhile but it doesn’t seem in the moment to be worthwhile [effective], then I better do something about it. That will be either by bringing up the bumpy relationship [with the client] or by bringing it up in peer supervision …or through readings and more training. (Maria)

Balancing Self-esteem  Finding self-worth and esteem through self-acceptance of strengths and limitations and by balancing positive and negative aspects both in and beyond the workplace insulates a sense of self-esteem from both successes and failures.

So I can fail and accept myself, which I would say is a hallmark of self-esteem. I understand self-esteem as being able to recognize and accept things that you are not very
good at and recognize and accept things that you are pretty good at. So work gives that to me: the people I work with and my supervisors; the people I work for, meaning the clients …I have friendships and I have family and I have interests and I have work and I try to have an involved life and I think I said something like this much earlier but a good piece at one [work life and family life], sometimes offsets a bad piece at another. So I just try not to be overly invested in any one of these. (Ian)

*Enactive Attainments: drawing upon a history of effectiveness*  Two of the research participants spoke directly to the importance of a storehouse of efficacy experiences gained over time, which acted to short-circuit reduced feelings self-esteem in the face of negative outcome. Early on in her career Miriam’s biggest failing as a practicing professional was her own sense of insecurity and lack of self-confidence. Two things helped her through this period – a good supervisor to help her separate her “own personal stuff” from the work she was doing with clients – and time.

…but I’ve come more to a point of knowing I think I’m a very good therapist in terms of the criteria I would set out. … And I’ve learned I’m fallible; I’m human. You know, it’s about being a good enough therapist, sort of like good enough parenting. (Miriam)

Now when she feels she has made a mistake or has unintentionally wounded a client, her self-worth can be still be affected, “but less deeply and for a shorter period of time”. As was the case with Maria, she will seek peer counsel for feedback [on how to restore efficacy]. She reminds herself of her efficacy history and accepts her mistakes without being knocked off the “substantially grounded place” her work has brought her to.

... Or, what I’m doing doesn’t seem to be having an impact. Or the times where I actually have said something, which is a blurt and really stupid. And I will have a period of time of feeling quite badly about myself, and I will frequently go and talk to a colleague, and get some feedback around it. And … I’ll talk to myself, and I’ll remind myself that this is [happens] maybe 5% or 4%, whatever.
Consolidating an identity by mid-career as a therapist combined with a history of accrued efficacy experiences over ten years has allowed Aldo to tolerate setbacks and acknowledge failures without a consequent lowering of his self-esteem. In this excerpt he provides a summation of the changing perceptions and feelings experienced by the novice practitioner for whom success and failure are “all or nothing” contrasted with those of a mid-career professional with a hard won arsenal of efficacy experiences.

Well, I guess after you have been doing this for more years, you have a sense of your sense [of yourself] as a therapist and as your competence [grows] – you have more years of experience that support your competence. So when a client starts questioning your competence or saying things that either make you feel de-skilled or incompetent, it’s easier to tolerate because your kind of identity as a therapist is more consolidated, you know, it’s not your first patient. When you are first starting this work your identity as a therapist, I would assume – mine was quite, was quite fragile. So one or two negative – if you are already having doubts and you are already not feeling that good about yourself or your sense of self is quite fragile, one or two negative comments when you don’t have a lot of experience can quickly undermine that sense of identity. So I think just because of accrued experiences there is a little more resilience, so you can tolerate a few jabs and you can tolerate failure and acknowledge failure; that you didn’t help this client. It doesn’t mean you’re a bad therapist or you can’t do this work, like it might feel when you just started this work and you think, “Maybe I’m not cut out for this work”. But if you have ten years experience helping a lot of people and you don’t help one or two people and you make a few mistakes, it’s not all or nothing anymore. It’s ok. I didn’t do a good job there; it doesn’t mean I can’t do this work. I have a lot of experience to counteract that – a lot of the time I can. So that’s just part of it. (Aldo)

*The predominance of client factors on positive outcome* Several research participants (Sarah, Karen, Ian, and Molly) noted that client factors had a marked influence on positive
outcome and that these factors were beyond their control. Two differing examples – the severity of illness and client responsibility in the work of counselling – were supplied by Sarah and Karen respectively. In each instance they were able to step back or step away from the process and by identifying client factors as the chief impediments to positive outcome maintained their self-esteem.

It does affect it [self-esteem], but it also; it’s not totally tied to that, and it makes me feel good when somebody does well, but I’ve also had clients who get really, really sick and they end up in the hospital for a long time, and you feel bad; I feel badly about that, but I also think that you have to step away from that sometimes, and sort of say, that this is the illness, and hopefully sometime this client is going to get better. (Sarah)

When the client isn’t taking responsibility and the client is giving you all these messages that nothing we’re doing is working and then there might be a period where I work harder and then I step back from it and I say this is a process. And I think that’s the reason why I am not so tied into the – I don’t experience a roller coaster with my clients because I am aware of the process, like why am I working so hard in this session and why are they blaming me; I don’t think this is all about me. And then, that’s just grist for the mill, right, in terms of the process. So it prevents me from feeling like, if they’re doing poorly, I’m not doing my job. I think I have too much distance on the process in a good way, in a healthy way for that to happen. (Karen)

_Harmful effects of over investment on outcome_ The deleterious professional consequences of allowing outcome to affect self-esteem positively or negatively were voiced succinctly by Aldo, Miriam, Molly, and Ian. Basing self-esteem on the success or failure to attain collaboratively-set goals was raised as a potentially iatrogenic by Miriam and Aldo. Miriam noted that if she allowed herself to “go to a place where my self-esteem and my self-worth are plummeting as a result of that [clients not reaching collaboratively-set goals], I’m not going to be
very helpful”. Aldo tempers positive feelings when clients do well so that he doesn’t get “too hooked into that as a way for me to feel good” because he recognizes that if his clients feel this (exogenous) pressure that he needs his clients to do well, it could wreak havoc on the process (and on the outcome).

By taking responsibility away from the client for their successes, Ian noted, produces a flip side of taking on too much responsibility when things don’t go well and can have a deleterious effect on self-esteem. Inflated self-esteem when clients do well and deflated self-esteem when the outcome is not positive is in Molly’s words is a formula for a “very difficult life”. The preventative strategies they recommend are to maintain a stable sense of self, stay within yourself, and recognize that you cannot control the process for the client but only your part in the process.

Sometimes for some clients in some situations things will go well and other times they won’t, and if you sort of got all self-congratulatory every time something good happened and all self-critical every time it didn’t, it would be a very difficult life. You’d have a lot of ups and downs. So, I think you have to have a stable sense of yourself as a therapist and know that sometimes, that’s going to be great and feel good and the client will benefit and other times for a number of reasons, it won’t. (Molly)

If you can protect yourself a little bit from the successes you genuinely let the people you are working with – I mean the successes are theirs and you really understand that they accomplished the [goal]. Potentially if you are feeling a little too responsible for people reaching their goals, the flip side is that you really can feel quite responsible when they don’t. To try to stay within yourself that way; the part you have control over is your work and the outcomes maybe less so. (Ian)

An Important Caveat: the Danger of No Investment in Outcome  The recognition that a total separation of outcome from self-esteem would also be potentially harmful was raised by
Rather than an all or nothing approach tying self-esteem to outcome, he prefers that there be a connection between outcome and self-esteem but one that is flexible enough to prevent the iatrogenic effects of being over invested in outcome and one that keeps effectiveness of treatment squarely in sight.

I don’t think one should separate one’s self-esteem from the outcome but I think it just has to be a kind of a (pause) flexible connection. I mean, I think it’s a good thing that we derive self-esteem from the outcome and want our clients to do well and to a point I think it’s a very good thing. If it’s just – if it’s unquestionably done and it’s too closely tied to the outcome I think that’s where we – we can get into trouble. So maybe that’s a little more realistic way [of looking at it]. It’s linked in there but I think it has to be a loose coupling; not a tight one. (Aldo)

**Egolessness** A prominent factor contributing to the research participants’ ability to separate outcome from self-esteem and one which was directly related to the realization that it is the client who attains the collaboratively-set goals in counselling and psychotherapy was the sense of egolessness reported by several research participants when their clients achieved their goals. When clients do meet collaboratively-set goals or overcome challenging life circumstances, the research participants reported feeling “thrilled” (Chris and Susan), “joy and delight” (Chris), “happiness” (Miriam, Maria, and Ian), “privileged and touched” (Molly), or “excited” (Susan) for their clients.

I’m thrilled when somebody’s in a better place around a relationship. When someone who’s depressed is back out in the world functioning. Personally, I am thrilled for them.

I’m excited about it; I’m excited for their growth. (Susan)

Although as two of the research participants reported they can feel good about the extra effort put into helping a client with a difficult problem (Ian) or experience positive feelings with regard to the use of their skills (Maria), the experience for them and for several of the other research participants is predominantly other- (client) focused. When Molly thinks about certain
clients who seemed to have really benefited from therapy and whose lives had changed for the better; a heightened self-esteem is not her main experience; rather she feels touched to have had this great shared experience.

You know, I guess I’m thinking about some of the clients I’ve worked with who I would say stand out for me just because they seem to have really benefited from the therapy we did together, and valued it, and it led to change in their lives. I guess I feel good about playing a role in that process and in their lives, but it just doesn’t feel like it’s the main experience. It feels – again – I just – what feels like my main experience is the sense of just being touched; being touched that I was part of that. … [There is] that sense of being privileged to have played that role in their lives – having been affected by them because for the most part those are clients that I’ve been quite affected by. So having really – I guess to some degree I got something out of that in terms of feeling: there is this great shared experience, that sort of thing. I just haven’t really given much thought – it doesn’t feel like having a raised self-esteem or a raised sense of self-efficacy has been the main experience…

This sense of egolessness was evident in the responses of Karen, Miriam, Ian, and Maria when asked about their thoughts when clients reach highly challenging goals. What are operative here are the positive feelings they experience, which are engendered, not by the success of their efforts but, by the efforts of their clients in overcoming overwhelming life circumstances. Maria noted that there is a qualitative difference when clients reach challenging goals, but that she is often just as happy when clients achieve small goals. However, what is deeply satisfying about a client achieving highly challenging goals is not her own performance but the experience of witnessing clients overcome difficult life circumstances in reaching these goals.

Yeah, there is a difference. I’m just thinking sometimes I’m happy about small goals too when they are achieved, so I can’t exactly tell. But probably I do have some bias still. For example, when I think about some of my clients who have a history of trauma or
what I consider a really difficult, challenging life with highly traumatic elements or something and then we do achieve something; yeah, I must admit the level of satisfaction is really, really good. But it’s hard to say “Oh well, I feel less good about somebody else. (Maria)

Miriam reported similar feelings with regard to her long-term clients. Her experience is one of awe with regard to her client’s courage and on the power of the process. Her own contribution she puts down to relational fit.

Sure, I feel really happy for them, and I’m really glad about the way that we’ve been able to do the work together. With people where it’s much longer-term work, and there’s much deeper woundedness, and we are acknowledging together how goals have been met. That’s one of the main motivating forces for me to continue this work. I just feel awe about this woman’s resilience and her courage. …and we just happened to be a very good fit. (Miriam)

With regard to greater satisfaction when a client reaches a more challenging goal, Karen noted that the degree of difference does not depend so much on the size of the goal, because of her belief that small changes and little victories can be ‘monumental’ for her clients. In common with Miriam, she spoke to a qualitative difference in satisfaction watching the development and healing that takes place over the longer term with private practice clients and reviewing their transition to a ‘dramatically different place”. Once again the emphasis is on the client’s courage rather than Karen’s contribution.

I think there isn’t, I think there isn’t because small change is monumental. Small things that people are successful at doing are monumental. I know how much it takes to change anything. So I don’t’ think it is – there is a difference in satisfaction. Although in my private practice, I have a couple of women that I’ve been seeing for ten years, so there is a difference when you have a long history and you’ve watched them – again it’s
something like being a parent: you watch them go through different stages and when they get to a really dramatically different place…. (Karen)

The sense of egolessness seems to be integrated into the privileged relationship between the research participants and their clients. It is the client who risks vulnerability and by doing so allows the research participants the privilege of meeting their personal needs for competence – to be of help. But it is the client who must overcome challenging life circumstances not the research participant. Thus, allowing self-esteem to be dependent upon the ‘courage’ and ‘resilience’ of clients makes no sense and egolessness in witnessing client change, healing, and growth is an essential part of the experience of conducting their work. The bonus of egolessness may be that it is one more element which mitigates diminished feelings of self-esteem when the outcome is less positive.

**Chapter Summary**

The research participants’ relatedness needs are satisfied in their work via (autonomy) supportive relationships with colleagues and students and helping relationships with their clients. Relationships with clients can produce strong feelings of connection, affection, attachment, and care which are experienced as meaningful, enriching, and rewarding. The experience of connection and intimacy with clients is enjoyed in its human dimension and because of its instrumental value in advancing the work of counselling and psychotherapy. This potent combination of relatedness and effectiveness is manifested in the common recognition by the research participants that they and their work are privileged. The research participants derive a sense of satisfaction and reward from the experience of being privileged by their clients. They feel awed and honoured that their clients find them personally and professionally trustworthy. Most critically, the research participants understand that they have been trusted with clients’ most intimate thoughts, desires, fears, and wishes, and that clients believe that they will have the experience and skills (competence) to be of help. The investment of trust and hope by the client is experienced as an honour by the research participants and engenders within them a sense
responsibility and obligation to strive to do one’s best. In addition, the opportunity to witness clients’ resilience and determination in overcoming adversity and to be let into clients’ private worlds is experienced as a singular honour and privileged window into the human condition.

Clients’ wishes, hopes, and goals are the primary considerations in the collaborative goal setting process. The research participants, while recognizing this primacy, are influenced in this important task by their own conceptions of health, personal and professional values, and in at least one instance, by the values inherent in their preferred theoretical approaches and techniques. Although all of the research participants worked with clients to identify their hopes and goals in seeking treatment and all charted progress towards their realization by noticing behavioural change and by seeking feedback throughout the process, there were some significant caveats to the wisdom of strict adherence to a singular reliance on pursuing collaboratively-set goals to positive outcome. The wisdom of attention to unarticulated goals and an awareness of the fluidity with which initial goals are set and then jettisoned in the context of treatment as new, deeper, or more relevant issues and goals came into prominence were raised by several participants as important variances to the initial collaborative goal-setting process.

All the research participants seek effectance feedback on a continuing basis to assess progress towards positive outcome (goal attainment). Noticing and commenting on behavioural change, inclusive of relational change with clients is used by the research participants to highlight positive behavioural change and to mark and advance the work with their clients. Ongoing attention to clients’ verbal and non-verbal behaviours (the continuous feedback loop), particularly as they pertain to the therapeutic relationship and to their own ‘gut’ feelings is a key measure the research participants use to gauge effectiveness. The quality of therapeutic relationship itself is viewed as a measure of their performance as clinicians. Several research participants actively seek negative feedback. Rather than diminish motivation, it is viewed positively by all because it allows them to more effectively address clients concerns with different, more productive interventions or to make needed reparations to empathic breaks.
A sense of pride of profession and pride doing worthwhile work is apparent in several of the research participants’ narratives. While there is a sense of enjoyment and satisfaction when their work with clients is effective, the research participants are able to separate their self-worth and self-esteem from their work and thus maintain their sense of competence and motivation by a variety of measures, which mitigate the temporary loss of self-esteem when there are setbacks to their work or collaboratively-set goals are not reached. By basing self-worth and esteem on activities both inside and outside of work, by working assiduously to address client criticisms and to repair ruptures, by recognizing that client factors have a predominate effect on outcome, and through cognizance of their own storehouse of efficacy experiences, the research participants are able to maintain their self-esteem and self-efficacy (and motivation) in adverse circumstances. The recognition that client factors have a predominant influence on outcome is particularly important in maintaining self-esteem and a healthy sense of equilibrium. Taking responsibility for and allowing client successes to inflate self-esteem has a negative flip side that results in taking on responsibility for client failure and a professional life marked by a roller coaster of ups and downs. Recognizing the predominance of client factors on positive and negative outcome obviates the inflation-deflation, roller coaster effect.

The sense of egolessness experienced by some of the research participants when clients overcome trauma and challenging life circumstances maybe an outgrowth of the recognition of the primacy of client factors. The research participants may feel some measure of increased satisfaction when clients overcome trauma and challenging life circumstances, but their main feelings, which act as spurs to their motivation, are ones of joy, happiness, and pride for their clients’ achievements. Their own roles in helping clients through their healing journeys are downplayed. This sense of egolessness, arising from an appreciation of clients’ courage and resilience in overcoming severe life challenges, may act to insulate the research participants from lowered feelings of self-efficacy and self-esteem when the outcome is less positive.
CHAPTER FIVE
AUTONOMY, INTRINSIC MOTIVATION AND WELL-BEING: GETTING YOUR NEEDS MET BY DOING WHAT YOU VALUE AND WHAT YOU WERE MEANT TO BE DOING

The cornerstone of self determination theory is autonomy. It is the necessary prerequisite for the generation of intrinsic motivation to meet needs for competence and relatedness, organismic integration (self-actualization), and for well-being (Ryan & Deci, 2000b). This chapter focuses on the research participants’ experience of their work as autonomous, as found in the intrinsic enjoyment, challenge, and interest derived from their work, the fulfilment of personal needs through their work, and the opportunity to bring personal and professional values and characteristics to their daily working lives. The relationships between these values and characteristics to the effectiveness of their work are also examined. The chapter investigates the research participants’ perceptions of the importance of vocation and the ‘fit’ with their innate interests, traits, and skills to their work motivation. In addition, the research participants’ appreciation of (workplace) autonomy in determining their working conditions, the opportunity for self-knowledge afforded by their work, and the global effect of their work on their life satisfaction and well being is surveyed.

The results of this chapter in the form of the major and general categories gleaned from the analysis will be presented sequentially according to Table 10, Central Category of Autonomy: Major Categories and Central Categories.

Intrinsic satisfactions: Interest, enjoyment and challenge

Intrinsically motivated actions done willingly out of interest, enjoyment, and optimal challenge are essential elements of autonomous behaviour. The intrinsic interest found each day in optimally challenging work, as exemplified by curiosity, stimulation, and intellectual
Table 10 Central Category of Autonomy: Major Categories and Central Categories

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excitement stretching talent and resilience, are encapsulated in the passages from Miriam and Aldo below.

That intellectual stimulation and excitement and interest that I get from the work remains to this day; so that’s – that feels as strong as ever. There is almost invariably something always that’s challenging, interesting, rewarding; touching almost every encounter. Even a difficult session with a patient brings a kind of challenge to it that is for the most part something that I can feel; what’s the word, challenged, pushed in a positive way. (Aldo)

I think being able to do work that challenges me to be open in all those ways is incredibly satisfying. I find being a psychotherapist intellectually challenging and emotionally challenging. And I’m curious. I think I’m a very curious person, especially around emotional and intellectual processes. I’ve been extremely curious about my own woman, trying to figure out why I am the way I am, and also how I can shift that. So it feels like a j--., I was going to say a job – but this work does not feel boring to me. It feels like it is almost a never-ending challenge. (Miriam)

In like manner the intrinsic enjoyment found each day in the challenge of working with her clients produces in Sarah feelings of gratitude that she has a profession in which she can make a living doing work she likes to do.

I really enjoy this. I enjoy the work that I’m doing. Yeah, I enjoy it; I enjoy the clients that I work with, the challenges. Sometimes the politics of this are a bit of a pain. But, as we always say – we laugh about it around here. It’s never about the clients – the clients are never ever the problem. .... I love what I do. I’m really fortunate to be in a job that I really enjoy, that I have the stuff that I like to do. (Sarah)

Perhaps the greatest testament the research participants could offer about the intrinsic enjoyment of their work is that they love it. Six of the nine research informants at one time or
another during the interview uttered the phrase I love my work or I love what I do. Others noted variously the excitement and passions engendered by the work (Aldo), how they thrive on the work (Susan), or how much they like their work, feel fortunate, and good about doing it (Maria). As Ian noted, loving one’s work is a rare experience for most people.

I often tell people I love my job and you may or may not be surprised to hear that. And much of the time people say, Well I just never hear that. Nobody ever – What’s that like - What’s that like to like your job? (Ian)

Extrinsic Motivation

Whereas intrinsic motivation is derived from interest, enjoyment, and challenge, extrinsic motivation is driven by the desire for a separable outcome such as praise from a superior or financial reward. Three of the research participants reported some measure of extrinsic motivation or reward from financial remuneration. Miriam is now making an income that “feels good in terms of my life” and although the consistency of clientele and her income can produce feelings of dissatisfaction, she considers the fact that she can earn a living by doing work she enjoys as “rewarding”. Although “it wasn’t money that was pushing me to work in this domain”, Susan identified financial rewards as a key motivating factor in her work, following the satisfaction she derives from its effectiveness and her enjoyment of work itself which she finds “tremendously rewarding”. After mentioning the rewards and gratifications of being in a helping role, doing work he considered socially acceptable, congruent internally, and privileged, Aldo noted that his income should also be considered a reward or gratification of his work.

The other obvious things that should not go unmentioned, you know, the financial rewards as a psychiatrist certainly – as a counsellor/therapist, are very financially rewarding; that I can have a decent, middle class life in this city and that certainly is important to me with a family. So, you know, I am not a martyr. (Aldo)

Other than Aldo, none of the research participants in institutional settings brought up financial reward as motivational incentive or disincentive in their work (although Maria and
Molly did express the wish in passing that their work could be more financially remunerative). Perhaps because their work provides reasonable salary, benefits, security of income and clientele, these extrinsic considerations were not as salient. Two of research participants in private practice (Miriam and Chris) left more financially rewarding work to pursue counselling and psychotherapy out of intrinsic motivation. Although he initially left his psychotherapy practice and went into coaching out of intrinsic interest in transformational change within organizations, Chris found he became type cast as a “transition” coach, helping newly displaced employees cope with job loss; work he found unrewarding. After deep reflection the remedy for his unhappiness was to return to work that mattered most to him as a person – psychotherapy.

But, it’s like the architect who does kitchens – You get to be known as the guy who does kitchens and that’s often as far as it goes. I started to get more and more clients and sure the money was good and all that but I found it very, very unrewarding and very low depth. Typically, I was being called into work with people who were halfway out the door anyway. (Chris)

So you were unhappy with the coaching? (Interviewer)

Yeah, yeah. I was unhappy and I started to really think about going back to ground zero, you know, what really mattered to me? What was this all about for me? And it brought me back to psychotherapy again. (Chris)

Extrinsic motivational factors, and in particular the income generated from the work, were not prominent motivational factors in the research participants’ narratives. Although there were expressions of gratitude that the work provided enough financial resources to survive and enjoy a “decent middle class life”, the great preponderance of motivational factors were intrinsic arising out of enjoyment, interest, variety, and challenge.
Variety

Contributing directly to the intrinsic interest of several of the research participants (Ian, Aldo, Sarah, Karen, and Molly) is its variety, which serves to maintain interest and to prevent staleness. Karen embraces the balance and variety her current job mixing personal and career counselling affords her.

You do acquire an immense amount of knowledge of facts and information and I really like that aspect of career. Love it. Love finding stuff; I think I’m very good at finding things out. I’m just a really good researcher and I love that. I love the balance. (Karen)

Simply being a caseworker would ‘bore’ Sarah. Although the strain of being a caseworker, running sex offender and family groups, teaching, supervising students, and being a member of the School of Social Work Practicum Committee can be “overwhelming at times”, she noted how important it was to her “to have a variety of interests” in her work. One of the best things Ian noted about his work was its variety, which he described as “great”. Molly would like to have more of her professional time devoted to the provision of counselling and psychotherapy with less time to administration and research, but would be reluctant to give up these duties completely, as she still enjoys aspects of both and appreciates the variety.

I like the career that I have and I like counselling/psychotherapy. Although I will tell you coming full circle, I also like other aspects of my profession: the teaching, the training – even some of the research. I don’t love all the research that I do but I do like some of it. That’s why – that’s part of why I like my career and why I probably wouldn’t choose another one. (Molly)

Aldo’s therapeutic work continues to motivate him, but so also does the variety offered by his academic work.

…but feel that I’m moving in my academic career; starting to get a few papers out. Kind of seeing a direction, so that’s motivating if you can feel yourself advancing academically, that can be nice; I can’t deny that, that that doesn’t feel good. (Aldo)
Meeting Needs by Working in Accordance with Personal and Professional Values

Intrinsic motivation, according to self-determination theory, springs from the desire to satisfy universal needs for relatedness, competence, and autonomy. Values or personal judgments about what is important in life are similarly derived from the desire to satisfy these needs. Carefully considering, endorsing, and taking responsibility for one’s actions at highest level of reflection, congruent with primary values and the most integral parts of personality, are indicative of autonomous, authentic, and self-determined behaviour (Deci & Ryan, 1991). As described in the following sections, the research participants’ work affords them the opportunity to satisfy personal needs for competence, relatedness, and autonomy by working in accordance with personal and professional values that support those needs, and in ways that are congruent with their personalities.

Meeting Personal Needs Through Work

The direct question of how the work met the needs of the research participants as persons first came up in the third (out of nine) interview with Karen. She spoke of how much she valued the dual nature of her work as a career counsellor and psychotherapist and how being a psychotherapist made her a much better career counsellor. She noted that there were aspects of career counselling work that she “loved” but despite that, if she was forced to choose, she would choose personal counselling because she needed more “meaning and journey” than career counselling alone affords.

I clearly think being a good therapist makes me a much more effective career counsellor; there are no two ways about it. ….I would not be happy just doing – I would definitely not be happy just doing all career… I don’t think I would be a happy career counsellor full time. I need more meaning and more journey… (Karen)

The reference to her needs struck a chord. Towards the end of the interview, I asked an unscripted question: How did her work met her needs as a person? The following passage
demonstrates how hard it was for her (and similarly for several other research participants) to talk about meeting personal needs in the context of a profession focused on meeting client needs.

You know there is part of me that thinks the answer is yes but there is part of me that thinks that’s wrong. That’s interesting; some Puritan – I don’t know; because of boundaries, and because of never, ever wanting to be perceived as someone who uses their clients instrumentally to meet their own needs. (Karen)

Karen’s reluctance to talk about the ways in which her needs were met in work that is focused on meeting the needs of others was lessened in the course of our conversation, when I introduced the many ways in which a lawyer might meet personal needs for autonomy, competence, and relatedness through their work. In response to that example, Karen was able to speak freely to the naturalness and importance of meeting her needs through her work.

I don’t think we do work that doesn’t satisfy our needs. (laughs) Yeah, and I think that’s ok and that’s why I think a lot of therapists are relationship junkies. We like relationships; we’re good a building them, we meet the need – also one of my needs is that – I would say I have a high need for variety, and change, and newness, and information. … Um, but my clients are all so interesting and they have interesting stories. And so it does – it does – it meets my needs. It’s very satisfying to me to listen and I’m curious. So it meets my needs to know things and to learn. So that’s one of the ways. That way is more ok. That’s’ ok. I’m just a person who likes to have a lot people and a lot of stimulation and that’s ok. (Karen)

Thereafter, with the other research participants, I used the example of how other professionals meet their needs through their work (doctors, lawyers, accountants, architects etc.) in order to allay reluctance to speak about meeting personal needs in work where the clients’ needs always takes precedence. Even with this introduction, Susan was careful to note the importance of boundaries and personal relationships with clients.
Tough question. I certainly don’t meet my social needs here in my practice, and I’m actually very careful about boundaries. (Susan)

Groupings of Needs into Competence, Relatedness and Autonomy

The needs identified by the research participants fell into three distinct groupings. Each grouping contained motivational factors that mirrored one of the universal needs postulated by self-determination theory. The first – competence/effectiveness/mastery factors– were inclusive of needs to make a contribution to society doing worthwhile work (Miriam, Maria, Susan, and Chris); to be helpful (Sarah and Aldo); to be competent and effective (Aldo, Ian, Molly, and Maria), for external validation of professional expertise (Susan); and for professional development (Karen). The second group of needs – relatedness factors – encompassed needs for relationships, intimacy, and connection (Ian, Molly, Miriam, Maria, and Karen), the need to understand human beings and the human condition (Ian, Aldo, Molly, Susan, and Karen), and the need for community (Karen). The final and largest group of needs – autonomy factors – incorporated a wide variety of factors contributing to need satisfaction through work. The grouping included intellectual and emotional challenge and stimulation (Aldo, Molly, Miriam and Karen), excitement (Ian), the opportunity to work in accordance with personal values (Karen, Miriam, and Maria), to express political/philosophical views (Miriam and Molly), for variety, newness, and change (Karen and Sarah), for meaning and journey (Karen), for self-knowledge, self-growth/actualization (Aldo, Molly, Maria, and Susan), and for workplace autonomy (Susan and Miriam).

Dynamic Interaction of Needs

The research participants’ responses to the question on needs incorporated and blended needs from two and most often all three of the groupings. The dynamic interaction of all three needs was evident in Molly’s response to the needs question. Through her work she is able to meet her needs for self-actualization (autonomy) connection with others (relatedness), learning about her self, (competence and autonomy) intellectual and emotional stimulation (autonomy).
Self-efficacy and mastery (competence), and has the opportunity to express her humanistic-feminist values (autonomy) in her work.

The needs that I have for self-actualization, connection, learning about myself and about the world all that happens through my work with my clients. And, again, with my colleagues, but even in therapy that is part of the process. So sitting and talking with a client – as much as I’m working with that client and the session is about that client, I’m still definitely being intellectually stimulated and emotionally touched and perhaps feeling a sense of mastery in terms of my skills. So I think I get my needs met within that therapy relationship because those are things that are important to me. So I think, I mean, why am I humanistic-feminist? Those values are important to me and that’s how I get my needs met in terms of political – my politics, my world view. So I actually think that’s how people do it. I think that we’re all getting our needs met through the work that we do. (Molly)

Competency Needs

Satisfaction of competency needs through work was reported in two distinct but closely related ways: simply to be of help (which is part and parcel of the drive for competence) and to do one’s work competently and well. In a brief written response to the needs question, the sole need identified by Sarah was to be of help (although her needs for variety in the workplace were expressed elsewhere).

I guess I like to be helpful. I feel that the work I do is helping people find their way and move on with their lives. It makes me grateful for what I have. I enjoy seeing people recover. Also, when clients remain ill, it is important to me to ensure they get the best care possible. (Sarah)

Aldo’s work allows him to satisfy his competency needs which generate positive feelings from being in a helping role.
Feeling that you effective at something and you are competent at something is certainly one of the important ways that I meet my needs in the clinical encounter… it can feel good to be in the helping role. To help somebody who’s very anxious and worried and overwhelmed and you have information that you can share with them and provide something that offers then relief; that feels very nice. (Aldo)

In addition to being primarily motivated by the effectiveness of her work, Susan places a high value on her education and on doing work she finds worthwhile and enjoys. The external validation and lifestyle that her education, clients, and profession provide contributes to her ability to meet her competency and autonomy needs through her work.

I like that I have a PhD, if I’m being very honest. That’s something I value. I feel comfortable professionally that I feel good about the work that I do and I’m not shy about that. So I get stoked when I come in here, I do. By my clients, by telling people what I do, by saying that I have a PhD. I like the lifestyle it allows me, and I like the autonomy it gives me. So I guess those needs are met. (Susan)

Relatedness Needs and the Human Condition

Meeting needs for relatedness through intimacy and connection with clients and the need to conjointly better understand the human condition was raised by several of the research participants. Ian meets his needs for connection via the multiple short-term relationships in his work. His fascination with and his need to understand people and the human condition through the magnifying lens of counselling are also satisfied. In addition, the experience of being needed, especially in a crisis, addresses his competency needs, and there is the added bonus of the excitement crisis work provides for him.

I imagine we are all sort of voyeuristic in a way to want to do this. But I guess it would just come back to being really fascinated with people. I like to people watch outside of here too. There’s that part that I’m just really interested in people; I get to connect with
them. I guess some of the wonderings get answered. So maybe that part. To be – to feel
needed. For sure, I like that; that’s got to be part. Compared to – relative to my
colleagues, I do more crisis work. We all pick areas that we are going to focus on and
that’s one that I seem invested in. Obviously, that level of excitement is something I think
that I fulfill. So instead of maybe bungee jumping or something I do this kind of thing.
Yeah, I am sure there are others; I think for any of us there are whole lists of them. (Ian)

The Need for Self-knowledge

The opportunity to meet needs related to autonomy factors such as interest, enjoyment
and challenge to intrinsic motivation through their work were well documented in earlier excerpts
of this chapter. Of the autonomy needs that were not explored in depth in those excerpts, needs
for self-knowledge and for working in accordance with one’s values were also prominent.
Learning about the self through the encounter with clients was reported as ‘enjoyable’ (Karen)
and important to well being (Aldo, Miriam) and both Molly (above) and Susan noted that their
work met their needs for self-knowledge. When something in session strikes a nerve with Susan,
she very carefully compartmentalizes it, but then revisits it through internal reverie or
conversation with a trusted friend. In so doing she meets her needs for deeper self-knowledge.

I gain insight into myself sometimes by listening to other people. And working with them
you hear yourself talk or you hear yourself – communicate and explore something [with
them] and it might hit a nerve, or it might be something – and what I’ll do with it then is,
I’ll put it away to revisit. I won’t explore it in the session with the individual, but it will
be something that I will then give further thought to, or share with somebody close to me,
and explore on a personal level. So I think always exploring with others you end up – I
end up exploring much more about myself. Whether I do that with internal dialogue or I
do it with somebody else in my life varies. But I think it is – that personal need is met.
(Susan)
Need to work in Accordance with Values

Working in accordance with deeply held values was raised by Maria and Miriam as a need satisfied by their work. Maria clearly sees that her needs are connected to her values and that these values are directly connected to the goals she pursues as a person. She values the quality of her relationships with people. By fostering values of relatedness, genuineness, and growth in others, she finds that she indirectly meets her own needs. She needs to be fulfilled by and satisfied with her work: to feel she is growing as a professional and that she is making a contribution to her clients’ quality of life and to society, doing work she considers “worthwhile” effectively. Here, too, she speaks to all three needs for competence, relatedness, and autonomy being met through her work.

It certainly relates to the other thing we talked about. Again, it is connected to the values: if I value the quality of the relationships with people; or that it is really important to foster good relationships; or it is important to be genuine or to work toward your growth. In a way if I do those things in my work and I foster that in others, I kind of indirectly foster that in myself. So I suppose that’s – I think somehow in that way – I’m just thinking out loud – that I fulfil my needs as well in terms of: Am I growing or am I stagnating? Am I being fulfilled with this work or not? Am I satisfied or not satisfied in that sense? I suppose because one of my needs is to be productive and to contribute, either on an individual level or a wider level. I suppose every good session in a way indirectly [is] kind of talking about my needs: am I doing good work? Either achieving this minute goal or also connecting to the bigger goal, I am doing something worthwhile.

(Maria)

The alchemy of blending needs and values with who she is as a person allows Miriam to live and work congruently with her core values and meets her needs to do challenging, socially useful work. It also forces her to remain curious, open to change, and to engage in continuous learning. She, too, satisfies all three needs through her work.
I think that I have a deep need to make a contribution to the world. I would not be happy doing work that was not socially useful. It meets my needs to have congruence between myself and my non-work self. It meets my needs to live and work with the values that are important to me. And it meets my needs for intellectual and emotional challenge. I’m sure there are other things that would be very challenging; intellectually and emotionally because there is so much uncertainty in psychotherapy; even when I think or I have some sense of the trajectory, it will go off another way. So I think it also forces me to be in a work context that forces me to be open: open and curious and continuously learning and not taking anything for granted. (Miriam)

The nature of the research participants’ work provides them with the intrinsic motivation to simultaneously meet their basic needs for autonomy, competence, and relatedness. That it also simultaneously addresses needs to work in accordance with core personal values as noted by Molly, Miriam, and Maria is taken up in more depth in the next section on values and characteristics/traits of good professionals.

Values and Characteristics/Traits of Good Professionals

The research participants’ views on the characteristics of good professionals are, in essence, a series of value judgments (or aggregated, a statement of their collective value system), reflecting their own personal philosophical and practical views about what is important to the effective practice of counselling and psychotherapy and what personal traits allow for good clinicians. Since they are clearly motivated by the effectiveness of their work, and as will be demonstrated with the opportunity to work in accordance with personal and professional values, their individual views on the values and characteristics of good professionals are important motivational factors.

Appendix 13 provides a tabular summary of the collective and individual values (which are exclusively intrinsic in nature) and professional characteristics identified by the research
participants. These values and professional characteristics can be separated into six categorical
sub-divisions: personal, professional, relational, openness, alliance/process, and personality traits.
The first sub-division – personal values – addresses autonomy needs directly. Of the five
remaining sub-divisions, two (relational and alliance/process) support the research participants’
relatedness needs, and together with the remaining three sub-divisions (professional, openness,
and personality) jointly address and supplement their competency needs. Professional values of
responsibility, accountability, and ethical practice mesh with the relational values of relationship
building, process and alliance values of unconditional positive regard and respect for clients’
dignity, and the values and personality traits of openness, which jointly support the establishment
and maintenance of the therapeutic relationship, so critical to effectiveness of the work and the
motivation of the research participants.

Personal Values

The personal subdivision incorporated values and characteristics related to working in
accordance with personal values (Aldo, Chris, Karen, and Susan), and feminist values such as
equality, fighting oppression, reducing violence, and the equalization of power (Karen, Maria,
Miriam, and Molly). In addition, the characteristics and values of finding satisfaction in one’s
work (Aldo and Ian), balancing/keeping separate personal life and work life (Aldo, Ian, and
Susan), and a bundle of values reflecting growth, depth, transformation, and service (Chris)
rounded out this first subdivision.

Congruency of Personal and Professional Values All nine research participants readily
agreed that they were able to live their personal values each day through their work, including the
value of working in accordance with values. After affirming that her personal and professional
values in her work “were painted so close that it’s hard to make a distinction”, Karen noted the
importance of doing work congruent with her values.

Who I am as a person and who I am as a therapist are not that far apart; they’re very close
for me… (Karen).
I don’t think I could do it [the work] if there wasn’t because one of my values is that I want to be working in accordance with the things that I think are important. (Karen)

Two others noted similar congruencies in that their work allowed for very little, if any, separation of their personal and professional values. For Chris its indistinguishable, his private life and work life are totally integrated.

Well it's very indistinguishable – my private life and my work life in terms of values are totally integrated. All right, there's no difference. And, you know, my personal practice and therapy is part of my personal practice in a sense. It's about values that I hold strongly – service, depth, growth, transformation... um, humour, I suppose. (Chris)

The same close identification with personal and professional values was expressed by Molly as “who I am in the world”; values which extend directly to her work with her colleagues, clients, and students and values connected to her views of what constitutes an effective clinician.

