

Being-in-session:

**An interpretive phenomenological exploration of psychologists'
experiences of practising psychotherapy in South Africa**

by

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Submitted in partial fulfilment of the requirements for the degree
Master of Arts in Clinical Psychology
in the Department of Psychology at the

University of Pretoria

Faculty of Humanities

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7 December 2020

ACKNOWLEDGEMENTS

First and foremost, thank you to the participants for giving so richly and so generously of yourselves and making this research study possible. Thank you, for sharing brief glimpses into your personal and professional lives with me, and for having allowed me to find my own meaning in psychotherapy while *being-in-session*.

To my wife, Aileen, you were my lighthouse, my refuge and the calm in the tempest of storms, you believed in me even when I couldn't see beyond the darkness. Your unconditional love, encouragement and unwavering faith in me, has made me into the man that I am today.

To my parents, Kerstin and Markus, thank you for supporting me throughout all these long years. Your emotional and financial support allowed me to pursue this career and made this study possible.

To my brother, Matthias, thank you for your positive up-beat words of encouragement and showing me that life doesn't need to be so serious all the time. Thank you for teaching me not to take myself too seriously.

To my grandfather, Cornelis thank you for engendering in me a spirit of creativity, ingenuity and adventure before I could even walk. Your patience, wisdom and artistic expression have shaped me in more ways than you could ever know.

To Adri, thank you for your patience, enduring my long-windedness and teaching me that the devil is in the detail and showing me that *my devil* is the *detail*.

To Jarred, thank you for stepping into the fray and steering this ship when all hope had seemed lost. Your meticulous guidance, input and feedback helped steer the ship back into calmer waters. I owe a great deal of this work to you.

DECLARATION

I, **Manuel Andreas van der Neut (14065950)**, hereby declare that this mini-dissertation (***Being-in-session: An interpretative phenomenological exploration of psychologists' experiences of practising psychotherapy in South Africa***) is my own work except where I used or quoted another source, which has been acknowledged and referenced. I further declare that the work that I am submitting has not previously been submitted before another degree or to any other university or tertiary institution for examination.

Manuel Andreas van der Neut

On the 7 day of December 2020.

ETHICS STATEMENT

I, **Manuel Andreas van der Neut (14065950)**, have obtained the applicable research ethics approval for the research titled ***Being-in-session: An interpretative phenomenological exploration of psychologists' experiences of practising psychotherapy in South Africa*** on the 5 June 2020 (reference number: **HUM010/0420**) from Prof Innocent Pikirayi, the Deputy Dean of Postgraduate Studies and Research Ethics, in the Faculty of Humanities at the University of Pretoria.

ABSTRACT

While psychotherapy constitutes psychologists' primary form of intervention, psychotherapy research has evidenced a dearth of qualitative data surrounding the practise of psychotherapy as experienced from the perspective of the psychotherapist. To address this, the aim of the present study was to explore the lived experiences and meaning(s) of South African psychologists doing psychotherapy. In doing so, a qualitative research approach, embedded within an interpretive phenomenological theoretical framework, was adopted. Six South African psychologists were identified and selected using snowball sampling and in-depth semi-structured interviews conducted with each of the participants. Each interview was audio recorded and interpreted using interpretive phenomenological analysis (IPA). From the data, the following four main themes were identified *the space, the process, the Sisyphean burden, and being-seen whilst seeing-others*. Additional subthemes and integrated themes including: *the self* and *the search for meaning* also emerged. The findings spoke to the complex, challenging and deeply meaningful experiences psychologists identified in doing psychotherapy. The explored experiences and identified meaning(s) reflected psychologists' understandings of, and responses to, the challenging nature of their profession. As such, the findings of this research study endeavour to contribute towards bridging the epistemological gap, surrounding the paucity of idiographic research and qualitative accounts, of the lived experiences of psychotherapy amongst psychologists in South Africa. These findings therefore aim to shed light on, and better equip, current and future practising psychologists in navigating the inherent stressors of their profession.

Keywords: psychologists, psychotherapy, experiences, interpretive phenomenological analysis, South Africa

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LIST OF TERMS

For the purposes of clarity, consistency and transparency a number of terms repeatedly referred to throughout this study are clarified below.

Psychotherapy: While there are a multiple different uses, understandings and definitions of the term psychotherapy, psychotherapy in this study has been conceptualized in line with the diverse legislative South African context surrounding psychology. The term psychotherapy is therefore defined according to the Regulations Defining the Scope of Profession for Psychology and refers to any “psychological method or practice aimed at aiding...in the adjustment of personality, emotional or behavioural problems or at the promotion of positive personality change” (Department of Health, 2008, p. 4). Psychotherapy is thus conceptualized to constitute any psychological act occurring in an interpersonal context aimed at alleviating, reducing or adjusting psychological distress and promote well-being. Given this broad conceptualization, the use of the term psychotherapy will be used interchangeably with terms such as psychological treatment and intervention throughout the study.

Psychologist/Psychotherapist: Furthermore, as there is no clear distinction between a psychologist and a psychotherapist within the South African context with the exception of research psychologists who don't practise psychotherapy (Wedding, 2007). The terms psychologist and psychotherapist will therefore be used interchangeably throughout the study to refer to the participants' involved in psychotherapy. This will include references to terms such as psychological practitioner, practitioner and mental health care practitioner and/or professional. The malleable use of these terms finds its justification in the general and broad legislative context pertaining to both professional registration and scope of practice for psychologist in South Africa (Cooper, 2014).

Patient/Client/Mental Health Care User: Finally, while there remains much debate around the most appropriate classification of recipients of psychotherapy (client, patient or mental health care user) (Fischer et al., 2020), this study has chosen to remain with the individual participants' used terminology as to remain closer to the data and reflect more accurately the subjective experiences and meaning(s) of psychotherapy for the participants.

CHAPTER 1: INTRODUCTION

“Every discipline has its disease. Psychotherapy’s is obfuscation.”

(Aveline & Aveline, 1998, p. 497)

1.1. Overview and conceptual background of psychotherapy

The discipline and practise of psychotherapy emerged alongside the development of the discipline of psychology within the late 19th century (Hofmann & Weinberger, 2007; Laubreuter, 2018; Marks, 2017). As such the field of psychology and psychotherapy remain closely intertwined within the professional context (Aherne & McElvaney, 2016; Aherne et al., 2018; Orlinsky, 2009). Today, psychotherapy is widely recognised as a scientific discipline with demonstrable effectivity that falls within the professional purview of psychology (Gilbert, 2019; Marks, 2018; Wedding, 2007). While it has widely been accepted that psychotherapy ‘works’ (Chambless & Ollendick, 2001; David, Lynn, & Monthomery, 2018; Emmelkamp et al., 2014; Georgaca & Avdi, 2009; Orvati, Abolghasem, & Hashemian, 2020), the reasons for how and why psychotherapy works, along with understandings surrounding the specific mechanisms of change, remain widely contested (Butler & Strupp, 1986; Carlo, Gelo, & Salvatore, 2016; Castonguay & Beutler, 2006; Chambless & Ollendick, 2001; Laska, Gurman, & Wampold, 2014; Norcross & Wampold, 2011; Wampold & Imel, 2015). The scientific activity investigating the broad spectrum of psychotherapy along with its diverse modalities and varying theoretical assumptions, informs the field of psychotherapy research (David & Cristea, 2018; Gilbert, 2019; Leichsenring et al., 2018). In addition to the lack of agreement concerning the mechanism of demonstrable effectivity for psychotherapy, the disciplinary jurisdiction delineating the professional purview, scope and discipline, under which psychotherapy may be practised, varies and remains disputed both locally and internationally (Gilbert, 2019; Ginger, 2009; Peltzer, 2000; Pretorius, 2012; Scull, 2015).