For me in my work – so why do I say humanistic feminist, I mean, it’s because it’s who I am in the world, so that’s how I bring it to my work. Right? So I believe that people do best when they’re connected to others and they’re not isolated. When there’s a sense – when they feel accepted and cared for, and when they’re not – when they have as much power as they deserve, access to opportunities, are not belittled and don’t experience prejudice. Those are my values as a human being and I hope that I bring those to my work in all aspects – in my work on the team, my work with clients, as a teacher. (Molly)

Cross-germination of Professional and Personal Values  The interplay between the values of the profession and intuitive personal values can result in a harmonious cross germination. In the following excerpt, Maria explains the ways in which the profession’s values have strengthened and deepened the personal values she brought to it; values which make her proud to be a professional counsellor/psychotherapist.

I almost think [it’s] kind of the other way around; sometimes I think my work in counselling/psychotherapy really helps me have values that I like. It’s not that didn’t
originally have a sense of fairness around certain kinds of issues, but I didn’t know how to formulate or articulate them but counselling helped do that. (Maria)

Discover your own values you mean? (Interviewer)

Discover or maybe clarify them and maybe even change them for the better. By those I mean mainly cultural values, values around mental health, all the diversity type issues and in that sense I am really proud to be in my profession. Because to me it feels fair; I like the equality; I like thinking in terms of equalization of power in many senses; almost like understanding the underdog and all that. (Maria)

I guess in a way in a non-judgmental profession there’s no room for homophobia, or sexism, or racism. (Interviewer)

Yes! Those things. Yes. Yes. Those things I felt intuitively before but my profession helped me to feel stronger about – all those types of values. (Maria)

Political and Philosophical Values  Directly related to working with in congruence with personal and professional values is work that allows Molly, Miriam, Karen, and Maria to satisfy their needs to express political or philosophical views by bringing their humanistic and feminist values such as equity, diversity, the equalization of power, reducing violence, and fighting oppression to their work.

One of my strong values is against violence towards people generally, and especially women and children. And I have worked with people who have been abusive to their partners. So I don’t just work with the people who have been victimized. And usually the people who are abusive have also been victimized. So I would say, yes, I definitely feel like I get to express that value in my work of trying to reduce the amount of violence in the world in the way that people treat one another. (Miriam)

Self-care and work life balance  Characteristics and values supporting personal health and well-being raised by the three of the research participants were self-care, engagement in satisfying activities outside of the workplace, and the establishment of solid boundaries between
work and home life. Self-care is a value that both Susan and Miriam wish to model and share with clients.

Self-care is an important value for me. I feel like that is something that both for the client and myself, I continue to work on. (Miriam)

Look, first of all, I believe that in taking care of ourselves, we function better, and I value taking good care of yourself. So, because I think coming in here is a luxury in the sense that it is hard for people to come in here, both from a time perspective, from the perspective of vulnerability, and the amount of money that you have to commit to this. So you have to believe enough in yourself to take something like this on. And so, I know that value comes across in how I present myself professionally and it is a value, something that I have in myself. (Susan)

In addition to self-care, because of the high value she places on her family, Susan strives for a healthy work-life balance.

I believe in balance in life, in terms of family and kids and marriage and profession, and I really work at keeping that balance, and not overextending myself, and not overextending my children, and making time for my husband and I, which certainly is important. (Susan)

Finding happiness, self-esteem, and satisfaction in activities outside of work and maintaining a balance between work life and family life, regardless of profession, for Ian are important characteristics of any good professional, whether a counsellor or banker.

What makes for a good professional counsellor/psychotherapist? I don’t know that you need to add the counsellor/psychotherapist part for some of it. What makes for a good professional or ah – someone who’s happy and satisfied when they are not doing their job; someone who’s healthy in ways that have meaning to them not just by some objective data. But probably people that have interests and points of contact and places
where their self-esteem is enhanced or developed outside of here so there is this balance when you have a good day at work, it helps out a tough day at home and vice versa. (Ian)

Relatedness and the Alliance/Process Values’ Sub-divisions

Chapter 4 demonstrated the seamless integration of relatedness needs with competence needs (e.g., Relational Efficacy) essential to the effectiveness of the research participants’ work and their consequent work satisfaction and work motivation. The interweaving of the personal and professional values and professional characteristics in the relatedness subdivision similarly coalesce with those in the alliance/process sub-division to give voice to needs for relatedness and competence. The values and professional characteristics in the relatedness subdivision were comprised primarily of a shared belief on the importance of relationships and of connection (Karen, Miriam, Molly, and Sarah), and also included committed, loving relationships (Susan), and the desire to share knowledge and strengths (Ian). Alliance/process values and characteristics included unconditional positive regard (Miriam, Molly, and Ian), respect for clients’ worldviews and dignity (Aldo, Ian, Karen, Miriam, and Sarah), a non-judgemental/accepting stance, (Miriam) compassion/empathy and loving kindness (Miriam), care (Molly), and the ability to communicate without shaming (Miriam).

Blending relational and alliance process values  An example of the harmonious coalescence of these two sub-divisions was provided by Karen. When asked if she found congruence between her personal values and her professional values, Karen blended her relational and alliance/process values (along with her feminist values) into a potent blend that allows her clients “to be”; a relational space she can work with.

But it’s things like, for example, what I think each person deserves when they come sit in my office. About respect. About how I believe that there is so little time for people to sit and be listened to and I think that’s really important; probably the most important thing we do is to give people the space to talk and think that someone is giving them one hundred and ten percent of their attention. [And] my values about – well as a feminist; as
a person who – well all the Rogerian stuff about being not judgmental – those are all the things I put into action in creating a space for people to be. And I guess about relationship because I am person who values relationships. (Karen)

Respect and dignity The alliance/process value and characteristic of respect/concern for the dignity of persons and their worldviews necessary to support the maintenance of the therapeutic relationship was raised by five of the research participants. For example, regardless of the heinousness of the behaviours that brought her sex-offending clients to her service, Sarah is keenly aware of the importance of dignity and respect to her ability to work with them.

It’s a really important thing when you’re doing psychotherapy with people to treat people with respect and with dignity. And it’s such a little thing, it doesn’t sound like a big thing, but it’s a huge thing. And people respect that and they get that. They get if you’re being honest with them and if you’re being respectful with them. (Sarah)

Openness Values

The subdivision openness, raised by six research participants, was comprised primarily of a set of professional characteristics identified as typifying good professionals. These include notions of flexibility (Maria), openness to clients’ experiences and world views (Maria, Miriam, and Molly), a non-judgmental, non-pathologizing approach (Molly and Miriam), curiosity about the human condition (Ian, Miriam, Molly, and Susan), and a willingness to continue learning and being open to new approaches and treatments based on new knowledge and research (Miriam and Sarah).

Valuing Difference and Reluctance to Pathologize Flexibility and a willingness to understand clients’ experience even when experienced as foreign to one’s own experiential world in Maria’s view is characteristic of a good professional.

I think mainly for me flexibility, openness, and a willingness to understand whatever is going on, even if it sounds really alien to me. (Maria)
Molly sees having a broad view of the human condition and a reluctance to see pathology as characteristics of a good professional. Supplementing this view is the ability to convey acceptance of clients’ differing ways of being-in-the-world and to validate their experience. I think what makes for a good counsellor is someone who has a broad view of what is – sort of understandable ways of being-in-the-world or acceptable ways of being-in-the-world: someone who does not necessarily see pathology too quickly. Right? So someone who can – who believes – who is [someone] who conveys acceptance and understanding and non-judgment; validation. (Molly)

Openness to difference and a reluctance to equate personal experience with clients’ experiences or to jump to a diagnosis informs Miriam’s view of a good professional.

I think being open, curious; open to learning; open to difference. So I’m a sexual abuse survivor. I’ve worked with many sexual abuse survivors. So it’s very important that I not just think, oh well, because my experience was like this and it affected me this way, it affects her or him that way. I think when I was a newer therapist; I wasn’t so good at that. That’s why I had supervisors who could point that out to me. So not coming to conclusions, really trying not to come to conclusions, and have an agenda for the client, or a diagnosis, even though psychologists, psychiatrists, doctors, of course they have to diagnose, but even within that, really trying to be open-minded. (Miriam)

Openness to Learning and New Developments Openness to new developments in the field by maintaining a flexible approach to clinical work were enumerated by Sarah as characteristic of a good professional along with the “number one” characteristic of being able to develop a good therapeutic alliance.

And building – I think the number one thing I find in working with clients is being able to develop a good therapeutic alliance, but being able to work within the system, to work with the clients, develop good relationships with your partnerships. …And being aware of the literature, about what is happening in your field, and having an openness, because
sometimes you see people who’ve been doing this for years, this is how they do it, this is the only way they do it. Well, you know, lots of things change. Being flexible. (Sarah)

Curiosity and Interest in the Human Condition Curiosity and an abiding interest in the human condition was an openness characteristic shared by four of the participants (Ian, Miriam, Molly and Susan) and listed as a need by five others (Aldo, Ian, Karen, Molly, and Susan). Ian noted the importance of this characteristic and linked it to his interest in seeing clients overcome difficult things.

Someone who is genuinely interested in people – so someone who never tires of the part; someone who is continually fascinated by what is happening in people’s lives and I think in a lot of ways is really impressed by how people overcome difficult things. (Ian)

Openness values and professional characteristics are catalysts in the motivation to meet relatedness and competence needs and work interactively with the values and characteristics in the relatedness and process/alliance subdivisions. Openness to the experience of others, regardless of how different from one’s own perspective in a non-judgmental, non-pathologizing manner, meshing with relatedness and alliance/process values and characteristics, focusing on relationships, connection, dignity, and unconditional positive regard, cannot help but cement the therapeutic bond and lay the foundation of the therapeutic alliance. This special alchemy of values and characteristics is an essential component to the effectiveness with which they do their work.

Professional Values and Characteristics

The most prominent values and characteristics in the professional sub-division - working ethically and maintaining good boundaries (Chris, Miriam, and Molly), being responsible, reliable, and accountable (Aldo, Chris, and Miriam), and having an intentional way of practicing (Aldo and Ian) - clearly flow out of competency-related needs. These same professional values and characteristics support relatedness needs and associated values and characteristics by acting to safeguard the dignity and vulnerability of clients. At the same time the values and
characteristics in the professional sub-division work interactively with process/alliance values to support competence needs by acting to preserve the trust necessary to the maintenance of the therapeutic alliance.

**Reliability** In Miriam’s view professional characteristics, such as being consistent and reliable, returning phone calls promptly, never being late for sessions, or double booking, frame good practice by ensuring clients are not hurt by administrative slights.

I think being consistent and reliable, now around things like returning phone calls on a prompt basis. These might seem like small things but I think they’re really important: not being late for sessions; not double-booking; if you say you’re going to call about a referral, doing that – returning phone calls in a prompt way. I think those things that are more about the frame, I think. They’re administrative tasks but they aren’t just administrative tasks. And not being consistent and reliable about those can be very hurtful to people. So I think that’s really important. (Miriam)

**Ethical Practice Values** Working in concordance with ethical values allows for the authentic modelling of these values to clients. Aldo values the fact that he does not have to face the ethical challenges that other professions or industries sometimes place before employees. Living and working ethically and responsibly provides him with a sense of continuity and congruence in his life and to his experience of himself as a competent practitioner. Additionally, if he expects his patients to act ethically and responsibly, then he himself has to walk the walk as well as talk the talk.

So it kind of feels somewhat like some kind of continuity, if you will between doing the work responsibly and living one’s personal life responsibly. So in that way it feels to me almost, I guess – I would say almost, at least in my opinion, it feels essential. To practice this kind of work well, I think you have to be ethical, if you expect your patients to live ethically; if you expect them to live responsibly, I think you kind of have to walk the
walk first; even if you don’t say anything implicitly. So I think, again, the work for me
kind of reinforces that…” (Aldo)

Vigilance in examining professional ethical behaviours, beyond flagrant abuses, or
trusting that good intentions are all that is necessary for client care, defines ethical professional
practice for Chris.

So professionalism to me; it's not just having a good heart and doing what you believe.
You have to be very aware, I think, of ethical – the deep, deep ethics; and what does that
really mean. I mean everyone has to work it out for themselves in a certain way, but I
think you can't just go on – sort of – just plain intuition – because I have a good heart
what I do will be good. I think you have to be much more critical than that; of one's own
actions, thoughts, and feelings. (Chris)

Professional ethics, according to Chris, should arise from deep personal reflection.
Counsellors and psychotherapists in his considered view must always be aware that they cannot
treat clients in the same way two business associates would treat one another, because it makes an
iatrogenic demand on the psychotherapeutic process (and thus on the effectiveness of the process)
by compromising the therapeutic relationship.

….I think, particularly in our field of psychotherapy has a great, great deal to do with
ethics, which I think is very misunderstood. I know that over the years, I didn’t
understand it very well. I think most psychotherapists understand ethics in the very –
almost the most obvious things; you don’t sleep with your clients – right – but there is so
much more to it than that. And I think …

Like power differentials and stuff… (Interviewer)

There’s all of that but just the idea that when a person comes for psychotherapy that’s
what they are coming for and that’s all they are coming for. You know, I’ve thought of a
lot of different scenarios, like if I had a charity that was very important to me – say I was
doing a run for cancer or something. Would it be unreasonable to ask my client’s for
support if they weren’t giving me anything – I would give them a piece of paper and they
would write a cheque to the Cancer Society – it’s for a good cause; it doesn’t serve me in
particular. And my answer is absolutely not! You can’t – you shouldn’t be doing that
kind of thing; bringing that kind of thing into the therapeutic setting. It’s completely
inappropriate. It has nothing to do with psychotherapy and its making a demand, whether
it’s your intention or not, on the process that should never be there.

Self-knowledge The autonomous need for self-knowledge/growth raised by four research
participants (Aldo, Maria, Molly, and Susan) found resonance in the professional values of self-
knowledge/awareness (Ian, Miriam, and Susan) and in the professional characteristic of doing
personal therapy (Aldo and Miriam). Ian succinctly linked the convergence of these needs and
related values to personal growth in the following passage.

And the learning, just ongoing learning, life-long learning, self-reflection – we – ideally
we do so much of that here, and I like try to do as much of that at home too. It encourages
it. It’s hard not sit with someone and have them reflect on something in their life and nor
have a moment when you are doing a bit of it on your own at the same time. That’s been
really, really helpful as well.

Continuing to get personal therapy was raised by Aldo and Miriam as significant factors
in helping them to be good professionals. Both believe that it is not necessary for everyone to
continually be in therapy but that it has been beneficial to them and contributes to their
effectiveness.

What has helped me, most importantly has been my own therapy. I think that has been
by far the most important training – well, it’s not just training, it’s much more but to me
that’s been the most important training experience. I don’t think everybody needs to have
their own therapy to be a good counsellor but certainly in my case it’s been tremendously
helpful. (Aldo)
To “have done and to continue to do their own emotional work” Miriam believes is crucial for good professionals. This does not mean a psychotherapist has to constantly be in therapy but that they should have appropriate strategies to maintain self awareness.

So I think that’s [doing your own emotional work] crucial, and I think it doesn’t mean you have to be in therapy yourself the entire time that you’re a psychotherapist, but have some methods, of, whether it’s with colleagues, or just writing, journaling, some way, meditating, of getting in touch with what’s being raised for you. (Miriam)

I think a therapist needs to very aware of who they are, who she or he is, strengths and weaknesses, limitations, areas of competence, you know, where their own mine fields are. (Miriam)

*Ongoing Professional Development* The last prominent grouping of professional values and characteristics identified by five of the research participants (Ian, Maria, Molly, Sarah, and Susan) unsurprisingly revolved around the importance of ongoing professional development. The motivational drive to professional mastery engendered by the need to become ever more competent professionals associated with the common desire for professional development activities, such as attending conferences, joining professional organizations, keeping up with developments in the field through reading professional journals, surfing the net, and supervising students, was reviewed in depth in Chapter 3 and need not be repeated here.

The remaining professional values and characteristics identified by the research participants also address competency needs covered directly or indirectly in excerpts from Chapters 3 and 4. Examples included an intentional practice (working in a coherent way with a set of preferred approaches and techniques, but also being able to tailor those to the individual needs of clients) was raised by Ian and Aldo, simple hard work by Aldo and Sarah, working well with colleagues (Molly and Sarah), having good role models, supervisors, and teachers, past and present (Aldo and Susan), seeking supervision throughout your career (Ian and Miriam), being
skilled and knowledgeable (Molly and Susan), and seeking effectance feedback from clients and colleagues (Ian).

Personality Traits

Many of the characteristics of good professionals identified by the research participants cross over from the realm of values and value judgments into the realm of personality and personality traits. Professional characteristics and traits (with clear crossovers from the openness, relatedness and alliance/process sub-divisions) such as optimism (Sarah and Susan), openness (Maria and Miriam), integrity (Miriam), honesty/authenticity (Miriam and Sarah), humour (Chris and Miriam), emotional and intellectual intelligence (Miriam), flexibility (Maria and Sarah), empathy (Miriam), the abilities to be articulate (Ian), work hard (Aldo and Sarah), hold complexity (Miriam) and see both the big and small picture simultaneously (Ian), and to build relationships (Karen, Miriam, Molly, Sarah, and Susan) are aspects of one’s innate personality that find expression in the work. One research participant went so far as to identify specific Myers-Brigs personality types and associated descriptors of in born traits and talents in one part of his response to what makes a good professional.

ENFPs, INFPs in a way; you know, people that switch back and forth a lot between big and little pictures; quick problem solvers; people who are verbally fluent. So some of those are personality traits or many of them. (Ian)

In their collective responses to the question of what makes a good professionals these characteristics were enumerated by the research participants primarily as one word descriptors without elaboration into developed themes. However, as a group these characteristics are judged by the participants to contribute good professional work and because they are aspects of inborn personality they function like needs; needs which find an outlet in their work.

The values and characteristics of good professionals identified by the research participants are their collective cognitive identifications of the factors that underscore their desire to meet their needs for autonomy, relatedness, and competence. In particular, these values and
characteristics help satisfy needs for relatedness and competence by building and supporting the therapeutic alliance through a non-judgmental receptivity to clients’ experience, and the safeguarding of client trust and vulnerability by ethical practice characterized by responsibility, reliability, and accountability. Other values such as self-knowledge/awareness, continuing education, and personal therapy augment personal competence and the effectiveness of their work. By closely adhering to personal and professional values, the research participants are able to meet their needs for autonomy through working in ways that are authentic and congruent with their sense of self. Lastly, their work affords them the opportunity to use and express innate traits, skills, and ways of being in the helping enterprise.

**Workplace Autonomy**

Freedom to do one’s work without the pressure of imposed expectations from supervisors with regard to method or outcome or out of a personal locus of control are essential ingredients to work characterized by an autonomy orientation. Within a chapter which addresses autonomous motivation, the workplace autonomy and consequent motivation that comes from having control over working conditions: hours of work, clients seen (and not seen), and the use of preferred theories and techniques merits special attention.

**Control Over Working Conditions**

*Lifestyle* Workplace autonomy was identified by several of the research participants (Susan, Aldo, Ian, Sarah, and Karen) as an important motivational factor, most often as either a reward or one of the best things about their work. Control over working conditions affords a lifestyle which allows two of the participants to agreeably balance work life with family life. Susan “really values the autonomy” and the flexibility private practice affords her “to make hours that work well for me in my life”. It suits her lifestyle because she can decide whether to work more or less hours (or days), depending upon family and personal circumstances.
And then after that, it [her profession] had worked out very well also in the lifestyle choices, in terms of working, at times, less, more days, and other times fewer days, because this career offers me that opportunity. (Susan)

When addressing the factors that allow him to remain committed to the profession, Aldo highlighted the importance of workplace autonomy to his personal life. He can set his own hours and is able to prevent his work from encroaching too much upon his family life. It is important for him to be able to come home and ‘be there’ for his wife and child.

I have a lot of autonomy in my work despite being in an academic centre and obviously having to be accountable in many ways. But that’s very important for me, you know, if I have to take a couple of hours off to do something at home or do something else, I can leave. I can come in early and I can leave early. The work isn’t encroaching too much on my family life. It’s kind of up to me how much I let it encroach. So it’s having that sense of control over it and autonomy. That is something for me that is very, very important. (Aldo)

Choosing Clients  A lack of control over working conditions can have a deleterious effect on personal health. In Miriam’s prior career her remuneration was double her current income but the lack of control over her working conditions was decidedly unhealthy. Her decision to enter private practice saw her income reduced but her health restored, because she had control over her working hours and her choice of clientele.

When I started out I was making a lot less money than I was in the community centre. Like a lot less, probably half. And you know no benefits, no paid vacations, all of that, no pension fund. But my health was terrible! So what I would say is I think being able to control the working conditions: where I work, how many hours I work, and increasingly, as the years have gone on, I realize also when I meet with someone for consultation, it’s not just are they going to choose me versus some other therapist, it’s also do I choose
them… In terms of having a private practice, it fulfils my needs of being able to control in very basic ways my work life. Now I am beginning to work fewer nights and fewer hours. I get to make those decisions. Not taking clients who need a huge amount of energy or who need a lot contact between sessions. (Miriam)

Autonomy in Program Development and Practice  Even within the constraints of large institutions workplace autonomy is valued highly. Because of her reputation for effectiveness, Sarah has lots of “flexibility in what I do.” and is able to initiate new programs with as little administrative red tape as possible. Ian is grateful to work in a service that allows for diversity of approach where he feels that he “can practice the way I want to and that people will back me up”. Karen “loves” her small private practice because “it’s my own space; I can call the shots”, but she also noted the attractiveness of being allowed to do her work without intrusive supervision both in her private and institutional practices.

We’re not over managed as therapists: we do most of our work behind closed doors. And even in both my workplaces while I might be overloaded, no one is telling me how to do it, [or] what to do…. So that autonomy is attractive. I’ve never experienced a workplace where that wasn’t true. (Karen)

Workplace autonomy was reported as an important contributor to work satisfaction and work motivation by several research participants, because it addresses their needs for balance between work and family life, control over their working hours and choice of clientele, and the freedom determine how best to do one’s work.

Vocation

Perhaps there is no single decision that must incorporate consideration for one’s needs, values, personality, and talents than that of a career choice. The choice of a career and continued commitment to it, made without the coercive influence of parents, peers, or partners, has a
continuing and lasting effect on work motivation and well-being. It is a self-endorsed choice that reflects interests, capabilities, values, self-concept, and an intuitive feeling that the choice was and is the right one. Although none of the interview questions mentioned the words vocation or calling, running through the transcripts of the research participants is the belief that this is work that they were meant to be doing; work that is congruent with their sense of self; work that suits their temperaments and skills, and work that allows them to be effective in the world.

Fit and Congruency

The concept of a fit with intrinsic interest and ability combined with an intuitive understanding that this was the right career choice initially and one which continues to be attractive and satisfying is exemplified by Aldo’s experience. After his initial exposure to psychiatry he realized he had found something that for him was an intrinsic “fit”.

It became very clear from then on, quite quickly that I that I could actually feel excitement and passion about it in a way that I hadn’t felt about any other medical specialties and that kind of became very clear as a – as a fit.

The ‘fit’ persists. When asked if he would do anything differently, the answer was no and the reason was very simply because of the “intersection between personal [interests and values] and work”. When asked whether this was a good profession to work in his response incorporated autonomy (satisfaction) and competence factors mixed with personality factors that make the work a fit for him.

(Laughs). Depends on the person. For me, again, I feel very fortunate. I think this is a very – it’s a good enough fit in the sense that I’m very satisfied in my work. I think I’m competent enough that I help some people and had enough of uh, you know, one needs a certain kind of innate ability to make it fit. So I think that the three things have combined. So in a sense you are saying for other people too, it’s a good profession to work in if the fit is there... (Interviewer)
If the fit is there. Yeah. If you’re satisfied with it, and you have enough of the ability to do the work, I think, yeah. But for me it’s a great profession. I wouldn’t change anything. If I had to do it all again, I would do it all the same. I wouldn’t do anything different. (Aldo)

The potent combination of intrinsic interest, talent, and intuition that her career is congruent with who she is and what she is good at also marks Karen’s experience. Her work provides her with a “constant affirmation that I'm in – doing the right thing”. As with Aldo, she knew immediately that this was work that was suited to her personality and her capabilities and in common with Aldo the congruence remains to this day.

When I sat in the room with one person I realized; ok, I just had the sense that this is it; like I found the thing that I’m really good at – it feels like uh – it just felt congruent. So I still feel like that; I still feel that sense of congruence between what I do and what I am good at and there are still so many things that I am interested in, so many things I want to do… (Karen)

Regardless of whatever sense of dissatisfaction she has towards her working conditions, she has no plans to leave a profession so well suited to her and which meets her needs as a person. Her response to the question about remaining in the profession for the foreseeable future incorporated her appreciation that her work meets a complex mix of needs, values, personality factors, and her sense of vocation.

I can’t imagine anything that is more congruent; that would be more congruent with who I am, and what I think, and what I need, and what I feel. So it’s all about congruence. And I still feel like that when I sit in a room with somebody that this is what I was [meant to do]. (Karen)

Work one was meant to do

The feeling that this is work that one was meant to do was echoed by Miriam.
… when I started being a psychotherapist, it felt like a profession for sure, not a job, a profession. But now it feels more like a vocation, a calling. I can’t imagine doing something other than being a psychotherapist, even on days when I get frustrated. This is truly who I feel I’m meant to be, and the work I feel I’m meant to be doing in the world.

(Miriam)

Gut and Soul Strivings

A calling to work can arise from the gut. Chris initial choice of psychotherapy as a career was visceral rather than intellectual: a feeling that has deepened over time travelling from his gut to his soul.

Yeah, I would say there has been a change and I would say it has been a deepening. It’s hard to say why I originally started except that I had a gut feeling. It felt meaningful to me and it touched a lot of – it was more at a feeling level than any kind of intellectual level. (Chris)

For me it’s not about the right job; it’s not what I do. A calling is about a relationship with some level of authenticity, which might be called my true self, my soul or something that is deeper than this ego. (Chris)

Other Calls and Relationship to Counselling and Psychotherapy

Four research participants at one time or another did feel the pull of other vocations or pursuits suited to their personalities. Maria would someday like to have the time to fully explore her artistic potential as a writer. The intrinsic bridge for her between these two vocations is the creativity inherent in both. Ian noted that he might have been happy in any number of professions ranging from financial analyst to zoologist. Karen, who likes finding information for her career counselling clients, might have enjoyed being a librarian. Three research informants (Molly, Susan, and Ian) still wonder about whether or not they might have profitably pursued medicine or psychiatry. Interestingly, all three found aspects of medicine/psychiatry not to their liking (e.g.,
the detached scientific approach and the gore) and would practice it in a way that is more congruent with their personal and professional values).

I’ve reconsidered the idea of the notion of medicine and I think that however I was disillusioned with the profession – I would just practice it differently now than the way I thought I had to: bring the bedside manner back. People talk about that and think sometimes from our point of view, Oh you wouldn’t want to do that: the medical model or you wouldn’t want to [practice that way]. Well, I wouldn’t practice that way. I’d practice it in a way that was pretty congruent for me. (Ian)

Chris has a unique vocational calling. His calling is to be in service. There are other careers which would have allowed him to answer this calling, but psychotherapy is his chosen platform which allows him to give service.

The sense of calling that I have is that you need to be in service. You need to be involved with transformation and at some level of helping or participating in the evolution of consciousness. To me that’s my calling. And psychotherapy provides one of many different ways in which an individual can choose to do that, but its one that I’m trained and suited to do. It’s perfect. (Chris)

The research participants by stint of their temperaments, aptitudes, and values are well-suited to the profession. They have chosen work that they continue to find enjoyable, interesting, and worthwhile and in which they experience themselves as effective; work that is felt to be congruent with who they are as persons and who they were meant to be; work that is viewed by most as a calling or vocation and in which they all intend to remain.

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**Personal Growth and Health and Well-being and Life Satisfaction**

The intrinsic motivation to meet needs for competence and relatedness is generated by activities that are self-endorsed and authentic, that is, behaviours that are self-determined or autonomous. According to self-determination theory, meeting these needs results in growth and
well being; the converse in ill-being and pathology (Ryan & Deci, 2000). This section of the chapter focuses on the research participants subjective understandings of the effect of their professional work on their overall well-being and life satisfaction. Integrated into the responses of several of the research participants were they ways in which their work contributed to their personal growth and health as part answer to the question of the overall effect of their work on their life satisfaction and well being. Three interview questions asked of the research participants were designed to investigate their perceptions of well being and life satisfaction occasioned by their work: would they choose this profession again, did they think the conditions of their work were ideal, and a direct, general question about whether their work contributed to their well being and life satisfaction.

Limitations to Life Satisfaction and Well-Being

All the research participants would choose to do this work again and all intended to remain in the profession for the foreseeable future. However, only Chris described the conditions of his work as ‘pretty close” to ideal. As reported in Chapter 3, the largest factor detracting from the research participants believing that their working conditions were ideal was the feeling of Thwarted Efficacy engendered by heavy workloads, constraints on the length of time clients can be seen, shrinking resources in the community for referrals, and the paucity of investment in counselling and psychotherapy by society which limits OHIP funding to medical practitioners. Thwarted Efficacy, because it compromises the effectiveness of their work and limits the autonomy with which they carry it out work (as demonstrated in Chapter 3), produces dissatisfaction and de-motivation.

Two research participants Maria and Molly raised two separate aspects of their working lives which limited their overall feelings of well-being and life satisfaction: the constant time pressure occasioned by trying to find a harmonious work-life balance between career and family (Maria) and protracted work with challenging and challenged clients (Molly).
Work Life Balance  Maria is “pleased and generally happy” she choose her profession, because it she finds it fulfilling and in line with her values. She finds intrinsic enjoyment in her work but she also is consciously aware of the extrinsic necessity of working to support her family and pay the mortgage. (Of note, she commented that when she thinks of her work in terms of economic necessity, her sense of motivation is diminished.) With her time being taken up by work, commuting to work, and family responsibilities, she has little time for socializing with friends or other fulfilling activities.

What else would make my work more ideal? Probably on the other hand also balance – balancing life. If I had enough time to recuperate, to de-stress, or relax and other things as well – do some other kind of fulfilling things… (Maria)

So, anyway I conclude I am pleased [with my work]. But in terms of overall life satisfaction I think that whenever I complain about my profession – I’m not sure it is about the profession but it about – like the work itself, full-time work doesn’t allow – it’s more for me really rather the social conditions at the moment. Like on a very concrete and simple level if one spends eight hours a day at work and I commute as well, so it’s almost like ten hours for me. So really there isn’t much time left on a day-to-day basis for other things. But it has nothing to do with my profession; it would have been [the same] probably in any other profession. So in that sense I don’t feel like I have much – maybe I do have choices but currently because of the mortgage (Laughs) I don’t have much [choice]. (Maria)

Challenging and challenged clients  More job security, a higher income, less administrative work, a greater sense of team and more appreciation for her feminist and client-centred ways of working would make the conditions of Molly’s work more ideal. Her work allows her to “to do what I love every day” and “has really contributed to a greater sense of satisfaction or a good source of satisfaction in my life and wellbeing”. However, the daunting
challenges of clients who struggle with concurrent disorders and hopelessness make her sometimes wish she could work with less disadvantaged clientele.

I mentioned earlier the stresses of the day-to-day of my job – so sometimes working with people who have a number of different difficulties and challenges, who themselves feel hopeless. [And] working in a system that poses its own challenges in terms of what we can do and how much of it, and what’s valued and what’s not valued and things like that. Those actually sometimes lead me to feel um – I don’t know if it’s – I would say dissatisfaction, but certainly a sense of feeling disenchanted with what I do. So there are times when I think, oh, you know, I really wish – there are some days when I really wish I worked with people who are not struggling so much, or not sort of in an environment where it feels like, oh, so, day-after-day, I’m facing – trying to help people, sort of, you know, feel better. I would like to work – I don’t know, sort of what the opposite would be. But something where you’re sort of surrounded by the good things in life: sort of more happiness than sadness, more positive than negative – those sorts of things. (Molly)

Contributions to Life Satisfaction and Well-Being

Other research participants were more uniformly positive about the effect of their professional work on their life satisfaction. Aldo, Susan, Ian, and Miriam reported the benefits of gaining self-knowledge and understanding through their work (and in the case of Aldo and Miriam of their personal therapy in support of their work). The spin-off benefits of this experience to their professional to personal health and relationships with friends, extended family, and partners contributed directly to their sense of well-being and life satisfaction. In addition, the opportunity to be effective, to be of help to clients, of spiritual growth, and of working in autonomy supportive environments was instrumental to their feelings of life satisfaction and well being.
Spirituality and Mysticism  The spiritual nature of the work and the motivation it engenders was raised by Chris and Miriam as unmitigated factors contributing to their well being. Disillusioned by organized religion in her earlier life, Miriam’s work has allowed her to reconnect to her own spiritual nature and in the work itself she finds a sacredness and power that brings her profound satisfaction.

And so I think I was cut off in a way from my own spirituality, and I think I’ve grown a lot in that area. (Miriam)

You’ve reconnected? (Interviewer)

Yes. And I now have some spiritual practice with a particular grouping. And I feel my spirituality more in connection to nature and other living beings. And I feel the work, especially with long-term clients, is very sacred, and powerful, and spiritual. And that definitely is a motivating factor now, has been for quite a number of years, in terms of continuing. That, to me, is deeply satisfying. (Miriam)

Chris’ sense of satisfaction and fulfilment from his work is also grounded to a large extent in his sense of spirituality and mysticism. By living his values of being in service through his work he interacts with the world in a ‘generous’ way. He believes that by engaging with “the world in a generous way, you find that the world you're engaging is itself generous by nature.”

His work is centred on expanding consciousness of the centrality of interconnectedness and interrelationships in life. Through this act of service he himself expands his own awareness, is sustained and fulfilled.

The focus of my life, the way in which I can be in service is about participating in the evolution of consciousness. …My service is to help awaken consciousness to that – to itself, as I waken my own consciousness, and as I work with others in helping them to get involved in that at whatever level…because to me that’s really what psychotherapy is as I practice it. It's about awakening to that. It's not simply about myself. It's about my relations. All our experience is about relationship. We live in a dialectic reality. There is
no other reality for us. So – again, that's where I get satisfaction. I have no idea what the impact may or may not be, but still I feel that working towards that or participating in that awareness – it’s sustaining, it's fulfilling. (Chris)

*Self-knowledge Enriching Personal Relationships*  Miriam believes that “I am better in my relationship with my partner, with my friends, with my family, as a result of doing the work, and having that kind of attunement”. Because her work demands that she go inside and continually check on what is going on with her (to ensure that countertransference is providing her with useful information in support of and not interfering with therapy), it enhances her health and well-being because it allows her to “stay very connected to myself – connected to myself emotionally, intellectually, spiritually, and on the body level”.

Working with his clients has allowed Aldo to constantly be “learning about life and getting lessons in life” from them. Because of the ongoing learning inherent in his work, he simply can’t imagine living as healthy a personal life as he is living now. The bonuses for him are that he enjoys and finds satisfaction in his work. In his opinion his work has had a “huge global impact” on his well-being and life satisfaction in the way he lives his “life at all levels, with family, friends – all across [the spectrum].” Here in this single passage is an exposition of how his professional work results in work satisfaction and enhances the quality of his life and personal health.

I feel the kind of learning I’ve had coming from my own therapy mostly and then being enhanced by my clinical experience, supervision, mentoring, [and] theory – I just can’t imagine living as a healthy a personal life, as I’m living now without this training and help and treatment I’ve had. So for those reasons, no, I wouldn’t want to do anything different. That’s a big one and then you know there is the satisfaction of the work. So those are the two biggies for me, the fact that’s its tremendously improved and enhanced my overall quality of life and my personal life and the bonus is that I enjoy the work. (Aldo)
Clinical experience has also added directly to Susan’s self-understanding and consequent well-being. In response to the question on well being, she stated that “I know when I better understand my emotions; I’m happier and function better. So [through my work] it’s always there in my life.” She places high value on family life and committed relationships. She brings those values to her work and shares them with her clients, but she also finds through her clients’ experiences that her appreciation of these values is continually reinforced to the benefit of her own family life. The workplace autonomy afforded by private practice allows her to balance work and family life, which she also noted added to her sense of overall life satisfaction.

Karen believes her professional work has improved the quality of her family life by allowing her to be a better parent for her children. Moreover, despite her dissatisfaction with her working conditions, her work as a counsellor and psychotherapist has had a very positive effect on her overall life satisfaction and sense of well-being.

I can’t imagine doing anything more satisfying. For most of my working career I have loved what I do. I am still aware that the issue for me that it’s not my work [with clients], but it's the other things that I need to play around with to figure out how to make this work for me. So how many people can say that. How many people can work for the first twelve years of their life and say, they still love what they do; they’re still interested; there’re still excited; they still want to learn. I know the percentage of people who are dissatisfied in their jobs; I’m a rare – it's rare. So I think it’s had a huge impact. And I also think back to my analogy about parenting: what I have learned about my self is a huge piece of parenting. I think I use – I’ve taken everything that I’ve learned and I am a much better parent than I would have been had I not made this choice; had I been a librarian.

Autonomy Supportive Environments and Well-Being  In contrast to Karen, the working environment at the University Counselling Centre adds much to Ian’s overall sense of life
satisfaction and well being. The combination of collegiality and the sense of job security afforded by the University environment have allowed him to free energy to the benefit of his clinical work and other professionally related activities, such as the provincial counselling association, that are important to him.

What I would say is I spend a lot of my waking hours here. As it turns out my good fortune, my blessing is here is a nice place. The collegiality that I have been able to have and be a part of, the job security I believe that I have, those things are really positive. They just don’t take up any of my time. There is so much I don’t worry about. (Ian)

Vitality and Zest The work itself can bring vitality and zest enhancing well-being. Ian and Miriam feel energized and enriched by the work rather than drained or exhausted by it, as they receive as much as they invest.

I feel like my whole person is at service, and not in a way that, in general, is costing me emotionally or physically or in any other way. In fact, it’s enriching me. (Miriam)

I said earlier that I think what was really attractive … is that it felt almost, relatively effortless. And so doing this kind of work, there is, I guess some aptitude there where I felt like I am able to do this work in a way where I’m feeling effective and not drained; that I get as much or more back than I’ve put in. (Ian)

Competence and well-being Two research participants (Ian and Susan) reported that the sense of professional competence derived from their work and resultant feelings of self-worth and esteem contribute to their sense of well-being and life satisfaction. Over the course of her career Susan has “become more confident and comfortable” in her work and her self-esteem has consequently risen. She is proud of the fact that her children know what she does at work, and that they appreciate how hard she worked to get this point in her career.
I’m proud of what I do and it certainly comes through. And it is one of the ways – its one component of self-esteem in my life. In that I value that I am educated. I value that I am working. I feel really good about the work that I do. It makes a difference and therefore it makes me feel good. (Susan)

Ian’s well-being and life satisfaction is also positively affected by the self-worth he derives from being a competent professional working in an environment with others who are similarly competent and convinced of the effectiveness of counselling and psychotherapy.

That sense of self-worth comes from it. Yeah, I feel competent. I feel confident enough that so far [I can] quite easily endure the days and times that I am not competent. And that’s what, I guess day in and day out that’s what gives me – I have a lot of patience with the troubling times because I really believe I can do this; and that people around me feel the same way… (Ian)

Because their work allows for the satisfaction of their basic needs for competence and relatedness – helping others – feelings of well-being and life satisfaction arise for Sarah and Miriam.

And [by] helping people heal and transform, I am also enriched by that experience. I mean, it is definitely one of the most satisfying aspects of my life. (Miriam)

Oh my God, that is [the question] big. I think, I mean it sounds so cliché, but just knowing that you’ve worked with people or helped people, tried to help – All we can do is, you don’t know, you hope that you’ve helped people, and I hope that I’ve helped, students become [better]; helped the profession and helped reduce stigma.

I find it really fulfilling and satisfying, I like what I do. And if I didn’t like what I did, or if I felt – I look at people that I know, and they’re not happy with their work, and I’m
like, Life’s too short … life’s too short to do something you’re not happy doing and you’re not happy about; so do something about it. (Sarah)

Autonomy and Well-being

In the passage below from Miriam a synopsis of autonomous, self-determined work and work motivation leading to a sense of personal growth, life satisfaction and well-being can be gleaned. Miriam is engaged in work that is intrinsically motivating. It meets her stated needs for relational connection, to give back to the profession, and contribute to society. It is work that allows for little separation between who “I actually am in my therapist’s role as opposed to who I am in my life” and which has the value-laden, intrinsic goal of “transformative healing” It has allowed her to “develop many aspects of myself than I would have had in different kind of work because of the relationships with my clients”. Her work allows her to bring her “whole person” – her “soul-self and professional-self”– to her work and in so doing enriches her. Finally, there is a harmonious blend of vocation and personality that permeates the following passage.

I can’t think of any other form of work that would fit with my personality and my – I’m a very self-reflective, introspective kind of person. And I’m thoughtful, and I like to be able to try to provide some of what was provided to me in my overall therapy process. That’s part of why I do the work, I feel it’s a way of giving back. And I know that it’s meant for me. And I feel like I’m continuing to grow in all kinds of ways, and it’s always different. Like some of the things I said at the beginning, it’s challenging, in all kinds of ways. I don’t really ever feel bored. It’s so much about a spirit of inquiry, with the goal being transformative healing. I just can’t think of anything that would give me more satisfaction than that. I truly can’t. (Miriam)

Chapter Summary

Although greater job security, a more predictable flow of clients and better financial rewards would be desirable for some of the research participants, their work motivation is almost
exclusively intrinsic: they find their work to be interesting, satisfying, and enjoyable to the extent that they love what they do and thrive (Susan) on the work. Through their work they are able to meet their stated needs for autonomy, relatedness, and competence and do so by working in accordance with their personal and professional values. Their professional and personal values are intrinsic in nature and mesh so closely in their work that there is very little, if any significant separation, between the two. The opportunity to work professionally in accordance with personal values was valued itself by several research participants because they were able to bring political, humanistic-feminist, relational, and family values to their work, and it addressed the felt need to be working in congruence with their values.

Their responses to questions related to their values and views of the characteristics of a good professional, which were, in essence, value-laden judgements, were separated into six sub-divisions – personal, professional, relational, openness, process and alliance, and personality. These later five sub-division of values interacted dynamically, giving voice to competence needs and in particular to the establishment and maintenance of the therapeutic relationship.

Workplace autonomy is an important facet to the sense of autonomy with which the research participants undertake their work. Particularly for the research participants in private practice control over their working conditions provides them with the luxury of choice over hours and clientele, allowing them to determine and balance work and family priorities. For those in institutional practice, autonomy supportive colleagues and the absence of direct supervision were viewed as positive aspects of their working life.

A strong sense of ongoing vocation and fit with their personalities, skills, and interests was voiced by most of the participants and a similar undertone was found in the remaining narratives. Moreover, all the research participants would choose to do this work again and everyone expected to remain in the profession for the foreseeable future. Augmenting the research participant’s intrinsic motivation for doing this work and contributing to their sense of well-being and life satisfaction is personal growth gained through an intimate knowledge of the
human condition and the consequent self-knowledge gained via reflection on their client’s experience and their own experience of their clients. In particular, the use of these domains of knowledge to the benefit of friends, family, and community members was reported to have enriched the lives of several of the research participants.

There are certainly times when the research participants feel stressed, overworked, and dissatisfied with some aspects of their working conditions, particularly with regard to institutional and societal issues resulting in feelings of Thwarted Efficacy, the stresses of trying to achieve work-life balance, inequity in remuneration, and the necessity of continuing to generate hope in clients who are severely challenged and hopeless. However, the research participants reported that overall their work fostered their personal health and growth (including the growth of their spiritual selves) and contributed significantly to their overall judgment of their well-being and life satisfaction. They found their work to be variously worthwhile, satisfying, fulfilling, sacred, interesting, exciting, a blessing, energizing, and work which brought with it a positive sense of self-esteem and efficacy.

This is a profession they have freely chosen out of interest and a sense of vocation, and a profession they freely choose to remain in because it continues to be interesting, enjoyable, challenging, and worthwhile. It is work that allows for the expression of their personalities and personal and professional values, provides them with a deepening sense of vocation, fosters self-knowledge and personal growth, and produces an overall sense of well-being and life satisfaction. It is self-determined work that meets their needs for autonomy.
CHAPTER SIX

DYNAMIC INTERACTION OF MAJOR CATEGORIES WITH CENTRAL CATEGORIES AND INITIAL, CONTINUING AND NEW MOTIVATING FACTORS

This chapter will present a model based on the dynamic intersection and interaction of the major categories subordinate to each of the three emergent central categories of competence, relatedness, and autonomy derived from the coding and analysis of the transcripts. With one exception, the findings of this chapter are not grounded directly in excerpts from the transcripts, because each of the three central categories and subordinate general categories has been thoroughly grounded in quotations from the research participants in the three previous results chapters; repetition would be redundant and unnecessary. Secondarily, the chapter will briefly consider the differences between the research participants’ initial motivations for entering the profession and their understanding of the ways in which their motivations have changed over time.

Dynamic Intersection of the Major Categories with the Central Categories

The three central categories that consistently emerged in this study – competence, relatedness, and autonomy – are the same as the three universal psychological needs postulated by self-determination theory to underscore intrinsic motivation. One of the most striking aspects of the coding and analysis was the way in which the three central categories of autonomy, competence, and relatedness continuously intersected with one another to the extent that single passages from the transcripts frequently demonstrated that the research participants were intrinsically motivated by the opportunity afforded by their work to meet all three needs simultaneously. Certainly this was no where more apparent in the several excerpts in the previous chapter wherein the research participants discussed the ways in which their work met their needs as persons. The dynamic blending and interaction of these three categories with one another produced an explanatory whole (or central phenomenon) for understanding the research
participants work motivation. At the risk of repeating a quotation, a simple yet demonstrative example of this dynamic was the single sentence with which Maria describes the best part of her work.

The best part is again and what is most satisfying is the sense of connection on the human level, but also the use of that connection to make meaningful change. (Maria)

In a scant 27-word description she brings together intrinsic enjoyment and satisfaction (autonomy) with her work realized through connection with another human (relatedness) and the use of that connection to make meaningful change (effectiveness). In a nutshell, this tight integration and simultaneous, intrinsically motivated pursuit of all three needs afforded by the work is a complete model and motivational framework.

The model in Figure 6 displays and the following narrative describes what might best be called the central phenomenon of the coding and analysis: the dynamic interaction among the three central categories (each representing a need) with the subordinate major categories (each being a separate motivational factor) and how each major category actively generates intrinsic motivation to meet needs in all the three central categories.

Competence

Watching clients heal, change, and grow is experienced by the research participants as intrinsically satisfying, a reward, a privilege and one of the best things about their work. This enjoyment arises out of witnessing the effectiveness of the work which is accomplished in and through therapeutic relationships marked by connection and care.

In-the-moment experiences that the research participants find motivating are primarily shared moments with clients where the effectiveness of process is apparent to both members of a dyad. The research participants report that these shared moments of effectance with clients are experienced as a relational privilege, afford the intellectual and emotional pleasures of simply
Figure 1: Dynamic Interaction of Major Categories with the Three Central Categories

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<tr>
<th>Central Category</th>
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<tr>
<td>Autonomy/</td>
<td>Effectiveness/Competence</td>
<td>Relatedness</td>
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<td>Self-determination</td>
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<td>Subordinate Major Categories</td>
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<tr>
<td>Intrinsic Motivational Factors</td>
<td>Efficacy: Witnessing</td>
<td>Therapeutic Relationships:</td>
</tr>
<tr>
<td>(Interest/Enjoyment/Challenge)</td>
<td>Healing/Changing/Growing</td>
<td>• Attachment/Intimacy</td>
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<tr>
<td>Variety</td>
<td>Efficacy Moments</td>
<td>• Connection/Care</td>
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<tr>
<td>Needs</td>
<td>Professional Mastery:</td>
<td>• Instrumental Use</td>
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<tr>
<td>Values and</td>
<td>• Continuing Education</td>
<td>Privilege</td>
</tr>
<tr>
<td>Characteristics/Personality Traits</td>
<td>• Supervision</td>
<td>Goal Setting</td>
</tr>
<tr>
<td>• Personal</td>
<td>• Thwarted Efficacy</td>
<td>Effectance Feedback</td>
</tr>
<tr>
<td>• Professional</td>
<td>• Money &amp; Security/</td>
<td>Self-esteem &amp; Goal Attainment</td>
</tr>
<tr>
<td>• Traits</td>
<td>• Ineffectiveness</td>
<td>• Separating Outcome</td>
</tr>
<tr>
<td>Vocation/Fit</td>
<td>Persistence</td>
<td>from Self-Esteem</td>
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<td>Workplace Autonomy</td>
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<td>Personal Growth &amp; Health</td>
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<td>Well-being &amp; Life Satisfaction</td>
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being present or in a state of flow, and, the opportunity to responding creatively to challenge and provided a platform to recognize and underline clients’ progress towards their goals.

The research participants freely engage in continuing education/professional development/life-long learning and teaching/supervision out of intrinsic interest and enjoyment. Education, professional development and life-long learning are viewed simultaneously as a reward, value, and essential to continued commitment to the profession. They are undertaken throughout the career span out of the desire to continually improve the effectiveness of treatment and their competence as practitioners by mastering new theory, skills, and techniques. Learning and competency is enhanced by autonomy supportive colleagues who provide an environment that allows for eclectic practice and program innovation and by relationships with colleagues who act as mentors, personal therapists, and paid supervisors. Supervision of students is highly valued by the research participants because it not only affords the opportunity for rewarding
interpersonal relationships with students and the intellectual enjoyment of mentoring others, but it comes with the bonus that it boosts the research participants competence by reinforcing existing knowledge and exposing them to newer ideas coming from their charges.

Rich environments marked by learning opportunities and autonomy supportive colleagues are experienced as motivating and enjoyable and in the experience of two research participants one of the best things about the work. These environments contribute directly to their competence as clinicians as they are able to share ideas, learn from each other and take risks in establishing new programs. The importance of colleagues to the maintenance of motivation was evident in those research participants who did not work in institutional environments who created their own autonomy supportive collegial environments by volunteering in provincial associations or participating in study groups.

Work experiences that are de-motivating reduce intrinsic motivation because they frustrate need satisfaction and constrain enjoyment and challenge. Thwarted Efficacy produces intrinsic dissatisfaction and de-motivation because that which is most rewarding, enjoyable and intrinsically motivating about the research participants’ work is its effectiveness. Because efficacy is thwarted through a variety of social and institutional limitations (which constrains autonomy and competence), the feeling that one could have done more for one’s clients with more time, money, or opportunity, and the perception that so many more could profit from counselling and psychotherapy all three needs are thwarted simultaneously. In like fashion, non-optimally challenging clients produce similar frustrations, as the clients’ personal circumstances and characteristics preclude effective treatment and often the establishment of a firm bond and working alliance, or one that is beset by serial ruptures.

Money and security issues cross over into all three realms. The research participants are not extrinsically motivated but concerns about income and comparisons to other professionals who do similar work can produce de-motivation. Monetary worries and a dependence on a continual stream of clients and referrals also affect client relationships, as those in private practice
must constantly question their own motives with regard to clients’ welfare and guard against an iatrogenic temptation to keep clients when termination is warranted.

The research participants are intrinsically motivated to persist in their work despite Thwarted Efficacy, challenging clients, and non-autonomy supportive environments to restore efficacy, enjoyment, and satisfaction because of their belief in its ultimate effectiveness and in particular through the power of connected relationships. The “simple human desire” to repair ruptured therapeutic relationships in tandem with supportive colleagues past and present combined with a storehouse of enactive mastery experiences act as to counteract feelings of dissatisfaction and de-motivation.

Relatedness

The effectiveness of the research participants’ work that generates intrinsic motivation is accomplished in and through therapeutic relationships marked by connection and care. The relationships are enjoyed and valued by the research participants, because they meet personal needs for meaningful relationships and attachments and are the necessary prerequisite to the pursuit of clients’ goals and the effectiveness of their work.

The motivational experience of privilege itself follows a similar dynamic, wherein by means of intimate, personally meaningful relationships with clients, the research participants are honoured by the investment of trust and hope when clients reveal the intimate details of their personal worlds. The rewarding experience of privilege is motivational in part because it is the first indication that progress towards the goal of helping clients through the establishment of a working therapeutic alliance has been reached and in part because of the sense of obligation and responsibility that flows from clients’ investment of trust in the research participants.

Through the relational mechanism of the working alliance the route to positive outcome is jointly established by the research participants and their clients. The goals set through the mechanism of the therapeutic alliance are based on clients’ input and agreement on tasks. The goals also reflect the values, personal goals, and aspirations of the research participants and their
views on how they and their unique ways of working based on preferred theoretical orientations/techniques and political/philosophical outlook can best help their clients achieve collaboratively set goals. Or, eschewing a traditional goal-setting approach, arrive at a positive outcome through the mechanism of the therapeutic relationship itself. Effectance feedback from clients (and especially negative relational effectance feedback) is highly valued by the research participants. Direct and indirect effectance feedback motivates them to continue when progress is reported or to find ways to make more effective interventions or to repair the therapeutic relationship when clients report relational displeasure or a lack of progress.

Feeling thrilled, excited, and joy for clients who reach collaboratively set goals or for whom there has been a positive outcome reflects the satisfaction and motivational reward derived from the effectiveness of their work and their pleasure in watching clients overcome challenging life circumstances. Feelings of self worth and self-esteem are derived from the worthwhile nature of the work itself and its intrinsic goal contents, which accord with the research participants’ personal values, including the importance of connected relationships to healthy living. The apparent egolessness with which the research participants experience clients’ successfully achieving collaboratively set goals insulates them from setbacks and aligned with past efficacy experiences allows them to maintain their motivation and guards against roller-coasting self-esteem, whether the outcome is positive or negative. This is not to say that their self-esteem is not influenced positively by their competent performance as clinicians, as it is important to see clients do well, but outcome is only one of several measures by which they gauge their self-esteem.

Autonomy

Interest in, the challenge of, and love for their work, aligned with an abiding interest in relationships and the human condition typifies their motivation as intrinsic and animates the drive for competence and relatedness.

The fusion of personal and professional values allows the research participants to work authentically. The various sub-sets of values (which give voice to and provide avenues for need
satisfaction) and the closely aligned characteristics (collective value judgments) of what the research participants believe make for good professionals support their needs for competence and relatedness. The professional values of responsibility, accountability, and ethical practice mesh with the relatedness values of relationship building and process and alliance values of respecting clients’ dignity with openness characteristics. Jointly these support the establishment and maintenance of the therapeutic relationship, so critical to effectiveness of the work and the motivation of the research participants.

Workplace autonomy affords the research participants the opportunity to decide on their working conditions. This control allows for their own determination of the clients they choose to take on the basis of their own judgment as to their potential effectiveness with a particular client and to gauge when to limit the number and type clients seen to maintain their effectiveness. Because they can choose the hours of work that are most suitable to the needs of their partners and extended family members, the research participants can attend to and enhance these important relationships outside of work.

Personal needs for self-actualization are met by responding to the call of vocation and the opportunity to employ inborn talents/traits in the competent use of skills and professional experience through the establishment of helping relationships with clients.

Their work satisfies their curiosity about the human condition and contributes directly to their self-understanding through interactions with clients and for some of the participants by continuing to do their own internal work. Such understandings add to their competence and to their sense of well-being and have a positive spin off to relationships with family, further contributing to life satisfaction.

The continuous intersection of the three central categories/SDT’s universal psychological needs operative in each of the general categories and the intrinsic motivation generated by the desire to satisfy these needs can be considered a model and a motivational framework in its own
right, that is, that research participants’ motivation to work and remain in the profession is wholly consistent with self-determination theory.

Initial, Continuing, and Newer Motivations

The first question asked of the research participants was to enumerate their perceptions of the factors or aspects (rewards, gratifications, satisfactions etc.) about professional counselling and psychotherapy that motivate them to do this work currently and for the foreseeable future. The second asked them to enumerate the motivating factors that initially influenced their decision to become a professional counsellor/psychotherapist and to describe how these factors have changed over time. Their responses were fulsome but not entirely comprehensive, as other motivating factors emerged in their responses to other, later questions. The results in this section are restricted to the factors contained in their initial responses.

The motivating factors reported by the research participants that influenced their initial decision to enter the profession largely reflect those outlined in the Literature Review. In addition to the altruistic desire to be of help (Chris, Aldo, and Ian), prominent factors included the experience of healing through personal counselling (Miriam and Chris), a fascination with people and relationships (Chris, Molly, Ian, and Maria), a burning interest in psychology and counselling (Aldo, Ian, Maria, and Susan), the need for intellectual stimulation (Aldo, Ian, Maria, Sarah, and Susan), the enjoyment of the role as advisor and confidante to others prior to entering the profession (Ian, Karen, Sarah, and Miriam), the experience of working with an admired role model/mentor (Chris, Ian, Karen, Miriam, and Sarah), and work that was considered to be meaningful, important, or in line with personal values (Chris, Miriam, and Molly).

Although none of the research participants raised the importance of addressing social inequity and the opportunity to express personal philosophy and values through their work, these latter motives were prominent in later sections of several interviews (Miriam, Molly, Karen, Chris, Ian, Susan, Sarah, and Maria). Only Molly directly raised the effectiveness of the work and
of relationships as a motive for entering the profession. Prominently raised by six of the nine research participants (Chris, Karen, Miriam, Aldo, Susan, and Ian) was mixture of potential for self-actualization and the intimation of future professional competence via the pursuit of a vocation that is a fit with talents, values, interests, and personality.

Several of the initial motivating factors continue throughout the career span: ongoing intellectual interest in the work itself and fascination with the human condition (Aldo, Sarah, and Ian), relationships (Molly and Maria), the desire to be of service or to help (Chris and Ian) and the sense of “fit’ or vocation between interests, values, and personal characteristics, leading to the conviction that they are doing what they were supposed to be doing and what they do best (Chris, Karen, Miriam, Aldo, Susan, and Ian).

The major change in motivating factors is the shift from the altruistic ideal of wanting to be of help, the wish to emulate (the effectiveness) an admired role model, and the desire to fulfil unrealized vocational potential to newer, more practical and experiential motivational factors. These new factors reflect the transition from wanting to be of help to the experience of providing help and being an effective helper; motivational factors cemented by witnessing the effectiveness of their work. Fully seven of the nine noted that effectiveness of their work was a new motivating factor, while effectiveness was a continuing motivating factor for Molly. (Only Sarah did not raise this in direct response to the question but clearly demonstrated elsewhere that being of help and the effectiveness of her work are the prime motivating factors for her.)

The experience of witnessing effectiveness of treatment and process energized their drive to become even better, more effective helpers through continuing education and professional development activities (all), personal therapy (Aldo, Karen, and Miriam), or peer supervision/feedback (Maria and Ian). The importance of relationships with clients, most often experienced as the sense of privilege found in the work, becomes a prominent new factor directly addressing competence and relatedness: so too does the appreciation of supportive colleagues and the pleasures of providing supervision. The desire to give back to and the expression of hope for
the profession was a new motivational factor voiced by three of the research participants (Ian, Molly, and Sarah), reflecting their appreciation of the work of the profession and their hopes to see it thrive. A fourth (Chris) demonstrated this desire through his work with the provincial association of professional psychotherapists and a fifth (Miriam) was motivated by the desire to give back to her clients the help and healing she received through her own therapy. The new motivational factors of learning about the human condition and consequent increases in self-knowledge both support competence. Self-knowledge was viewed as a source of motivation because it contributed to personal health and self-growth (Aldo, Miriam, Susan, and Karen) but also because personal experience could be used to better understand clients’ experiences (Karen) and acted to obviate the harmful effects of negative countertransference (Miriam).

Both the variety of the work and workplace autonomy were identified as newer, highly valued motivational factors (Miriam, Aldo, Susan, Karen, Sarah, and Ian.) Finally, the financial rewards or the opportunity to make a decent living were identified by Aldo, Susan, and Miriam as new, operative motivational factors.
CHAPTER SEVEN

DISCUSSION

The day-to-day and continuing work motivation of counsellors and psychotherapists has not been researched qualitatively or quantitatively to any depth. Other than Skovholt and Rønnestad’s (1992) qualitative study, which provides brief summaries of those aspects of their work that psychotherapists find satisfying at different career stages, there are no comprehensive studies on the work motivation of this group of professionals and none which employ work motivation theory as an analytical lens. That which comes closest is Orlinsky and Rønnestad's (2005) monumental study on the development of psychotherapists. Although their inherently motivating concept of Healing Involvement incorporates the realization of needs for autonomy, competence, and relatedness, it is not a study on work motivation; it is a study of the development of psychotherapists. Duglos and Friedlander’s (2001) qualitative study on the characteristics of passionately committed therapists is helpful but far from comprehensive and focuses on a very select group of professionals. This study, based on the lived experience of nine mid-career professionals, goes well beyond personal reflections of established stars of the profession and existing, disaggregated studies on satisfactions, rewards, and gratifications of the work. It breaks new ground in identifying the underlying factors fuelling the work motivation of the research participants and by extension of counsellors and psychotherapists. These findings are brought together in this chapter and by incorporating self-determination theory and goal-setting theory are used to construct unique motivational frameworks that add substantially to the literature on the work motivation of counsellors and psychotherapists.

Self-Determination Theory: A Model of the Work Motivation of the Research Participants

What clearly emerged from the analysis of the transcripts and a central finding of this study was that the core tenants of self-determination theory provided an ideal model for
understanding the overall work motivation of the research participants. In essence, the research participants’ work motivation was intrinsic in nature and was generated by the opportunity through their work to meet (often simultaneously) inherent needs for autonomy, competence, and relatedness (each of which emerged from the analysis as a central category). These needs were met through the pursuit of intrinsic goals (defined as goals with intrinsically meaningful goal contents based on primary values) (Ryan, et al., 2008; Sheldon, et al., 2004) of helping clients solve problems, change, heal, and grow. In accordance with self-determination theory the opportunity to meet these three needs through their work contributed to their collective sense of self-esteem, self-worth, and well being (Sheldon, et al., 2004; Deci & Ryan, 2000).

The adjectives used by the research participants to describe the nature of their work – interesting, challenging, exciting, fascinating, fulfilling, rich, wonderful, spiritually enriching, awe inspiring, etc. – characterize it as intrinsically motivating. It is work they love doing: a profession all the research participants freely choose to enter; would choose to enter again; and a profession all have freely chosen to remain in for the foreseeable future. Choosing to engage in activities without a sense of coercion or compulsion typifies intrinsic motivation (Deci & Ryan, 1991, 2000b.) The research participants’ descriptions of the feelings generated by the intrinsic nature of their work mirror those cited by Orlinksy and Rønnestad (2005). Drawing from multiple accounts by psychotherapists, they note that such feelings are important to their work motivation and that these“feelings are intrinsically satisfying, and not a reward on par with money or professional prestige” (p. 11).

The first three results chapters each focused on one of the central categories of autonomy, competence, and relatedness that emerged from the coding and analysis. As reported in Chapter 5, Autonomy and Chapter 6, Dynamic Interaction of Needs, the most striking aspect of the coding and analysis was the way in which the research participants’ needs for autonomy, competence, and relatedness continuously intersected with one another to the extent that in many instances passages from the transcripts demonstrated all three needs could be assigned to the same segment
of the narrative. Moreover, the analysis demonstrated that all of the general categories subordinate to each central category could generate intrinsic motivation to simultaneously meet each of the three needs identified as a central category. From the analysis the dynamic intersection of the three central categories with self-determination theory’s universal psychological needs generating intrinsic motivation can be considered a motivational model and framework in its own right; that is, that research participants’ motivation to do the work of the profession is wholly consistent with self-determination theory.

Although goal-setting theory as well as social cognitive theory, as will be argued below, are helpful tools in the dissection of the motivational aspects of the process of counselling and psychotherapy at the micro level, they fall short in explaining the overall work motivation of the research participants at the macro level. It is arguable that because there are significant differences in the work of the profession of counselling and psychotherapy to that of most other non-helping professions that self-determination theory is the more relevant to understanding the work motivation and consequent well being of the research participants than traditional goal-setting theory. What is at the essence of these differences is the autonomous nature of the work that finds intrinsic motivation at its core. It goes beyond social-cognitive and goal-setting theories that primarily focus on the motivational factors underlying performance goals (Latham, 2007) and agentic, self-efficacy beliefs (Bandura, 2001, 1988) to a focus on the intrinsic motivation generated by the drive to meet universal needs for autonomy, competence, and relatedness via the pursuit of personally meaningful goals with intrinsic contents (Ryan, et al, 2008; Sheldon, et al, 2004).

None of the research participants are motivated to any large extent by pay. (One of the participants, echoing Deci’s theory that extrinsic rewards detract from intrinsic motivation by introducing an external locus of control (1975), noted that when she thought about the necessity of working to pay the mortgage, her sense of intrinsic motivation decreased.) Promotions, with
few exceptions, are almost non-existent in the profession, as are performance bonuses. Recognition is rarely public. It comes, if at all, one-on-one in private conversations.

Because of its primary focus on intrinsic motivation, Locke and Latham and other theorists (including Bandura) “question the relevance of self-determination theory to the workplace” (Latham, 2007, p. 143). Locke and Latham (1990) view intrinsic motivation as insignificant in the world of work because most work done for employers involves performance to standards that are defined by the employer and is outer directed (that is, work done from a control orientation versus an autonomy orientation) and extrinsically motivated. The following critique of self-determination theory by Locke & Latham (1990) sums up the tendency to discount intrinsic motivation in the normal motivational paradigm of the working world.

Finally, intrinsic motivation as Deci defines it (time spent during a free work period) is probably not significant in the world of work. Work life tends to be governed more strongly by achievement motivation (involving imposed standards) and extrinsic motivation (pay, recognition, promotion) than by intrinsic motivation (p. 58).

Achievement motivation in the context of counselling and psychotherapy is turned on its head. The forging of a therapeutic bond necessary to the establishment of the therapeutic alliance and consequently to effective practice (Norcross, 2002, Duncan, Miller & Sparks, 2000; Muran & Safran, 1998; Bordin, 1994, Horvath & Greenberg, 1994) cannot be construed as an imposed standard dictated by a client or a singular achievement in the traditional sense. It is difficult to imagine that the facilitative conditions of empathy, warmth, and positive regard (Lambert & Barley, 2002), a relational stance of prizing and accepting (Watson & Greenberg, 1998a) or the necessary conditions of genuineness and congruence (Rogers, 1992) can be conjured up in response to an imposed standard of performance or incented by means of a cash bonus by a client
or an institutional employer. The motivation to pursue helping goals with clients is wholly intrinsic and rooted in altruism and relatedness.

The work performance of the research participants is not wholly defined by standards set by their clients. As will be argued below, there are two sets of goals simultaneously being pursued in the process of counselling and psychotherapy. Clients seek help based on their hopes and wishes for change, growth, and healing from which their goals are derived. The goals pursued by counsellors and psychotherapists (and the standards by which they judge their own performance) are to help clients solve problems, change, heal, or grow, and in so doing determine how best to help them (Orlinksy, 2005; Norcross, 2002). Treatment goals, methods employed, and tasks undertaken are not unilaterally imposed on the research participants, but are collaboratively-set with clients through the medium of the therapeutic alliance (Bordin, 1979; 1994).

The motivation to pursue and persist in working towards the attainment of goals is not dependent solely upon the research participants’ judgment of their self-efficacy (Bandura, 2001). It is dependent upon the collective efficacy of the research participants and their clients through the mechanism of the therapeutic alliance. As Orlinksy and Rønnestad (2005) note “It is not so much a matter of what patient therapist do together as it is of how they are together” (p. 5). The experience of the research participants clearly demonstrates, it is counterproductive and iatrogenic for them to measure their own performance or derive their self-esteem on the achievement of collaboratively-set goals by their clients, because, once established, collaboratively-set goals can only be achieved by clients. Rather, their judgment of their own performance is based on the quality of their relationships with clients, their focus on the process of treatment, appropriateness of their interventions, ability to solve problems in session, and repair ruptures.

Self-efficacy gained through enactive attainments (Bandura, 2001, 1994, 1988) and a core a belief in the predominate efficacy of their work certainly contributes to the confidence,
competence, and motivation with which the research participants undertake their work, but the motivating factor of self-efficacy underlying Bandura’s social cognitive theory only partially explains why the research participants do this work. Self-efficacy and outcome expectations address primarily needs for competence, while ignoring the sense of autonomy or psychological freedom (Deci & Ryan, 1991) that fuels the research participants’ intrinsic motivation and their desire to do work (and work in professional environments) that allow them to meet needs for autonomy and relatedness, as well as their competence needs. It is certainly arguable that if the research participants were not intrinsically interested in the human condition and motivated by their altruistic urge to be of help to fellow human beings via the establishment of meaningful and purposeful interpersonal relationships with clients, characterized by feelings of attachment and care, they would not be competent, efficacious practitioners. They simply wouldn’t care, or care enough. No intrinsic interest or the emotional engagement engendered by the altruistic impulse to care – no therapeutic bond; no bond – no therapeutic relationship or alliance; no therapeutic relationship or alliance– no effectiveness, no competence, no self-efficacy, and no motivation.

Competence and Effectiveness

Striving for professional mastery and witnessing the effectiveness of counselling and psychotherapy was experienced by the research participants as motivating and rewarding, because they allowed for the satisfaction of competence needs. Of the three central categories, this study reveals that the research participants’ principal source of motivation, satisfaction, gratification, and thoughts about what is best about their profession was its perceived efficacy and by extension their competence in doing this work. Their work motivation was driven by their belief that by dint of their efforts, learning, experience, and skills (cumulatively their sense of competence and self-efficacy), they could have a positive impact in the lives of their clients by successfully helping them in their quest to solve problems, change, heal, or grow.
The pervasive understanding by the research participants or collective efficacy belief (Bandura, 1988) that they, the work of the profession, and the process itself (Norcross, 2002), were predominantly effective is consistent with the literature on work motivation. The sense that one can act effectively, impact, or have a sense of control over one’s environment is foundational to work satisfaction and motivation, according to social cognitive and self-determination theory (Elliot, McGregor & Thrash, 2002; Bandura, 2001, 1988; Deci & Ryan, 1991). Without a core belief that the work of counselling and psychotherapy and their competent practice as professionals could produce positive outcomes for their clients, there would be little incentive to engage in the work or persevere in the face of difficulties and setbacks (Bandura, 1988). Striving for and taking pleasure in effectiveness is consistent with the studies in the literature review that report that the primary sources of satisfaction and reward in the work is its efficacy, experienced as enhancing growth in patients (Kramen-Kahn & Hansen, 1998; Dryden & Spurling, 1989, Norcross & Guy, 1989; Farber & Heifetz, 1981), the privilege of watching clients find ways heal, change, or grow (Duglos & Friedlander, 2001), and the use of therapeutic expertise (Norcross & Guy, 1989, Farber & Heifetz, 1981). In similar fashion the ten senior therapists studied by Berger (1995) were sustained in their work by a deep and abiding faith in the efficacy of the process of psychotherapy. In addition, Orlinksy and Rønnestad’s (2005) inherently motivational concept of Healing Involvement reflected psychotherapists’ experience of the therapeutic process as effective, incorporating their sense of efficacy, organization, skill, and ability to cope with challenging clients. Moreover, they found that most therapists in their study believed they operated with intuitive skillfulness and were predominantly effective in their work.

**In-the-Moment Experiences of Efficacy**

Contributing directly to the motivation generated by meeting needs for competence and effectiveness are in-the-moment experiences of efficacy or what may best be summarized as Efficacy Moments. These moments were experienced by the research participants variously as
privileged, enjoyable, touching, and awe inspiring. The research participants also reported intellectual satisfaction in-the-moment from the novelty and excitement arising from the indeterminate nature of each session, (e.g., the need to keep on your toes), flow experiences, and in the co-creative aspects of the work. However, this study found that the clear preponderance of the research participants’ motivational experience in-the-moment was derived from the apprehension of moments of efficacy. The reported instances in session when progress towards the goals of growth, healing, and change were palpable were experienced by them as both rewarding and motivating.

It may be that the apprehension of progress in-the-moment is highly motivating, because these moments are change moments or precursors to change, signaling to the research participants that the attainment of proximal goals (variously reported as moments of ‘insight’, ‘discovery’, ‘understanding’, ‘articulation’, ‘shifting’, ‘transformation’ etc.) have been or are about to be attained and the distal goal of positive outcome is that much closer (Bandura, 2001, 1998). In addition, because these moments are at times unpredictable, occurring on a variable interval reinforcement schedule, the motivation they generate is highly resistant to extinction.

The identification of the motivational spur generated by efficacy moments in session adds a new dimension to the literature on the motivation of counsellors and psychotherapists. The closest analogue is found in the concept of Healing Involvement produced by experiences wherein practitioners feel they are “conscious of Flow-type feelings during sessions, having a sense of efficacy in general, and dealing constructively with difficulties encountered if problems in treatment arose” (Orlinsky & Rønnestad, 2005, p.162). Although there is a linkage to flow and competence, incorporating feelings of engagement, challenge, and efficacy (Parks, 2005), the motivational connection to the process is inferred as enjoyable but is largely undeveloped.
The Drive for Professional Mastery

The Emergence of New Motivational Factors

The growing motivational focus on effectiveness and the drive for professional mastery that emerged in the experience of this group of mid-career professionals was apparent in the brief review in the latter section of Chapter 6, Initial, Continuing, and New Motivating Factors, which examined the research participants motivation for becoming professionals and their current sources of motivation. Several motivational factors that underlay the research participants initial decision to become a professional counsellor or psychotherapist, such as those identified in earlier studies (Farber et al, 2005; Norcross & Farber, 2005), remain operative throughout the career span: the altruistic urge to help, a sense of vocation, the desire to give back, an enduring interest in the human condition, and the quest for self-knowledge and growth. The experience of the work participants highlights the emergence over time of newer, more functional motivational factors: the ongoing hunger for professional development and continuing education, the importance of colleagues in the provision of mentoring, consultation, and support, and the opportunity to increase and pass on their mastery by grooming the next generation of professionals through teaching and supervision.

These findings broke new ground. It is the first study to demonstrate they ways in which some of the motivational factors underlying the work motivation of counsellors and psychotherapists remains constant throughout the career span, but also identifies how newer, more functional motivational factors based on professional work experience emerge over time. These newer factors reflected the transition from wanting to be of help to being and developing as ever more competent and effective helpers.

Continuing education and professional development

The research participants needs for competence was evident in their drive for professional mastery accomplished in part via the motivational factors of continuing education/professional development activities. They assiduously sought and enjoyed continuing education and
professional development activities, which provided them with a sense of satisfaction, intrinsic reward, and was an essential factor to their commitment to the profession. These findings accord with Jennings and Skovholt’s (1999) description of master therapists as voracious learners who “hunger and thirst for knowledge” (p.6). Orlinksy and Rønnestad (2005) note the synergistic relationship between satisfaction with the work of psychotherapy and the motivation to continually improve as a therapist. Ongoing professional development, they believe, augments the enjoyment of the sense of Felt Therapeutic Mastery and Currently Experienced Growth important components to what is called an Effective Practice. Experiencing mastery and professional growth, they argue, strongly motivates psychotherapists to strive for more professional development through personal therapy, supervision, and through attendance at workshops and conferences. These activities promote “a process of continual professional reflection” further adding to competence and mastery (Orlinsky & Rønnestad, 2005; p. 171). Orlinsky et al (1999) also note that a sense of professional expertise and improvement is essential to the maintenance of morale and motivation.

Student Supervision

The research participants reported that the process of supervising, teaching, and mentoring students allowed them to better understand their own work and increase their mastery as practitioners and to give back to the profession by training the next generation of professionals. The research participants’ understanding that supervision augmented their competence is reflected in Skovholt and Rønnestad’s (1999) finding that supervision allows psychotherapists to stay current with developments in theory and technique. What cannot be fully expressed in the text is the tone of warmth with which these research participants spoke about their experiences supervising students. There is no doubt that the research participants enjoyed the intellectual stimulation of teaching and supervision and simultaneously met important needs for relatedness by supporting the effectiveness of their students. Their positive experiences with their students
appear to be at odds with research that indicates substantial conflict and unhappiness by students with supervisors (Orlinksy & Rønnestad, 2005).

Working Environments, Colleagues, and Satisfaction

Needs for competence (and relatedness) for those research participants who worked in institutional settings were bolstered by supportive colleagues who shared expertise, provided supervision, championed autonomy by encouraging diversity of approach and new program initiatives, and who fostered community. Colleagues, who provide autonomy-supportive interpersonal work environments, contribute markedly to work satisfaction and motivation (Gagne & Deci, 2005). The boost to work motivation by helpful colleagues is mirrored by Orlinsky and Rønnestad’s (2005) findings. They note that therapeutic work is experienced positively by psychotherapists who “feel supported and satisfied in their main work setting, and who have professional autonomy” (pp. 79-80). A supportive clinical milieu, they assert, is one of the conditions leading to the experience of Currently Experienced Growth and its absence to one of the conditions engendering dissatisfaction and a negative development cycle. Clinical supervision and consultation with colleagues and paid supervisors in both institutional and private practice environments is highly valued by psychotherapists (Orlinksy & Rønnestad, 2005), school and career counsellors (McMahon, 2005), and mental health workers (Strong, et al., 2003), because it contributes to career development, ensures competence, and affords the opportunity to learn new strategies and best practices.

The research participants in private practice who were members of a study groups or participated in the executive of professional organizations were able to meet needs for relatedness and competence by creating supportive environments external to their daily working environments. The desire for peer consultation for those in private practice is consistent with the results of a survey of 483 psychologists (Lewis, Greenberg & Hatch, 1988). Of those surveyed 23% were currently members of a peer support group and 60% of those who were not current
members of a group expressed a desire to join one. Group membership gave the participants the opportunity to discuss difficult cases, discuss ethical and professional issues, and countered feelings of isolation. Other prominent benefits of membership included a platform for discussing problematic feelings about clients, learning and mastering new techniques, sharing information and exposure to other theoretical orientations.