Therefore, the practice of psychotherapy is informed by various theoretical approaches and has differed widely across time and place (Hofmann & Weinberger, 2007; Wedding, 2007). These differences are reflected in the multitude of different modalities from which modern day psychotherapy can be practised (Solomonov, Kuprian, Zilcha-mano, Gorman, & Barber, 2016). Additionally, there are different categories of mental health care practitioners occupying various professional roles who are trained in performing psychotherapy (Aherne & McElvaney, 2016). Moreover, internationally, psychotherapy may

be practised across a range of professions including psychology (Lorentzen, Rønnestad, & Orlinsky, 2011). In various European countries psychotherapy exists as its own independent discipline with its own regulatory framework (Aherne & McElvaney, 2016). This is evident in European countries and the United States of America, where clinical social workers, advanced practice registered nurses, psychologists as well as psychiatrists are able to practise psychotherapy after having received the necessary training (Orlinsky, 2009; Wedding, 2007). Consequently, the practice of psychotherapy is considered an added specialism that requires specific training and licensing (Aherne et al., 2018; Wedding, 2007). Only after obtaining specialist training in psychotherapy are psychologists able to practise as registered psychotherapists (Aherne & McElvaney, 2016; Aherne et al., 2018; Ginger, 2009).

The vast differences between the various professional bodies representing and regulating the practice of psychotherapy across Europe, have brought forth arguments calling for greater dialogue between psychologists working as psychotherapists and psychotherapists without training in psychology (Aherne & McElvaney, 2016; Aherne et al., 2018; Lorentzen et al., 2011). Such calls hope to ameliorate the disciplinary turf-war fighting for “territorial ownership over psychotherapy...between [the] different professional psychotherapeutic bodies” (Aherne et al., 2018, p. 296). Psychotherapy as a profession and a discipline thus remains contested by various professional bodies.

1.2. Contesting psychotherapy in South Africa: Professional primacy and jurisdiction

The international contestations between the various professional psychotherapeutic bodies and psychology associations are mirrored in the ongoing debate around the scope of practice and scope of profession within South Africa (Pretorius, 2012). In South Africa, the professional activity of psychotherapy is delimited to the discipline of psychology and therefore only psychologists registered with the Health Professions Council of South Africa (HPCSA) are allowed to legally practise psychotherapy (Department of Health, 2008). This is in line with the performance of psychological acts being reserved exclusively to psychologists as defined by the *Regulations Defining the Scope of the Profession of Psychology* (hereafter referred to as the RDSPP) contained in Government Notice No. R. 993 in Government Gazette of 2008.

Adding to the regulatory dissent, the establishment of a definitive and specific scope of practice for the profession of psychology has been an ongoing process that has involved numerous public consultations, various regulatory amendments and plethora of professional

contestations (Cooper & Nicholas, 2012; Kagee, 2014; Pretorius, 2012). This continued process has seen a number of proposed regulations being published under various government notices including: Government Notice No. R. 263, in Government Gazette No. 33080 of 2010; Government Notice No. R. 704, in Government Gazette No. 34581, of 2011; and Government Notice No. R. 101, in Government Gazette No. 41900, of 2018. The referenced government notices shed light on the ongoing debate around the scope of practice for psychological practitioners in South Africa and were reviewed by the Minister of Health Dr Z.L. Mkhize in consultation with the HPCSA. The Minister of Health decided “not to proceed with the proposed RDSPP of September 2018” (DoH, 2019, p. 1). The initial RDSPP of (2008) were thus declared the final statutory guidelines governing the profession of psychology.

Therefore, the proposed regulations contained in the government notices of (2010), (2011) and (2018) respectively were repealed. As such, present day South African psychological practitioners are mandated to perform only those psychological acts that are in line with the training and qualification that they have received. This mandate is stipulated by Annexure 12 of the Ethical Rules of Conduct for Practitioners Registered under the Health Professions Act 56 of 1974 (DoH, 2006). Practitioners performing psychological acts must therefore always be informed by the education, training and competency standards contained in the Minimum Standards for the Education and Training of the different categories of psychological practitioners in line with the ethical standards of the HPCSA (2019). The reviewed contestation around the scope and practice for psychologists in South Africa, thus closely parallels the international dialogue regarding the legal jurisdiction of practising psychotherapy (Orlinsky, 2009).

In the absence of a clearly differentiated scope of practice for psychology professionals in South Africa, practitioners have become increasingly reliant on the more general scope of the profession of psychology in guiding their practise of psychological interventions and treatments (Cooper & Nicholas, 2012). A recent national survey on South African psychology practitioners across all the registration categories conducted by the HPCSA (2017), revealed that as much as “72% of participants [were] involved in intervention as a main activity” (HPCSA, 2017, p.15). For clinical psychologists, intervention constitutes as much as 87.6% of their main activity, of which 61.9% were primarily involved with individual long-term psychotherapy and 74.3% in short-term psychotherapy (HPCSA, 2017). Similarly counselling psychologists reported that as much as “85.9% of their main

activity” was constituted by intervention in the form of individual counselling and short term psychotherapy (HPCSA, 2017, p. 16).

The evident emphasis on offering psychological intervention as clinical and counselling psychologists’ primary activity within the South African context, reflects the fact that “traditionally within the discipline of psychology, psychotherapy has been considered a practice [falling] within clinical and counselling psychology” (Aherne & McElvaney, 2016, p. 60). Similarly, an Irish study conducted by McMahon (2018) entailing various European and North-American countrywide surveys, further demonstrated that “psychotherapy is a...psychologist’s primary activity” (McMahon, 2018, p. 217).

In addition to the interventive work that psychologists provide in the form of counselling and psychotherapy, additional activities include: assessment and diagnosis, mentoring and supervision, prevention and development as well as research (HPCSA, 2017; Stein & Seedat, 2007). The domain and scope of profession for psychologists in South Africa is thus constituted by a diverse range of activities. This diversity is however exercised to differing degrees across the various registration categories and includes educational, industrial, and research psychologists in addition to clinical and counselling psychologists.

1.3. The burden of psychotherapy on its practitioners

In addition to the aforementioned disciplinary contestations surrounding psychotherapy, much research has evidenced that practising psychotherapy has a considerable impact on the psychologist practising psychotherapy (Charlemagne-Odle, Harmon, & Maltby, 2014; Devilly, Wright, & Varker, 2009; Hitge & Van Schalkwyk, 2018; Jordaan, Spangenberg, Watson, & Fouche, 2007b; McCormack, Macintyre, Shea, Herring, & Campbell, 2018; Sui & Padmanabhanunni, 2016; Taber, Leibert, & Agaskar, 2011; Veage et al., 2014). The impact that the practise of psychotherapy has on the psychologist has been explored both qualitatively and quantitatively (Jordaan, Spangenberg, Watson, & Fouche, 2007a; McMahon, 2018b). Studies have conceptualised the challenging nature of psychotherapy by exploring the incidence and experience of stress, chronic stress, burnout, compassion fatigue (Devilly et al., 2009; Jordaan, Spangenberg, Mark Watson, et al., 2007; Sui & Padmanabhanunni, 2016; Veage et al., 2014), as well as clinical symptoms of depression and anxiety correlated with the professional demands of doing psychotherapy (Dattilio, 2015; Newell, 2010; Yang & Hayes, 2020). Despite the multitude of challenges and primacy psychotherapy holds for psychologist, qualitative studies exploring how psychologists

experientially navigate the burden of doing psychotherapy remain limited. It is within this context that the present study inserts and positions itself.