Dissatisfaction

Unsupportive Colleagues and Dissatisfaction

The findings of this study show that what can be de-motivating in the research participants’ experience are non-supportive colleagues in institutional settings, who because of competitive, doctrinal differences engender a sense of political caution in discussing work for fear of censure (or loss of financial and moral support). In addition, environments where there is a culture of overwork can produce dissatisfaction in the most dedicated of employees.

Where there is a congruence between the needs (such as autonomy), values, and abilities of an employee to the requirements and values of their working environment, a positive person-environment/person-organization fit which contributes to an employees’ organizational commitment and job satisfaction is operative (Latham, 2007). When there is a clash of values in the person-environment fit, such as doctrinal competition or when institutional managers are caught up in a culture that so values overwork that they fail to recognize the deleterious effects of overwork on effectiveness, dissatisfaction with working conditions (Herzberg, 1966), although not necessarily with the work itself, is an inevitable result.

Thwarted Efficacy

An important finding of this study was the experiential phenomenon of Thwarted Efficacy. Experiences which were identified by several of the research participants as strongly dissatisfying and de-motivating were occasioned when needs for competence/effectiveness were thwarted, resulting in the experience of Thwarted Efficacy. The paucity of support for their work
by society at large, as expressed in the lack of public funding via the Ontario Hospital Insurance Plan (OHIP) for registered psychologists and private practice psychotherapists and the consequent limitation of service primarily to those who can afford private practice counseling and psychotherapy was a prominent source of frustration identified by two research participants. Beyond the detrimental effect on their potential to generate income, they believed that many people who could benefit from counseling and psychotherapy were shut out by financial exigency and provincial policy. It was particularly irksome that medical doctors, many of whom did not have proper training and who therefore were perceived as less competent or efficacious than the research participants, could bill OHIP for services. In like fashion, institutional limitations in both post-secondary and hospital environments on the number of times a client could be seen, especially when there was a perception that progress towards goals was apparent and there was more work to be done, was described as de-motivating by three of the research participants. Another manifestation of the lack of societal support resulting in Thwarted Efficacy were the number of clients who now present to a university counselling department with multiple, long-standing problems and who are already on medication. After relatively brief institutional intervention and treatment at the University, which has limits on the number of times a client can be seen, the often wholesale absence or unpredictability of available community supports and outpatient programs to which to refer clients added to the complexity of discharge planning and anxiety about how clients would cope.

Regardless of skills, experience, and the desire to be of help, the paucity of funding in social and institutional environments did not allow the research participants to fully utilize their training and experience to help clients. That this experience is de-motivating is supported by Orlinksy and Rønnestad’s (2005) proposition that dissatisfaction is occasioned when psychotherapists are frustrated in their desire to exercise and stretch their skills. The limitations on the number of times a client can be seen accords with the de-motivational effects of working from a control orientation. The imposition of what are in effect deadlines, when there are imposed
limits on the number of times a client can be seen, diminishes autonomy and intrinsic motivation, because in these circumstances the research participants must work from a perceived external locus of control (Ryan & Deci, 2000a).

These findings and the conception of Thwarted Efficacy add to existing literature by suggesting that what is de-motivating is an implied affront to the research participants’ potential competence and to the efficacy of counselling/psychotherapy. The research participants have the skills, ability, and experience to help, but they are thwarted in their desire to provide that help. It is not unlike a physician’s complaint that a lack of MRI machines or a dearth of qualified orthopaedic surgeons impedes the effectiveness of patient care and prolongs the physical suffering of those who need replacement joints.

Contributing to the sense of de-motivation and perhaps to the paucity of societal support for the work may be the negative stereotypes (noted by one of the research participants) of psychiatrists, psychologists, and psychotherapists and the public perception of weakness for those who seek counselling and psychotherapeutic help. These stereotypes may be the source of the reluctance of three of the research participants to discuss their work with friends for fear the profundity of their work will be trivialized, or because the negative stereotypes surrounding the work are experienced by them as alienating and isolating.

Other Sources of Dissatisfaction and De-Motivation

Money and Security The finding that the unevenness of financial rewards for similar work was perceived as de-motivating by two research participants in private practice is a not uncommon phenomenon. With regard to principles of organizational justice, Latham notes “fewer things kill motivation faster than the knowledge that someone else is getting a better deal” (Latham, 2007, p. 95). The findings of this study show that all three research participants in private practice are now comfortable with their income, but only after each had to struggle to build up their practices. The findings also demonstrate what is at the root of dissatisfaction with the difficulties of building a private practice is the possibility in so doing of constraining
effectiveness. This may be occasioned by the necessity of taking on too many clients in order to
balance a practice against a leaner times with a consequent drain on energy or by the temptation
to hold on to clients when termination is warranted.

**Suicidal and Challenging Clients** Two research participants spoke to the anxiety attached
to working with suicidal clients, describing the experience variously as de-motivating,
dissatisfying, or one of the worst things about their work. Their experience is consistent with
Yalom’s (2002) assertion that 50% of senior therapists will deal with clients who suicide or make
serious suicidal attempts and when faced with this experience “even the most mature and
seasoned therapist will be tormented by the shock, sadness, guilt, feelings of incompetence, and
anger at the patient” (p. 253). Highly challenging clients, such as those who are severely ill or
with whom establishing connection is problematic also produced feelings of de-motivation and
dissatisfaction. That these feelings arose is not surprising. Clients have varying abilities to form
alliances and those with poor mental health, have difficulty with social relationships, or come
from families with poor relationships are less able to form strong and productive alliances
(Bachelor & Horvath, 1999), thus severely constraining effectiveness. Studies investigating
burnout among professional psychologists demonstrate that overall those in institutional practice
(particularly women) suffer more depletion, emotional exhaustion, and burnout than their
colleagues in private practice (Rupert & Morgan, 2005; Raquepaw & Miller, 1989). In both
studies those in institutional practice were more likely to deal with suicidal clients or clients with
dangerous or threatening negative behaviours and have heavier caseloads. In institutional settings
too many non-optimally challenging clients combined with a lack of collegial support produces
feelings of dissatisfaction that if left unchecked can lead to a practice marked by Stressful
Involvement and a paucity of Healing Involvement (Orlinsky & Rønnestad, 2005). The antidote,
they assert is to expand practice into other than institutional settings, seek professional
supervision, or a different work setting (Orlinksy & Rønnestad, 2005).
The findings of this study on the sources of dissatisfaction and de-motivation are consistent with existing literature on the difficulties encountered in working with suicidal and non-optimally challenging clients and on the de-motivating effects of perceived unfairness in remuneration in the workplace. By linking these findings to the potential for ineffectiveness from balancing client loads or holding on to clients while building a professional practice and that occasioned by working with highly challenging clients to the frustration of needs for competence adds a new dimension to the study of the work motivation of counsellors and psychotherapists.

Persistence

As evidenced by the findings of this study the initial response of the research participants to non-optimally challenging clients, treatment setbacks, ruptures, and failures to reach collaboratively set goals resulted in feelings of de-motivation, frustration, and of being de-skilled. The findings also established that these experiences sometimes occasioned fleeting feelings of self-blame or a temporary loss of self-esteem but were followed by a secondary response of persistence. The motivation to persist was driven by the desire to restore self-efficacy and the effectiveness of treatment. This was done via consultation with colleagues, by seeking supervision, or by reading professional literature to address technique and knowledge deficits, find ways to repair ruptures, or make more effective interventions. The negative feelings occasioned by initial ineffectiveness were offset by the research participants’ belief in the predominate effectiveness of their work, anchored through years of experiencing successful outcomes.

This pattern of initial de-motivation followed by the drive to restore competency is mirrored in work motivation literature. Dissatisfaction with outcome and one’s performance (e.g., when faced with setbacks or empathic ruptures) and the belief that set backs are surmountable challenges (Bandura, 2001) generates the desire to persist and to take action (Pajares, 2002; Bandura, 1988). Consistent with the experience of the research participants, all of whom reported
reasonable levels of self-esteem and self-efficacy, social-cognitive theory (Bandura, 2001, 1994) holds that those with high self-efficacy persevere in the face of difficulties, “heighten and sustain their efforts in the face of failure, … and more quickly recover their sense of self-efficacy after failures or set backs” (Pajares, 2002; p. 6). Positive memories of past enactive attainments or what Bandura (1988) calls ‘enactive attainments’ and Jennings and Skovholt (1999) refer to as ‘mastery experiences’ fuel persistence (Pajares, 2002, Bandura, 1988). The research participants’ ability to retain their sense of self-efficacy in difficult circumstances can be explained by their histories of past enactive attainments and the proposition that self-efficacy is measured, not in response to a single outcome, but rather, through an assessment of efficacy across a range of performance outcomes (Latham, 2007; Locke & Latham, 2002).

One of the key findings of this study and contributions to existing literature on the motivation of counsellors and psychotherapists is the consistency with and direct linkage of these findings on persistence in the face of dissatisfaction to social cognitive precepts of the role of agency and self-efficacy in actively influencing the motivational phenomenon of persistence.

Relatedness

The analysis of the transcripts reveals that relationships with clients allowed the research participants to meet their own needs for meaningful connection and relatedness. These relationships were experienced as rewarding, enriching, wonderful, a primary motivating factor, and one of the best things about the work. At the same time the participants were keenly aware of the centrality of relatedness via therapeutic relationships to the effectiveness of their work through the purposive use of those relationships. From the research participants’ accounts, it was in this domain that the fusion of needs for competence and relatedness were the most inextricably intertwined.
Altruism, Attachment, Connection, and Care

The research participants’ desire to be of help and to connect, attach, and care for clients is altruistic behaviour. This behaviour is reflected in both humanistic descriptions of the nature of altruism and in the accounts of leading practitioners. Post (2002) in a monograph intended to bring together moral philosophy and evolutionary biology to examine the history and role of altruism in society describes the altruistic impulse to care as one that is other-directed and marked by a desire to see another do well. The highest form of altruism he defines as altruistic love – an intentional affirmation of the other characterized by deep affect. His description of the form altruistic love takes speaks directly to the process of caring and to the therapeutic enterprise.

Altruistic love is closely linked to care, which is love in response to another in need. It is closely linked to compassion, which is love in response to the other in suffering; to sympathy which is love in response to another who suffers unfairly; to beneficence, which is love acting for the well being of the other; to companionship, which is love attentively present with the other in ordinary moments (Post, 2002; p. 53).

Altruistic behaviour expressed through caring for others is both a functional and a motivational phenomenon. Altruism, rooted in the capacities for empathy and sympathy, is functional to the extent that it is a necessary ingredient for attending to the needs of infants and children and for group social cohesion (Post, 2002). The capacity for empathy allows for the recognition and sharing of the feeling of the emotional states of others. Empathy is one of three ‘therapeutic conditions’ for positive change to occur (Rogers, 1992), is highly functional in establishing the therapeutic bond, understanding clients’ worldviews, and is theorized to be in itself curative (Bohart & Greenberg, 1997). It is also a motivated behaviour (deWal, 2008) and way of being (Bohart & Greenberg, 1997). The related capacity for sympathy is derived from a cognitive appraisal of the distress or need of another, which occasions emotional engagement.
through an “affective response that consists of feelings of sorrow or concern for a distressed or needy other” (rather than simply sharing the emotion of the other). Sympathy is theorized by Eisenberg (2000) to generate "an other-oriented altruistic motivation” (p. 677, quoted from deWal, 2008, p. 283). It may be that the capacity for empathy and sympathy, much like personality traits, operate like needs (Maslow, 1968) for the research participants. The caring impulse expressed through the exercise of altruistic love is generated by an inherent capacity for empathy, the emotional engagement generated by sympathy, and the concomitant desire to meet relatedness and competence needs is met by alleviating suffering and acting for the well-being of others.

McWilliams (2004), citing several sources, speaks to the role in the psychodynamic tradition of linking the ultimate form of care in the therapeutic process, whether it is called love, or agape (altruistic love universalized to all mankind) or amae (a Japanese concept equivalent to a willingness to look after the needs of others, such as a parent might have for their children) to healing. Orlinsky addresses the same phenomenon as “well disciplined philosophical love” (Orlinsky, 2005, p. 1005).

It would seem to be logical that for those who work with longer-term clients that the care that inheres in altruism could most easily turn into feelings akin to love. Mitchell (2000) writes that because his analysands “are alternatively doing things that are unavoidably loveable and hateful”, and because the analyst “inevitably and necessarily becomes deeply emotionally involved in the work with his patient that mutual feelings of love and hatred are to be expected” (p. 128).

Altruistic love may also contribute to effectiveness of the work in unexpected ways. The exercise of altruistic love in the context of longer term therapy may allow for the healthy return of that emotion on the part of clients who are emboldened enough to allow their own capacity to
accept and express love in the context of a therapeutic relationship and to then share that most positive emotion in their daily lives. Yalom (2002) sums up this positive dynamic succinctly:

We watch our patients let go of old self-defeating patterns, detach from ancient grievances, develop a zest for living, learn to love us and through that act turn lovingly to others (p.258).

Emerging through the transcripts, feelings akin to agape, amae, and the deep affect characterized by altruistic love were apparent. However, it was equally apparent that in the context of a single interview and follow up questions the research participants (with some notable exceptions) found it difficult to talk at length about their depth of feelings for clients. Caution in expressing depth of feeling for fear it would be construed as an unprofessional use of relationships for instrumental purposes (e.g., Sussman’s (1992) description of the unconscious motivation to exploit intimacy to fulfill unmet needs for relationships outside of professional work) in a profession where an uneven power balance is the norm (Proctor, 2002) is advisable. However, the recognition of the advantages of work that allows legitimate, purposive needs for relatedness to be expressed by the altruistic urge to connect, attach, care and to find meaningful connection to the social world (Deci & Ryan, 1991) should be seen as foundational to work motivation and work satisfaction of counsellors and psychotherapists.

Purposive Use of Relationships

Relational Efficacy

The notion of Relational Efficacy which arises from the findings of this study incorporates the research participants’ feelings of attachment, connection, and care for clients, the enjoyment realized from forming meaningful relationships with clients, and their keen
appreciation of the purposive uses of relationships with clients to effect meaningful change and to foster healing and transformation.

The research participants’ innate understanding of the importance of Relational Efficacy to positive outcome is supported by the experience of master therapists who believe that a “strong, healthy, deep relationship provides the environment in which the natural process of healing takes place” (Sullivan, Skovholt & Jennings, 2005, p.57). It is also firmly grounded in outcome research. A capacity for relatedness is essential to the effectiveness (positive outcome) of counselling and psychotherapy. The results of meta analyses on outcome in psychotherapy (Lambert & Barley, 2002; Asay & Lambert, 1999) demonstrate that 40% of successful outcome in therapy is dependent on client factors – the person of the client, the resources they bring to therapy, and the influence of environmental factors (positive and negative) outside of counselling/psychotherapy relationships. The use of specialized therapeutic approaches accounts for 15% of positive outcomes and a further 15% are derived jointly from the placebo effect and expectancy factors (Asay & Lambert, 1999). However, the second most important indicator of successful outcome (30%) and the area where the efforts of professional counsellors and psychotherapists have the most impact are found in overlapping and interdependent relational factors: the therapist’s interpersonal style and attributes, their empathy, warmth, and unconditional positive regard toward clients, and the quality of the therapeutic alliance (Lambert & Barley, 2002). The quality of the therapeutic relationships (inclusive of bond and alliance) with clients is the most robust predictor of positive outcome (Lambert & Barley, 2002; Bachelor & Horvath, 1999; Muran & Safran, 1998, Luborsky, 1994; Sexton & Whiston, 1994). The failure to establish a strong alliance is associated with ineffectiveness: treatment non-compliance, early termination, and negative outcome (Sexton & Whiston, 1994).

The perceived relationship between positive outcome and the quality of the therapeutic relationship is derived in no small measure because of the belief that therapeutic bond and relationship promotes change (Stricker & Gold, 2002; Safran & Muran, 1998, Watson &
Greenberg, 1998a) and is healing or curative in and of itself (Orlinsky, Rønnestad & Willuski, 2004, Hubble, Duncan & Miller, 1999; Binder, 1998; Luborsky, 1998, Watson & Greenberg, 1998a;). These views strongly echo Rogers’ (1992) conception that the necessary and sufficient conditions of empathy, acceptance, and congruence found in a facilitative relationship allows for change and healing.

Other theorists believe that through the medium of the therapeutic relationship clients have new, corrective emotional experiences, try out new behaviours, and experience, tolerate, and regulate painful emotions and warded off internal states (Stricker & Gold, 2002). Finally, from interpersonal and (object) relational theoretical stances, the experience of a constructive relationship with a therapist is viewed as a key to change. In particular, the investigation, illumination, and successful repair of alliance ruptures allow clients to have a window on their representational world and object relations, providing opportunities for cognitive insight and corrective emotional experiences (Binder, 1998, Muran & Safran, 1998).

The findings of this study demonstrate that the experience of Relational Efficacy provides the research participants with a unique and powerful motivational mix and match. Without the opportunity to express their needs for relatedness through the altruistic impulse to connect, attach, and care the research participants’ needs for competence - to be of help - could not be met. The fusion of relatedness and effectiveness is supported by Skovholt’s (2005) model of expertise in the helping professions, which holds that at the core of the work are professional attachments formed with clients. At the heart of these attachments, he asserts, is the ability to care for clients; an inability to care a bellwether of “burnout, ineffectiveness and incompetence” (Skovholt, 2005, p. 82). What needs to be added to Skovholt’s formula and an important finding of this study is that at the core of the work – professional, purposive, and caring attachments with clients as encapsulated in the experience of Relational Efficacy – can be found its motivational heart.
Privilege was variously experienced by the research participants as rewarding, one of the best things about the work, a source of satisfaction, and motivating in the moment. The research participants felt honoured, gratified, and privileged to be let into the private worlds of their clients who shared with them their stories, secrets, and hidden feelings, and to whom they entrusted their hearts and hopes. Feelings of amazement at and of being humbled by clients who risked vulnerability by opening up to perfect strangers were experienced. Concomitant with these feelings were feelings of responsibility for protecting the welfare of clients who risked vulnerability in the hopes of receiving help.

The opportunity to watch clients struggle with grace and determination, to witness the healing power of counselling, and through access to the private intimate world of their clients learn lessons about human condition (and in so doing come to a deeper understanding of self) were viewed by as important privileges. A similar sense of privilege in the work is found in the narratives of passionately committed psychotherapists who derive a sense honour and privilege from the experience of watching clients successfully struggle to overcome challenging life circumstances to heal, change, and grow (Duglos & Friedlander, 2001). The unparalleled window into the human condition and the opportunity for self-learning occasioned by that experience are viewed by Bugental (1963) as important gratifications of the work. In like manner, Yalom (2002,p. 258) lists as one the privileges “given to very few of being graced by clients who share secrets” (p. 258) and the opportunity afforded by it to “transcend ourselves, to evolve and grow and to be blessed by clarity of vision into the true and tragic nature of the human condition” (p. 256). Although McWilliams (2004), Pipher (2003), Yalom (2002), Bugental (1981) and Rogers (1963) all speak to the positive nature of the privileges found in the work, a discussion about the motivation generated from privileged experience was not developed to any extent. Skovholt and Rønnestad (1992, p. 97) took a step closer by identifying the experience of “being permitted to
enter a person’s personal life and help the person in a profoundly positive way” as “an important component of work satisfaction”. The findings of this study and the following commentary (as encapsulated in Figure 2) add to existing literature by providing a more nuanced understanding into the motive power derived from the research participants’ experience of privilege in the provision of counselling and psychotherapy. The experience of privilege allows for the satisfaction of needs for autonomy, competence, and relatedness.

First and foremost privilege is a relational phenomenon. It occurs through the formation of therapeutic alliance and the relational bond contained within, defined as a “positive interpersonal attachment between the therapist and client of mutual trust, confidence, and acceptance” (Lambert & Barley, 2002). The trust, confidence, and acceptance embedded in the bond and experienced as a privilege by the research participants has a twofold effect. A client
must take a leap of trust to open up, risk vulnerability and reveal their most intimate thoughts and feelings in the hopes that, an empathic, accepting, and caring professional will help them in their quest to solve problems, change, heal, or grow. It is only through this privileged access that the research participants are able to find their way into clients’ personal worlds and by so doing meet their own needs for autonomy and competence. Without this privileged access, the research participants could not experience the honour of being witness to the human condition (augmenting their own self-understanding and growth). Nor could they find ways to be effective helpers and make a difference in their clients’ lives by successfully negotiating the goals and actively engaging them in the tasks and process of counselling and psychotherapy.

Moreover, by risking vulnerability and placing trust in the research participants – that they are trustworthy persons – clients demonstrate their confidence that the research participants are competent and caring professionals, who have successfully imparted a sense of hope that she can help them address their problems and issues. Imparting hope and faith in a therapist’s capacity to help is a critical aspect of the change process (Muran & Safran, 1998) and in the installation of hope (Tallman & Horvath, 1999) both of which contribute to the effectiveness of treatment.

As will be argued below and in accordance with goal-setting theory, the establishment of the therapeutic bond and alliance experienced as a ‘privilege’ by the research participants is also highly motivating, because it signifies to the research participant that the primary process and proximal goal of a counsellor or psychotherapist – that of establishing a relational bond based on the creation of a safe and trusting space, essential to the establishment and maintenance of the working alliance (Watson & Greenberg, 1998a, 1998b; Greenberg, Rice & Elliot, 1993) – has been attained. The establishment of the alliance is the highest priority (or process goal) in the beginning stage of therapy (Horvath & Bedi, 2002) and precedes the active engagement of clients in the tasks of counselling and psychotherapy (Watson & Greenberg, 1998b). Negotiating client agreement on the tasks and goals of counselling/psychotherapy is an essential part of the formula
in a successful therapeutic alliance and to the change process (Bordin, 1979, 1994; Muran & Safran, 1998). But it follows from the successful attainment of the primary proximal goal of establishing the therapeutic bond, the realization of which reinforces motivation by signaling the beginning of the progression towards the attainment of the distal goal of positive outcome (Bandura, 1988).

Yalom’s (2002) “Gift of Therapy” is a two-way street: the client privileges and honours the research participants by giving themselves over to their care, and as caring individuals the research participants react with the natural human tendency to want to give back (Coleman, 2006). It may be that the research participants’ sense of responsibility for the welfare of vulnerable clients brings with it the twin motivational and moral imperatives of obligation and duty; to make every effort to repay the gift of privilege by doing their utmost to confirm the trust and hope invested in them by clients by providing caring, competent help. It is no accident that when the research participants were asked for their assessment of what makes a good professional that ‘ethical’, ‘responsible’, ‘accountable’ and ‘respect’ (for clients’ dignity) were prominently used adjectives.

Privilege stands alone as a core motivating factor for the work of counselling and psychotherapy. As one of the best things about the work, an honour, and a reward, it is intrinsically motivating and satisfying. Melding autonomy, relatedness, and competence needs and primary proximal goal attainment into a single package, it is a powerful motivational factor and framework on its own.

Goal-Setting

Process and Relational Goal Foci and the Therapeutic Alliance

The research participants were asked to assess their performance with regard to the success or failure of clients in achieving collaboratively-set goals and whether clients’ success or failure on reaching these goals had an effect on their self-esteem and self-efficacy. The responses
of several of the research participants centred not on the achievement of collaboratively-set goals but on the pursuit of process and relational goals within treatment, such as, providing a safe space for clients and constant attention to the state of the therapeutic alliance, with particular emphasis on detecting and repairing ruptures. Other research participants downplayed or minimized the importance of focusing on goal attainments because of client or institutional limitations and emphasised the importance of clients achieving small goals within treatment and of allowing for the mutation of client goals throughout the process.

In retrospect the original questions missed the mark entirely. One of the challenges of applying goal-setting theory to counselling and psychotherapy is that there are two sets of closely interrelated but decidedly different sets of goals simultaneously being pursued in the process. The first set of goals reflects the desire and hopes for change, growth, and healing that clients bring to the process. The second set of goals being pursued reflect the primary objective of most counsellors and psychotherapists – that of competently using skills, education, and experience to help clients work towards these goals and in so doing decide how and how best to help them. It was to this second set of goals that the questions should have been directed. Thus, it was not surprising that the research participants’ responses to the original set of questions addressed the unspoken second set.

The establishment of, constant attention to, maintenance of, and repair to the therapeutic relationship on the part of the research participants were ongoing, primary process goals, which explains the marked de-emphasis on client goal attainment reported by several research participants in favour of process goals. It may be that the removal of the stress on the attainment of collaboratively-set goals in favour of primary process goals of establishing and maintaining a strong relational bond and working alliance allows for the simultaneous pursuit of both the research participants’ goals – to be of help – and the client’s goals. The focus on process and relational goals rather than a singular focus on attaining collaboratively-set goals is supported by the proposition that therapeutic change happens through the medium of the therapeutic
relationship in which a natural process of growth and healing allows clients to attain their goals (Muran & Safran, 1998). McWilliams (2004) sums up this paradigm neatly.

The faith of the therapist is not attached to a particular expected outcome but to the conviction that if two people conscientiously put a certain effort in motion, a natural process of growth that has been arrested by the accidents of the patient’s life thus far will be released to follow its own self-healing logic (McWilliams, 2004; p. 43).

A Learning Goal Orientation and the Fluidity of the Goal-setting Process

As was evident in the chapters dealing with competence and autonomy, the research participants embrace a culture of learning by engaging in continuous learning and professional development activity, both for its intrinsic enjoyment and because of its boost to their competence. To this end, six of the nine research participants noted that a characteristic of a good professional was engagement in learning and professional development activities, and all the research participants participated regularly in these activities. Moreover, as the analysis demonstrated the research participants when faced with negative effectance feedback, mistakes, relationship ruptures, and the failure of clients to reach collaboratively set goals turned these setbacks into learning opportunities. By consulting colleagues and paid supervisors or by researching and trying other more adaptive approaches and interventions, the research participants were constantly trying to learn more effective ways addressing problems encountered in treatment; a theme that is repeated throughout the transcripts.

A supplemental reason for the focus on process goals may be found in the nature and complexity of the collaboratively-set goals pursued in counselling and psychotherapy and the learning orientation of the research participants. Their work is far from routinized and simple. The goals collaboratively set with clients are often highly complex and, as the experience of the research participants demonstrates, subject to substantial change mid-stream. Goals or objectives,
such as feeling better about the self, less depressed, and having a better sense of self-esteem and purpose (Muran & Safran, 1998) are complex, do not afford repeatable, routinized means of attaining them, nor can hard work alone by either client or counsellor ensure success. Each client is unique with their own constellation of problems and routes to change, growth, problem resolution, and healing (Duncan, Miller & Sparks, 2000). Performance and motivation is highest when relatively simple, specific goals are pursued (Locke & Latham, 2002). When goals are complex, striving for specific outcomes can lead to unsystematic approaches to resolution and poorer outcomes, owing to a fear of evaluative pressure (Locke & Latham, 2002). The better approach is to “set specific, challenging, learning goals, such as the discovery of different task strategies to master the task” (Locke & Latham, 2002; p. 707). In counselling and psychotherapy it is arguable that regardless of theoretical approach, the change process hinges on client (self) learning and discovery (Tallman & Bohart, 1999). In addition, clients have the opportunity to learn and to try in the context of a constructive, interpersonal relationships more adaptive strategies and ways of being-in-the-world and being-in-relationship-with-others by resolving in session problems and ruptures in the alliance and then bring these new learnings to their out-of-session worlds (Muran & Safran, 1998).

In this enterprise, it is not just the client who is on a journey of learning and discovery but it would be reasonable to assume that a learning-goal orientation to first learn about the experiential world of the client and then to customize approach, tasks, and interventions to individual clients (Norcross, 2002) would be essential to effective and competent practice. Dweck and Leggett (1988) in a study on intellectual achievement characterize two types of goal orientation: performance and learning. Those with a performance orientation focused their attention on self-judgments centred on achievement, which, if goals were not realized, led to feelings of helplessness (and de-motivation). A learning goal orientation enhances motivation. It creates a focus on increasing ability and sets in motion cognitive and affective processes that promote adaptive challenge seeking, persistence, and sustained performance in the face of
difficulty” (Dweck & Leggett, 1988, p. 262). According to Latham, those with a learning-goal orientation strive to acquire new knowledge to increase their competence and consistent with the research participants’ experience view mistakes as opportunities to learn (Latham, 2007). A learning-goal orientation is also consistent with the research participants’ comfort with the fluidity of the goal-setting process. Muran and Safran’s (1998) reading of Bordin (1979) highlights the importance of the ongoing process of setting and resetting of goals, as this process “establishes the necessary conditions for change to take place, and is an intrinsic part of the change process as well” (Muran & Safran, p. 9). Binder (1998) notes that in brief relational approaches, “the alliance is maintained by the therapists’ flexibility in response to changing patient needs and general circumstances” and that “the ability to improvise effectively is the hallmark of a competent therapist” (pp. 51-52).

The findings of this study add to the literature by identifying the research participants’ learning goal orientation, its connection to the emphasis on process and relational goals over performance goals and by linking it to effective practice, work motivation, and persistence.

Autonomy in the Context of the Therapeutic Relationship

With two exceptions, it was evident from their responses that the research participants had not consciously thought about whether the goals they set for themselves as persons (and their underlying values) might influence the goals they collaboratively-set with clients. Upon reflection, however, the other research participants acknowledged that holistic considerations of what compromised a healthy lifestyle, personal values of warmth and acceptance, optimism, self-understanding, and their political/philosophical beliefs did influence the goal-setting process. Although each participant embraced openness to eclectic and integrative approaches, as demonstrated in Table 7, Preferred and Alternative Theoretical Approaches of the Research Participants (p. 49), each brought their philosophical and theoretical set of beliefs and preferred techniques to their practice. In particular, one of the research participants spoke about the ways in which the inherent values contained within her primary theoretical orientation of emotion-focused
therapy ("knowing and learning and being nourished from emotions and feelings") were also the innate goals of emotion-focused therapy, and acknowledged that she may consciously or unconsciously convey the importance of those goals to those she collaboratively-sets with her clients. However, all made it abundantly clear that client autonomy, values, and the goals they brought to the table were always predominant. Decisions of whether or not to pursue goals that held value and importance for the research participants, such as depth work, were those of the client alone. Although the goals clients brought to treatment were its focus, the research participants were able to maintain their autonomy (thus enhancing intrinsic motivation) in the process by incorporating their values and theoretical orientations into the goal-setting process.

The goals of psychotherapy are the objectives of treatment that are endorsed and valued by both parties; the tasks are “the specific activities the partnership will engage in to instigate or facilitate change” (Bordin, 1994, p. 16). Goals are set within the parameters of a collaborative partnership (Horvath & Greenberg, 1994) with both partners contributing to the process. The setting of goals and determination of tasks is not a static process but rather is subject to ongoing negotiation between client and practitioner throughout treatment at both the conscious and unconscious levels (Bordin, 1994). As the goals are set, the decision on the approach to be taken and the determination/assignment of tasks is of particular relevance to both autonomy and effectiveness. As Orlinsky (2005, p. 1005) notes: "Sensing which will work, when, and for whom – and knowing how to do this – is the essential art of psychotherapy".

Bordin (1979) supports the notion that psychotherapists and “psychotherapies vary on the central and enduring qualities of the goals that the therapist defines, either explicitly or implicitly” (Bordin, 1979, p, 253) and the activities (tasks) prescribed are “a major basis for differentiating various traditions of psychotherapy” (Bordin, 1994, p. 16). Each theoretical approach carries with it implicit goals or metatasks (Watson & Greenberg, 1998a), which are undertaken in pursuit of clients’ goals. For example, two implicit goals of person-centred therapy are for clients to better understand their internal experience by helping them adopt “an internal
locus of evaluation”, and “articulate the inner dialogue between their symbolic, reflective selves and their experiencing selves” (Watson & Greenberg, 1998a, p. 124). The metatask of process experiential therapy is to help clients “turn inwards to symbolize experience in new and fresh ways and to attend to alternative sources of information that initially may be unfamiliar to them” (Watson & Greenberg, 1998a, p. 136).

In essence, in collaboratively-setting the tasks, an agreement is reached between practitioner and client on the relevance and value of pursuing a series of sub- or proximal goals necessary to the realization of clients’ primary goals or objectives. It is much like the corporate strategic planning process, wherein a company sets primary objectives and then sets about setting a series of goals or achievement targets that are to be realized in shorter time range or are narrower in scope than the larger objectives, but are necessary steps along the way to the realization of primary objectives. In much the same way, if a client identifies the objective of simply feeling better, less depressed with a better sense of self-esteem and purpose, these desires are the “general objectives to which the treatment is directed” (Muran & Safran, 1998, p. 6). The collaboratively agreed upon tasks rooted in theoretical orientation and preferred techniques are the equivalent to the narrower term achievement targets or proximal goals that must be achieved in order to meet the distal goals or objectives contained in a corporate strategic plan. From a process point of view, by jointly pursuing and realizing together the differing sub- or proximal goals embedded in a counsellor or psychotherapist’s preferred theories and techniques in support of the agreed upon primary objectives (distal goals) of treatment, motivation is reinforced as each successful task completion or sub-goal attainment is realized and a positive distal outcome is one step closer (Bandura, 2001, 1988).

The research participants’ personal goals, values, and theoretical/philosophical perspectives on how change, growth, and healing are best achieved helped shaped the agreement with clients on the goals of counselling and psychotherapy and how they are to be best pursued. Their experience is supported by Bordin’s (1979) assertion above that the goals and tasks of
various psychotherapies actively influence psychotherapists in the goal-setting process with clients and by the implicit understanding in Jenson and Bergin’s (1998, p. 293) study on the values mental health professionals believed to be “important for a positive, mentally healthy lifestyle” and “important in guiding and evaluating psychotherapy with all patients.”

However, neither Jensen and Bergin or Bordin addressed the motivational effects of their findings and thinking to any extent. This study viewed through the lens of self-determination theory adds to these perspectives by suggesting that it may be that the opportunity to operationalize beliefs and values embedded in preferred theoretical orientations and their personal values and beliefs of what constitutes a positive mentally healthy lifestyle contributes to counsellors’/psychotherapists’ intrinsic motivation (my italics). By incorporating their values and pursuing the metatasks and sub-goals embedded in the strategies and techniques of their preferred theoretical orientation to address client objectives, they are able to work comfortably in a way that is most congruent with their intellectual interests, beliefs, and values. Thus, they work from an autonomy orientation (Ryan & Deci, 2000a).

In addition, by working in accordance with their personal and professional values and preferred theories and allied techniques, it is arguable that the research participants motivation is augmented because they are able (or at the very least believe they are best able) to provide counselling or psychotherapy most competently and effectively. A key component to the change process is the “patient’s ability to trust, hope and have faith in the therapist’s ability to help” (Muran & Safran, p. 7). The installation of hope (along with the placebo effect) is responsible for 15% of positive outcomes in psychotherapy (Asay & Lambert, 1999; Lambert & Barley, 2002). Accordingly, it is reasonable to assume that a counsellor or psychotherapist will best be able to engender a sense of hope by communicating a personal belief in the relevance and efficacy of her preferred theoretical approach and task selection (Bordin, 1994) and the competence with which she will employ the techniques of her approach (Snyder, Michael, & Chevans, 1999). Norcross (2002) echoes this view in his description of an ‘effective’ therapist as one who, in addition to
offering a strong relationship, employs specific methods (and is prepared to customize both method and relational stance to the individual client). Thus, by using a set of preferred techniques based on a practitioner’s personal and professional values and primary theoretical orientation(s), the practitioner is dually motivated by working from an autonomy orientation and in ways which she feels most competent. Moreover, by imparting hope to the client that the tasks and goals contained within their preferred theoretical approach(es) will be effective, they contribute directly to the efficacy of treatment by reinforcing the placebo and expectancy effect (Hubble, Miler, & Duncan, 1999).

Effectance Feedback

Seeking Effectance Feedback

The findings of this study demonstrated that the research participants assiduously sought effectance feedback from their clients with regard to progress towards positive outcome and to the state of the therapeutic relationship. The analysis of the research participants’ responses to questions regarding feedback demonstrated that directly solicited feedback, non-verbal feedback, and negative feedback were consistently used for constructive ends. An important finding was the welcoming of negative effectance feedback to the extent that it provided a sense of relief and reward, because it provided an opportunity to regain positive effectance by making more serviceable interventions or alliance repairs. As one research participant noted, in addition to the Hawthorne effect (i.e., an increase in motivation occasioned by changing the conditions of counselling) provided by actively seeking feedback, it is necessary to use effectance feedback to determine how things are going and if they are not going well to then take steps to rectify the situation.

The questions asked by each research participant to solicit direct feedback were all slightly different, but each in their own way was asking the same we/you questions focusing on jointly on progress and relational issues: How are we/you doing? What are we doing that has been
helpful for you? What has not? Where are we/you in the process? How far have we/you come from where we/you began? Are we/you heading in the right direction? What else do we/you need to work on? What do we/you need to do next? Where do we need to go from here to get where you want to go?

In order to get more nuanced feedback and to mark progress towards positive outcome, they regularly provided effectance feed to clients by noticing and commenting directly on positive behavioural changes both within and outside of sessions. Through constant attention to clients’ verbal and non-verbal behaviours and to their own cognitive and visceral reactions to their in-session experience of the client, several of the research participants were aware of a continuous feedback loop. This mechanism provided them with immediate, direct, and ongoing information about how the client was experiencing the process of counselling and psychotherapy, the quality of the therapeutic relationship, and progress towards (and their performance in helping clients meet) collaboratively-set tasks and goals. It did not take the place of seeking direct effectance feedback from clients, but was an essential and complementary component of the feedback gathering process.

Seeking effectance feedback about process and outcome enhances the effectiveness of counselling and psychotherapy (Miller, Duncan & Hubble, 2007) and is a hallmark of passionately committed psychotherapists (Duglos & Friedlander, 2001). Seeking feedback alone does not guarantee a better chance for positive outcome. What is important is how feedback is used to understand the clients’ views of the therapeutic relationship and to cement their continued agreement on the goals and tasks (Miller, Duncan, Sorrell, Ryan, & Brown, 2005). Seeking effectance feedback by ongoing attention to the state of the therapeutic relationship is essential to effectiveness. Binder (1998, p. 45) notes that the therapeutic alliance is subject to instantaneous changes in climate and that therapists must be “scrupulously attuned to decreases in the alliance” and immediately work to repair ruptures.
Continuous Feedback Loop  Perceiving clients’ verbal and non verbal communication and communicating and confirming an understanding of clients’ communications by providing them with feedback is essential to the provision of a safe working environment (Watson & Greenberg, 1998a). In addition to ensuring a safe working environment, there is a highly functional aspect of the continuous feedback loop that was not raised directly by the research participants. By continually focusing on the in-session behaviour of clients, counsellors and therapists can become aware of and use in-session markers as a process-diagnostic method of determining the timing and appropriateness of specific tasks and interventions and as a means of assessing whether or not their interventions are resonating with their clients (Greenberg, Watson & Goldman, 1998; Watson & Greenberg, 1998a, 1998b). In these ways the continuous feedback loop enhances the competence of practitioners, the effectiveness of treatment, and their consequent motivation.