1.4. Research problem, aims and objectives

Having delimited the primary professional activity of psychologists to psychotherapy as well as explored the challenges associated with doing psychotherapy, there remains a dearth of qualitative literature exploring psychologists' perspectives, attitudes and understandings of doing psychotherapy. Much research has investigated and identified these challenges, while few studies have qualitatively examined the specific experiential aspects pertaining to practising psychotherapy from the perspective of the psychologist (McMahon, 2018b; McMahon & Hevey, 2017). Given the paucity of idiographic research regarding psychologists' experiences of doing psychotherapy, this research study aimed to qualitatively explore a sample of six South African psychologists' subjective experiences of *being-in-session* (i.e. involved in doing psychotherapy). As such this study sought to investigate and identify the meaning(s) this sample of psychologists found in the phenomenon of doing psychotherapy. Additionally, it sought to explore how those meaning(s) may be intertwined with the contextual challenges South African psychologists face. The research question that this study aimed to answer was therefore:

How do psychologists perceive, understand and make sense of their subjective experiences¹ of doing psychotherapy?

Guiding the research question were the following two aims:

1. To explore and understand how psychologists doing psychotherapy make subjective sense of themselves and what they do, amidst competing discourses of mechanisms of psychological change.
2. To explore and understand how psychologists make sense of and respond to the inherent difficulties associated with doing psychotherapy.

¹ For the purpose of this study, *experiences* have been delimited to the idiographic and affective perceptions, understandings, beliefs and meanings psychologists develop of themselves, their profession and their practise both through and as a result of *doing* psychotherapy. *Experiences* therefore include any attitudes and interpretations psychologists have of undergoing a process of personally observing, encountering and doing psychotherapy.

1.5. Theoretical framework

Being focused primarily on exploring the subjective meaning(s), perceptions, attitudes and understandings psychologists have of their experiences in doing psychotherapy, the theoretical framework that informs the study is interpretivism and phenomenology (Harper & Thompson, 2012; Smith & Osborn, 2004; Smith, Flowers, & Larkin, 2009). Given that this research study was primarily concerned with exploring subjective understandings, views and interpretations, an interpretive phenomenological framework, which is specifically geared towards detailed examinations of personal lived experiences and tap into subjective understandings and interpretations (Smith, Flowers, & Larkin, 2009), was deemed most suitable. Interpretive phenomenology emphasises and explores the subjective and interpretivist nature of lived human experience and/or phenomena (Brocki & Wearden, 2006; Dowling, 2007; Tuohy, Cooney, Dowling, Murphy, & Sixsmith, 2013). Situated within a relativist ontology, the interpretive element involved in each individual reflects a unique and idiosyncratic cycle of meaning-making that allows each participant to experience the same phenomenon differently. Interpretivism thus argues that there is no singular homogenous posited meaning, but rather that a multiplicity and sometimes contestation both within and between meaning(s) as well as broader systems of meaning-making, are possible. Meaning is, therefore, never 'settled' but always already being (re)constituted and (re)produced through a diversity and multiplicity of subjective experience. Uncovering the meaning(s) associated with the practice of psychotherapy, thus relies on exploring personal subjectivities, truths and meanings that are relative to each idiographic account (Brocki & Wearden, 2006; Darbyshire, Diekelmann, & Diekelmann, 1999).

While interpretivism concerns itself primarily with the subjective, phenomenology focuses primarily on the experiential aspects pertaining to human experiences as they are lived and experienced. It thus constitutes a search for uncovering and understanding phenomena in the form of lived experiences and 'being-in-the-world' (Dowling, 2007), and thereby recognizes the deeply subjective, unique and idiosyncratic processes underlying human meaning making. Interpretive phenomenology thus regards human experience as something that can only be engaged through a constant hermeneutic cycle of interpretation that the researcher enters into (Willig, 2007, 2013). As such the researcher is required to reflexively integrate his or her own position within the research process as being part of the

phenomena under study, not separating description from interpretation (Dowling, 2007; Harper & Thompson, 2012; Laverty, 2017; Lopez & Willis, 2004, Smith & Osborn, 2004)

1.6. Methodology

Exploring the meaning(s) psychotherapists attach to the practice of psychotherapy and how therapists understand their personal ‘therapist self’² within the therapeutic encounter, a qualitative research design was used for the study. Interested in an in-depth personal meaning-making process, the research methodology for this study is interpretive phenomenological analysis. IPA is particularly well suited for understanding the “meaning of experience to participants and how participants make sense of that experience” (Smith, 2011, p. 9), and does this by seeking to adopt an ‘insider’ or emic perspective in exploring participants thoughts, perceptions and beliefs around the experience in question (Smith, 2014; Smith & Osborn, 2004; Willig, 2013).

IPA is thus embedded much more in an interpretive phenomenological epistemology that interests itself in the intersubjective elements of existential and lived experiences that are sought to be understood through interpretation rather than description (Smith, Flowers, & Larkin, 2009). The researcher can therefore understand and explore accounts of subjective relatedness of being in the world within an iterative process of meaning-making, in a rich interpretivist and meaningful manner (Benner, 2012; Dowling, 2007; Lopez & Willis, 2004; Tuffour, 2017). This study therefore used a qualitative research method and adopted interpretive phenomenological analysis to explore the experiences of six South African psychologists doing psychotherapy. Participants were purposively sampled and invited via email for participation using a participant information sheet (Appendix A). A single in-depth semi-structured interview was conducted with each psychologist and offered the opportunity for psychologists to reflect on and voice their experiences on, views of and attitudes toward practising psychotherapy in South Africa (Harper & Thompson, 2012). Each of the interviews was then transcribed verbatim and subjected to IPA from which main themes, subthemes and integrated themes were identified. These themes reflected participants’ idiosyncratic and affective perceptions, interpretations and meaning(s) regarding doing

² While this study makes use of the notion of a ‘self’ in exploring participants’ subjective experiences of themselves, this is not to imply that ‘identity’ or ‘subjectivity’ is always unified or unitary. As will be evidenced in the findings of this study, there remains a wide array of overlapping, competing and contradicting discursive and experiential bases which underwrite the ‘self’ at any given point in time.

psychotherapy. These identified themes were then discussed in detail in Chapter 5, the findings and discussion chapter.

1.7. Rationale

This research study may be justified in that it aimed to contribute to existing knowledge concerning psychologists' professional challenges, psychological distress and well-being, by reporting on psychologists' experiences of psychotherapy. Furthermore, following the discussion above, added research on South African psychologists was argued promoted a better understanding of how practitioners navigate the stressors and manage their own well-being. Moreover, the exploration of practitioners experiences may contribute to a wider body of psychotherapy research and literature dealing with aspects of psychological well-being, self-care, fortigenic approaches as well as lived responses and understandings of secondary trauma amongst psychologists (Beaumont, Durkin, Hollins Martin, & Carson, 2016; Devilly et al., 2009; Newell, 2010; Sui & Padmanabhanunni, 2016). From a phenomenological perspective, such an exploration may yield added qualitative findings surrounding the subjective meanings practitioners attach to the professional demands of practising psychotherapy. By exploring the meaning-making process and meaning(s) underlying the practice of psychotherapy by psychologists, we might shed light on the qualitative nature of the experiences that psychologists find meaningful in doing psychotherapy. As such, the different legislative, contextual and phenomenological understandings of psychotherapy briefly outlined in above, may thus benefit from a qualitative approach that is able to provide a textured and meaning-orientated understanding of psychotherapy from the practitioners' perspective. Finally, given the primacy of psychotherapy as a professional activity amongst psychologists, this research study therefore intended to explore and interpret the meaning(s) psychologists' attach to their experiences of doing psychotherapy.

1.8. Overview of the chapters

In the opening chapter of this study I sought to outline the background, motivation, and overarching aim of this research study.

In Chapter Two, I review various bodies of literature pertinent to psychotherapy and psychotherapy research, including two prominent discourses surrounding the mechanisms of psychological change, the challenging nature of practising psychotherapy at different times

and places, as well the ongoing disciplinary turf war surrounding the practise of psychotherapy among mental health professionals.

In Chapter Three, I discuss the theoretical assumptions and framework that informed and underlined this research study, including the guiding paradigmatic considerations that were adhered to in structuring the study.

Chapter Four reviews and details the methodology for this study and provides a detailed outline of the research process that was followed. This review entails a reflexivity piece regarding the overall research process and briefly pauses to highlight the ethical and qualitative deliberations that were considered throughout the study.

Chapter Five presents the findings of the study in terms of the main themes, subthemes and integrated themes that were identified. This chapter attempts to provide an integrated discussion around the findings, the identified literature and theory within which the study was situated. As such, the integrated discussion explores how the findings of the research contribute to, confirm and differ from the literature and theory reviewed in Chapter Two.

I then conclude the study with Chapter Six by providing a summative integration and conclusion of the research process including the literature that was reviewed, the methodology that was followed and the findings that were captured. This chapter then provides an integrated reflection of the limitations and possible contributions this research study has made. Finally, recommendations for future studies are identified and a summary of the research study is provided.

CHAPTER 2: LITERATURE REVIEW

2.1. Overview

The purpose of this chapter will be to review some of the bodies of literature pertinent to the practise of psychotherapy and the discipline of psychology. It is important to note that the review provided here is not entirely exhaustive of the literature on psychotherapy, as that would quickly exceed the scope and delimitation of this dissertation. The literature selected for review and included here is guided by the aims and objectives of this study aimed at exploring the practise and experiences of doing psychotherapy for practitioners. As such this review will follow a three-part structure aimed at providing the reader an accessible and coherent overview of the literature that contextualises the research problem for this study. Firstly, this chapter begins by tracing the genealogical account of the emergence of psychotherapy whilst problematising the continued search for an integrated framework of psychotherapy amidst a plurality of psychotherapeutic understandings and modalities. Following this, the chapter then proceeds to contextualise the practice of psychotherapy within the South African milieu. This contextualisation highlights the contested disciplinary framework surrounding the profession of psychology and emphasises the experiences, difficulties and effects South African psychologists grapple with in doing psychotherapy. From here, this chapter will then explore the nature of psychotherapy by reviewing some of its theoretical understandings and contested discourses of change. This chapter therefore briefly illustrates the role qualitative experiential accounts of psychologists' perceptions and meaning(s) play in navigating the contestations and deliberations pertinent to the practise of psychotherapy.

2.2. Searching for a paradigm of psychotherapy: Shouldering the Sisyphian³ burden

2.2.1. Moving beyond the “talking cure”

The emergence of psychotherapy, arguably in its earliest form as psychoanalysis, may be traced back to the late 19th century work of Austrian neurologist Sigmund Freud and German physician Josef Breuer (Fleuridas & Krafcik, 2019; Marx, Benecke, & Gumz, 2017). Freud and Breuer's now in/famous clinical case of patient known as Anna O (Bertha Pappenheim),

³ Referring to the tale of Sisyphus, a Greek mythological character who as a result of giving mankind fire (symbol of fire, knowledge and power), was condemned by the gods with the task of carrying a boulder to the top of a hill for all eternity (Camus, 1942). The distinct parallels between the recurring predestined absurd failures of Sisyphus and the seemingly eternal practise of 'tying up the broken-hearted', lend themselves well to the analogical use of the ancient Greek mythological figure of Sisyphus.

became the cornerstone upon which Freud later developed his then ground-breaking applied theory of psychoanalysis (Launer, 2005). Drawing from the psychoanalytic tradition, psychotherapy has traditionally been considered a “talking cure” (Breuer & Freud, 1895/2001, p. 30), which is a “treatment method that operates through an exchange of words” (Freud, 1916-17/1963, p. 17). This definition, albeit simplified, has cemented itself in this history of the psychotherapeutic profession and has widely embedded itself among laypersons outside the academic and professional circles of psychology (Launer, 2005).

However, Marx et al. (2017) demonstrate that such a definition of psychotherapy today remains problematic as the nature and conceptual understanding of practising psychotherapy has changed significantly. Not only does the interventive nature of psychotherapy transcend the purely verbal domain to achieve therapeutic processes (David et al., 2018; Messina, Sambin, Beschoner, & Viviani, 2016), but it is also affected by a number of other established therapeutic factors (Castonguay & Beutler, 2006). Marx et al. (2007), Emmelkamp et al. (2014), as well as Wampold and Imel (2015), have shown that therapeutic change is influenced by a broad spectrum of factors that amongst others include: common factors (Messer & Wampold, 2002), specific therapeutic techniques (Butler & Strupp, 1986; Chambless & Ollendick, 2001), empirically supported treatments (Hofmann & Barlow, 2014), synchronization of body movements (Tschacher, Junghan, & Pfammatter, 2014), the therapist-client relationship (Atzil-Slonim et al., 2018; Farber, Suzuki, & Lynch, 2018; Lambert & Barley, 2001; Taber, Leibert, & Agaskar, 2011) and integrated principles of therapeutic change (Wampold, 2008). Similarly, recent qualitative and quantitative explorations of psychologists’ perceptions regarding the processes of psychotherapeutic change, demonstrated that practitioners experienced the processes of therapy in complex and manifold ways (David & Cristea, 2018; Heinonen & Nissen-lie, 2020). Therefore, a definition of psychotherapy that remains purely within the verbal domain inadvertently undermines the complexity of established therapeutic process factors and errs on the side of reductionism.

2.2.2. Multiplicity and an ocean of psychotherapeutic frameworks

Following the discussion above, the next section illustrates the increasingly diverse nature of psychotherapy. The above mentioned understanding of psychotherapy may thus be further complexified by the plethora of theoretical orientations, paradigms and treatment models that permeate the profession of psychotherapy (Anchin, 2008; Emmelkamp et al., 2014; Marx et

al., 2017). The different treatment modalities of psychotherapy vary broadly in their theoretical premise, paradigmatic underpinnings and therapeutic stance⁴ and are constituted, amongst others, by psychoanalytic psychotherapy and psychodynamic psychotherapy (Pivnick, 2018), humanist theory and client-centered psychotherapy (Farber et al., 2018; Kirschenbaum & Jourdan, 2005; Rogers, 1959), cognitive-behavioural therapy (Messina et al., 2016; Page, Camacho, & Page, 2019), systems theory and family therapy, existentialism and existential psychotherapy (Bland & DeRobertis, 2019), dialectical-behavioural therapy (Bass, Nevel, & Swart, 2014), narrative therapy (Combs & Freedman, 2012; Madigan, 2011; White, 2007), rational-emotive therapy as well as exposure therapy (Carlo, Gelo, & Salvatore, 2016; Georgaca & Avdi, 2009; Hofmann & Weinberger, 2007; Messina et al., 2016).