Valuing Negative Feedback  Effectance feedback, normally given in the workplace through evaluations and assessments, can produce differing results. Supportive effectance feedback (feedback which helps one meet challenges by boosting feelings of competence), provided it is not given to control or pressure an individual to conform to a specific way of acting, has a positive effect on intrinsic motivation (Ryan & Gagne, 2005, Ryan & Deci, 2000a). Positive effectance feedback acts a positive motivator by signaling progress towards a desired outcome or value-laden goal and reinforces self-efficacy (Locke & Latham, 2002). Negative performance feedback that signals perceived incompetence undermines intrinsic and extrinsic motivation and can produce feelings of amotivation (Ryan & Gagne, 2005). The results of this study suggests that the relative comfort with and valuing of negative feedback by the research participants is at odds with self-determination theory. Rather than de-motivation or amotivation, the research participants were strongly motivated by negative feedback to make more effective interventions or alliance repairs.
Welcoming negative feedback is also a characteristic value of master therapists who are have an ongoing desire to learn about themselves as professionals by assiduously seeking critical feedback from clients (Jennings & Skovholt, 1999). It may be that the relational nature of the work diminishes feelings of amotivation. The negative feedback comes not from a controlling supervisor who has power over an employee, but from a client who, at best, has “power with” (Proctor, 2002) a counsellor or psychotherapist. Moreover, as above, a learning-goal orientation can turn a focus from failure into an opportunity to learn and discover new ways to advance joint work with clients.

GOAL PROGRESS A MOTIVATIONAL FRAMEWORK

By bringing together goal-setting and social-cognitive theories and connecting those to the findings and related discussion of this chapter and to the research participants’ experience of elements of the process of counselling and psychotherapy, a new motivational model/framework explaining counsellor and psychotherapist motivation generated throughout the process of treatment can be constructed. The framework takes as its foundation the importance of cooperatively setting and working on a series of proximal or sub-goals leading to the final objective or goal of positive outcome. A single-minded focus on meeting distal or end goals in such a complex enterprise in which the outcome at the beginning of the process cannot be clearly known would be decidedly unhelpful, as distal goals are “too far removed in time to provide effective incentives and guides for present action” (Bandura, 2001, p.8). Rather, setting and successfully realizing proximal sub-goals augments motivation in a number of important ways. Sub-goal/task attainment indicates progress towards positive outcome to both the research participants and their clients, which enhances joint percepts of efficacy and satisfaction with the process. They act as prophylactics against demoralization when normal progress is measured against high, end goal aspirations. Lastly, they contribute to persistence by providing a sense of progression along the way to the realization of distal goals which now appear “less formidable
than when viewed from far down the line” (Bandura, 1988, p. 474) or at the beginning of the process. Bandura sums up the importance of setting and realizing proximal sub-goals to motivation as follows:

“…self-motivation is best to maintained by explicit proximal sub-goals that are instrumental in achieving larger future ones. Sub-goals provide present guides and inducements for action, while sub goal attainment produces the efficacy information and self-satisfactions that sustains one's efforts along the way. Persistence that leads to eventual mastery of an activity is thus ensured through the progression of sub-goals, each with a high probability of success (Bandura, 1988, p. 474.)

Although the research participants did not use the words proximal and distal in their responses to general questions about goal-setting and several de-emphasized specific goal-setting and attainment over process and relational goals, there were important indicants in their responses of proximal goal realization to motivation. The framework in Figure 3 takes as given that clients’ distal goals are to solve problems, change, heal or grow. The distal goals for the research participants are to help their clients reach a positive outcome in reaching these distal goals and to determine by what means they can best help their clients. The first and most important proximal sub-goal for the research participants is the establishment of the therapeutic alliance by creating the conditions through unconditional positive regard to forge a relationship characterized by openness, warmth, respect, and trust (Horvath & Bedi, 2002). Once established, the joint work with clients on setting the sub-goals and tasks of treatment can be set in motion (In this model clients’ first set of proximal sub-goals are to set collaboratively the goals they wish to pursue with the research participants, understand the tasks involved, and commit to the process of counselling
Figure 3 Motivational Framework 2: Goal Progress, Effectance Feedback, and Feedback Mechanisms

<table>
<thead>
<tr>
<th>Proximal Goal</th>
<th>Effectance Feedback (Privilege)</th>
<th>Proximal Goals</th>
<th>Effectance Feedback (In-the-moment)</th>
</tr>
</thead>
</table>
| **Research Participant Goal:** To help clients solve problems, heal, change or grow | - Establish alliance • set conditions thru unconditional positive regard | - To be let into the clients' experiential worlds | - Work on sub-goals and tasks  
- Client progress  
- Apprehended |
| **RESULT** | - Research participant motivated | - Interventions / maintain alliance |
| **Research Participant/Client Joint Goals:** Effectiveness of process/positive outcome | - Collaboratively set goals / tasks | - Therapeutic bond and working alliance established | - Both perceive progress |
| **RESULT** | - Joint motivation | - Joint motivation |
| **Client Goals:** Solve problems, heal, change or grow | - Establish faith / trust in Research participant and commit to process.  
- Collaboratively set goals / tasks | - Research participant seen as trustworthy and competent | - Work on sub-goals and tasks  
- Moments leading to solving problems, change, healing and growth |
| **RESULT** | - Hope and placebo effect reinforced | - Client opens up  
- Client motivated | - Client motivated |
<table>
<thead>
<tr>
<th>Research Participant Goal:</th>
<th>Effectance Feedback and Feedback Mechanisms</th>
<th>Negative Feedback</th>
<th>Distal Goal</th>
</tr>
</thead>
</table>
| **To help clients solve problems, heal, change or grow** | • Ask directly / attention to changes in the therapeutic relationship  
• Behaviour change reported to / noticed by research participant  
• Client engagement in process  
• Continuous feedback loop | • Seek additional direct feedback  
• Make new, more effective interventions and relationship repairs to restore effectiveness / self-efficacy  
• Return to work on goals and tasks | • Positive outcome  
• Competence use of experience / skills / education |
| **RESULT** | • Research participant Motivated | • Research participant Motivated | • Efficacy / mastery experiences  
• Efficacy of process reinforced  
• Motivation to continue |
| **Research Participant / Client Joint Goals: Effectiveness of process / treatment positive outcome** | • Report experience / behaviour change  
• Changes in relationship with research participant | • More effective interventions  
• Repair relationship  
• Restore alliance  
• Return to work on goals and tasks | • Positive outcome  
• Efficacy of process  
• Review of journey / gains  
• Strategies to maintain gains |
| **RESULT** | • Joint motivation | • Joint motivation | • Joint motivation |
| **Client Goals: solve problems, change, heal, or grow** | • Report on behaviour change  
• Change ways of being with research participant | • Report ruptures / dissatisfaction with lack of progress  
• Change approach / interventions  
• Repair alliance | • Problems solved / healing / changing / growth realized |
| **RESULT** | • Client motivated | • Client re-engaged and motivated  
• Return to work on goals and tasks | • Client motivated to maintain gains |
As the therapeutic alliance is solidified the next lock step along the model’s motivational continuum is the common and powerfully motivating experience of privilege. In this model the experience of privilege is motivating because it functions as positive effectance feedback. It signals to the research participants that the critical proximal goal of the establishment of the therapeutic bond and relationship, as a vehicle for healing and transformation on its own has been established, and opens the way to working on the tasks or proximal sub-goals of counselling and psychotherapy necessary to attain distal goals (positive outcome). There may also be an implicit understanding (and motivational spur) on the part of the research participants that the sooner the relationship is established the more likely there will be a positive outcome (Bachelor & Horvath, 1999; Horvath & Greenberg, 1994). For the client’s part, the imparting of privilege to the research participants signifies that they have responded to the research participants’ unconditional positive regard, have established trust in the competence of the research participant and faith that the collaboratively set goals and agreement on tasks will lead to positive outcome. In the theoretical model the investment of faith and trust by clients (experienced by the research participants as privilege) engenders hope, reinforces the placebo effect, and spurs clients’ motivation to pursue the tasks and sub-goals of treatment.

The next step in the framework is the work together on the agreed upon tasks of counselling and psychotherapy; a step which will be repeated throughout the process as tasks are completed, and sub-goals attained. High points arising out of the work on tasks would be the experience of efficacy moments, such as AHA, getting it, insight, crystallization, discovery, shifting, transformative, co-creative, getting unstuck and moments of authenticity, allowing for the process of healing and change to begin etc. Theses moments would be powerfully motivating to both the research participants and their clients, because they function as a powerful effectance feedback mechanism. They signal the successful attainment of proximal goals (or provide strong indications that progress is being made to their attainment), that the preceding tasks and interventions have been appropriate and useful, that the therapeutic relationship, once established,
has been maintained, and that the process has moved one step further to the realization of a positive, distal outcome.

Effectance feedback throughout the process is realized in several other ways. In addition to the formal ways the research participants seek direct effectance feedback, the research participants both seek and give effectance feedback to their clients in order to measure progress with regard to the achievement of proximal goals and to continuously monitor the strength of the alliance. Client reports of positive change in their relationships or behaviours (e.g., getting a new job, improved communication with a partner etc.) and their interest and engagement in the therapeutic process provide useful effectance feedback and evidence of proximal goal attainment. So too does noticing relational changes within the dyad, such as clients risking more challenging behaviours and improvements to the quality of the therapeutic relationship itself. These changes serve to further enhance motivation by indicating to the research participants that positive changes (or sub-goal attainments) have been realized. Ongoing attention to process and the state of the therapeutic relationship via clients’ verbal and non-verbal behaviours and their own cognitive and visceral reactions through the mechanism of the continuous feedback loop provides immediate effectance feedback (and potential in-session process markers), which indicate clients’ satisfaction or dissatisfaction with the therapeutic relationship, the process, and their progress. If dissatisfaction or relational breaks are perceived by clients’ direct negative effectance feedback or by their non-verbal behaviours, the research participants in this model are alerted to and motivated by the necessity of seeking additional direct feedback, of making relational repairs, or finding more effective interventions, strategies, and tasks to re-engage (and re-motivate) clients and to restore their own sense of competence.

Negative feedback also plays a positive role in clients’ motivation, as it allows them to take an agentic role in their treatment by indicating ineffectiveness of approach, to communicate a relational break, or by asking for change in approach (Duncan, Miller & Sparks, 2000). For their part, the research participants welcome direct negative feedback, because it allows them to
redouble their efforts and repair ruptures to restore the effectiveness of the process, their own sense of self-efficacy, and to then return to other tasks/proximate sub-goals. Simultaneously, because the research participants take steps to repair ruptures and work to provide newer, more effective interventions for their clients, clients’ motivation in this theorized framework would be restored and they would re-engage in the process and the pursuit of proximal sub-goals.

The model also assumes as a matter of course a continuous interaction between the realization of proximal goals throughout the process and the setting of new tasks or the emergence of new goals (Bordin, 1979, 1994; Muran & Safran, 1998), continued work by the client in and out of session, and ongoing attention to the state of the therapeutic alliance. The time frames within the model would necessarily vary enormously. The process of healing from a traumatic, abusive past through the medium of a connected, therapeutic relationship might be a lengthy, incremental process with gains and set backs. Such a process would be marked with continual setting and re-setting and re-visiting of proximal goals, and constant attention to the quality of the therapeutic relationship. Small behavioural changes over time would serve as effectance feedback with the understanding that a series of small changes may lead cumulatively to the achievement of distal goals, such as abstinence from substances, improved interpersonal relationships, healing from trauma etc. On the other end of the spectrum a single session can see the establishment of a working alliance, agreement on goals and tasks, realization in session of a new strategy or approach to a problem, or new understandings, which result in a positive outcome (Tolman, 1990).

At the end of the process, assuming a positive outcome and in accordance with the experience of the research participants, the framework envisions a joint review of the process and journey together to understand what and how gains were made and to develop strategies to maintain those gains. The client would be motivated to maintain their gains and the research participants would have their sense of competence (self-efficacy) reinforced, experience a sense
of satisfaction derived from the realization of valued goals (Latham, 2007) with intrinsic contents (Deci & Ryan, 2000; Sheldon, et al., 2004) and the motivation to continue in this work renewed.

By connecting general work motivation theory to process of counselling and psychotherapy, the framework makes a unique contribution to the literature on the motivation of counsellors and psychotherapists, as it unfolds throughout the stages and process of counselling and psychotherapy. The framework puts Ian’s response (Chapter 3) to the why anyone would want to do that job question in a tabular format. What is occurring is a sequence over time from the initial stage beginning at a client’s low point, which most non-professionals perceive as the norm, to the establishment of the therapeutic alliance and the determination of appropriate goals and tasks, to a middle phase were progress has been and is being realized, enhancing motivation during the process, to a positive end point where clients’ goals or a positive outcome has been reached, the efficacy of the process reinforced, and the research participants have added to their arsenal of enactive attainment/mastery experiences. As Ian put it – that’s where the energy comes from.

Self-Esteem and Egolessness

The findings of this study revealed that research participants’ self-esteem/self worth was derived from two main sources: primarily the meaningful nature of the work itself which generated pride of profession because it is growth promoting, adds meaning to clients lives, and fulfils an important role in society; secondarily their competence as practitioners. Although self-esteem was positively affected by the apprehension of their competence as practitioners, the analysis also demonstrated that the research participants were able to separate feelings of self-esteem from setbacks, relationship ruptures, or from the failure of their clients to meet collaboratively-set goals. Initially self-esteem could be negatively affected by setbacks, ruptures, and failures but the experience was variously reported as “short-lived” “fleeting”, “temporary”, or “transient”. Nor was their self-esteem inflated or their motivation (in contrast to a key tenant of goal-setting theory that the realization of challenging goals spurs the motivation to take on even
greater challenges) increased when collaboratively-set goals identified as highly challenging were reached. Moreover, the findings revealed that some of the research participants reported a sense of egolessness when clients reached collaboratively set goals, regardless of the level of challenge. Rather, they experienced feelings of awe, joy in and pride for clients whose strengths and resilience in overcoming difficult and traumatic life circumstances allowed them to attain their goals. The proclivity to separate outcome from self-esteem was accomplished by a variety of factors, ranging from persistence in finding new ways to address client issues or repair alliance ruptures to restore self-efficacy, finding self-worth both in and beyond the workplace, a storehouse of prior enactive attainments/mastery experiences from which to bolster self-efficacy, and the recognition and acceptance that client factors have a predominant affect on outcome, regardless of the competence of the research participant.

Extracting a sense of self-esteem from the competence with which they conduct their work accords with the observations of McWilliams (2004) and Mitchell (1988) that being able to make a difference in clients’ lives is critical to the enterprise of supporting and restoring the self-esteem of a practitioner, their sense of themselves, and to their well-being. Generating self-esteem from the worthwhile nature of the work is congruent with the high value master therapists placed on beneficence: reducing the suffering and improving their welfare of clients and as a means of fulfilling their own needs to be socially useful (competent), to have intimate contact with interesting people, and to engage in satisfying work (Jennings et al., 2005). The importance of persistence, bolstered by prior efficacy or enactive mastery experiences as a motivational factor, and its usage to restore self-efficacy and by extension self-esteem (Bandura, 1988) was reviewed in depth in an earlier section of this chapter.

The research participants’ ability to separate their feelings of self-esteem, from the attainment of collaboratively-set goals, and the sense of egolessness appears to be based on an innate understanding that client factors have the predominant influence on positive outcome is supported by empirical research (Lambert & Barley, 2002; Asay & Lambert, 1999). In addition,
the findings show that the research participants believed that it is foolish and decidedly unhelpful to take responsibility for factors outside one’s control, particularly with clients who are severely challenged. Consistent with Skovholt and Rønnestad’s findings (1992), it appears that they have moved from the “narcissistic” position of taking on the power and responsibility for cure in the earlier career Integration Stage to the “therapeutic position” characteristic of the mid-career Individuation Stage, whereby power and responsibility are located in the client and deeper satisfaction in the work is realized by accepting its limits and by celebrating measured successes.

The number one treatment goal identified by Orlinsky and Rønnestad (2005) in their international survey of psychotherapists was to help clients have a strong sense of self-worth and identity. To promote long-term effectiveness, a good professional should ensure that clients take pride and ownership for making positive changes in order to strengthen clients’ sense of accomplishment and self-efficacy (Horvath & Greenberg, 1994). Owing to these factors, the research participants understandably downplay their contributions, which may also factor into their experience of egolessness. The sense of egolessness may also be an important factor insulating the research participants from feelings of failure and lowered self-esteem when clients fail to reach collaboratively set goals. An appreciation of the limitations of institutional and social environments to effectiveness, such as a limitation on the number of sessions a client can be seen may produce feelings of frustration, but may also serve to mitigate feelings of responsibility for a non-optimal outcome. In addition, the decided, non- (performance) goal focus of some the participants in favour of a focus on process and relational factors orients their efforts towards a learning-goal focus, which brings with it a more realistic approach to outcome and to the standards for determining satisfaction with one’s efforts (Dweck and Leggett, 1988; Locke & Latham, 2002).

The findings of this study demonstrate that research participants as a group do not judge themselves as persons or competent clinicians based on individual successes or failures of their clients. Their self-esteem appears to be secure; that is, ‘they typically experience everyday
positive and negative outcomes in ways that do not implicate their global feelings of worth or value” (Kernis & Paradis, 2002, p. 340). They derive a stable sense of self-esteem from the high value they place on the worth of their work and the work of the profession. It may also be that common experience of being privileged in their work sends a powerful message to the research participants that they are trustworthy – that their clients believe them to be competent, professional, and caring human beings. Other outlets, such as family and communal activities, consistent with the experience of passionately committed and master therapists (Duglos & Friedlander, 2001; Jennings & Skovholt, 1999) balance their work with clients and contribute to their sense of stable self-esteem.

The research participants are value-driven. From a perspective informed by self-determination theory (Kernis & Paradis, 2002; Ryan & Brown, 2003), the research participants’ collective sense of self-esteem comes from working in close accordance with their personal interests and values and without pressure to do their work in a prescribed fashion or from an autonomy orientation. Their self-esteem does not appear to be ‘contingent’, that is, dependent upon the approval or the values of significant others within the workplace, such as supervisors (Ryan & Brown, 2003). People with contingent self-esteem base their self-esteem on the judgment of others, and, in so doing, are outer directed and are extrinsically motivated from a control orientation to reach standards and goals that are not necessarily congruent with their own values. In contrast, the research participants work motivation, characterized by an autonomy orientation, is inner-directed and intrinsic.

Ryan & Brown (2003) point out the essential paradox of self-esteem; it is a derivative need arsing when primary needs for autonomy, relatedness, and competence are not being met, but when these primary needs are being met, self-esteem is not a need. Their description of the experience of someone who works and lives without concern for self-esteem is not unlike the descriptions given by the research participant’s own experience of egolessness and their ability to separate outcome from self-esteem.
What might it look like to operate without concern with self-esteem? In such a scenario, when standards are not met, failures occur, or rejections are experienced, one can experience disappointment, feel sadness and loss, or question and revaluate one’s actions — but the self as a whole is not made into an object, and then disparaged. Reciprocally, when one meets standards, succeeds at valued tasks, or is positively regarded by others, one can feel pleased, energized, or excited without the necessity of “inflating” the self, puffing up one’s prideful ego, or other forms of ego-enhancement (Ryan & Brown, 2003, p. 74).

Working in an open, affirming, non-judgemental way with clients may have a spill over effect. Just as the research participants’ values and professional characteristics indicate that they don’t judge clients’ worth as a whole based on clients’ behaviours, setbacks, or failures to meet collaboratively-set goals, they similarly do not appear to judge their own worth or self-efficacy on the basis of individual successes or failures by their clients. The focus is always: how can I do better for the client rather than how can I do better to meet some externally imposed standard of performance. Counsellors and psychotherapists help clients learn to “accept themselves as they are, to maintain reasonable standards by which to evaluate themselves and to tolerate criticism and failure with out loss of self regard” (McWilliams, 2004; p. 256). This healthy perspective appears to have been incorporated by research participants into their working lives.

**Autonomy**

The results of this study demonstrate that the research participants are able to meet their needs for autonomy by engaging in intrinsically motivating work they find interesting, enjoyable, and challenging. Although there is an appreciation of being able to make a living doing this work, their motivation is almost exclusively intrinsic. It is work they love doing. It is work which allows
for the expression of and little separation between the personal and professional values inhering in their personal philosophies, political beliefs, and preferred theories and allied techniques. It is experienced as a vocation; as it is work that is a fit with interests, personality, and capabilities and it is work some of the research participants felt they were meant to be doing. It is work which allows for self-expression and personal fulfillment. These findings are directly in line with the essence of the literature on self-determination theory as it pertains to autonomy and work motivation. Actions that are freely chosen after deep reflection and are done out of interest, enjoyment, and optimal challenge are autonomous. Autonomy encompasses individuals’ desire to feel agentic in determining their own actions via an internal locus of causality, that is, to experience their actions as authentic, congruent with primary values, and as expressions of the self (Deci & Ryan, 1991, Ryan & Deci, 2002).

Needs

The findings of this study revealed that the needs that the research participants identified as being met through their work could be linked directly to universal needs for autonomy, competence, and relatedness. Moreover, that the nature of their work often allowed them to simultaneously meet all three needs. This is consistent with Maslow’s proposition that desire to meet multiple needs simultaneously actively influences motivation (Maslow, 1968). These findings further support the key finding of this study and add to the literature on the work motivation of counsellors and psychotherapists by confirming the applicability of self-determination needs theory to the research participants work motivation.

Values, Characteristics of Good Professionals and Personality Traits

Values and Professional Characteristics

The research participants placed particular emphasis on the importance to their motivation of working in accordance with their personal and professional values. Their work
afforded them the opportunity to live their personal and professional values in conduct of their daily work by striving to attain worthwhile or valued goals of helping clients change, heal, and grow. Working in accordance with personal and professional values is a fundamental factor in workplace engagement (Robinson, Perryman, & Hay, 2004). Deeply considered, self-endorsed volition and choice of action arising out of beliefs and judgments about what will maximally contribute to organismic growth, which are cognitively realized as primary values, are essential to the generation of intrinsic motivation and consequent autonomous behaviour (Ryan & Deci, 2000a; 2000b). The pursuit of intrinsically valued goals (Ryan, et al, 2008; Sheldon, et al., 2004) provides motive energy in the drive to satisfy needs for autonomy, competence and relatedness and contributes to personal growth and well-being (Kasser, 2002). These views on the importance of personal values to motivation accords with Bandura’s (2001) beliefs that through the pursuit of goals that are congruent with self evaluative standards that “people create self-incentives to sustain their efforts for goal attainment” and by so doing “provide for a sense of self-satisfaction, and a sense of pride and self-worth” (p. 8). Latham (2007) asserts motivation is heightened by the pursuit of valued goals and their attainment results in job satisfaction.

Arising out of the analysis of the transcripts were six subsets of values and personal characteristics/traits that reflected the collective values of what the research participants judged to be representative of a good professional. An important conclusion arising out of the findings of this study and a unique addition to existing literature on the work motivation of counsellor and psychotherapist is that the several values and professional characteristics’ sub-divisions powerfully combine to support the research participants’ needs for relatedness and competence by acting synergistically to facilitate the establishment of the therapeutic bond and to maintain the therapeutic alliance.

Personality Traits

In like fashion the personality traits reported by the research participants of openness, optimism, creativity, intelligence, and integrity support relatedness and competence needs and act
synergistically with them to enhance motivation by contributing to the effectiveness of their work and their competence in its execution. The enhancement of work motivation afforded by the exercise of personality traits is supported by Maslow’s (1968) observation that personality traits are “capacities [which] clamour to be used, and cease their clamour only when they are used sufficiently” (p.152). Latham (2007), drawing on Maslow, notes that personality traits are similar to needs in that they to generate a desire for fulfillment or expression in work and adds that these impact on job choice and job satisfaction. In addition, when needs, values, and personality traits match well with the requirements of the work and the working environment, a good person-environment fit contributing to work motivation is operative (Latham, 2007).

Variety

Several of the research participants noted that the variety of their work added directly to their work motivation. The opportunity to mix career counselling, teaching and research, supervision, and community service and to balance case loads were all highly valued. This finding is supported by Norcross’ (2000) assertion that variety or diversity within the workplace by engaging in multiple forms of therapy, balancing and mixing client load, and undertaking other directly related activities, such as research, teaching, and supervision is important to self-care and self-renewal within the profession. Other qualitative and quantitative research confirms that experiencing variety and diversity in work is characteristic of passionate commitment (Duglos & Friedlander, 2001) and is viewed as an occupational reward by psychotherapists (Kramen-Khan & Hansen, 1998).

Workplace Autonomy

The findings of this study show that workplace autonomy was considered to be an important motivational factor, most often experienced as either a reward or one of the best things about their work by several of the research participants. In particular, control over working conditions, allowing for flexible hours, was instrumental in balancing of work and family life. This finding of the importance of workplace autonomy to motivation was confirmed by three
earlier studies that found that professional and workplace autonomy (i.e., flexible hours) were listed as important sources of work satisfaction (Norcross & Guy, 1981; Farber & Heifetz, 1989) and endorsed as occupational rewards (Kramen-Khan & Hansen, 1998).

Vocation and Fit

This study confirms that one of the prime motivating factors that initially led several of the research participants to enter the profession – a sense of vocation and ‘fit’ with interests, values, personality traits, and capabilities remains a preeminent factor in their work motivation. A profound sense of the personal meaningfulness and sense of purpose of their work can be derived from the research participants ongoing vocational beliefs and gut instinct that this is worthwhile work they were “meant to be doing”, and work that is congruent with who they are as persons.

Dik and Duffy’s (2009) definition of a vocation as “an approach to a particular life role that is oriented toward demonstrating or deriving a sense of purpose or meaningfulness and that holds other-oriented values and goals as primary sources of motivation” is particularly apt for this group of professional (p 428). The sense of calling felt by the research participants is a hallmark of the profession. Orlinksy and Rønnestad (2005) note that for most therapists “doing therapy is not only a job but also calling, or vocation, a worthy profession that is chosen at least in part to provide a sense of meaningful activity and personal fulfillment” (p.11). The research participants’ continuing sense of vocation beliefs across their career span can be considered an evolving expression of what Super (1995) described as vocational self-concepts and their professional work as a manifestation of their selfhood (Peterson & González, 2000). This sense of vocation and fit with personal identity allowing for congruent self-expression is a consistent with the characteristics of passionately committed therapists (Duglos & Friedlander, 2001). These findings are also consistent with Bandura’s proposition that the research participants’ initial choice of profession would have been mediated by budding self-efficacy beliefs and strengthened over time by efficacy attainments (Bandura, 2001, 1988). Chen’s (2006) reading of Bandura’s construct of
agency, notes that “self-efficacy beliefs combined with personal vision, motivation, self-awareness, and personal meaning and life goals” provide an “optimal life-career direction’ (p. 132). All the research participants would choose this career again and are committed to remaining in the profession: their sense of ongoing vocation and fit confirms that their life-career direction remains optimal.

Personal Health and Well-Being

The research participants noted variously that their work (and in two cases personal therapy in support of their work) provided them with important spin off benefits, including, self-understanding, improved interpersonal relationships, and to their growth as persons (including the growth of their spiritual selves and the opportunity to participate in a transcendent reality). These findings are supported by earlier studies which identify self-growth and self-knowledge as important sources of satisfaction (Norcross & Guy, 1989 Farber & Heifetz, 1981) and reward (Kramen-Khan & Hansen 1998). Self-knowledge and self-growth gained through personal therapy add to motivation derived from competence, as they factor in the professional renewal of psychotherapists by augmenting therapeutic expertise through an enhanced understanding of personal dynamics and clients’ perspectives of the therapeutic relationship (Norcross, 2002). In addition, personal therapy impacts positively on indices of well-being, as “improvements in multiple areas: self-esteem, work functioning, social life, emotional expression, characterological conflicts, and symptom severity” are common beneficial results experienced by psychotherapists from their personal therapy (Norcross, 2005, p. 842). Spiritual growth arising out of the work is a benefit shared by some passionately committed therapists whose work allowed them to feel they were participating in a larger and more transcendent reality (Duglos & Friedlander, 2001). The opportunity to experience and connect to the sacredness of another person in the therapeutic encounter is the source of continued commitment to the profession for at least one other notable professional (Orlinksy, 2005).
Well-being and Eudaimonic Living

The findings of this study show that the research participants found their work to be variously interesting, exciting, challenging, satisfying, fulfilling, worthwhile, sacred, a blessing, energizing, and work which brought with it a secure sense of self-esteem. Supportive colleagues and work environments added much to satisfaction with working conditions and work motivation. The research participants reported dissatisfaction with some aspects of their working conditions with Thwarted Efficacy, unfairness in remuneration, and onerous workloads being most prominent. Two participants noted specific limitations to well-being and life satisfaction, occasioned by work-life balance and by working with challenging clients who were often bereft of hope. However, both were happy with the work itself and considered themselves to be fortunate. Their overall judgment of the research participants that their work impacted positively on their well-being and life satisfaction can be explained partially by the spin off benefits accruing from increased self-knowledge and self-growth, improved interpersonal relationships, and work place autonomy. In the analysis of the research participants’ descriptions of the sources of their well-being and life satisfaction a broader picture emerged: this was work that loved doing and felt they were called to do and work which allowed for little separation of their deepest personal and professional values. It was work best described as eudaimonic.

According to Waterman (1993), living in accordance with our daimon or ‘true self’ occurs when people are fully engaged in life activities which mesh with their deepest values. The daimon is defined as “the sum of the potentialities of our collective humanity and as individual persons, which, when realized, represents the greatest fulfilment in living of which each is capable”; it “is an ideal and a sense of being, an excellence, a perfection toward which one strives and, hence, it can give meaning and direction to one's life” (Waterman, 1993; p. 678). It is not unlike Maslow’s conception of being in a state of self-actualization, defined as “an ongoing actualization of potentialities, capacities, talents, (or call or fate, destiny or vocation) as fuller
knowledge of, and acceptance of, the person’s own intrinsic nature” (Maslow, 1968, p. 25). It is, according to Maslow, a process of becoming and a state of being.

Self determination theory, drawing on the work of Waterman and others, conceives of eudaimonia as a “way of living that is focused on what is intrinsically worthwhile to human beings” (Ryan, et al., 2008; pp. 147-148), and considers eudaimonic living essential to well-being. A eudaimonic life draws upon Aristotelian notions of the virtuous life (Ryan, et al., 2008; Kingwell, 1999): one of contemplation, self-reflection, and awareness of that which is of most intrinsic value to an individual. Eudaimonic living differs markedly from hedonistic conceptions of happiness based on maximizing pleasure (Khaneman, Diener & Schwartz, 1999). Rather, there is an emphasis on a life guided by first order values (defined as irreducible and basic), such as health, intimacy, and meaning, and the pursuit of directly related first order goals/aspirations (defined as goals with intrinsically meaningful goal contents), such as personal growth, community involvement, and physical health (Ryan, et al., 2008; Sheldon, et al., 2004). It is realized by behaviours that satisfy the three basic needs for autonomy, competence, and relationship, which they hold is essential for psychological growth, integrity, vitality, and well-being (Ryan & Deci, 2001). Rather than acting from an impersonal or control orientation, eudaimonic living requires an autonomy orientation. Such an orientation, Ryan & Deci argue results in optimal engagement in work and is characteristic of people who regulate their behaviour by their intrinsic interests and personal values and relates positively to measures of “self-actualization, self-esteem, ego development, and other indices of well-being, such as greater integration of feelings and behaviours” (Deci & Ryan, 2000 p. 241), and (importantly for this profession) “a tendency to support other people’s self-determination” (Deci & Ryan, 1991, p. 266).

Self-determination theorists argue that motivation and well-being is derived both from what you pursue (goal contents) and why (intrinsic as opposed to extrinsic motivation) you pursue it (Sheldon, et al., 2004; Deci & Ryan, 2000). In their views, well being is fostered by the
pursuit of intrinsic goals “involving growth, connection, and contribution rather than goals involving money, beauty and popularity” and goals that are interesting and personally important to people rather than goals they feel forced or pressured to pursue (Sheldon, et al., 2004; p. 485). Moreover, those who pursue intrinsically meaningful goals report more positive affect, better performance, better mental health and well-being (Sheldon, et al., 2004; Deci & Ryan, 2000). Conversely, those who pursue extrinsically motivated goals, such as wealth or popularity report higher levels of ill-being “including greater anxiety, depression, narcissism, psychosomatic symptoms, conduct disorder, as well as poorer self-actualization, self-esteem, vitality and social functioning” (Sheldon, et al., 2004; p. 484). In addition, their self-worth is contingent and fragile (Kernis & Paradis, 2002), hanging precipitously on their next accomplishment or on social comparisons.

The findings of this study on the well being derived from professional work is supported by the experience of passionately committed therapists who believed there work had a marked effect on their sense of well being, as it enabled them to live “better, fuller and more complete lives” (Duglos & Friedlander, 2001, p. 302). The analysis of the transcripts suggest that it is through the pursuit of goals with intrinsic contents such as growth, connection, health, and contribution to society that the research participants are able live and work eudaimonically. In so doing they meet their needs for autonomy, competence, and relatedness, which generates their work motivation and feelings of well-being.

INTEGRATING FACTORS AND FRAMEWORKS A NEW MOTIVATIONAL MODEL FOR COUNSELLING AND PSYCHOTHERAPY

Because there were no comprehensive studies on the work motivation of counsellors and psychotherapists, several components of previous research were synthesized and integrated into two tables in the Literature Review in an effort to produce a preliminary motivational framework. The first, Table 4, SDT Needs and Corresponding Values and Characteristics (p.38),
demonstrated that the three basic psychological needs posited by self determination theory could be linked directly to the values of master therapists (Jennings et al., 2006) and mental health professionals (Jensen & Bergin, 1988) and to the characteristic beliefs and behaviours of master therapists (Jennings & Skovholt, 1999) and passionately (Duglos & Friedlander, 2001) committed psychotherapists. The second, Table 5, Convergence Matrix of Needs, Values, Goals, Characteristics, Satisfactions and Rewards of Counsellors and Psychotherapists (p. 40), took these linkages one step further to demonstrate how these needs and the identified values and characteristics could be linked to one of the top ten treatment goals identified by Orlinksy & Rønnestad (2005). Moreover, Table 5 demonstrated that the realization of these valued goals resulted in the satisfactions of the work (Norcross & Guy, 1989; Farber & Heifetz, 1981) experienced by a of select groups of professional psychotherapists and most frequently endorsed occupational rewards (Kramen-Khan & Hansen, 1998) of a larger sample of psychotherapists in the United States. The motivational formula derived from these two tables could be expressed as follows:

Motivation is generated by the desire to satisfy inherent, universal needs for autonomy, competence, and relatedness. Individual and collective value judgments about what is important in life and are similarly derived from the desire to satisfy these needs act to influence and direct behaviour. Goals (the end purpose of motivated behaviour) can be understood in the context that they are the situationally specific form of values (Latham, 2007; p. 149). Goals focus the energy derived from needs and values towards an end state or outcome which has inherent meaning for the actor. In the context of professional work inherent needs are met when valued goals are realized and a sense of reward and satisfaction ensues, which reinforces and spurs motivation to continue to pursue similarly valued goals.
This research project has allowed me to create a comprehensive model of the work motivation of counsellors and psychotherapists, incorporating the motivational formula derived from the Literature Review with the findings of this study based on the lived experience of the research participants and integrate them at the macro level with self-determination theory and at the micro or process level with goal-setting theory and social cognitive theory. Beginning at the left hand portion of the Figure 4 and then through the shaded, central core, the framework posits that the research participants are motivated by the desire to meet inborn, universal psychological needs for autonomy, competence (effectiveness) and relatedness through their work. Their motivation is intrinsic in nature as they do their work out of interest, enjoyment, and challenge with little regard for extrinsic rewards, such as praise or money. Their profession affords them the opportunity to work in ways that are highly congruent with their deepest personal and professional values and those characteristics they believe define a good professional. These values and characteristics give voice to their inherent needs and find expression in the self-endorsed pursuit of goals with the intrinsic contents of helping clients solve problems, change, heal, and grow. Their sense of self-esteem is positively affected by the pursuit of intrinsic goals, which is demonstrated by their collective judgement that the work of the profession is worthwhile (and in the case of three of the research participants in their stated pride of profession). Because their motivation is intrinsic, accords so closely with their personal and professional values, and they work collaboratively with clients with minimal or no direct supervision, their work is characterized by an autonomy orientation. As their work allows for the seamless integration of their personal interests, needs, (including personality traits which function as needs), and values in the pursuit of intrinsic goals, it contributes directly to the research participants’ sense of vocation, their ability to live and work eudaimonically and to their consequent sense of well-being. Moreover, because they find their work to be predominately effective, through the privilege of watching clients change, heal, and grow, the realization of intrinsic helping goals
Figure 4  Integrated Motivational Framework for Counsellors and Psychotherapists

- **Personal and Professional Values and Characteristics / Personality Traits**
  - **Intrinsic Motivation**
    - Interest / Enjoyment / Challenge
  - **Autonomy Orientation**
  - **Intrinsic Goal Contents Change / Healing / Growth**

- **Effectiveness Process Factors**
  - Relational Efficacy
  - Values / Personality Traits
  - Honour of Privilege and Obligation
  - Proximal Goal Attainment
    - Privilege / In-the-moment
  - Learning Goal Orientation
  - Effectance Feedback

- **Supplemental Effectiveness Factors**
  - Autonomy Supportive Environments
  - Colleagues / Supervision
  - Professional Development
  - Self-knowledge / Personal Growth / Variety
  - Workplace Autonomy

- **Predominate Effectiveness (Positive Outcome)**
  - Work Satisfaction
  - Well Being

- **Ineffectiveness**
  - Dissatisfaction
  - De-motivation (First Response)

- **Ineffectiveness Factors**
  - Non-Supportive Colleagues / Management
  - Thwarted Efficacy
  - Money / Security
  - Overly Challenging Clients
  - Alliance Ruptures

- **Persistence (Second Response)**
  - Predominate Effectiveness
  - Mastery Experiences
  - Separating Outcome from Self-esteem
  - New Interventions
  - Alliance Repairs
provides them with a sense of reward and work satisfaction, which fuels their ongoing work motivation and contributes to their sense of well-being.