2.2.3. The herculean task: Psychotherapy research and the search for integration

The persisting theoretical and paradigmatic diversity of psychotherapy has brought with it more recent psychotherapeutic approaches such as integrative psychotherapy and eclectic psychotherapy (Petrik, Kazantzis, & Hofmann, 2013). The advent of integrative and eclectic modalities of psychotherapy reflects a growing awareness from within the psychotherapeutic professions of the growing challenges such theoretical pluralism introduces into the treatment fold. It recognises that theoretical purism and model specific ways of treatment amidst all the theoretical diversity, may possibly be too restrictive, limiting and static in dealing with the individual and unique presentation of mental illness among patients and clients (Petrik et al., 2013; Stricker, 2012). A recent review of psychotherapists in the United States of America by Norcross and Karpiak (2012) revealed that between 22% and 55% of therapists reported using integrated and eclectic practices in their practise of psychotherapy. The contemporary steady adoption of integrated and eclectic therapeutic practices has thus further complexified the ongoing discussion around developing a unified psychotherapeutic paradigm within the discipline of psychology.

⁴ While the terms *theory*, *paradigm* and *therapeutic stance* all represent closely connected concepts, it is important to clarify the meaning with which they have been utilized throughout this study. *Theory* widely denotes a specific set of criteria that is used to explain a specific phenomenon (Kiesler, 1966), while a *paradigm* provides the necessary background and frame from which the *theory* can be explored, confirmed and tested (Fleuridas & Krafcik, 2019). In this light, *theory* and *paradigm* may interconnect to produce a specific *therapeutic stance* or psychotherapeutic understanding of a particular approach that serves to inform the psychological intervention and the associated psychopathological presentation (Anchin, 2008).

More recently however, an article by Hofmann (2020) explores an alternative to integrated and eclectic approaches in navigating the labyrinth of assimilated theoretical knowledge, paradigmatic diversity and the various treatment models. Hofmann recognises the multiplicity of theoretical models and paradigms, however points out that the most up to date psychotherapy outcome meta-analytic reviews have demonstrated that “most [psychotherapeutic] treatments are all moderately effective without any clear winners or losers” (p. 297). Hofmann extends an ambitious invitation to move beyond the branded ‘treatment-for-syndrome approach’ characterising the contemporary diagnostology inherent in the “simplistic, imprecise and mostly invalid latent disease model of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) of the American Psychiatric Association” (p. 297). Instead, Hofmann calls for a more process orientated approach to clinical research and psychotherapy. Such an approach would be characterised by a greater emphasis on identifying the core change processes involved in psychotherapy, as opposed to remaining with the more unidimensional syndromal expressions of latent independent disease entities currently identified as diagnosable mental illnesses (Hofmann, 2020).

An approach which views psychopathology in terms of a complex network of interrelated elements, would thus allow for a ‘bottom-up’ idiographic process-based therapy to identify how psychological problems are maintained and how change processes can be initiated within therapy (Hofmann, 2020). Viewed in this manner, the psychotherapeutic process is seen as a “multi-level network of testable mediators and moderators focused on the individual patient” (Hofmann, 2020, p. 298). The structure presented here thus argues for individualized and process driven approaches to psychotherapy that are focussed on integrated mechanisms of psychological function and psychopathology. The proposed “complex network approach” emphasises the holistic core process of therapy and views psychological problems and distress not as “expressions of underlying disease entities...but are viewed as interrelated elements of a complex network” (Hofmann, 2020, p. 298). As such, the alternative presented here calls for a fundamental paradigm shift in how the discipline of psychology and the profession of psychotherapy conceptualises and mobilises its own foundational structure.

With recent calls by psychologists’ such as Hofmann to “imagine a world without therapy brands” (Hofmann, 2020, p. 299), and the growing move toward a unified psychotherapy (Anchin, 2008; Knoblauch, 2008; Zarbo, Tasca, Cattafi, & Compare, 2016), it is important to note that the search for a unified psychotherapeutic paradigm is not a new one.

As early as 1966, Kiesler argued that most attempts at traversing the oceanic breadth of theoretical frameworks and treatment models towards unification of the discipline, have seemingly pervaded the profession since the mid-20th century with little success (Anchin, 2008). Kiesler goes on to illustrate this commentary by attributing these failures to the “disorganized and prolific psychotherapy research literature” (p. 11) that have failed to integrate the empirical findings and methodological concerns in a manner that generates therapeutic utility and accessibility for future treatment-informing research. In an article by Strupp (1981) this growing drive is summarised as a growing epistemological need to clearly differentiate and delineate an answer to the question of “what constitutes scientific knowledge in this area [of psychotherapy and the behavioural sciences]?” (p. 216). Therefore, the search for a robust paradigm of psychotherapy supported by clinical and empirical scientific evidence, became the driving force of what later emerged as the formal field of psychotherapy research (Anchin, 2008; Fleuridas & Krafcik, 2019; Strupp, 1981).

2.2.4. The disciplinary turf war for psychotherapy

The historical struggle for the ownership of psychotherapy by various disciplines can be traced back to an essay on layperson analysis written by Sigmund Freud in 1926 (Aherne & McElvaney, 2016). This essay first raised the question of who was allowed to practice psychotherapy under which discipline, as at the time the Medical Association of Vienna had taken a psychologist by the name of Theodore Reik to court. Reik was found practising psychoanalysis during a time where its practice was considered to be reserved exclusively for the domain of the medical profession. The ensuing century old debate, has left the practice of psychotherapy without port, adrift on an ocean of professional bodies clamouring for the soul of psychotherapy and tossed back and forth by the waves of theoretical frameworks. Reflecting this sentiment, Orlinsky (2009) remarks that “while there are many professional psychotherapists, there is no profession of psychotherapy ... no single profession to which all belong...and are accountable for” (p. 184). This notion is further supported by the ongoing contestations regarding the ‘specialist’ category of doing psychotherapy as observed across international contexts where psychotherapy has over the years morphed into a practice ‘owned’ by multiple different professions including psychologists, psychiatrists and clinical social workers (Orlinsky, 2009).

2.2.5. The perspective of the psychotherapeutic practitioner

While the increasing plurality of psychological research may point to a growing field of psychological knowledge (David & Cristea, 2018; Leichsenring et al., 2018), Anchin (2008), along with other psychologists of the movement of the unifying psychology movement such as Gilbert (2019), Gilbert & Kirby, (2019), Knoblauch (2008), Wachtel (2018), Wolfe (2008) along with Zarbo et al., (2016), argue that attempts of drawing together and developing a metatheoretical framework according to a “bridging dialectical perspective” (Anchin, 2008, p. 343), may better serve psychotherapeutic science and practice. Therefore, arriving at “consensual knowledge through unifying theory analyses” may enable practitioners of psychotherapy to reconcile dynamic tensions between plurality and unity and develop integrated conceptualizations of divergent and “distinctly contradictory conceptions in psychotherapy theory, research and practice” (Anchin, 2008, p. 342). Such a perspective would allow for more accessible, unified and coherent psychotherapy research to emerge that reflects accurate understandings of psychological functioning and mental health, without dichotomizing or reducing complex psychological phenomena along oversimplified methodologies (Anchin, 2008).