Need satisfaction and work satisfaction derived from the work is contingent upon its effectiveness. Effectiveness and the drive to professional mastery are never far from the research participants’ consciousnesses. If the collective work of the profession was not effective or the research participants did not view themselves as competent practitioners, they would choose other occupations where their talents, traits, and education could be better put to use. The several process/effectiveness factors and the supplemental factors found in the top central and right hand quadrants of the table are each unique motivational factors. Each factor supports the effectiveness of the research participants’ work and their competence as clinicians, adding to their work satisfaction. The primary process/effectiveness factor identified as Relational Efficacy was based on the ability to establish therapeutic bonds with clients and in the purposive, instrumental use of those bonds in establishing, maintaining, and repairing therapeutic relationships/alliances with clients. Directly supporting the ability to establish and purposively utilize therapeutic relationships are the value subsets –relational, openness, process and alliance, professional, and personal characteristics (openness, respect, creativity etc.) – identified by the research participants, which combine synergistically to support the establishment and maintenance of therapeutic alliances.

Arising out of the establishment of the therapeutic alliance and reflected in the professional characteristics of working ethically, accountably, and responsibly is the motivational imperative derived from the sense of honour, responsibility, obligation, and duty emerging from the experience of privilege. The feelings of obligation and duty come do not arise from a sense of external control, as if they owed a client something for the gift of intimacy. Rather, it arises from the desire to protect client vulnerability and dignity, gratitude for the life lessons learned from unparalleled access to the human condition, the sense of honour experienced when clients invest their trust and hopes that the practitioner and the process will be of help, the sense of awe in
bearing witness to clients processes of changing, healing and growth, and because it is the prerequisite for the work to be undertaken and for competence and relatedness needs to be met.

Work motivation is enhanced during the process by the solicitation and receipt of direct and indirect effectance feedback that therapeutic alliance remains functional, that tasks, interventions, and process have been helpful, and that the client perceives progress towards and remains hopeful of a positive outcome. Actively seeking direct feedback from clients, both positive and negative on progress and process serve as important mechanisms for soliciting effectance information. Negative feedback in particular is highly valued because it allows for the introduction of newer, more effective interventions, or in the case of ruptures to effect repairs, thus restoring the efficacy of the process and of the self-efficacy of the practitioner. Noticing and commenting on positive therapeutic change in and out of session serves to provide effectance feedback to clients and enhances the motivation of both practitioner and client. Attending to process and relational goals by evaluating verbal and non-verbal client behaviours provides continuous feedback, giving the research participants useful effectance information and process markers, which may inform consequent interventions or alert them to the necessity of making relational repairs.

Throughout the process of counselling and psychotherapy, through the medium of the therapeutic alliance, collaboratively agreed upon goals and tasks (sub-goals) are set and reset. Work motivation is reinforced as proximal sub-goals are attained and progress towards distal goals of positive outcome is realized. The two most prominent and important manifestations of proximal goal attainment in the framework are experiences of privilege, inherent in the successful formation of the therapeutic alliance, and in-the-moment moments of effectance that signal to both the research participant and their clients the realization or imminent attainment of proximal goals and progress towards distal goals of positive outcome.

Owing to the complexity of the work and its goals and the non-performance goal focus of several of the research participants in favour of process and relational goals, the framework posits
a learning-goal orientation rather than a task-specific, performance goal orientation. Such an orientation is highly functional, as it is necessary to first learn about the experiential world of the client and then to customize approach, tasks, and interventions to individual clients (Norcross, 2002). A learning goal orientation puts a premium on the discovery of appropriate task strategies or more appropriate interventions in the face of setbacks and acts to maintain persistence because mistakes are viewed as opportunities to learn (Latham, 2007).

Autonomy supportive environments with supportive colleagues who act as supervisors, mentors, confidantes, and peer study (support) group members transmit their clinical experience and expertise to the research participants, augmenting their competence and contributing to their sense of belongingness and work satisfaction. In addition, autonomy supportive environments allow for the cross-germination of multiple therapeutic approaches, wherein colleagues learn from one another and supervisors and administrators champion new initiatives and programs. Giving back to the profession by teaching and supervising students allows for reinforcement of old learning and the acquisition of new learning, adding to professional competence and simultaneously provides for the satisfaction of relational needs.

All the research participants were highly motivated to seek out opportunities for professional development and continuous learning within their institutional environments and those created by the research participants in private practice. These opportunities were relished as treats, sources of satisfactions, and rewards and had in common the pursuit of intrinsic intellectual interests and the further development of clinical skills.

The work brings with it the rewards of self-knowledge via deep reflection on their clients’ and inevitably on their own experience. The cumulative increase in self-knowledge brings with it improved health, more harmonious extended family relationships, and personal growth, contributing to well-being. In addition, self-knowledge gained through personal therapy and work with clients allows the research participants to minimize countertransf erential issues and to bring their insights into the human condition to their work with current clients as appropriate.
Variety within the workplace allows for the acquisition of different sets of skills in support of effectiveness and counteracts staleness. Workplace autonomy provides the research participants with highly valued control over their working conditions, including for those in private practice the power to decide on hours of work, client load, and type. Control over working hours allows for flexibility in balancing work and family life. The ability to balance client load and type acts to prevent ineffectiveness as the research participants can match interests, skills and preferred theoretical approach to clients’ presenting concerns and obviates burnout from dealing exclusively with one type of client. Owing to the nature of individual counselling and psychotherapy, the research participants operate without direct supervision, which bolsters their sense of autonomy and locus of control. Moreover, by employing the techniques and interventions with which they are most comfortable, their sense of competence and self-efficacy may be enhanced, with the benefit of reinforcing the installation of hope in their clients.

These process factors and supplemental factors add directly to the effectiveness of the work and the competence with which it is undertaken. Taken together they produce feelings of satisfaction and fuel the ongoing motivation to continue with the work of the profession and to further develop expertise within it.

The bottom quadrant of the figure addresses dissatisfaction, de-motivation, and the motivational response of persistence. Environmental factors such as unsupportive or competitive colleagues, overly demanding institutional managers, and the apprehension of unfairness in remuneration (given the similarity of work and equivalence of professional qualifications) produce feelings of dissatisfaction with the work. The lack of social and emotional capital invested by society in the work of the profession produces feelings of Thwarted Efficacy. These feelings produce dissatisfaction because the paucity of resources prevents the research participants from more effectively helping current clients and potential clients who will go untreated. These environmental sources of dissatisfaction are partially offset (as one research participant put it) because the work produces far more satisfactions than dissatisfactions. More
directly, dissatisfaction and de-motivation are engendered by ineffectiveness factors, such challenging clients with whom progress towards proximal goals is difficult or impossible to perceive and with whom the formation of the therapeutic relationship is problematic and, once established, characterized by ruptures. Although the first response of the research participants to these factors is often one of dissatisfaction and de-motivation, they are intrinsically motivated to regain their sense of competence, owing primarily to their belief in the predominate effectiveness of their work. Their persistence is demonstrated by their willingness to undertake further readings and consult colleagues and paid supervisors in an attempt to find more appropriate interventions, to admit to mistakes, and by doing their utmost to effect relationship repairs with clients. They are buoyed in these efforts and persist in the face of setbacks, owing to a hard won storehouse of past enactive attainments (mastery experiences) and their ability to separate outcome from self-esteem. The research participants’ proclivity to separate of outcome from self-esteem and the relative egolessness with which they approach their work further insulates them from feelings of de-motivation in the face of difficulty. These twin phenomena are owing to several factors: a process and learning goal orientation rather than a specific, performance goal orientation, their understanding that client factors have the predominant role in determining outcome (and that it is the client who attains collaboratively-set goals), and the secure nature of their global self-esteem. Their willingness to continue to try different interventions and make further repairs contributes to both the recovery of their sense of competence and self-efficacy, and, when successful, to the effectiveness of their work and hence to their work motivation and satisfaction.

Based on the lived experience of nine mid-career professionals, the integrated framework is the first comprehensive model of the work motivation of counsellors and psychotherapists. It brings together the direct motivational experience of the research participants as revealed in the coding and analysis of the transcripts with self-determination and goal-setting (and social cognitive) theories of work motivation. It provides an overarching picture of the work motivation of the research participants derived from meeting their needs through the pursuit of intrinsically
meaningful goals and dissects those process aspects of counselling and psychotherapy which fuels work motivation on a session by session basis, as therapeutic bonds and alliances are forged, distal goals are set and attained, joint work on tasks is undertaken, feedback solicited and utilized, progress identified, set backs addressed, and ruptures repaired and therapeutic gains large and small are recognized and reinforced. It demonstrates that it is the predominance of positive outcomes which produces work satisfaction and reinforces the research participants’ motivation to continue to with the work, strive for professional mastery, and train the next generation of competent professionals.

Limitations of the Study

In a topic as broad as the work motivation of professional group of counsellors and psychotherapists its very broadness brings into question the applicability of its results to this large and diverse profession. The nine research participants were drawn from four different professional declensions – counselling psychology (2), psychiatry (1), psychology (3), and social work (2) – from both institutional (6) and private practice (3) environments. Thus, the analysis and conclusions based on the lived experience of nine persons to explain the work motivation of an entire professional grouping must be balanced against the small group of participants. For example, there were significant convergences in the work motivation of those who were drawn from institutional work environments and those in private practice, but there were also some major differences with regard to the dissatisfactions and de-motivating aspects of their work, and the importance of their work environments to their motivation. Two separate studies, one focused on participants in institutional settings and another on private practice, may well have produced more nuanced differences in the results. Moreover, the professional pie can be split in so many different pieces. Separate studies might have been done on those who practice in hospitals and post secondary institutions and separate studies focused solely on psychiatrists, social workers, counselling psychologists, those with and without doctorates, or those who adhere primarily to a
specific theoretical approach; to say nothing of gender and varying social, cultural, and ethnic backgrounds.

Another major limitation is the background of the researcher and the subjectivity brought to all phases of the investigation. Although the researcher is a counselling psychology doctoral student, he has never practiced professionally as a counsellor or psychotherapist and his exposure in vivo to the work of the profession has been as a supervised student and as an unpaid volunteer. An investigator with a dozen years of clinical experience might well have asked different questions, listened with a more sophisticated ear, or brought and entirely different frame of mind to the analysis, proffered theoretical frameworks, and conclusions.

The use of goal-setting and social cognitive theory to devise a theoretical framework explaining the motivation underlying goal progress and the use of self-determination theory to devise a motivational framework based on needs satisfaction may have explained the research participants’ direct experience of their work motivation in a manner that they themselves would not endorse. The individual summaries and Summary of Findings sent to research participants dealt directly with themes related to the satisfaction of needs and enumerated almost all of the effectance factors found in the study, but did not go into the analytical depth found in the various frameworks. The reactions of those research participants who commented on the summary were positive. Their reactions to the completed dissertation and its findings will be the final test of the validity of the factors and frameworks put forth.

Clinical Implications

Workplace environments have a profound influence on motivation (Latham, 2007). Intrinsic interests, values, and personality factors can all be aligned but work satisfaction and motivation can by stymied in the wrong environments. Clearly time to think about and document sessions, a reasonable case load, time and opportunities for professional development and continuing education, variety within the work (including mixed casework and responsibilities),
autonomy supportive colleagues and mentors, and the opportunity to teach and train the next
generation of professionals add immeasurably to personal competence, effectiveness of treatment,
and to work satisfaction and motivation. Although institutional managers and supervisors are not
responsible for the lack of resources that often preclude the possibility of ensuring these several
motivational factors are all operative, they would be well advised to make their best efforts to
ensure most of these environmental factors are present.

The workplace autonomy enjoyed by those in private practice contributes to work
satisfaction and motivation, but those in private practice must continue to find ways to create their
own community of supportive peers through informal networks of colleagues in professional
organizations and institutes and to continuously engage in professional development activities to
maintain competence and effectiveness. In addition, they face the ongoing challenge of balancing
client load and income: too much of the former negatively affects competence and not enough of
the latter leads to dissatisfaction and the temptation to hang on to clients. Professional
organizations should work assiduously to ensure member professionals are aware of these risks
and provide counselling to professionals who are unsure if their motives are mixed.

Although the research participants welcome eclecticism of theory and technique, each
primarily employed a select few favoured theories among the many options available to them.
This study suggests that as no approach is demonstratively more effective than others in effecting
a positive outcome (Stiles, Shapiro & Elliot, 1986) using preferred approaches and allied
techniques (and the values and beliefs contained therein) not only contributes to practitioners’
sense of autonomy, enhancing their intrinsic motivation, but allows them to practice confidently
and competently, as they are the best judge of what best contributes to their efficacy. However, in
work that emphasizes client autonomy (Ryan & Deci, 2008) counsellors and psychotherapists
must be vigilant in recognizing the implicit values they and their preferred theories, political
beliefs, and personal philosophies bring to their work and ensure that their values do not
compromise client autonomy in the goal-setting process and throughout the process of
counselling and psychotherapy. That is not say that these values and theories should not be an integral part of the process, but only if clients freely determine whether or not these are personally meaningful and suitable for their needs.

The efficacy of the process is perhaps the most critical component in ensuring the ongoing motivation of counsellors and psychotherapists. A client load of severely challenged and challenging clients is a recipe for stressful involvement, depletion, dissatisfaction, and burnout (Orlinsky & Rønnestad, 2005). Just as it is important for student therapists to be “given ample opportunity to experience therapeutic work as effective and satisfying” (Orlinksy & Rønnestad, 2005, p. 185), effectiveness must be maintained throughout the career spectrum to ensure satisfaction and continued motivation. It is no accident that established psychotherapists in private practice enjoy the workplace autonomy that lets them balance clients who are difficult or excessively needy with clients who bring more personal resources to the process.

Effectance Moments as proximal steps along the way to a distal destination should be noted and charted by counsellors and psychotherapists as a way to enhance their own motivation and as a strategy to provide clients with positive effectance feedback as it occurs. In like manner the study suggests that counsellors and psychotherapists should be consciously aware and chart the proximal goals and tasks they set with clients, as well as new goals that emerge in the process. Goal and sub-goal attainments throughout the process should be charted and assessed in relation to distal, positive outcome. Such a strategy would provide a sense of overall direction towards a positive outcome and serve as a continuing form of reinforcing, effectance feedback.

The importance of regularly seeking effectance feedback from clients to positive outcome is well documented (Miller, Hubble & Duncan, 2007). The value of seeking effectance feedback and welcoming negative feedback should be incorporated into the formal and informal education and training of students. Its importance to maintaining motivation throughout the process and when negative feedback is encountered of finding ways to return the process to effectiveness by listening more intently to client concerns, trying different interventions, and repairing alliance
ruptures should be strongly emphasized. The inevitability of negative feedback in such a complex enterprise should be normalized to students and its elicitation recognized as a positive occurrence.

Counsellors and psychotherapists need to understand better how their work meets their own needs and fuels their motivation. There appears to be an implicit understanding by the research participants that the work meets their needs for autonomy and competence, but there is a tendency to downplay the importance of meeting relatedness needs because of the fear of using therapeutic relationships instrumentally to meet personal needs. The enjoyment of personally meaningful, authentic relationships that allow one to better understand the human condition and the self and provides the opportunity to express altruistic impulses by helping and caring for fellow human beings does not equate to instrumental use. The opportunity to enjoy intimate, caring, authentic, but professional, relationships with others should be seen as an occupational advantage. Strongly positive and negative feelings for clients should be acknowledged as something more than countertransference and used in the service of the work. It would seem to be equally important to consult with paid or peer supervisors to discuss both strongly positive and negative transferential issues without feelings of guilt or shame. Finally an awareness of one’s needs and the freedom to acknowledge them in the same manner as a lawyer, architect, or human resource generalist would be helpful. An ongoing understanding of how one’s needs and whether they are being met through one’s work would seem to be an important ingredient in maintaining work motivation and would function as a good early warning system, indicating a change in circumstances is warranted to preclude slow burnout or eventual drop out.

Areas of Future Research

In the original conception of this research topic I had wanted to use two additional conceptual frameworks: 1) employee engagement which goes beyond job satisfaction to encompass measures of motivation, commitment, and advocacy on behalf of an organization (Robinson, Perryman & Hay, 2004); and 2) the implicit motivational framework embedded in the
Orlinksy and Rønnessad’s conceptions of Healing Involvement, Felt Therapeutic Mastery, Currently Experienced Growth and Cumulative Career Development leading to an Effective Practice. Dedicated qualitative studies focused on motivation employing these two frameworks would make interesting and useful studies on their own. It is certainly arguable the accounts of the research participants in this study point to commitment to and engagement in the profession and the several factors contributing to an Effective Practice clearly encompass meeting needs for autonomy, competence, and relatedness. The definition of Healing Involvement stands on its own as a statement that describes work meets needs for autonomy, competence, and relatedness.

Healing involvement reflects a mode of participation in which therapists experience themselves as personally committed and affirming in relating to patients, engaging in a high level of basic empathic and communication skills, conscious of Flow-type feelings during sessions, having a sense of efficacy in general, and dealing constructively with difficulties encountered if problems in treatment arose. (Orlinsky & Rønnessad, 2005, p.162)

The caution with which several of the participants spoke of their professional work to friends because it was personally meaningful, confidential, isolating in social situations, and rife with negative stereotypes also merits further study. One of the problems of getting the research participants to talk to their views on engagement in the profession of counselling and psychotherapy was the reality of the educational and disciplinary divisions within the profession itself. Psychiatrists (medicine), social workers, and psychologists in Ontario practice as members of a regulated health profession and each has its own college which represents its members’ varied interests. Counselling psychologists and independent professionals who practice as counsellors and psychotherapists are not as yet fully regulated by the Province and do not have functioning colleges representing their interests to the Province. With the advent of the new
College of Psychotherapists and Registered Mental Health Therapists of Ontario (June 4, 2007), there may be an opportunity for the several professional declensions to come together with a single voice to advocate on behalf of profession. A study on the challenges and opportunities for the new College of Psychotherapy to combat negative societal stereotypes of both the work and the workers would be most welcome.

This study was focused primarily on work motivation. The related topic areas of self-esteem and well-being were investigated as important adjuncts to work motivation but each could easily demand an in-depth qualitative study probing deeper into the experience of counsellors and psychotherapists in these important domains and their relationship to their work motivation.

Although the work of the profession hinges on the effectiveness of the therapeutic relationship, it was difficult for the research participants to talk about the ways in which the work met their needs for relatedness/relationships. It is still left to beyond-reproach stars of the profession, such as McWilliams (2004), Yalom (2002) and Mitchell (2000) to speak about the depth of meaning (and the motivational consequences) that these relationships can have for them. A study delving more closely into the motivational aspects of therapeutic relationships beyond their purposive uses for effectiveness is also warranted.

One of the most surprising and useful discoveries in this study was the appreciation and motivational stimulus in-the-moment occasioned by Effectance Moments. Several questions arising from this phenomenon bear investigation. What precedes effectance moments: a reflection of feeling, an interpretation, a specific task, normalizing experience, identifying and commenting on primary and secondary emotions, dissecting maladaptive organizations of experience, reviewing and commenting on a diary card, or validating and normalizing client experience? How are moments of closeness and authenticity leading to deeper work evoked and realized? What is the best use of these moments and how can they continue to be elicited during treatment?
REFERENCES


Appendix 1: E-mail letter to Nominators

Dear X:

I am conducting a qualitative study on the factors motivating professional mid-career (between 10-20 years post graduate working experience) counsellors and psychotherapists to continue with and remain engaged in their work as professionals. I am interested in professional counsellors and psychotherapists sources of work motivation (intrinsic and extrinsic), the components under girding their work motivation (such as the rewards, satisfactions, fulfillment, and challenges found in the work) the relationship of counsellors/psychotherapists’ psychological needs and personal values to the setting and pursuit of therapeutic (and personal) goals, how progress and success in meeting therapeutic goals are monitored and evaluated, and whether counsellors/psychotherapists professional work contributes to their self-esteem, subjective well-being, and life satisfaction. The motivational factors sometimes found within the in-the-moment-experience of conducting counselling and psychotherapy, such as feelings of privilege among others, will also be investigated as discrete motivating factors. Emphasis will be placed on practitioners’ views of themselves as professional counsellors and psychotherapists (regardless of disciplinary educational background) and the impact professionalism has on their work motivation.

The factors and frameworks referred to in the title of the study will be developed from the information, concepts and themes gleaned from in-depth interviews with practicing counsellors and psychotherapists. These will be used to both construct a unique motivational framework for counsellors/psychotherapists and be contrasted to existing theories of work motivation (goal-setting/social cognitive theory and self-determination theory) and employee (professional) engagement in work.

I am asking for your help in identifying practicing professional counsellors and psychotherapists for the purpose of inviting them to participate in an in-depth interview. I know this is a special time of the year for a chance to get away and an opportunity to write but if you can think of any appropriate nominees (as outlined in the paragraph below which provides a brief description of the criteria for selecting informants/interviewees, it would be most helpful if you could get back to me by the first week in August. If you are away and do not receive this until August or early September, I ask that you nonetheless send nominations to me.

Those nominated should meet the following criteria:

1. They are full-time or part-time mid-career professionals, that is, they have between 10 to 20 years of professional post graduate experience working as counsellors or psychotherapists. They may work either in private practice or in a variety of professional settings, such as social service agencies, community health centres or in publicly-funded institutions such as a hospitals, colleges or universities etc.
2. They spend approximately 60% or more of their professional time conducting counselling or psychotherapy sessions (individual and group) including directly related time for documentation and professional development. This time may be spent in private practice, institutional work or a combination of the two.

3. They may be drawn from any number of related educational backgrounds or disciplines, e.g., social work, psychiatry, psychology, counselling psychology, nursing, pastoral counselling etc. The predominant mode or theoretical orientation of the interviewees is not a limiting factor although I hope to interview persons who practice from a variety of theoretical orientations, including those who describe their approach as eclectic.

4. They are individuals who you consider to be good or very good clinicians and individuals you would feel comfortable recommending to a friend or family member.

If you are comfortable identifying interview candidate I ask that you provide with as much of the information as you have available to help in making a first contact with potential interviewees.

1. Name(s) of the counsellor(s)/psychotherapist(s)

2. Telephone number(s)

3. Email address(es)

4. Does the nominee work in

   A) private practice;
   B) an institution; or
   C) a combination of A and B.

Please indicate to me if you prefer your nomination to be confidential or if you are comfortable with the disclosure of your name should a nominee ask who nominated them.

Many thanks for your interest in this research project. If you have any questions regarding the study please feel free to contact me by telephone at 416-480-0855 or by email at paul.mccann@utoronto.ca or paul_mccann@camh.net or to contact my thesis supervisor, Dr. Niva Piran at npiran@oise.utoronto.ca I would be pleased to answer any questions you may have about the research.
Appendix 2: Email to Prospective Research Participants

Dear X,

Hello, my name is Paul McCann and I am doctoral student at OISE/UT in the Counselling Psychology Program and a practicum student in Concurrent Disorders in the Borderline Personality Disorder Clinic. I am writing to ask you if you would consider participating in a study I am undertaking on the motivational factors that lead mid-career, professional counsellors and psychotherapists to choose to remain in and commit to the work of professional counselling and psychotherapy. (Mid career is defined for the purpose of this study as 10-20 years post graduate professional experience.) I am interested in counsellors' and psychotherapists' sources of work motivation (intrinsic and extrinsic), the relationship of counsellors' and psychotherapists' psychological needs and personal values to their work motivation and to the processes of setting and pursuing therapeutic (and personal) goals, how progress and success in meeting therapeutic goals are monitored and evaluated, and whether counsellors' and psychotherapists' professional work contributes to their self-esteem, subjective well-being and life satisfaction. The motivational factors sometimes found within the in-the-moment-experience of conducting counselling and psychotherapy, such as feelings of privilege, and flow, among others, will also be investigated as discrete motivating factors. Emphasis will be placed on practitioners' views of themselves as professional counsellors and psychotherapists and the impact professionalism has on their work motivation.

I am writing to you because you have been nominated by a professional colleague. For the purposes of this study I plan to interview nine mid-career professional counsellors/psychotherapists drawn from a variety of educational and theoretical backgrounds. The interviews will be for one and half to two hours.

If you are interested in participating in this study I ask that you get back to me by return email. I will telephone you to ask for some brief preliminary information about your background and current practice. Once I have reviewed this information, I will phone you again to either invite you to participate or to thank you for your cooperation to date without any further requests for an interview. The background information will help me determine how to include in the study a diverse a sampling as possible, taking into consideration gender, professional background, and theoretical orientation.

If you have any questions of me about the study, its purposes and what you would be expected to do, please write to me by return email (or telephone me at 416-480-0855 (Home) or ext. 4451 in CAMH) and I will be pleased to answer any questions you may have about the study.

Many thanks for considering this,

Paul McCann
Appendix 3: Covering Letter to Research Participants

October 2007

To: X

Dear X,

Thank you for considering participating in my study. As I noted in our first contact, I am currently enrolled in the Doctor of Education Program in Counselling Psychology at the Ontario Institute for Studies in Education of the University of Toronto. The study is being undertaken to fulfill the dissertation requirement for the completion of the Doctorate of Education degree in counselling psychology. The purpose of this letter is to provide you with information that you will need to understand what I am doing, and to decide whether or not you choose to participate. Participation is completely voluntary, and, should you decide to participate, you are free to withdraw at any time. After reading the enclosed RESEARCH INFORMATION FORM, if you agree to participate, I ask that you sign off on the appropriate space on the enclosed CONSENT FORM and return it to me in the enclosed self-addressed envelope. Should you have any concerns about the study, you may at any time contact my supervisor, Professor Niva Piran (416) 923-6641 ext. 2740 or me at (416) 480-0855 (home).

As also noted in our first contact your participation will include an interview of approximately one and half to two hours. (A second interview may also be arranged as we mutually agree.) We will be doing a cross between an open interview and an interview from a schedule. Attached you will find a series of questions or probes that will be asked or investigated during the interview. Please be aware that during the interview you may choose not to answer any question and you also have the option of answering several related questions thematically.

Yours sincerely,

Paul McCann
Appendix 4: Consent Form

CONSENT FORM

Title of Research Project: Motivational Frameworks for Counsellors and Psychotherapists

Researcher: Paul McCann, MA, M.Ed.
Telephone: (416-480-0855)
Email: paul.mccann@utoronto.ca

Research Supervisor: Professor Niva Piran, Ph.D., Tel: (416) 923-6641 ext. 2339.

I acknowledge that the research procedures described in the attached form have been explained to me and that any questions I have asked have been answered to my satisfaction. Further, I have been given a copy of this form, and the RESEARCH INFORMATION FORM to keep for my own records. I know that I may ask further questions about the study or the research procedures at any time. The potential risks of participating in the study have been explained to me. I know that I may ask further questions about the study or the research procedures at any time. I understand that participating in this study will involve an interview of approximately one and a half to two hours and a potential second interview if it is mutually agreeable. I also understand that I will be asked to review summaries and the transcripts in order to correct any misinterpretations that may have arisen. I agree that my responses may be used for research and education purposes, and my responses may be used in publications and presentations with the understanding that unless I specifically indicate below that I wish to be identified, every effort will be made to keep records confidential and anonymous, and that information presented will not personally identify me in any way.

I understand that I am free to answer only those questions that I feel comfortable answering, and that I may withdraw from the study at any time. I acknowledge that I am 18 years of age or over. I hereby consent to participate.

__________________________
Signature

__________________________
Name (Please Print)

Please check the box below if you would prefer to be identified in this study otherwise your will be given a pseudonym of your choice and every effort to eliminate information which may potentially identify you will be altered in the transcripts and the study.

I would prefer to be identified in the study and any public presentation or published written form by my real name.

Yes ☐ No ☐

Please send me a copy of the research finding at the end of the study.

Yes ☐ No ☐
Appendix 5: Research Information Form

Title of Research Project: Motivational Factors and Frameworks for Professional Counsellors and Psychotherapists.

Researcher: Paul McCann, MA, M.Ed.
Telephone: 416-480-0855
Email paul.mccann@utoronto.ca
Research Supervisor: Professor Niva Piran, Ph.D., Tel: 416-923-6641 x 2339

The Purpose of the Study
I am conducting a study at the University of Toronto on the factors motivating professional mid-career (between 10-20 years post graduate working experience) counsellors and psychotherapists to continue with and remain engaged in their work as professionals. I am interested in professional counsellors’ and psychotherapists’ sources of work motivation (intrinsic and extrinsic), the components undergirding their work motivation (such as the rewards, satisfactions, fulfillment, and challenges found in the work) the relationship of counsellors’ and psychotherapists’ psychological needs and personal values to the setting and pursuit of therapeutic (and personal) goals, how progress and success in meeting therapeutic goals are monitored and evaluated, and whether counsellors’ and psychotherapists’ professional work contributes to their self-esteem, subjective well-being, and life satisfaction. The motivational factors sometimes found within the in-the-moment-experience of conducting counselling and psychotherapy, such as feelings of privilege among others, will also be investigated as discrete motivating factors. Emphasis will be placed on practitioners views of themselves as professional counsellors and psychotherapists and the impact professionalism has on their work motivation. The frameworks referred to in the title of the study will be developed from the information, concepts and themes gleaned from the study. These will be used to both construct a unique motivational framework for counsellors/psychotherapists and be contrasted to existing theories of work motivation (goal-setting/social cognitive theory and self-determination theory) and employee (professional) engagement in work.

What Your Participation will Entail: The Interview
If you agree to participate you will be invited to participate in an interview of approximately one and a half to two hours sometime within the next four months. (A second interview of one hour may be arranged as we mutually agree.) All interviews will take place either in your professional office or at a private location that is acceptable to both of us. After each interview, you will be asked to read a summary of our interview and a copy of the transcript with identifying information removed which you may keep for your own records. Your summaries and transcripts will be mailed out to you. Please indicate on the attached consent form whether you prefer that summary and transcripts be sent via email or surface mail. Any section which you request to have deleted from the transcript of your interview will be deleted. If you choose to withdraw from the study at any time the entire transcript of your interview will be destroyed. After your review of the summary of the interview (which will include comments from my perspective) and the transcripts you will have the opportunity to provide me with any feedback or additional thoughts you may have on the subject matter. (I warmly welcome any feedback.) Attached you will find the areas of inquiry and a series of questions/probes that will be asked or investigated during the interview. You may choose not to answer any question or if you prefer to answer several related questions thematically.
Confidentiality
All of the interviews will be audio-taped, and then transcribed. All of the information in the study will remain confidential, and audiotapes, transcripts and written material will be identified with a pseudonym of your choice and will be stored in a safe and private location at my home in Toronto. In the transcripts and summaries of our interviews together, specific information that could identify you will be altered to protect your confidentiality. (Alternatively, if you wish to be identified and do not wish to use a pseudonym, you will be asked to indicate your agreement by signing off in the appropriate space in the attached CONSENT FORM. All of the audio tapes will be destroyed once the study has been completed. The results of the study will be presented in published written form, and in professional journals. In these publications and presentations, the confidentiality of all participants will be maintained (unless, as above, you specifically indicate you do not wish to remain anonymous). If you wish to withdraw from the study at any time you may do so. If you choose to withdraw, audio-tapes of your interviews will be erased, and transcripts of your interviews will be shredded.

Anticipated Risks
The anticipated risks of participating in this study is that although the transcript will disguise the names of the participants and quotations will be altered slightly to protect anonymity, there is an outside chance that you may be recognized if some of the material generated by the interview is incorporated into the doctoral thesis or a publication arising there from. A second risk (of which as a professional you are well aware) involves instances in which confidentiality must be broken. If you tell me about person under the age of 16 who is currently being abused, if you indicate that you are planning to harm yourself or someone else, or if you report that you are being sexually abused by a health care professional, I am obligated by law to report to the relevant officials. In addition, all files must be turned over to relevant officials if research files are subpoenaed.

Questions
Should you have any concerns about the study, you may at any time contact my supervisor, Professor Niva Piran (416) 923-6641 ext. 2740, the University of Toronto Ethical Review Office 416-946-3273 or me at (416) 480-0855 (home). You may also contact me by email at paul.mccann@utoronto.ca. If you would like to receive a copy of the research findings after the study has been completed, please fill out the attached form which will be kept in a separate locked file in my office. It is anticipated that the completion of the study may take approximately one year. Therefore, if you change your address during this time, please let me know so that I may update my records.

Research Findings
If you would like to receive a copy of the research findings after the study has been completed, please indicate this in the appropriate line in the consent form below.
Appendix 6: Interview Questions

General Research Question

Regardless of disciplinary background what are the factors or aspects (rewards, gratifications, satisfactions etc.) about professional counselling and psychotherapy that motivate professionals to do this work currently and for the foreseeable future?

Probes:

1. Have the motivating factors that initially influenced your decision to become a professional counsellor/psychotherapist changed over time and if so can you describe how and why there has been a change?

2. If you find your work to be satisfying can you describe the sense and source of satisfaction within you? Are their aspects about your work that you find to be de-motivating, unrewarding, or dissatisfying? Can you elaborate on this tell me something of why and how you persist in the face of these obstacles?

3. What do you consider to be the best and worst things about being a professional counsellor/psychotherapist?

4. What are the factors or aspects (rewards, gratifications, satisfactions etc.) about professional counselling and psychotherapy that motivate you as a professional to do this work currently and for the foreseeable future?

Areas of Inquiry

1. Professionalism:

Probes:

1. How do you describe the work of the profession of counselling and psychotherapy to friends and family and to other counsellors/psychotherapists?

2. Can you tell me what in your estimation makes for a good professional counsellor/psychotherapist? What makes you a good professional? Is this a good profession to work in?

3. What steps do you believe are necessary for you to remain a committed professional counsellor/psychotherapist?
4. If you try to keep abreast of current developments in the field can you talk about how you do this?

2. Values and Goals

Probes:

1. Do you perceive congruence between your personal values and the values of the profession of counselling/psychotherapy? If so, can you tell me something of how these values get expressed in your work?

2. Do you perceive a relationship between your personal and professional values and the goals you set for yourself as a person and the therapeutic goals you collaboratively set with your clients?

3. Can you tell me something of how you determine therapeutic goals with your clients, assess their reasonableness and attainability, and measure your performance in meeting these goals?

4. Describe for me your thoughts and feelings when a client reaches a mutually set therapeutic goal (s) and the differences in these thoughts and feelings depending upon the magnitude or degree of difficulty faced in reaching these goals?

3. The Process of Counselling and Psychotherapy

Probes:

1. Are there aspects to the in-the-moment experience of providing counselling or conducting therapy that you find inherently rewarding or motivating?

2. Some counsellors and therapists describe their work as privileged. Do you agree with that description and can you tell me something of why or why not?

4. Self-Esteem

Probes:

1. Please describe the ways in which your work as a counsellor or psychotherapist does or does not affect your sense of self-worth.
2. Does the success or failure of your clients reaching the therapeutic goals you set together effect your sense of self-esteem and self-efficacy? If so, can you describe what happens and why this is so?

3. Do you receive feedback from your clients on your performance as a counsellor/therapist even if they do not comment directly on your work? If so, describe how this happens. If not, how do you know if you are successful in meeting goals for counselling/therapy?

5. Life Satisfaction and Well-Being

Probes:

1. If you had the opportunity to start a new career either now or at the beginning of your working life would you choose a career other than counselling and psychotherapy and can you tell me something of why or why not?

2. What would make you’re the conditions of your work as a counsellor/psychotherapist better or closer to your ideal?

3. When you reflect upon your life to this point can you tell me something of the global impact your work as counsellor/psychotherapists has had on the sense of your overall well-being and satisfaction with your life?
Appendix 7: Summary of Findings

Summary of Findings

Qualitative Research

As many of you know in qualitative research analysis the researcher attempts to break down the transcripts into discrete chunks of information contained in key passages, sentences and phrases. These are then coded with identifiable markers, e.g. with regard to the question on privilege - privilege-trust or privilege-connection or privilege reward. From these markers arise identifiable themes running through the transcripts both singularly and jointly. From these themes the more salient or “metathemes” common to most or all the transcripts begin to emerge. An example of a theme and a metatheme would be the theme of “continuous learning/ongoing professional development” which is an important theme subsumed by the metatheme of efficacy (both of the process of counselling/therapy and of the practitioner’s application of skills and knowledge (competency) in support of efficacy).

While my data analysis is not yet complete yet, I enclose a table that encapsulates the major themes and metathemes that have emerged in the analysis to date. Please feel welcome to comment on the summary or the table of key themes.

The three key themes – self-determination (sub-divided into engagement and personality/fit/vocation), competence (efficacy) and relationships/relatedness are neatly drawn from self-determination theory (SDT) – a theory of work motivation espoused by two psychologists from the University of Rochester (Edward Deci and Richard Ryan).

Self determination theory holds that people are (best) motivated by engaging in intrinsically interesting and satisfying activities which meet their needs for autonomy (being self-directed and agentic), competence (mastery and effectiveness) and relationships (including interpersonal relationships and the environmental surrounds supporting relationships). Engaging in worthwhile work congruent with one’s values and which maximizes one’s potential (personality and talents) is a way of living well or eudaimonically (i.e., in accordance with one’s inner daemon) and is basic to well-being.

Several of the major themes, e.g., privilege, in the moment experience and continuous learning bridge each of the three key metathemes. Given their centrality to the enterprise, that is to be expected. There is an ongoing interaction and intersection between and among these three metathemes with each taking turns rising to prominence in the transcripts. Because in the end the research participants chose to do this work and are motivated to continue doing it well to help people solve problems, change behaviours, improve relationships, heal, and grow, a predominant focus of the summary will be on the metatheme of competence/efficacy. However, research participants have chosen and continue to autonomously choose a profession which allows them to work with people through their person. Thus, the drive to satisfy needs for efficacy at one and the same time satisfies relationship needs. For the sake of simplicity the narrative below reflects a
composite sketch of the research participants’ experience and does not reflect the wide variety of individual differences.

**Personal Competence - Effectiveness and Mastery - and the Efficacy of Counselling and Psychotherapy**

Research participants are motivated first and foremost by a desire to be effective professionals to the benefit of their clients. In this study as in others, much of the rewards and satisfactions of the work are derived from seeing clients change, grow, and heal. In other words when counselling and psychotherapy is efficacious and you have the opportunity to competently employ education, experience and skill to good effect – to be of help and to make a difference – you experience a sense of satisfaction with your work and are motivated to continue. To this end, research participants spend much of their time and energy in activities which allow them to grow and develop as professionals to their benefit and that of their clients. What are unsatisfying and de-motivating are roadblocks to efficacy, whether through perceived deficits in your own education, experience or countertransferential challenges or through environmental (institutional and societal) factors which undermine your work.

**Professional Development and Continuous Learning**

Research participants engage in ongoing professional development activities to sharpen skills and expand clinical armaments, including in some cases continued supervision (peer or otherwise) and personal therapy. Continuous learning is viewed as a reward, as a factor required for ongoing commitment to the profession, a key value, a hallmark of a good professional, and importantly an antidote to ineffectiveness. Research participants invest their time and often their own money in professional development activity because of an ongoing motivation to become ever more efficacious.

**Supervision and Teaching**

Closely aligned to this desire for development, those research participants who are in a position to supervise students do so willingly because they enjoy it, it keeps them current and it keeps them engaged in their work, once again to the benefit of their clients but also importantly to the profession. It keeps research participants committed and engaged. It adds an important ingredient of variety in the workplace which is important to maintaining satisfaction and motivation. Two of the research participants also teach in graduate/professional programs and enjoy it and two others indicated a desire to do so.

**In-the-moment and Efficacy**

It is clear from your in-the-moment experience that efficacy experiences, such as the client accepting responsibility for their actions, the co-creation meaning within and across sessions, moments of intimacy and authenticity leading directly to deeper work, witnessing client evolvement and change, finding a piece of the puzzle with the client, getting unstuck in session and moving forward etc., are powerfully motivating. In my view, these moments serve as proof to the efficacy of the process but also are testament
to the quality and depth of the therapeutic relationship and to your part in the process. Embedded in these efficacy experiences are also the rewarding feelings of simply being in the moment or flow, the excitement of discovery and the intellectual pleasure when things come together across sessions or a piece of the puzzle becomes clear. Feelings of privilege arise spontaneously in the moment and, as below, are testament both to the quality of the relationship but also to the efficacy of the work. Here too the metathemes of competence/effectiveness and relationship appear to be inextricably intertwined and experienced in the moment.

**Partial Reward Schedule**
Those rewarding in-the-moment experiences in the therapeutic relationship when you become aware that your joint efforts are indeed efficacious, and the intellectual pleasure, satisfaction and excitement that arises when a helpful formulation/intervention comes to mind “unbidden”, cannot be predicted. From the point of view of learning theory that these moments come in a partial reward schedule only serve to increase their powerful reinforcement.

**Privilege and Efficacy**
There is a universal appreciation of the feeling of privilege. Five research participants named the phenomenon as one of the best things about the work. It comes up everywhere in the transcripts and usually long before the direct question was asked. It is perceived by many as an intrinsic reward and benefit of the work in and of itself; it is a source of satisfaction and as an important component of the positive in-the-moment experience of providing therapy. Several participants spoke to the sense of awe, honour, and responsibility when clients revealed or shared their most intimate thoughts, fears, wishes, and hopes. It is the means by which counsellors/psychotherapists get to have an unparalleled view of the human condition and thus gain self-knowledge in the process and it provides for the sense of contact and intimacy that many find rewarding.

In reviewing the transcripts it seemed to me that the universal appreciation of the phenomenon of “privilege” addressed not only the appreciation of relationship to the endeavour but also very directly to the effectiveness of the work. Thus, the following two paragraphs are largely my reflections on how privilege contributes so strongly to effectiveness and to one half of the equation of why it is so highly valued by to all research participants.

It is proof that the counsellor/psychotherapist has accomplished the primary or meta goal of counselling/psychotherapy - that of establishing a working alliance based on the creation of a safe space and relationship of trust. Trust is twofold. A client takes a leap of trust and opens up and reveals their most intimate thoughts and feelings to the counsellor/psychotherapist in the hopes that she will be non-judgemental, accepting, and caring. Not only is the client willing to place her trust in the counsellor/psychotherapist -- that the counsellor/psychotherapist is a trust worthy person, but the client also demonstrates their trust that the counsellor/psychotherapist is a competent professional who can help them address their problems and issues. In addition clients’ trust demonstrates that the research participants have successfully imparted a sense of hope in
the client and cemented the therapeutic alliance. It is via the phenomenon of privilege that counsellors/psychotherapists are able to find their way into the client's experience and to then find ways to help them. It is the necessary prerequisite for effectiveness.

The twofold trust invested engenders a sense of responsibility for promoting clients’ welfare and for protecting those who have made themselves so vulnerable. In my view, it imparts a sense of obligation or motivation to do your very best for clients and to honour that vulnerability. The “Gift of Therapy” is twofold: the client privileges you by giving themselves over to your care and you react with the natural tendency (Coleman, 2007) to want to give back. Finally, witnessing clients “grow, heal, and change” was viewed as privilege by some of the participants because it was testament to the human spirit but also I believe because it is testament to the efficacy of the work.

Environment and Efficacy
The environments in which research participants work and/or create directly affect their sense of satisfaction/dissatisfaction with their work and hence motivation as well as efficacy. Professional colleagues, whether institutional colleagues in hospitals or universities who serve as teachers or mentors, peer supervisors and confidantes, or for those in private practice, colleagues you upon whom research participants rely for consultation, information sharing, and friendship, are important to maintaining motivation. Particularly when faced with difficult or challenging clients, colleagues play an important role in bolstering motivation and efficacy by providing perspective and support.

For those who work in teaching hospitals, the rich environment replete with workshops, guest lecturers, and continuing education programs, as well as opportunities to teach and supervise students supports your development as practitioners and hence your competence and the efficacy of their work. Those who work in University environments are enriched by the academic environment and similar opportunities for professional development and supervision. One of the research participants works in a particularly rich university environment. There is a strong team atmosphere that extends from the support staff through to senior university administrators and a sense that the service is highly valued and integral to student development and success. There is a marked emphasis on professional development through workshops, seminars and a first rate library. A palpable sense of formal and informal intellectual sharing is pervasive, creating a rich mix of approach and technique, which mirrors the varied skills, backgrounds and professional qualifications of the staff. The professional and social environment of this service clearly supports both efficacy and sense of common purpose key to this informant’s continued motivation and desire to stay in the profession. Another informant from a hospital spoke to enjoyment she gets from working with people who have the same goals she does, who like working with clients, who have a sense of humour and working with supervisors who are open to her interests.

It is no accident that the research participants in private practice went out their way to duplicate these environmental advantages either by joining/organizing study/peer
supervision groups, or by taking leadership roles in local and national organizations promoting professional standards and practice.

Working environments and relationships found therein can both support and diminish motivation. Two of the research informants who work in hospital environments are passionate in their belief in the efficacy of their theoretical approaches and techniques. These can come under scrutiny and criticism from colleagues who employ more mainstream approaches which can lead to discussing one’s work with a sense of caution. Alternatively, they can find common cause with colleagues who work from differing perspectives but who are interested in eclectic and integrative approaches.

There can be at one and the same time a sense of community and a sense of isolation within the confines of a large institution. Administrative detail, dealing with the politics of complex bureaucracies and committee work all detract from the work of counselling/psychotherapy because of the sheer amount of time and conscious capital demanded by these activities.

Although efficacy can be maintained by dedicated, passionate practitioners in the face of uncomprehending and unrealistic expectations with regard to client load in smaller environments but the ultimate price is paid by the counsellor/psychotherapist rather than the client. Regardless of how dedicated the practitioner, the lack of time to think deeply about clients has a negative effect, not on personal competence or even an affirming presence with the client, but ultimately there is a price to pay with regard to efficacy (the feeling that one could do even better) that is de-motivating. A common desire amongst those in the institutional workplaces for a reduction in client load was based on two distinct phenomena: first and foremost that with more time between sessions and fewer clients effort could be concentrated and efficacy for clients seen maximized; the second was a desire for more time for supervision/teaching, program development, professional development, and for research and writing.

Private Practice
Although private practitioners do not have the environmental advantages of their institutional counterparts they have far more control – autonomy – over their environment. This sense of autonomy is highly valued by private practitioners: they can set their own hours and have control over accepting clients and the problems they present with. This allows for an optimal mix of variety of cases matched with skill and experience, once again in support of efficacy. Thus, one not need see clients with similar problems day after day and one can refer clients whose problems do not match the practitioners skill set or personality. This autonomy in determining client load and mix helps prevent burnout (e.g., too many trauma cases) and allows for refreshing variety. It is highly valued and is identified as an important factor contributing to ongoing motivation.

The flip side to the motivational boost of autonomy in practice is the de-motivating aspects of uncertainty of clientele, income, and security. As above, money and security may contribute to job satisfaction but does not affect the motivation to do this work
which is almost exclusively intrinsic. It can however lead to a sense of dissatisfaction with the work because of the anxiety during nadirs when client load and referrals are low and there is a consequent feeling that one’s work is not properly valued.

**Thwarted Efficacy and the Social Environment**

Although not necessarily de-motivating, several research participants noted discouraging aspects of the negative societal perceptions of profession of counseling/psychotherapy and its importance to society. The paucity of support for the work by society at large, as expressed in the lack of funding via OHIP for both registered psychologists and private practice psychotherapists and the consequent limitation of service primarily to those who can afford private counseling was distressing; not only because of its immediate effect on income, but because these research participants so clearly see how many people could benefit from counseling and psychotherapy. *It seemed to me* that it is an affront because your potential efficacy and the efficacy of counseling/psychotherapy are thwarted because of lack of societal support. It was particularly irksome to some that medical doctors without the benefit of proper training and who were consequently often much less efficacious than the research informants could bill OHIP for services.

Another manifestation of the lack of social support was identified by another informant. Many clients now present with multiple long-standing problems and are already on medication. After relatively brief institutional intervention and treatment, the often wholesale absence or unpredictability of available community supports and programs to which to refer clients adds to the complexity of discharge planning and anxiety about how clients will cope. Once again, regardless of personal competence and effectiveness, the efficacy of counseling and psychotherapy is limited by the absence of external resources.

One of the surprising findings in the research was the difficulty several research informants had in discussing their work with family and friends or with non-professional acquaintances. The confidential nature of the work makes it difficult in the first instance to go into any depth and the very depth and personal meaningfulness of the work make it difficult to speak it about to an unsophisticated and uncomprehending audience with profundity. In addition to the fact that many people have wholesale misconceptions about the nature of the work, and continue to attach stigma to mental illness, addictions and the debilitating effects of abuse and trauma etc, there is often an unfortunate focus on the unethical practitioners who make the headlines. Finally, there can be the uncomfortable feeling that people expect that you are experts on all things psychological. Thus although some of you speak with great pride about the profession and tell family and friends it can be wonderful work, others downplay their professional lives in casual conversation.
Restoring Competence and Efficacy, Separating Outcome from Self Esteem, Goal-Attainment and Persistence

In addition to institutional roadblocks, experiences wherein your own sense of competence is questioned whether though perceived deficits in your own education, experience, skill set or countertransferential difficulties or simply by clients who are severely ill can be de-motivating.

Restoring Competence and Efficacy
When faced with difficult and frustrating experiences of being unable to help, research participants were strongly motivated to find ways to become effective, either by intensive reading, consulting with colleagues, or seeking private supervision to come up with the means to address challenges and difficulties and restore efficacy. In like manner, research participants report constant attention to the quality of the therapeutic relationship and vigilance in addressing ruptures. It appears to clear to me research participants do so to ensure that the efficacy of the process so dependent on a strong alliance can be maintained or restored. To this end, negative feedback was welcomed by research participants both because it suggested a new approach should be undertaken or a repair is warranted. (It was reported in some instances that negative feedback can signify that the work is becoming deeper because it is getting closer to the heart of the matter or can be welcome from a client who previously was unable express negative feelings). In general, negative feedback was explored in counselling or psychotherapy with clients by research participants to come up with more effective ways of dealing with presenting problems.

Separating Outcome from Self-Esteem
When research participants do experience failures, such as clients leaving therapy without explanation, clients who are not prepared to do (or invest in) the work, or clients whose illness are so severe that little or no progress is possible, rather than become de-motivated or question you competence, each participant reports an predilection for separating outcome from self-worth or self-esteem. Research participants are realistic about the limits of their effectiveness in an enterprise that is so dependent upon the willingness, ability and personal circumstances of a client to engage and progress. Counteracting understandable feelings of frustration and questioning of one’s worth or effectiveness when clients fail to reach mutually set goals, research participants report that they are helped by a deeper understanding of the process and a reservoir of past experiences of successful outcomes and efficacy experiences to draw upon. It is not that there is an absence of deflating moments of self-doubt about personal competence but as several research informants reported they are now fleeting and far less intense than in their early years of practice. Moreover, there is a recognition that a negative self-focus is of no help to one’s clients. In addition, if the counsellor/psychotherapist is over-invested in outcome (goal attainment) this can put undue (conscious and unconscious) pressure of expectation on the client. Finally self-esteem and worth are seen to come from a variety of sources, many of which are not connected with one’s work but are found in external activities and in particular relationships with family and friends.
Goal Attainment
At the other end of the spectrum, although research participants report that they can be happy, thrilled and excited for their clients when they reach collaboratively set goals there appears to me to be an egocentrism about the experience – research participants are happy for their clients’ success and rightly place the emphasis for success with the client. (This is not to say that research participants don’t enjoy positive feedback – everyone does!) This focus on the clients’ successes acts to insulate research participants from basing feelings of self-esteem from the success of clients meeting collaboratively set goals. Thus although research informants feel good about the helping nature of their work and draw a measure of self-worth from it, the ability to separate outcome from self esteem is important in maintaining it through both positive and negative outcomes.

Non-Judging Attitude
Although no one mentioned this directly, I suspect that working daily in a non-judgemental way with clients has a spill over effect. Just as counsellors/psychotherapists don’t judge client worth as a whole based on client behaviours, setbacks, or failure to meet their goals, they similarly do not appear to judge their worth on the basis of individual successes or failures. The focus is always “how can I do better for the client” rather than “how can I do better to meet some externally imposed standard of performance”.

Persistence
Overall, research participants persist in the face of the dissatisfying aspects of the work for a variety of reasons the most prominent because of a simple belief in the efficacy of counselling/psychotherapy and therapeutic relationships. Other factors include general optimism about people’s ability to solve their problems or work towards healthy outcomes, peer and collegial support (including the influence of current and former mentors – as one research participant put it, ‘you are never alone in the room’), relationships with and sense of duty towards clients, experiences of growth and healing in personal therapy, a strong desire overcome challenges, repair alliance ruptures and restore a sense of personal competence, pride in one’s practice, and appreciating that there is far more satisfaction than dissatisfaction in the work. Two research participants raised the simple cognitive strategy of putting down dissatisfying days by simply telling themselves that they are having bad day, fully aware of all the good ones.

With regard to unsatisfying or unrewarding aspects of work, such as the necessity of taking session notes, according to self-determination theory, because note taking exemplifies best practice the identification and incorporation of the value of taking notes changes the activity from a non-intrinsically motivated activity to one that is intrinsically motivated. This is congruent with the report of one research participant who stated that although he would dearly love to be free of this burden, the importance of the notes in reminding him of key client issues and of their value to other counsellors/psychotherapists who may follow up with the client motivate him to take up this burden.
Self-Determination: Intrinsic Motivation, Needs, Values and Fit: Research Participants are what they do and they do what they value

Self-Determined Activity -- Love My Work and Would Choose it Again
Research participants engage in this work because they find it intrinsically interesting and satisfying, highly correlative with their personal values, and well suited to talents, skills and temperaments.

According to self-determination theory, self-determined actions are autonomous actions undertaken willingly and self-endorsed at the highest level of reflection as meaningful and congruent with personal values. Given the fact that research participants reported that their work was intrinsically interesting and satisfying, allowed them to live personal values, and gave expression to their personalities, it is not surprising that 6 out of 9 research informants at one time or another during the interview uttered the phrase “I love my work”. Others noted variously the excitement and passions engendered by the work, or how they thrive on the work, or how much they like their work, feel fortunate to be doing it and feel good about doing it. (Two research participants noted acquaintances who ask imponderably what it’s it like to love your work.) All nine research informants declared that if they had to do it over they would still choose counselling/psychotherapy as a profession.

Intrinsic Activity
Of all the different adjectives used to describe the rewards and gratifications of the work, the most frequently cited were hallmarks of intrinsic motivation: interesting (6) fulfilling (5) intellectually and emotionally challenging (5) and exciting (4). Four research participants noted that the intellectual interest and intellectual challenge of the work was one of the best things about it. As above, none of the research participants do the work for the money (extrinsic motivation), however, everyone enjoys positive feedback (which as effectance feedback strengthens intrinsic motivation and as praise is an extrinsic form of motivation). Although money is not a motivator, it can contribute to both satisfaction (the ability to have a middle class lifestyle) and dissatisfaction (worries about referrals, balancing client load between full and fallow periods, and, as above, the inability to charge OHIP for services).

Needs
In the first round of interviews the question on needs was not raised until the fourth interview and only 6 of the nine research participants are represented below. However, because desire and motivation finds its genesis in the pursuit of one’s needs, I will briefly summarize the information to date. Lower order survival needs are assumed to be met because they were rarely mentioned. Research participants noted the following needs for were met through their work:

- relationships/connection (5)
- intellectual stimulation and curiosity, (4)
- competence/effectiveness /mastery (3);
- self-knowledge (3), personal growth and self actualization (2);
• to work in accordance with my values (2)
• variety, newness, and change (1)
• journey and meaning (1)
• excitement (1)
• being productive (1)

I believe it is no accident that the needs raised reflect the primary basic human needs postulated by self-determination theory for autonomy (freely chosen, intrinsically interesting and satisfying activity), competence and relationships/relatedness. Moreover, there is a continual cross over between needs, such as, the need to be of help which addresses both competency and relational needs.

Living Personal Values
All nine research participants agreed that they live their values each day through work. Several research participants talked about the work being an expression of ‘who I am in the world’ and how their personal values are indistinguishable from ‘my work values.’ Four women research informants spoke directly to how their work allowed them to express and use feminist principles and philosophy and its importance to them and to their work, especially as it pertained to empowering clients and reducing violence in the world. Among the many values raised by the research informants, the most salient were simple respect and concern for the dignity of clients, and the attendant values embedded in the Rogerian notion of unconditional positive regard: being non-judgemental, accepting, authentic, honest, compassionate, and empathic.

Living Professional Values /Personal Characteristics and Fit
The responses to the question of what makes a good professional were similarly value laden. Here there was marked congruence with the values of working ethically, responsibly, and reliably, with unconditional positive regard for clients and with a high regard for the value and efficacy of relationships. In the descriptions of what makes for a good professional a fusion of values and characteristics begins to emerge: reliable and responsible, genuinely interested in people and relationships. This fusion is highlighted in the professional value of and personal characteristic of openness. Research participants reported that good professionals are open to learning and to new developments in the field and are characterized by having a broad view of ways of being in the world. Good professionals are open to change and difference, value diversity, and question their assumptions about themselves and the world. Other characteristics of good professionals include self-knowledge, flexibility, curiosity, intellectual and emotional intelligence, the ability to see both big and small picture, to hold complexity, the ability to build relationships and connect with difficult people, to be optimistic, well-rounded, intuitive, and skilled. (Other characteristics of a good professional raised by the research participants were grounded primarily in factors related to efficacy such as engaging in continuing education or personal therapy (for purposes of efficacy and personal growth), having an intentional practice, maintaining work-life balance, and being able to find enjoyment and satisfaction with one’s work.)
Vocation and Fit
Most research informants found the question what makes you a good professional difficult to answer, primarily, I think, out of modesty. Those that did answer generally listed the same qualities and characteristics raised in their initial answer to the general question, ‘What make a good professional’? This happy confluence of personal characteristics to a good professional and the opportunity to live personal values through work under girds the following set of statements (these are not direct quotes) by 8 out of the nine research informants:

- I wouldn’t change professions because of the intersection of [my] personality and the work; excitement and passion [found in the work] is clearly a fit for me
- The work is congruent with who I am as a person
- [Allows me to be] who am as a person and the work I was meant to be doing.
- Appealed naturally to my personality and who I am
- Who I am and what I do are very much interlinked; my life my practice; it’s all the same
- Congruent with who I am
- This is right for me; a privilege for me because I figured out what I should be doing
- I knew early on that this is what I wanted to do; [work with] high affect is a fit for me

This does not mean that some research participants did not feel the pull of other vocations or pursuits suited to their personalities. One research participant would someday like to have the time to fully explore her artistic potential as a writer. Another informant noted that he might have been happy in any number of professions ranging from financial analyst to a professional athlete. Three research informants still wonder about whether or not they should have pursued medicine. Interestingly, these three found aspects of medicine not to their liking (usually the detached scientific approach) and all three would have continued to practice as counsellors/psychotherapists, albeit with the style and approach that marks their current profession (and is more suited to their and personalities.)

In short, it seems that the research participants by stint of their temperaments, aptitudes, and values are well suited to the profession. They have found work that they enjoy, consider worthwhile, and in which they are effective. As one research participant stated the work allows him to be “at my best” and as another put it,” it was no accident that I choose this work”.
Well-being and Life Satisfaction
Freely engaging in intrinsically rewarding, interesting, and satisfying work that is congruent with one’s values and personality epitomizes working in a self-determined way. According to self-determination theory, such a way of working characterizes eudaimonic living. Eudaimonic conceptions of happiness and well-being “focus on the content of one’s life and the processes involved in living well, whereas hedonic conceptions of well-being focus on specific outcomes, namely the attainment of positive affect and the absence of pain”. Living well is a way of living focused on what is intrinsically worthwhile to human beings such as engaging in meaningful endeavours and actualizing potentials in themselves and others. Such a way of living should result in some measures of happiness, well-being and life satisfaction. That is the theory but what did the research participants report on this last question in the interviews.

The responses to the question regarding well-being and life satisfaction were generally brief (it was the last question) but positive. Without using direct quotes the following set of statements were offered in response.

- I get to do what I love everyday
- I feel good about what I do with my life
- I continue to grow in all kinds of ways; I’m never bored and can’t think of anything that would give me more satisfaction
- to engage the world in a generous way, you find the world you are engaged with is itself generous
- how many people can say they still love what they do, they are still interested, excited and still want to learn.
- moment to moment most of the time I am really happy in the profession
- I really enjoy this. I enjoy the work that I am doing; I’m really fortunate to be in a job that I enjoy doing
- I spend a lot my waking hours here – my good fortune, my blessing is that here is a nice place
- [the work] has tremendously enhanced my overall quality of life… and the bonus is I enjoy the work...

The most common benefit noted in response to this question was that the work had had a positive effect on personal relationships outside of work with family and friends with seven of the nine research participants noting this positive effect.
This is not to say that there are not times when the research participants feel stressed, overworked, and dissatisfied with some aspects of their work, particularly with regard to local and societal environmental issues or dealing with the stresses of trying to achieve work-life balance. However, on the whole the research participants expressed a sense of gratitude that they spend their working lives in this profession.

**Relational Aspects of the Work**

And it’s the simplest thing but it’s the most complex thing. But I think it’s everything – everything else grows out of it. – *A research participant.*

The best part is again and what is most satisfying is the sense of connection on the human level but also the use of that connection to make meaningful change. *A second research participant*

Social Relationships
Self-determination theory holds that social relationships which support needs for autonomy and competence are important to the maintenance of motivation. This is clearly demonstrated above in the section dealing with the social environment and effectiveness. From the transcript analysis, it is clear that the quality of the relational surround at work or the quality of relational interaction with fellow professionals through peer groups and professional organizations nurtures and supports the research participants and contributes directly to the motivation to continue in the work.

The two quotes that start this section neatly sum up the deeply integrated connection in the counselling/psychotherapeutic relationship between intimacy and connection and the effectiveness of the work. You will recall that earlier in the summary this phenomenon was explored in the sections dealing with in-the-moment experiences and privilege.

Needs for relationships or relatedness in self-determination theory also refers to feeling “connected to and cared about by others”. The transcript analysis demonstrates that although research participants are invested in efficacy of the process engendered through relationship, the intimacy and connection engendered in the experience of providing counselling and psychotherapy is equally important to the research participants. Five out of six research participants asked noted that the work meets their needs for relationships. Three research participants noted that they ‘like” their clients, another noted that there was no point doing this work unless you enjoyed relationships found within in, two others noted that the relationships were one of the best things about the work, another noted the intimacy found and attachments formed were one of the best things, another that the rewards of the work were found in its relational aspects, and the enjoyment of the process of creating a relationship was raised by another. Although some of the transcripts demonstrate how deeply research participants care about their clients when they talk about individual clients, most of the references to the importance of relationship were made in the context of efficacy rather than in the context of the intrinsically
rewarding aspects of relationships (enjoyment, interest, and satisfaction) or in the caring response brought on by a desire to be of help, or as one research participant eloquently puts it – being of service to his clients.

It seems to me that the experience of being of help (effectiveness) is important to the work motivation of counsellors/psychotherapists and this was salient in the transcripts. However, it also seems to me that the experience of connection and capacity to care about clients is equally if not more important to work motivation. The desire generating the need to be effective is derived from feelings of care and concern for the client but this was not as apparent in the transcripts.

**A Main Issue Not Covered in depth in the Summary**

**Setting and Attaining Goals**
Two prominent mainline work motivation theories Bandura’s social cognitive theory and Locke and Latham’s goal-setting theory are centred on the pursuit of optimally challenging value-laden goals. A significant portion of the interview was devoted to goal-setting and its importance to work motivation. I have not had the chance to fully digest your responses to these questions, except to say that from my reading and analysis of the transcripts goal-setting and the joint effort in pursuing goals with clients is very different in this enterprise than in most others. First and foremost, it is not about an individual striving to reach a challenging goal; nor is it a simple team effort. It is a very different process all together. Personal counselling and psychotherapy is based on a working alliance between two people. Counsellors/psychotherapists certainly may contribute to the success of client’s in meeting collaboratively set goals, but in the end it is the client and only the client who attains or fails to attain those goals. This realization on the part of the research participants was also a factor in their ability to separate outcome from self-worth and self-esteem.

For several of the research participants, it appeared that establishing and maintaining the therapeutic relationship and alliance were both process and goal. More than just a goal it appeared to be the metagoal of the enterprise. As the two quotes which began this section so elegantly demonstrate, the realization of all other goals is subject the success of achieving this first and most basic goal. In particular, for those who worked with longer term clients the relationship it self was the medium through which growth and healing took place.

Although most participants were able to gain a measure additional satisfaction in helping clients achieve particularly challenging goals, there was a clear sentiment with one of the participants that the realization of small goals can be “huge” for some clients and for another that it was difficult to say she was any more or less happy about clients reaching more challenging goals. Two of the participants in particular noted a heightened feeling of satisfaction when clients who had had to overcome particularly abusive and traumatic experiences – not for themselves but for their clients. As stated above, there was a sense of egolessness about the experience for these research participants when clients were able
to overcome these obstacles. I believe that being witness to these achievements is not a neutral experience but reinforces both motivation and persistence.

Feedback
Effectance feedback is deemed to be important to work motivation in social-cognitive theory, goal-setting theory and in self-determination theory. All of the participants directly and regularly seek feedback (positive and negative) from their clients in order to determine progress towards goals but also to gauge the quality of the therapeutic alliance and to work to repair relational ruptures as they occur. Feedback is used to enhance effectance so that new interventions, course changes and adjustment of goals can be made on an ongoing basis. Research participants put ongoing attention on their relationships with their clients; constantly monitoring their clients’ in-the-moment experience, including body language, tone of voice, and spoken and unspoken communication. There appears to be a continuous feedback loop between client and an attuned counsellor/psychotherapist that is intuitively processed and acted upon both in session and between sessions. Again, it seemed to me that the primary motivation was to maintain the quality of the relationship and the alliance first and secondarily to pursue with the client collaboratively set goals.
Appendix 8: Participant Summary

Sarah has been a social worker at in Toronto for the past 17 years. Prior to her current appointment she worked for 1.5 years at a rehab hospital. An interest in geriatrics and patient care marked her from the beginning. At both her Social Work practicums she worked with cognitively impaired elderly patients suffering from Alzheimer’s disease and dementias. Her interest in working with psychiatric patients stemmed from her volunteer work as an undergraduate. She kept up her contact with staff at the Hospital where she volunteered and when a job opportunity arose she leapt at the chance and has done inpatient work ever since. Her experience working with schizophrenic patients for over nine years in two different clinics taught her that it was possible to work effectively with all clients, regardless of their impairments and that she could provide a lot of supportive therapy and psychotherapy to this client group and to the group of clients she now works with – sexual offenders. Following a reorganization in her clinic she applied for a more managerial position. However, she was very ambivalent because her real love is clinical work. Shortly thereafter a trusted senior colleague and mentor who did not want to see Sarah’s talent go to waste directed her towards a specialized Unit where she has worked since 1989 with mentally-ill patients (including sex offenders and persons of both sexes who have murdered family members). Her caseload includes both short and long term clients and she provides both individual and group therapy. She currently sits a on a number of hospital committees and is a member of the Practicum Committee of a University Social Work School.

Motivation and Satisfaction

Sarah had always been interested in social work and had a first hand experience with the work during her mother’s illness between first and second year university. She was impressed by the caring and kindness showed by her mother’s social worker. Care giving, nursing careers ran in her family and given her undergraduate interests in sociology (crime and deviance which sprang from summers near Penatang and Oak Ridge Hospital) and in women’s studies, social work seemed like a natural career choice. Chance, as with many others who enter the field, also played a part. Between her second and third year of university she was offered a summer position as a recreation leader at the a local hospital. She couldn’t take up the offer but asked if she could volunteer next year which she did in a Geriatrics ward. The same skills she used working with the cognitively impaired elderly she found were easily transferable to working with schizophrenic populations.

Throughout her career Sarah has been motivated by identifying a need and then finding the ways to address those needs. She sees a vacuum within the system, takes personal initiative, and works hard to fill it. Early on in her career she
discovered a need to include the families of her schizophrenic clients in their therapy. When she first arrived she noticed that only four or five patients were discharged from her acute unit per year. When there was talk about closing down the unit she became concerned about the future welfare of her clients and began contacting families to enquire about placement. The initial reaction of the families to taking clients back into their homes was predominantly negative and fearful. In response, Sarah started a group for the family members of her schizophrenic clients to help them ‘reconnect with their families’.

Paul: So it was kind of self-motivation based on your interests. There’s something going on, How can I fix this?

EH: Yes, yeah. Yeah, then that’s sort of how I am. I like to sort of see if – I’m one of these people, I’m a good follower, but if there’s a vacuum, I’m like, OK, what do we need to do, and what are we going to do about this. Because I find in the program, like even like this one, or other ones, sometimes things just kind of go along, and we’ve always done it like this and – I’m also one – I’m not afraid to work hard. I like to work hard and that. But, my motivation, I guess, it hasn’t really so much changed as things kind of catch your attention that are kind of glaring, it’s like, oh my goodness, you know. We need to, you know, what are we going to do about this. What can I do about this, what’s happening?

Her self-starting behaviours have been consistent apparent throughout her career. In her current position in the fearing that she was becoming bored, she went to her program director four years ago to suggest she do something new and different. She started a Modified Sex Offender Group for offenders who are diagnosed with a mental illness. The group focuses on relapse prevention and anger management. Not only is she now starting her third group, she takes what she has learned and does workshops for case managers working with sex offenders in community mental health centres and guest lecturers at the local School of Social Work on this area. She is also working with a colleague to provide more information to her clients about diabetes as many clients also suffer from this. For Sarah variety and change is an important part of her ongoing motivation: case work alone would be very boring.

Early in her career she worked on an acute ward with psychotically violent clients, one of whom set fire to the ward and destroyed it. It was in essence a ‘madhouse’. This early experience had two profound effects on her motivation. First with the introduction of recent generations of psychotropic drugs (clozapine, resperidone and elanzipine) combined with psychosocial support she was able to see first hand clients who were believed to be ‘sick and would always be sick’ make remarkable, life-changing recoveries. Witnessing these amazing changes resulted in a sense of shared excitement on the ward. With the new generation of drugs came increased
interest in working with families and in providing therapy to this group with programs such as social skills training. This sense of excitement was engendered through the charismatic leadership of one of the psychiatrists on her ward with whom she presented at Grand Rounds. The second outcome of work on the acute ward was that it would take a lot for her to be intimidated, a sense that she was up to the challenge of working with severely ill clients, and that by providing therapy she would be able to make a difference.

And, like I said, that was sort of where my, I mean, once I got over the shock of being down there and thinking I was going to be killed, because staff was always being injured, and it was a pretty wild place. But so now I say, you know, it takes a lot for me to be intimidated. And some of the clients I work with are pretty, pretty, have pretty bad histories and that, but I learned so much from down there, from working with really ill people and seeing that usually once they’re OK, they’re fine. It’s interesting – most of them ended up, most of the really aggressive young guys that I worked with, ended up having issues around anxiety and depression. And, then you could do work with them – and once you get the psychotic stuff settled, then that’s when you can do the psychotherapy with them.

She continues to be motivated by addressing shortfalls in service, her interest in crime and deviance, by inspiring colleagues, seeing clients improve (although she is very realistic about some of her clients as will be seen on the section on goals). What differs now are the amount, change and variety in her work. She would find simply being a caseworker boring. Although being a caseworker, running sex offender and family groups, teaching, supervising students, and being a member of the School of Social Work Practicum Committee can be overwhelming at times it is important to her to have a variety of interests.

Sarah simply likes what she does; she enjoys it. She has lots of flexibility and works with good colleagues who share her goals and who are open to her: a perfect mix. She provides a very succinct summary of self-determination motivational theory in that her work meets her needs for autonomy and relatedness are met through her work and competence is implied throughout.

I like what I do. I think that’s the main thing – I enjoy what I do; I have lots of flexibility in what I do. I’m fortunate to work with really nice, decent people who have the same kind of goals that I do; who like to work with the clients; people that have a sense of humour, and also people that – and being on a team working with supervisors and managers who are open to me being interested in different things…

The goals she shares with colleagues are simple: patient recovery and imparting hope.

I’ve worked with some really good doctors, who think along the same ways that I do, that, you know, it’s better to work with clients and to sort of help them get better and that have hope. It’s really important to want to see clients recover and have some hope.
The goal of seeing clients recover and have some hope always presents a high level of challenge:

Seeing clients get better here, and it’s a big challenge. I mean, I’ve had some really challenging clients, but you learn a lot. Those are the clients you learn the most from.

What is also motivating is growing the student education program: when she first started there were two or three students in the Law and Mental Health section now there will be a dozen or more.

Variety is the spice of life and a motivational factor for Sarah.

And being able to do stuff outside of the centre. I think anybody who, if you were just stuck in this office, day in and day out, you’d get … for me, I’d, it would be very unstimulating. Also, I have, I have lots of, you know I do home visits and I get to – I have lots and lots of interests.

In this regard she runs groups at the College Street site and sees individual clients at Queen Street. She also finds one to one contact with family members rewarding.

She relates the story of one her clients who was quite ill and living on the streets. She was able to locate family members and through working with them and with the help of medication the man now lives with his brother and has a job in the city. He visits Sarah from time to time.

Sarah: So it’s those kinds of things that really motivate me. And make me feel, like he comes down and sees me and tells me how he’s doing, and I see …. 

PM: Sometimes seeing old clients is motivating to?

Sarah: Oh, very much so. I mean it’s hard when you see them, sometimes they get sick again. But that’s also, the …. 

PM: The nature of the work.

Sarah: Yeah, and you have to be realistic about that. And about little stuff. And it’s nice to see these people do better. It’s sad when they don’t do better, but, you try to give people some quality of life.

But I get lots of satisfaction seeing my clients do well, move on, get an absolute discharge and just move on with their lives. You know, they call me, I got this job, I got that job, or just that they’re doing OK, you know, moving on with their lives. I saw one guy the other day at the No Frills store, he’s working at the No Frills doing the buggies and stuff, and it’s very satisfying to see where he’s come from where he was. He was so, so sick.
When asked how and why she persists in the face of difficulty or the unsatisfactory aspects of her job, such as when a client murders a family member, she noted that most of her patients do get better and that is the motivating factor.

I think helping them, seeing them get better, seeing them do better. It’s really hard when they don’t do better. That’s the hard part. That’s the … those are the ones you agonize about. But I think seeing people get better. Because mostly people do get better.

**Professionalism**

Sarah believes that this is an ‘excellent profession’.

A good professional, especially ones who work with mentally ill patients who have poor boundaries, must have good boundaries. Because her clients have backgrounds predominantly marked by trauma and abuse, the quality of the therapeutic relationship is primary. A good professional in her setting must also be able to work with and in a team and build relationships with colleagues in the hospital and partners in the community. In addition to being aware of the literature in their field, good professionals must be open to change and flexible in approach: some colleagues who have been doing the same work for years sometimes fall into the trap of not changing with the times.

She stays abreast of the field primarily by reading. She read voraciously the first five years of her career and continues to read articles regularly but at the same time not exclusively because the field is so broad and it is important ‘not to be consumed by it’. She also attends workshops regularly and annually pays out of her own pocket to attend a three-day conference which she finds regenerating.

But to me it’s worth it. The College is like this social work Mecca. And it’s amazing – you go from Thursday to Saturday and you come back Sunday. And it’s very regenerating to go to that. Their stuff there isn’t forensic stuff, but it’s a lot of dynamic stuff, psychotherapy stuff, plus the trauma stuff there.

For her to remain committed ongoing education through workshops, group supervision including case presentations with one of the Centre’s psychiatrists (Every time I go I learn something new.) and ongoing consultation with colleagues on her team in Law and Mental Health are essential. Consultation is especially important because some of her clients are very long term clients (1999) and she can get very attached to them but also can lose perspective and forget that some of the clients can be very dangerous.

**Values, Goals & Needs**
There is definitely congruence between Sarah’s personal values and her professional values and these get expressed in her work or as she says ‘otherwise it would be hard to do this kind of work.’ Sarah likes and values ‘hard work’ and ‘doing the best she can’. When she encounters others whom she suspects are burning out because they take the attitude that seriously ill client will never get better she is rankled. In her straightforward view people can do better. **We can always try and do better.** She values her team and teamwork. She treats her clients the same way she would treat a colleague or friend: there is no subterfuge. She tells her clients that they should treat people they way they wish to be treated.

She was influenced by a senior colleague in this regard that patients should be treated in the same way one would treat one’s own family members with honesty, respect and dignity, regardless of whether they are severely mentally ill or sex offenders.

It’s a really important thing when you’re doing psychotherapy with people to treat people with respect and with dignity. And it’s such a little thing, it doesn’t sound like a big thing, but it’s a huge thing. And people respect that and they get that. They get if you’re being honest with them and if you’re being respectful with them.

The population she works with – mentally ill sex offenders in her view are horribly stigmatized. Not only is it important for her to live her values by treating her clients with respect and dignity, it is important for her that she works in an environment where those values are shared. In that way living her values is a communal exercise

They’re stigmatized – mentally ill people are stigmatized...and the sex offenders are actually, even, I think, even more stigmatized than people who commit murders. They’re so far down the rung. And those kinds of things. And I mean, I try to live that my life that way, anyhow. So I think in that way that kind of congruence with people, with people that I work with; it’s really important. It’s important for me to have that: to be around people that are like that, as well.

Sarah is an optimistic person both in work with her clients and with her friends outside of work. Her optimism allows her to be an excellent coach both with clients and with friends.

Their some fairly basic goals Sarah must set with her clients (a quarter of whom have mandated disposition orders from the courts) given the nature of their offences. The primary goal is simply to return them to the community with the hope they won’t re-offend. For some of her clients the primary goal is simply to have them graduate from a beginning group for sex offenders (that is, to understand that they are ill and that their actions are offensive) to the follow up group. Failure to meet these simple goals must be viewed realistically: some of
her clients are still in massive denial, some simply do not remember and others are still psychotic. The clinic has a dual mandate: the first is to provide for client safety, wellbeing and recovery and the second for community safety. In a nutshell she works “with clients around staying out of trouble and not hurting anybody or themselves and improving their lives”. Sounds simple but helping clients stay out of trouble and improve their lives brings with multiple goals including finding work, working with families to ensure the family’s expectations upon discharge are realistic, helping clients understand their own experience to prevent recidivism, and working with clients on core issues around self-esteem, grief and loss.