Following the aforementioned discussion, it becomes clear that any attempt of presenting a unified paradigm of psychotherapy is thus inevitably confronted with the herculean quest of sublimating a vast pluralism of theoretical orientations, into a unitary paradigm (Anchin, 2008; Marx et al., 2017; Norcross & Karpiak, 2017). The difficulties of defining psychotherapy and providing a unified coherent paradigm for psychotherapy have left a vacuous silence around the practice of psychotherapy, that has been filled with regulatory derision and professional contestations. It stands to reason then that the central obstacle in this herculean quest of attempting to draw together a unifying paradigm for psychotherapy and its practitioners, remains the gargantuan plurality of invaluable knowledge elements that are “derived from the multiple paradigms guiding psychotherapy theory, research and practice” (Anchin, 2008, p.310). Mirroring a Sisyphean burden in the search of a unified paradigm for psychotherapy as discussed earlier, it appears that the discipline of psychology and the profession of psychotherapy remain trapped within an endless search for something that is perhaps inevitably beyond itself.

2.3. Exploring the psychotherapeutic milieu in South Africa

2.3.1. A divided trajectory: The discipline of psychology in South Africa

The international contestations between the various professional psychotherapeutic⁵ bodies and psychology associations is paralleled in the ongoing debate around the scope of practice and scope of profession for psychology within South Africa (Pretorius, 2012). In South Africa, the practice of psychotherapy, falls under the classification of ‘performing a psychological act’ as defined by the RDSPP contained in Government Notice No. R. 993 in Government Gazette (2008), and thus exclusively falls under the professional purview of psychologists. In contrast to the fragmented international psychotherapeutic professional and regulatory landscape, the profession of psychology in South Africa is one that is governed and regulated exclusively by the Professional Board of Psychology of the HPCSA.

While this depicts a relatively unified regulatory board for the discipline of psychology (Pretorius, 2012), the contemporary profession of psychology in South Africa was developed out of a deep history of institutionalised racial segregation, discrimination, marginalisation and racial(ised) elitism under the system of Apartheid (Cooper, 2014). The profession of psychology thus continues to grapple with critical questions around relevance (Long, 2016) and ongoing debates of (racial) transformation (Pillay, Ahmed, & Bawa, 2013; Pretorius, 2012). The provision of exclusive services during the pre-1994 dispensation, saw psychology in South Africa being guilty of favouring certain members of the population (i.e., White people) towards the exclusion of others (i.e. Black⁶ people) (Cooper, 2014). The history of South African psychology was thus tainted with the long lasting consequences of “racial classification and oppression” (Long, 2014a, 2014b, 2014c; Pretorius, 2012, p. 510). Subsequently, the ongoing debates around transformation regarding concerns of the formal training and social relevance of psychology within the South African context (Cooper & Nicholas, 2012; Pillay et al., 2013; Pillay & Kramers-Olen, 2014), reflect the epistemological

⁵ The term ‘psychotherapy’ is not a legally circumscribed term in South Africa, however according to the HPCSA, any psychological act may only be exercised by psychologists registered with the HPCSA. While psychotherapy and psychological acts are not synonymous, doing psychotherapy usually involves performing a number of different acts that may in, line with the explicated regulations, be defined as psychological acts.

⁶ The continued use of apartheid-era racial terminology remains highly contested in South Africa. In this study, the term ‘black’ was used as opposed to the ethno-cultural label of ‘African’. This was done to communicate a sense of political solidarity between all those peoples and communities of colour historically marginalised and segregated under apartheid. This entails all those ethnically classified as ‘Africans’, ‘Indians’ and so-called ‘Coloured’ (or ‘mixed race’) South Africans.

tensions inherent within the discipline of psychology tasked with contributing to the ever changing needs of South African society (Kagee, 2014).

Adding to these growing professional and/or epistemological tensions is the titular Scope of Practice debate that closely resembles a crisis of identity within the profession of psychology in South Africa. The documented trajectory of the scope of practice debate, including the numerous government gazettes and amendments to the RDSPP of 2008 reviewed in Chapter 1, reveals apparent dissent of psychologists regarding their professional scope of practise. Both Pretorius (2012) and Kagee (2014) recognise this growing affiliative professional chasm and raise concerns around the resulting loss of empirical practicability and subsequent social relevance of the discipline of psychology. With no clearly defined scope of practice differentiating the various registration categories, psychologists are currently guided only by Rule 21 of the Ethical Rules of Conduct for Practitioners Registered under the Health Professions Act 56 of 1974 (South Africa, 2006). Psychologists are thus mandated to execute their professional acts “in accordance with the education and training standards and competencies” (HPCSA, 2019, p. 2) that they have received in line with the Minimum Standards for the Education and Training documents of the HPCSA (2019). In line with the promulgated RDSPP governing psychologists, the Department of Health (2018) classified the following as psychological acts:

Providing comprehensive bio-psychosocial healthcare across the lifespan; the assessment, diagnosis, evaluation, and treatment of mild to severe and complex psychological problems and health disorders; and delivering a range of therapeutic interventions with demonstrated effectiveness in treating mental, behavioural, cognitive and health disorders. (p. 5)

As such, any act pertaining to the field of psychology including the treatment, prevention and alleviation of psychological illness, maladjustment and psychopathology is reserved specifically for the discipline and profession of psychology (DoH, 2008). As seen from the above, the scope of practice for psychologists is primarily constituted by a broad range of applied practices including the diagnosis, assessment, intervention as well treatment of severe psychopathology, life stressors, critical traumatic experiences as well as generalised developmental and adjustment difficulties. These psychological acts are currently only differentiated in terms of the training respective psychologists receive, which in turn determines the relevant registration category for which psychologists can then register.

2.3.2. The scientist-practitioner model

In addition to the provision of psychological interventions and treatments, psychologists are also tasked with advancing scientific psychological research. In line with the widely adopted scientist-practitioner model, these broad application-based practices may be divided into both clinical and research work. The scientist-practitioner model, also referred to as the Boulder model after being established at the Boulder conference (Raimy, 1950, as cited in Pillay & Kritzinger, 2007), is popularly considered “the most influential and widely adopted clinical training model” for training psychologists (Stricker, 2012). This model emphasises both scientist as well as practitioner training and requires psychologists to demonstrate an integrated understanding of both “methods of scientific enquiry and clinical practice” (Pillay & Kritzinger, 2007, p.638). For South African psychologists this includes the development of psychological assessment measures and treatment approaches capable of meeting the changing mental health needs of the South African society. Psychologists are thus responsible for the control and development of psychometric assessment measures including “tests, techniques, apparatus or instruments for the determination of intellectual abilities, aptitude, personality make-up, personality functioning, psychophysiological functioning or psychopathology” (DoH, 2008, p. 4).

Despite academic training programmes varying across the South Africa in terms of their theoretical orientations, most institutions generally adhere to the internationally dominant scientist-practitioner model (Pillay et al., 2013). Despite its apparent utility in establishing rigorous evidence-based treatments, the scientist-practitioner model is often critiqued as being responsible for straddling a critical divide among the psychological professions and splitting the professional mandate into two opposing camps. At its foundation, this model is argued to divide psychologists along two professional choices: to offer interventive psychotherapeutic psychological services, or to advance psychological research. Subsequently, this model intends to advance an integrated balance between both research and practice, adopting the one to inform the other.