And I do a lot of other stuff with clients with helping them to find jobs, helping to understand what the heck happened and making sure it doesn’t happen again. And helping them to make sense of some of their illness and that they control the illness: the illness doesn’t control them. And, I mean, the concrete goal is that they move on, they get an absolute discharge and they move on. So it’s very sort of measurable, in that way. The other things are, you know, developing the relationship with them, helping them to move on, helping them to work and to feel better about themselves. Because a lot of the people, I find, have pretty low self esteem and that sort of thing. And helping their families to understand what’s going on and helping them to reassess their goals. And we assess what it means to have a mental illness. This client that I’m working with, the woman with the kids, what it means for her to be a good mother, what being a mother means to her and all those kinds of things and you deal a lot with their grief and their loss around what they’ve had, what they can have, helping them to look at hope and what they can do. Because a lot of these clients kind of move on and do really well.

She is however realistic about her clients and their success in meeting these goals and the limits to her contribution to their success or failure:

And with this sex offender groups, it’s hopefully helping them feel better about themselves. And, yeah, help them feel better about themselves, and hopefully they’re not going to re-offend. But, that’s a bit tricky. That’s harder. Because they, do, I mean, sexual preference is sexual preference.

Paul: You have to accept that.

Yes. And take that, you can’t take it personally. It’s easy to take it personally.

In the course of her work Sarah is always reassessing the goals she and her clients set. What she has learned over time is to make the goals small and achievable and to carefully balance the tension between pushing her clients to improve the quality of their lives and her client’s natural resistance to too much change. She learned early on that she should not have to be working harder than her clients in reaching these goals “the client has to want to do it for themselves” and not simply to please her.
Given the challenges faced by her clients, regardless of how hard and how long one works with the population, failure and the unpredictably tragic is never too far removed. Just as she recalls with great joy clients who have made remarkable progress Sarah recalls with great sadness deaths of clients who thought they could fly, clients who murdered their own children or a long term client who froze to death after a binge. She understands full well that those she works with are an ‘at risk’ population and although this is a fact of life in her work it is never easy to accept and you can’t stop caring or at the same time let it overwhelm you.

It doesn’t make it easy, though. And I think if it ever became, like, oh, well, who cares? Then I’d leave, I wouldn’t do this work anymore. For me, I can’t do that kind of – you can’t let it beat you up and overwhelm you, but you have to have a healthy respect for that.

Sarah believes the goals she sets for herself and for her clients are congruent: to do the best you can do and to have respect for others and their differences. But she notes how careful one must be in this regard with her client population and not be trapped (as are her younger practicum students and she herself was when she first started) into expecting too much from higher functioning schizophrenic clients. These clients do well with supportive therapy but less well when there is stress, criticism or pressure to do well. Thus her emphasis is on support and coaching in reaching goals.

Plus one must be aware of the privilege and responsibility that comes with the territory and be conscious of how one’s own values are in play in setting goals:

It’s a privilege, but it’s also something you have to look at respectfully and deal with – like know that that’s a – I think social workers sort of – You have to balance the authority you have, because in a position like this, there’s a lot of social control. You have to really, really look at your own values and be aware of use of self with clients and not be imposing your [values]. I mean, you’re always imposing your values, and if you say you’re not it’s, I don’t – But being aware of your values, because it’s true. I think – People say, “Oh, I don’t impose my values”, but you are! Just by being in a room with somebody and that, I think, anyhow. So, yeah, it’s a huge; it’s a big responsibility.

However she does like to see things go well and can take things personally when they don’t. In addition she tends towards perfectionism and realizes that this must be tempered with her clients and also with her colleagues:

But I’m usually a pretty positive person; I like to see things go well. I take things pretty personally when they don’t. And if, and this is one of my – I like, yeah, I want to see things go well. And I’m a bit of a perfectionist, and you really have to scale that way back when you’re dealing with your clients, and with your colleagues, it’s like, just because I want this for you doesn’t mean you want this for you, and so doing a lot of collaboration about setting goals for people. And helping them set what they want is attainable.
Sarah derives satisfaction when clients do well regardless of the level of challenge. What has been very satisfying for her is the success of her outpatient relapse prevention group for sexual offenders. What is particularly satisfying for her is how much the members want to come to the group. She was never sure that they saw the value in coming. But, when she suggested the group break for a couple of months, the members protested, noting that they not only wanted to come but needed to come, because it was important for them to be able to talk about relapse prevention. Her group was the one place where they felt they could talk about their past and their struggles without judgement. The goal for the members was simple: they just did not want to get in trouble again. A goal Sarah could live with and they could live with. What has also been gratifying for Sarah is that the administration has noted the long term success of the group (over a year) and has suggested that Sarah begin to write up the group.

**In-the-moment-process and Privilege**

She enjoys those sudden and unexpected moments that provide you with something you can work with like an admission of a problem. It’s a great feeling: it doesn’t happen that often but when it does, it’s very rewarding.

Sometimes they’ll all of a sudden come up with something, and you’re like, oh my God, they finally get it. Like I was talking to a colleague about this the other day. About, sometimes a client will have been through all these different groups – sex offender groups, and they’ll suddenly say, “Yeah, I get it, and I did it; I did that”. “This is why” – and you say to them, “Well, what finally turned the light bulb on”, because I don’t know about in addictions, but I know in mental health and that, the moment when they can kind of say, yes, I have an illness, or I’m a pedophile, then you can sort of do work from that on. Like, they don’t always have that insight, but once you can kind of get that and kind of hold on to that, and say, it’s OK, that happened, and that’s OK, that doesn’t make you a bad person, and then you kind of go on from there – it’s a great feeling. And then I really – It doesn’t happen that often, but when it does, it’s very rewarding.

She also enjoys the process of connection because without she cannot do her work. Connecting with her clients is often a challenge because her clients often have a hard time connecting with people. Fortunately, she has always been pretty good at connecting.

In Sarah’s view it is a privilege to be able to make a difference in people’s lives but with privilege comes responsibility, especially when working with a vulnerable population.

It’s a privilege just to be involved in people’s lives, and you know, having that opportunity to hopefully make a difference; to help people to develop; to improve their quality of life. I think that’s pretty important.
It’s a privilege, but it’s also something you have to look at respectfully and deal with – like know that that’s a – I think social workers sort of – You have to balance the authority you have, because in a position like this, there’s a lot of social control. You have to really, really look at your own values and be aware of use of self with clients and not be imposing your [values]. I mean, you’re always imposing your values, and if you say you’re not it’s, I don’t – But being aware of your values, because it’s true. I think – People say, “Oh, I don’t impose my values”, but you are! Just by being in a room with somebody and that, I think, anyhow. So, yeah, it’s a huge; it’s a big responsibility.

It’s a responsibility, but it’s a privilege because these clients are very vulnerable. Bottom line is, they’re vulnerable and you mustn’t abuse them, or, you know, you have to be respectful, and all those kinds of little things that are so part of having this kind of – because in this program, we have to be – if you’re not behaving yourself, you have to come back in the hospital. And that can have devastating effects on somebody’s life. Yeah, it's a big privilege, but it’s also a big responsibility.

Self Worth and Self Esteem

Her work does effect her sense of self-worth. Sarah gave the example of a long term client who told her that she was not helping him and her consequent feeling of being an inch tall. However, the feeling was tempered by her realization that his comments were not a reflection on her so much as an indication of her client’s own frustration and that she can’t take that personally. The remarkable thing is that she takes this criticism and uses it to validate her client feelings:

So you kind of take a deep breath, and sort of say, this isn’t an indication of me, it’s his frustration. So I just kind of, identified, I said, you know, I’m sure you’re feeling very frustrated right now, and I’m sorry – it sounds like you feel disappointed in me, and I’m sorry you feel that way, but I understand. And sort of taking it, owning it, and putting into words what that means. And it’s helplessness. The client’s feeling helpless. You can take that personally.

Her sense of self-worth is reflected in her insistence that her clients treat her the same way she expects to be treated by anyone inside or outside the hospital. She simply will not put up with swearing or yelling from her clients and will end or suspend sessions accordingly. She has witnessed other staff being abused by ill clients but in her words she “certainly would not put up with that in her personal life and so there is no way that she is going to allow that here”: and that she has “way too much self worth to put up with that kind of treatment”. The practical aspect of enforcing this behaviour is that if clients cannot control themselves in the hospital how can she expect them to be controlled on the outside.

It does make her feel good when her clients progress and she can feel badly for her clients when they don’t. However, she realizes that she has to ‘step away’ from these feelings and realistic about her long term clients and the severity of their illnesses.
It does affect it, but it also, it’s not totally tied to that, and it makes me feel good when somebody does well, but I’ve also had clients who get really, really sick and they end up in the hospital for a long time, and you feel bad; I feel badly about that, but I also think that you have to step away from that sometimes, and sort of say, that is illness, and hopefully sometime this client is going to get better, and when they’re ready

But I get lots of satisfaction seeing my clients do well, move on, get an absolute discharge and just move on with their lives. You know, they call me, I got this job, I got that job, or just that they’re doing OK, you know, moving on with their lives. I saw one guy the other day at the No Frills store, he’s working at the No Frills doing the buggies and stuff, and it’s very satisfying to see where he’s come from where he was. He was so, so sick.

With regard to seeking feedback Sarah asks for it directly:

I ask them: how are we doing, are we getting to where you want, and then, you know if you’re not, they let you know sort of verbally or nonverbally.

When getting negative feedback after making a therapeutic misstep such as using the word ‘deviant’ with her sexual offenders group – a word they loathe, she notes how important it is for the therapist to take ownership of the breach in order to take steps to make appropriate repairs.

I made some comment, something about a deviant. “Oh my God”! That was for the sex offenders, the worst thing you can say around them is “deviant”. Hate that word, hate that word, and I totally understand, and I said, I knew right away from the reaction from the group, I’m like, “Shit”. And I said, “We talked about that and I know that’s a really, really offensive word, and I’m sorry”. I thought take ownership of that. I said, “All of you are here because you’ve done something you shouldn’t have done”, but I said, “I apologize because I know that’s a word that’s really hard for you guys to hear”. Then it was cool. Then we kind of got past that. But you know right away, that certain times, – and it’s important as a therapist to take ownership of that, and say, you know “I messed up; I shouldn’t have said that, I’m sorry”. But also to sort of say, “Well, we’re not here because you were all at a picnic, either, it’s like, so, let’s not all be too indignant.” They get a little indignant, but it’s also because they have lots of shame and lots of issues around that

Life Satisfaction and Well Being

Sarah: No, I really enjoy this. I enjoy the work that I’m doing. Yeah, I enjoy it; I enjoy the clients that I work with, the challenges. I mean, sometimes the politics of this are a bit of a pain. But, as we always say – We laugh about it around here. It’s never about the clients – the clients are never ever the problem.
But I love what I do. I’m really fortunate to be in a job that I really enjoy, that I have the stuff that I like to do.

Sarah’s quality of life is enhanced by the fact that now as opposed to earlier in her career she knows her limits and will communicate this to her manager.

Sarah: Yes, yes, that I’m a little bit overwhelmed, right now, not totally overwhelmed, but, and knowing myself, feeling comfortable enough to say that, because for a long time I wasn’t, I’m like, “No, no I can do this”. And then I’d be like ooah and not sleep at night and get really stressed out about it. But I feel way more comfortable with my role here and with the students and with everything, and balancing things.

Sarah finds her working conditions to be excellent but there are areas that would improve her conditions such as more administrative help to reduce the paperwork load.

I’m fortunate to be able to have – You know that one little thing is somebody to help with administrative stuff. That would be the kind of stuff, so, it’s like – the tedious stuff is doing the notes and stuff for the groups. It’s the paperwork; it’s the paperwork stuff.

Sarah talks about the importance of keeping boundaries between work and home by relating the story of when recently after a very busy day at work she took home some articles about sex offenders because she was too busy to read them at work and was going to read them when she realized that the last thing she wanted to do before going to bed was to read about sex offenders and from that pointed determined to read only at work and to keep her free time to herself.

I had worked late all week, and I’m going to take these home. I read them before bed, and I ended up – I woke up thinking, no, no, I don’t want to read this at home. So I just, so I make time here or I just sort of juggle things around to make sure I have the time to do that here and not to take that into my house. For me …

Paul: It’s a boundary issue.

Sarah: Yes, it is, and one you don’t sort of think about until it kind of – it can sort of creep into your home and into your life, and it’s like, “No, I don’t want that in my house”. You have to have specific, sort of mentally, say, “No, I don’t want to that”.

Paul: Good to know.

Sarah: Because it does – it sneaks, it can creep; it can take over your life. It’s really important to have other time, other interests, other time, and yeah, that’s really important. Like my stuff around the baseball and this and that and my friends, and doing stuff.
Once again her sense of well-being and satisfaction is centred on the helping role and her sense of dedication to her clients, her students and the profession and her role in reducing the stigma of mental illness.

Sarah: Oh my God, that is big. I think, I mean it sounds so cliché, but just knowing that you’ve worked with people or helped people, tried to help – All we can do is, you don’t know, you hope that you’ve helped people, and I hope that I’ve helped, students become [better]; helped the profession and doing, – helping reduce stigma.

When I pressed her on this to get at her personal sense of well-being and life satisfaction, the answer I got was profound. Life was precious as evidenced by the early, sudden death of a mother and aunt from cancer and there was no sense spending your time doing what did not enjoy. This work she enjoys:

Paul: Tell me about you and how this work impacts on your own personal sense of satisfaction and wellbeing. You were talking about, it’s nice to be able to help other people and your clients and your profession and your students and all that, but what does that mean to you in terms of your own satisfaction.

Sarah: I find it – well that’s a good point. I find it really fulfilling and satisfying, I like what I do. And if I didn’t like what I did, or if I felt – I look at people that I know, and they’re not happy with their work, and I’m like, “Life’s too short”. I guess part of it is that my mom died when she was 48. Like she was sick, and she died. She had this aneurysm and then died, and she was 48. And I think that always sort of really struck home to me. She died and then my aunt died at 48 of breast cancer. So life can be pretty short. I’m not 48, well, I’m 44, now. And life’s too short to do something you’re not happy doing and you’re not happy about, so do something about it. And that’s really – I’ve always tried to take ownership about stuff like that.

Sarah talked about the chance aspect of her being in the Law and Mental Health Program. She had a chance to take a job at St. Joseph’s Hospital running an ACT team when a senior staff member talked her into talking to the Manger of the Law and Mental Health program about an opening there. She took the job but had initial misgivings but this soon changed when she saw that she could mesh her therapy and patient management skills in a new way and make real progress with very ill clients which I suppose contributed to her sense of being both helpful and effective with a very challenging group.

And we still talk about that; about the big change from going from a general mental health outpatient program to here. And you know, there were some people who had a lot of corrections experience, and that kind of freaked me out, I’m like, “Oh my God, I want to be doing therapy, I don’t want to be doing [this]; I’m not a probation officer. But sort of making them mesh and combining that. And in the end, it was great, because you had enough of an authority with the clients that you could sort of get them past the hump of being really, really sick, and help them get to the point where they were feeling better and that’s very rewarding, seeing that. For me, I like to see people get better, sometimes they don’t get better, but if they’re not going to get better, to sort of at least try to know that you tried to do that right thing with them.
Other Related Issues

Self Esteem Boundaries and Limits
Sarah recognizes now that when she is tired or external aspects of her life such as the death of her stepmother and worrying about her dad make work seem a little overwhelming she can ask a colleague to take over a session or ask for and take a day off now and again because she knows she has lost focus and she can do so with no loss of self-esteem.

Maybe I’m Just Having a Bad Day
And that sometimes will kind of help, to sort of say, it’s OK to be mad, it’s OK. Because I think sometimes, some of these clients get kind of held up to this kind of higher standard. Everybody gets mad, everybody has good days, everybody has bad days. But it’s about, sort of dealing with that and not sort of – and not taking it out on your clients and not – just because I’m having a bad day doesn’t mean, because you have to be careful – I find myself, I’m like, if I’m sort of in an anxious mood, and you can, the clients will kind of pick up on that. Or I’ll be oversensitive to their sort of stuff. I go, “Oh my God, and then I’m like, wait a second. One day I was really – I had a bunch of stuff – I’m like “Oh my God, everybody I saw today is having all these issues”, and then I’m like, “Wait a minute, they’ve had those issues before; it’s just my own anxiety. That kind of stuff and sort of taking a step back going, “OK, let’s see how that is tomorrow. And I think, Why am I feeling so [anxious] and I remember, OK, I have this and this going on and I didn’t get a lot of sleep last night because I didn’t sleep that well. So, OK, maybe it’s more me than them today. [Laughs] That kind of stuff.
Appendix 9: E-mail and Attachment Sent to Research Participants re Individual Summaries, Summary of Findings and an Additional Question

Dear X,

First of all I must say how deeply grateful I am that you shared critically important aspects of your life with me. Just as you are privileged by your clients I have been privileged by you. My aim is to honour your experience in this research work.

On the advice of my thesis advisor, I am enclosing a summary of conversation including selected excerpts based on your responses to each of the questions. The summaries address directly your responses to questions asked during the interview. I ask that you read them and let me know whether or not I have missed something important or if I have misconstrued your words in any way, or if you have anything more to share with me about your experience. (X, I note that I have given you a pseudonym which may or may not please you. If you would prefer another pseudonym simply suggest one and I will incorporate it into the dissertation.)

Attached to this email you will find one page table of the metathemes and major themes and a Summary of Findings based on the coding and analyses of the transcripts. Some of the most critical material lay buried within the text and it was the coding which brought it to the surface.

I have one more request of all the research participants. There is an important question I would like to put to you which would require a brief written response or a telephone call/interview lasting no more than 15 minutes. In either case your agreement to do so is completely voluntary, and I know I have already taken up much of your time.

The question is: Can you tell me something of the overall quality of your relationships with clients, typical feelings about clients and how being in a therapeutic relationship with your clients does or does not motivate you?

This question relates to the motivational aspect of maintaining therapeutic relationships with clients. Please see, for your interest, the attached quote taken from a from a book chapter entitled, Sustaining the professional self: Conversations with senior psychotherapists. While this question is within the domain of the original study, I believe that this question was not given the weight I had wished in the original interview. However, this additional information is completely optional.

Thank you again for your participation in the study and for any comments you may wish to make.

Sincerely,
Attachment to Email re Summary of Findings

Marc Berger’s Book Chapter is found in Michael B. Sussman’s 1995 book: A perilous calling: The hazards of psychotherapy practice. (pp. 302-321).

During a period when he was experiencing some satisfaction and stimulation in his work but was feeling on the whole that being a psychotherapist was not “worth the price” Berger undertook a qualitative study of senior therapists to find out “how they maintained a vital interest and enthusiasm over the course of their careers” and to discover “the factors that contribute to their success”. He interviewed 10 senior therapists nominated by their colleagues (average age of 59). His conversations focused on the factors that “sustained” them during their careers.

What appeared to surprise Berger the most was these research participants’ reports on their enjoyment and importance of relationships with clients to their work. This excerpt is instructive in this regard.

In the majority of these clinicians’ descriptions, one is struck by how much personal gratification they receive from their time with patients. Patient relationships are spoken of as important in the therapists’ lives. While helping patients resolve problems and improve psychological health was clearly important, they emphasize the satisfaction derived from being in the relationship itself. Pages 307-308
Appendix 10: Fieldnotes

A. General Observations

1. Name of Subject Interviewed: Miriam Silver.
2.
3. Place of Interview and setting: Miriam Silver’s office.
4.
5. Time period: The Interview Took Place on Sunday, October 28, 2007 from 1:30 to 3:45.

I was with Miriam throughout and it never flagged and I think or I know she was with me the whole time too.

Miriam had read the questions and although she said she did not have time to think about them, it was clear she had thought very deeply about them.

I was thrilled to hear of her speaking of the spiritual dimension of her work; its sacredness.

I really liked her definition of how she knows she’s attaining goals.

Continuous feedback loop based on the relationship.

Reinforcement is not always there but the aha moments, moments of meeting and of flow are intermittently reinforced and are thus all the more powerful reinforcers.

Because I think the therapeutic relationship is so central to healing, a lot of where I take my reading of whether healing and transformation is taking place is around the quality of the therapeutic interaction. So, level of trust in me, level of ability to be vulnerable, uh, the way its working between us… (Right) I don’t even know …(Can I put words in your mouth?) Yeah, yeah because I don’t think… (I have an idea of how this plays out, so in a sense within the relationship there is kind of a continuous feedback loop…) Exactly. (You’re always looking for…) Exactly, exactly, so and usually if there is something amiss, I will know right away.

….. But ultimately I think the healing has to place in an empathic, connective relationship. So, the quality of the connection how its is maturing and developing – the back and forth is probably my key indicator to whether this therapeutic process is being valuable or not and then it will be reflected in other indices: the way the person is behaving in their work, with their family, decisions they are making for themselves and how they are feeling about themselves...
Love and Goodness Triumphs over Evil

Grateful for the opportunity

Good enough parent.

B. Reflective Fieldnotes

1. Reflections on Analysis to this point: strengths and weaknesses: See also section C: Reflections on Theme and Theme Development.

2. Reflections on Method: Although I did not ask the high quality work question she enunciated each of the different characteristics of high quality work. This time I forced myself not to worry about the time the informant took to answer each question but rather let them talk until they were finished and I also allowed myself to ask shorter unscripted probes and the timing worked out well. E.g., do you consider paid supervision a professional expense? Yes.

3. Reflections on Ethical Dilemmas and Conflicts: There were no ethical dilemmas that I can recall. I did mention to her that I would make every effort to disguise the clients she brought up in her interviews

4. Points of Clarification:

5. Reflections on Participants and Interviewer’s Frame of Mind: We were both relaxed throughout and she expressed genuine interest in the topic and process at the very beginning which was helpful to the process.

6. Highlights of feelings expressed both subject and interviewer

- Miriam mentioned how much she enjoyed the process of thinking about her motivation and because the topic interested her so much she was willing to be interviewed. She stated that she would have to send X a note thanking her for nominating her.

- I really liked Miriam from the beginning to the end and told her how much I had enjoyed listening to her and how moved I was during certain parts of the interview

- Best thing about being a psychotherapist. Them being willing to share their vulnerability with me. Those moments when it feels like someone is actually entrusting their heart into my hand and I’m holding their heart.
my reflections and analysis:

C. Reflections on Themes and Theme Development

Mentors/supervisors were important to her motivation.

Social Activism and Anti-Oppression
Very aware of oppression and is an activist and has found that she can address these issues at least on a nuclear basis one on one with clients.

Why she got into it – Control over work environment
Because of her tendency to overwork and also she needed a place to be herself as she was coming out as a Lesbian

Had done a fair amount of therapy and it had a profound impact on her own life.

Wanted a way to GIVE BACK

Different way of living out her political values.

Impact of her work: as her clients transform others around them family and co-workers also transform.

What has changed?

I was naive and too much of a do-gooder. I have grown and have done a lot of therapy while a therapist. Important to do your own work so you don’t get triggered.

Vocation and Spirituality

When I started being a psychotherapist it felt like a profession for sure; not a job – a profession. But now it feels more like – I don’t want to be sounding arrogant but it feels more like a vocation – a calling; like I can’t imagine doing something other than being a psychotherapist and on days when I get frustrated this is truly who I feel I am meant to be and the work I think I am meant to be doing in the world and I think its spiritual work. … and I feel like the work, especially with long-term clients feels very sacred and powerful and spiritual and that that definitely is a motivating factor now and has been for years. That to me is deeply satisfying.

Motivation:

By product of co-creation

High quality work:

Finds it intellectually challenging
Emotionally challenging

Curious about me and others Why I am the way I am and how I can shift that?

Not boring and never endingly challenging.

Frustrating but never boring.

Growthful.

Money:

Making half of what I used to make but my health was terrible.

Not doing work primarily to make money but I have to make enough to meet my needs.

Talking about downturns and how she continues in the face of adversity: it always comes back again.

Some times takes on too many clients because of uncertainty of income. Sometimes too many and sometimes not enough. Getting better at saying no. Trying to work fewer evenings. Split shift. Swim for lunch. Days can feel long.

Demotivating: when I feel like I’m not helping. When people leave without indicating why. Not knowing is difficult.

This work has taught me that I am human and fallible.

Harder for me not to take everything personally when I was younger.

She persists with difficult clients because she can remember her own therapy and progress and because of supervision and helpful colleagues. Not just grappling with it alone but trying to have more support around it. And experience of losing and regaining connection with clients.

This is been healing in a way that nothing else could have been.

Control of working conditions who I work with and when I work.

Good quotes on paid supervision. More frequent when she was younger but eventually on as needs basis. But I have always had peer consultation; with individual therapists, with groups of therapists over the past 18 years and I still do. I think that’s enormously important.
Privilege.

Best thing about being a psychotherapist. **Them being willing to share their vulnerability with me. Those moments when it feels like someone is actually entrusting their heart into my hand and I’m holding their heart. Some of those moments are full of awe for me and I have never known anything like that certainly in any other kind of work situation.**

Worst thing: is it isolates her in the world. People don’t ask because its confidential. Really can’t talk about work that much.

Collegial relationships both with paid supervisors and with colleagues.

Likes the intellectual and emotional dialogue of being a member of X

Good Professional: do your own emotional work so you are not reactive and potentially harming your client. **Ethics and ethical practice is absolutely right up there for me.** Understanding the limits of one’s competence.

Self-aware of who they are: strengths and weakness competencies and their own minefields.

Not using therapy to meet own needs e.g., friendship.

Intelligence is important. Open curious, open to learning. Not having an agenda for a client.

A capacity for complexity. Strongly feminist to start but not always useful. Me getting angry and upset then I am out of tune e.g., when a client not willing to accept a father as abusive.

Consistent and reliable: returning phone calls promptly. More about the frame. Administrative tasks but they are not just administrative tasks.

Understanding how social context affects people’s lives. (E,g., working with clients of colour.)

Understanding shame: and how easy it is to shame a person.

Continuing Education. Read and go to workshops. Familiarize self with development. Supervision and consultation with colleagues and being willing to make self vulnerable in aid of the work.

**Committed Professional:** Mindful of own self care.
Values:

Some work in a way that are not congruent with my value system. Very concerned about power imbalance. Some therapists work with clients on a more medical model more a divide between clients’ world and that of the therapists.

But with those with whom I feel more closely reflect my values and who share similar views on therapeutic relationship and recognize the potential to abuse power.

Value on fighting oppression. Against violence towards people generally and especially women and children. Expressed in work: trying to reduce the amount of violence in the world and the way people treat each other while acknowledging there is violence in the world…

I put a high value on things like integrity, dignity, honesty, authenticity: I feel like this is work which allows for those values to be quite paramount. To me a lot of it is about a journey towards authenticity and self-knowledge with me as a guide, I don’t know, a facilitator...

Interviewer Does it work both ways.

Miriam: Yes but again I think the emphasis is on the client.

Feminism: and how that has changed modified over the years

Compassion, empathy, loving kindness try to practice in my life and in my work.

Values and Goals

Yes and I think it would be hard for that not to be the case with most therapists because I don’t believe that we are objective, I believe that we are guided by our own value system. For example, I believe that it is worth slugging through pain, terror, rage, sadness in order to come to a place of greater understanding and inner peace, I guess is the way I would put it and be able to live a life that’s more grounded in adulthood as opposed to earlier kind of feelings.

Changes: earlier I was gung ho for everyone to do the kind of digging that I did but now she is more willing to listen to where the client wants to go and do. Deep work may not be for them. Now I have become more respectful. Give clients the choice after a crisis has passed to decide if they want to go deeper.

Clients in control of their own journey.

Goals Measurement Attainability: Fluidity of Goals
I work with a lot of women and for a lot of them, even though there are things we could identify, it’s a lack of self esteem or self-loathing; a deep self-loathing, a deep sense of unworthiness or lack of self-esteem is the key problem which may manifest in anxiety or depression, difficulty in relationships, lack of self-confidence in work, body stuff, so, I think I probably focus on what’s the underlying sort of base distress and then where does that come from and the question is about how to assess meeting goals…

**Measurement:**

The client says spontaneously – wow I could never have done this six months ago. Etc.

You can’t treat me that way. I can’t stay at this job etc.

With couples it’s much more direct: are things changing and shifting within the relationship.

If growth isn’t happening I am going to check with the client or I am going to consult with colleagues. (She is looking for negative feedback).

Quality of Therapeutic Interaction: continuous feedback loop.
Love and Goodness Triumphs over Evil
Grateful for the opportunity

Privileged and honoured – let me in; in a way how it helps them or her heal.

Accumulation of months of work or even years person able to articulate something and eyes well up. Will say how incredibly moved I am.

The strength of the human spirit to overcome horrors to transform from a person who is full of hatred to actually love herself.

I also am transformed. And it gives me hope, it gives me hope about humanity; it gives me hope about our world…if more people could work through their childhood wounds then we would have a really different world.

**Self-worth**
Growing sense of being a good enough therapist based on her own definition of good therapy

**Feedback:**

Some clients are very direct. Some who give negative feedback very readily.

She will seek negative feedback: e.g., I had a sense that something didn’t go well last week.
Referrals are one way by former clients

If she doesn’t get feedback, she will ask directly. Will tell clients at the beginning that she is open to that.

If I have no sense if whether or not this person thinks this is valuable then I will check in.

**Well Being and Life Satisfaction.**
I would choose to be a psychotherapist. It feels like this is the work I was meant to be doing in the world.

I can’t think of any other form of work that would fit with my personality…

I feel like I’m continuing to grow in all sorts of different ways

I’m never bored

I can’t think of anything that could give me more satisfaction than that.

**Conditions of work**

Covered by OHIP.

Concerned re accessibility and do not like the work that I do is not accessibility to all people in our society. Whole ranges of people who are excluded.

Society not supportive of therapeutic work. People are weak or wimpy. Therapist jokes and misunderstanding.

Don’t feel I am in a profession that is actually very highly regarded by society.

Weak wimpy etc. Why are you in therapy so long?

You never told me I would be so lonely.

I think be a psychotherapist sets me apart except for other psychotherapists who have similar values.

Why are you spending so much money on your therapist?

**Well-Being and Life Satisfaction**

I think it has had an enormous impact on the satisfaction I have had in my life. Before she became a psychotherapist she was “really out of touch and disconnected with myself.” This work enables me to stay very connected to myself; connected to myself emotionally, intellectually, spiritually
and on the body level. Because I need to keep checking in with what’s going on inside me so I’m not putting myself onto the client…

Allows her to be more in tune with her own dynamics with her clients and with all the people she is connected to in her life.

Enormously more satisfying because I feel more integrated; I feel more whole and I feel like I can bring my whole person to my work. …. to be able to bring almost all of who I am into the work and to have that for the most part help people heal and transform and I also to be enriched by that experience…..It is definitely one of the most satisfying aspects of my whole life.

Well being. I am better in my relationship with my partner, with my friends and my family as a result of doing the work and having that kind of attunement. …. And even in politics. I think I’m a lot less inflexible that I was for sure in my youth, youth than I was when I started as a psychotherapist – I had to be…

I feel clearer about what’s most important in my life and I think loving connection is way more important than anything else.
Appendix 11: Research Participants Coded Responses to the in-the-moment question

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<td>Grateful for the opportunity; that I get to do this for a living</td>
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<td>Being in the moment is inherently rewarding</td>
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<td>Whole process is reward</td>
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<td>Unbidden process like flow</td>
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<td>Feel gifted to be invited participate intimately with others</td>
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<td>Trust Client is taking a risk and trusting you</td>
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<td>Privilege Client feels secure enough to disclose/open up</td>
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<td>Awe at client's resilience and willingness to trust again.</td>
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<td>All about creating a relationship</td>
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<td>Energized by creating relationship</td>
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<td>RELC EF</td>
<td>The best sessions have a relational space you can feel invites something forward; something new and original</td>
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<td>EF GA</td>
<td>Moved by strength of human spirit, capacity for change, capacity to overcome Horrors</td>
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<td>EF GA Witness</td>
<td>Client understanding of self</td>
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<td>EF GA Witness Client self-discovery</td>
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<td>EF GA Witness</td>
<td>Clients become curious about self and their experience</td>
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<td>EF GA CEM Witness Client Change</td>
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<td>EF GA Witness Evolvement of Client</td>
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<td>GA EF Client able to relate</td>
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<td>INTR VAL</td>
<td>Politics/World View Brought to session in order to help client</td>
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<td>INTR Novelty: Each encounter is new and different</td>
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<td>RSR Unexpected/On your toes</td>
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<td>Searching for ways to help client thoughts, emotions, behaviour</td>
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<td>GA CEM RSR Getting Unstuck in Session</td>
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<td>CEM GA</td>
<td>Bringing experience, training and knowledge to bear</td>
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<td>GA EF RSR</td>
<td>They finally get it</td>
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<td>GA RSR Client in denial admits problem/accepts responsibility</td>
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<td>GA EF RSR Client has AHA experience</td>
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<td>GA EF RSR Client view self differently after many months/years of work</td>
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<td>GA EF RSR Discovery + CEM AHA client sees problem and what needs to be done/Rubik's cube</td>
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<td>CEM GA RSR Finding a piece of the puzzle or solution</td>
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<td>GA/CEM Planting a seed and seeing it bloom</td>
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Appendix 12 Summary of Preliminary Codes:

AUT – Autonomy, Flexibility
BEH – Behaviour (related to goal achievement and client change)
CEM – Competence, Effectiveness and Mastery
CL – Continuous Learning
DIS – Dissatisfaction
EF – Efficacy
EF FB – Effectance Feedback
ETH RESP - Ethical Responsible Practice
ENG – Engagement
ENV – Environment (related to workplace)
ENV COL – Environment Colleagues
FL - Flow
GA – Goal Attainment
GST – Goal Setting Theory
HCG – Healing, Changing, Growth
INTRA – Intrinsic – Interest, Challenge, Excitement, Discovery, Richness etc
FIT CONG VOC – Personality – Fit or Congruence or Vocation
MOM - Moment
MSR – Money, Security, Referrals
NEEDS - Needs
NEF – Negative Effectiveness
NEG CC – Negative Effectiveness Challenging Clients
NGA - Negative Goal Attainment
NGF – Non Goal Focused
OPEN/AC/DIV – Openness/Accessibility/Diversity
PC – Professional Characteristics
PERSON – Personality/Traits
PGH – Personal Growth (inclusive of self-knowledge) and Health
PGH SC – Personal Growth and Health – Self-Care
PRIV – Trust
PRIV – Openness
PRIVEF – Privilege Efficacy
PRIV – RELC – Privilege Relationship, Connection
PROF – Professional/ism
RELC – Relationship, Connection
RSR – Random Schedule of Reinforcement
SAT - Satisfaction
SC – Self Care
SDA – Self-determined (Intrinsic) Activities
SDA INC – Self Determined (Incorporated) Activities
SNFB – Seeks negative feedback
SOWE – Separating Outcome from Worth/Esteem
TECH - Technique
SUP – Supervision and Teaching
VAL – Values
VAR - Variety
UCPR – Unconditional Positive Regard
WB/LS – Well Being/Life Satisfaction
WPA – Workplace Autonomy
Appendix 13: Research Participants’ Views on Values and the Characteristics of Good Professionals

<table>
<thead>
<tr>
<th>Value or characteristic identified</th>
<th>Research Participant Identified</th>
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<tbody>
<tr>
<td><strong>Personal values and characteristics</strong></td>
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<tr>
<td>Working in accordance with personal values</td>
<td>Aldo, Chris, Karen, Susan</td>
</tr>
<tr>
<td>Feminist values: equality/fighting oppression/reducing violence/equalization of power</td>
<td>Karen, Maria, Miriam, Molly</td>
</tr>
<tr>
<td>Service, growth, depth and transformation</td>
<td>Chris</td>
</tr>
<tr>
<td>Finding satisfaction in one’s work</td>
<td>Aldo, Ian</td>
</tr>
<tr>
<td>Self care</td>
<td>Miriam, Susan</td>
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<tr>
<td>Keeping/balancing personal life and work life separate</td>
<td>Aldo, Ian, Susan</td>
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<tr>
<td><strong>Professional values and characteristics</strong></td>
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<tr>
<td>Work ethically/good boundaries</td>
<td>Chris, Miriam, Molly</td>
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<tr>
<td>Professional, responsible, reliable, accountable</td>
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<tr>
<td>Intentional practice</td>
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<tr>
<td>Hard work/thorough</td>
<td>Aldo, Sarah</td>
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<tr>
<td>Work with colleagues/team</td>
<td>Molly, Sarah</td>
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<tr>
<td>Continuing education/professional development/desire to learn</td>
<td>Ian, Maria, Molly, Sarah, Susan</td>
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<tr>
<td>Good role models, supervisors, mentors, teachers</td>
<td>Ian, Maria, Molly, Sarah, Susan</td>
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<tr>
<td>Seek supervision throughout career</td>
<td>Ian</td>
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<tr>
<td>Seeks feedback: clients and colleagues</td>
<td>Ian</td>
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<tr>
<td>Skilled and knowledgeable</td>
<td>Molly, Susan</td>
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<tr>
<td>Self-knowledge/awareness</td>
<td>Ian, Miriam, Susan</td>
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<td>Personal therapy</td>
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<td><strong>Relatedness values and characteristics</strong></td>
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<td>Relationships/building relationships/connection</td>
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<tr>
<td>Committed/loving relationships/marriage</td>
<td>Susan</td>
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<tr>
<td>Stable family background</td>
<td>Susan</td>
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<tr>
<td>Share knowledge and strengths</td>
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<tr>
<td><strong>Alliance and process values and characteristics</strong></td>
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<td>Unconditional positive regard</td>
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<td>Dignity/respect</td>
<td>Aldo, Ian, Karen, Miriam, Sarah</td>
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<td>Non-judgmental/accepting</td>
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<tr>
<td>Compassion/empathy/loving kindness</td>
<td>Miriam</td>
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<tr>
<td>Care</td>
<td>Molly</td>
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<td>Communicate without shaming</td>
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<td>Openness values and characteristics</td>
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<tr>
<td>Openness and flexibility</td>
<td>Maria</td>
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<tr>
<td>Curious and open-minded</td>
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<tr>
<td>Open to changes in approach based on new knowledge/research</td>
<td>Sarah</td>
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<tr>
<td>Broad view of ways of being in the world/challenge own assumptions</td>
<td>Maria, Molly</td>
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<tr>
<td>Diversity/understanding social context</td>
<td>Maria, Miriam</td>
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<td>Non-pathologizing</td>
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<td>Miriam</td>
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<td>Honesty/authenticity</td>
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<td>Humour</td>
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<td>Flexibility</td>
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<td>Emotional and cognitive intelligence</td>
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<td>Articulate</td>
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<td>Big and Small Picture</td>
<td>Ian</td>
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<tr>
<td>Hold Complexity</td>
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