2.3.3. An evidence-based mandate in South Africa?

The afore discussed scientist-practitioner training model for psychologists informs the principle of best practice stipulated by the HPCSA, that mandates registered psychologist practising psychotherapy to deliver a “range of therapeutic interventions with demonstrated effectiveness” (DoH, 2018, p.5). This model emphasises training in areas of scientific

research and clinical practice, and essentially requires psychologists to make use of the best and most up to date available scientific evidence within their clinical work (Fisher, Chew, & Leow, 2015). Illustrating this evidence-based mandate, Kagee's (2006) article 'Where is the Evidence in South African Clinical Psychology' criticises the South African professional community of psychology for neglecting to heed this mandate. Kagee claims that South African psychology "has become increasingly devoid of an empirical base" and is characterised by a "significant gap...between clinical psychology in practice and the body of research findings that exists to inform it" (Kagee, 2006, p. 233). In turn however Maree (2015) points out that the positivistic and empirical assumptions entrenched in the argument presented here, may be linked to the deep "quantitative-qualitative divide, the positivist-constructionist split and possibly also the scientist-practitioner model" (p. 1). This has further entrenched a false dichotomy amongst South African psychological practitioners who find themselves divided and on either side of the ongoing evidence-based practice and empirically supported treatment debate. Such a polarisation may continue to drive the 'scientistic' notions of psychology that limit the practice of psychotherapy to purely positivistic understandings of evidence-based therapies. This suspends all critical engagement around epistemological concerns of what constitutes a psychological science in favour of only empirically quantifiable variables (Messer & Wampold, 2002). Amidst this dichotomous terrain, the present study therefore seeks to meaningfully contribute to bridging this divide by allowing South African psychologists to share and voice their perceptions, views and idiosyncratic experiences of offering psychotherapy.

2.3.4. An Africa(n)-centered decolonial project of psychology

In addition to the above outlined legislative context, critical discussions pertaining to the core issues of race, equality, transformation and the decolonization of psychology have recently re-emerged within the South African context. These critical discussions appear to wrestle with the earlier alluded to epistemological and ontological questions surrounding the nature of psychology in South Africa see Kagee (2014). Specifically, these discussions seek to explore what makes South African psychology African and therefore relevant to the South African context (Pillay et al., 2013). Kopano Ratele (2017a, 2017b; Ratele et al., 2018) reflects on the conceptual tensions with regard to African psychology and discusses the ongoing epistemological strife characterises the process of decolonizing African psychology toward developing a more "Africa(n)-centered psychology situated as decolonizing practice

and knowledge” (Ratele, 2018, p. 332). At the core of the decolonial project of an African psychology, as imagined by Ratele et al. (2018), lies the need for South African psychologists to “establish a more indigenous, endogenous, relevant, appropriate, transformed, and/or decolonised discipline and profession” (p. 334). The recent controversy regarding the publication and subsequent retraction of an article by researchers Niewoudt, Dickie, Coetsee, Engelbrecht and Terblanche (2019), titled *Age- and education-related effects on cognitive functioning in Colored South African women*, serves to illustrate the problematic concept of ‘race’ and, in particular, the ways in which ‘race’ can be scientifically deployed to reify immensely retrogressive stereotypes (Hendricks, Kramer, & Ratele, 2019). The search for an African psychology is thus fundamentally conjoined to a decolonial project aimed at building a “relevant, appropriate, socio-politically conscious, transformed discipline and profession [of psychology]” (Ratele, 2017, p. 274). This line of reasoning thus conceptualizes the need by South African psychologists to develop an Africa(n)-centered psychology that is capable of meeting the unique contextual needs of South Africa (Hook, 2005; Makhubela, 2016; Nwoye, 2015).

2.4. The shared perspectives of practising psychotherapy across contexts

Thus far the reviewed bodies of literature pertinent to psychotherapy have aimed at contextualizing this research study by underlining the contested and diverse space within which this research problem may be situated. While the literature has identified some of the disciplinary and paradigmatic contestations informing the corpus of psychotherapy research, further literature examining practitioners lived and practicable realities of doing psychotherapy is needed.

2.4.1. Psychotherapy as primary activity across contexts

In this light, the wide international adoption of the scientist-practitioner model within academic training settings has advanced an image of psychologists as both researcher and practitioner. Despite this dual characterisation, an Irish study conducted by McMahon (2018) provided evidence to the contrary. The European and North-American countrywide surveys McMahon conducted, revealed that psychotherapy as opposed to research “is a psychologist’s primary activity” (p. 217). Furthermore, an article providing a meta-review of the studies conducted on the American Psychological Association’s Division of Clinical Psychology conducted by Norcross and Karpiak (2012), evidenced similar results. Reviewing studies and

data going as far back as 1986, Norcross and Karpiak reported that as of 2010, 76% of psychologists were involved in psychotherapy as their primary activity as opposed to academic research and writing (Norcross & Karpiak, 2012). Given the popular scientist-practitioner training model for psychologists, practitioners are thus primarily conceived to be practitioners first and researchers second.

Adding to the demonstrated primacy of psychotherapeutic intervention methods internationally, a recent national survey of registered South African psychology practitioners (with 2072 respondents) conducted by the HPCSA revealed that “72% of participants [were] involved in intervention as a main activity” (HPCSA, 2017, p. 15). For clinical psychologists, intervention constituted as much as 87.6% of their main activity of which 61.9% were primarily involved with individual long-term psychotherapy and 74.3% short term psychotherapy respectively (HPCSA, 2017). Similarly, counselling psychologists reported that 85.9% of their primary activity was constituted by providing intervention (HPCSA, 2017). As such, there appears to be a clear emphasis on intervention and psychotherapy by psychologists, both within the South African as well as international context.

While the scientist-practitioner model conceptualises psychologist’s activity in terms of executing clinical practice informed by robust scientific research and evidenced effectivity, the majority of local and international psychologist report that their professional activities are for the most part dominated by practising psychotherapy (HPCSA, 2017; Norcross & Karpiak, 2012). The scientist-practitioner representation, despite its intended emphasis on an equal balance between advancing research to populate psychological practice with, appears to be a far cry from the practising reality of professionals. As such, it becomes clear that the fundamental tenets of the scientist-practitioner model and “the ideals of [the] Boulder [conference] did not realise as [he] envisaged” and the scientist part of the model remains largely neglected (Maree, 2015, p. 296).

2.4.2. The effects of doing psychotherapy on the practitioner: Some experiences reviewed

Given the primacy of psychotherapy for psychologists’ professional activity (McMahon, 2018b), it is important to explore and understand the effects doing psychotherapy has on the practitioner. Recently, a 2016 survey conducted by the British Psychological Society showed that “70% of psychotherapists found their job stressful and...46% reported struggling with depression” (McCormack, Macintyre, Shea, Herring, & Campbell, 2018, p. 3). Similarly,

results of survey of Australian psychologists showed that as much as “73% reported clinically significant levels of distress” (Dattilio, 2015, p. 393). In South Africa, where over 70% of the country’s population has been exposed to at least one traumatic event (Sui & Padmanabhanunni, 2016), psychologists witness and experience chronic levels of stress and secondary trauma material regularly (Hitge & Van Schalkwyk, 2018). While studies in South Africa regarding psychologists’ well-being levels are scarce and remain largely unknown (Hitge & Van Schalkwyk, 2018), Jordaan et al. (2007), reported that 56.3% of surveyed psychologists “reported above average anxiety levels...[and] 54.2% were mildly depressed” (p. 835). Furthermore, numerous other studies including reviews and meta-analyses by Dattilio (2015), Di Benedetto & Swadling (2014), Newell (2010), Tay, Alcock, & Scior (2018) as well as Yang & Hayes (2020), have demonstrated the arduous and demanding nature of treating people with psychological problems using psychotherapy. These studies identify recurrent difficulties including; emotional exhaustion, low levels of empathy and compassion fatigue, feelings of depersonalisation, low personal achievement, clinical symptoms of depression and anxiety (Deville et al., 2009; Di Benedetto & Swadling, 2014; Jordaan et al., 2007b; Laverdière, Kealy, Ogrodniczuk, & Morin, 2018; Machando, Maasdorp, Wogrin, Javangwe, & Muchena, 2019; Newell, 2010; Yang & Hayes, 2020). Often the negative effects doing psychotherapy has on the practitioner, are interchangeably termed “vicarious trauma, compassion fatigue, secondary traumatic stress and burnout” (Sui & Padmanabhanunni, 2016, p. 128).

While the afore reviewed effects of doing psychotherapy are primarily negative in that practitioners experience a sense of emotional exhaustion and burnout as a result of experiencing vicarious trauma, psychologists also reportedly experience positive changes as a result of engaging in psychotherapeutic work (Hitge & Van Schalkwyk, 2018; Veage et al., 2014). A qualitative phenomenological study exploring the impact of working with trauma for South African psychologists revealed that psychologists experienced positive transformations in the form of vicarious post-traumatic growth (Sui & Padmanabhanunni). This growth was characterised by “a greater sense of optimism and hope in relation to their own lives” (Sui & Padmanabhanunni, 2016, p. 131). Additionally, changes in philosophy of life, improved interpersonal relationships and positive changes in self-perception were reported (Sui & Padmanabhanunni, 2016). These changes confirm the added presence of positive meaning (Radeke & Mahoney, 2000), resilience and fulfilment that emerging literature has reported amongst psychologists doing psychotherapy (Hitge & Van Schalkwyk,

2018; Veage et al., 2014). While limited research is emerging around practitioners' lived experiences of doing psychotherapy, further qualitative explorations of psychologists' understandings of these transformative changes, both positive and negative, may help better understand the complex impact doing psychotherapy has on the practitioner.

2.4.3. Psychotherapists' and clients' in-session experiences of psychotherapy

In addition to the positive and negative effects of doing psychotherapy, it remains integral to locate this study amidst the existing literature regarding the experience(s) of psychotherapy. Numerous studies have qualitatively evaluated and focused on the clients' perceptions and in-session experiences of psychotherapy including; corrective experiences (Angus & Constantino, 2017), therapeutic alliance ruptures (Coutinho, Ribeiro, Hill, & Safran, 2011; Tschuschke, Koemeda-Lutz, Von Wyl, Cramer, & Schulthess, 2020), therapist self-disclosure (Mjelve, Ulleberg, & Vonheim, 2020), empathy and genuineness (Nienhuis et al., 2018), and overall negative experiences related to being-in psychotherapy (Hardy et al., 2019), however limited qualitative research exists regarding practitioners in-session experiences of psychotherapy (McMahon, 2018b). A recent qualitative meta-analysis by Levitt, Pomerville, and Surace (2016), reviewing the participants' experiences of psychotherapy, further demonstrated the paucity of research examining practitioners' perspectives and in-session experiences of psychotherapy.

While therapists' experiences of psychotherapy have focussed largely on the adverse effects resulting from practising psychotherapy (as reviewed above), a study explored the in-session experiences of psychotherapy along the lines of an embodied process for the psychotherapist (Shaw, 2004). While this study reviewed the embodied experiences of doing psychotherapy as experienced by the psychotherapist, it did not explore the internal experiences during psychotherapy. Similarly, another study explored the in-session experience of alliance formations and ruptures as experienced by the psychotherapist during the therapeutic treatment process (Coutinho et al., 2011; Lavik, Frøysa, Brattebø, McLeod, & Moltu, 2018). A study conducted by Blume-Marcovici, Stolberg and Khademi (2015), explored the specific experience of therapist crying in therapy (TCIT) among psychologists offering psychotherapy. The study specifically examined the internal experiences of psychologist crying in therapy and demonstrated that "56.5% of psychologists experienced TCIT...[and] reported feelings of loss, sadness and powerlessness" (Blume-Marcovici et al., 2015, p. 408).

Focussing more on the in-session experiences of psychotherapy, a study conducted by Mjelve et al. (2020) in Norway, revealed that both personal and private experiences feature in and inform the therapeutic encounter in-session. The results review psychologists' in-session experiences of psychotherapy with regards to self-disclosure and the sharing of personal and private experiences, to shape the in-session therapeutic encounter. Furthermore, a study by Roubal and Rihacek (2016), explored the experiential in-session process for psychotherapists working with depressive clients. The study explored the internal emotional processes by psychotherapists in terms of experiential oscillation as a means of "getting closer to the client's depressive experience and moving away from it" (Roubal & Rihacek, 2016, p. 206). The study demonstrated how the internal affective states of psychologists were directly influenced and impacted upon by *being-in-session* and offering psychotherapy to depressive clients. While all the studies above reflect some aspect of the in-session experiences practitioners have of psychotherapy, the available bodies of literature provide comparatively little qualitative experiential accounts of practitioners' affective, internal and subjective experiences of *being-in-session*. This study's emphasised focus on the experiential accounts of practitioners' subjective interpretations, meaning(s) and experiences in psychotherapy, positions itself amidst this identified dearth of qualitative experiential literature.

2.5. Exploring the nature of psychotherapy

2.5.1. Psychotherapy: An art, a science or both?

The bipolarity of the aforementioned scientist-practitioner currently, informing the training of psychological practitioners across different contexts, may be tied to the paradigmatic underpinnings of the discipline of psychology and as such the practice of psychotherapy. More critically, it raises the question of how psychologists are trained, according to which standards and outcomes, and in line with which theoretical and paradigmatic underpinnings. Conflicting questions around the epistemology and ontology of psychology and the practice of psychotherapy thus emerge.

Hoffman and Weinberger (2007) seek to reimagine the above discussed dual nature of psychotherapy by conceptualising psychotherapy in terms of it being both an art and a science. The argument is made that psychotherapy is a science as "therapeutic techniques should be empirically supported and rooted in falsifiable models" (Hofmann & Weinberger, 2007, p. XVII). At the same time however, psychotherapy is posited as an art as these very techniques must be uniquely tailored to the specific person and "applied flexibly and

creatively” (p. XVII). Hoffman and Weinberger furthermore argue that psychotherapists need to have a well-versed understanding of such a conceptualisation in order to be effective (Hofmann & Weinberger, 2007). Such an understanding mandates psychotherapists to be knowledgeable in the science underlying their treatment approach, whilst simultaneously remaining flexible and creative enough to apply such therapies artfully (Hofmann & Weinberger, 2007). Viewing psychotherapy through a client-focussed lens that recognizes the need of “different strokes for different folks” (Norcross & Wampold, 2011, p.127), the argument is made for argued to a more flexible and unique application of treatment methods. Psychotherapy may thus benefit from a more personable and artful implementation that doesn’t shy away from the ‘cool gaze’ of science (Aveline & Aveline, 1998). Furthermore, the application of uniquely tailored person-specific treatment methods has shown to lead to greater levels of emotional congruence between patient and therapist (Atzil-Slonim et al., 2018), which in turn has been demonstrated to lead to improved treatment results and better outcomes (Norcross & Wampold, 2011; Taber et al., 2011).

This twofold representation may help in integrating the continued bipolarity the scientist-practitioner introduces into the training-fold for psychologists and doing psychotherapy within South Africa. A brief commentary on the potential utility of reframing of psychotherapy as both and art and a science has also been illustrated. However, it raises the central question as to what makes psychotherapy actually work? More specifically, what specific psychological mechanisms are involved in bringing about psychological change? Can this be isolated to the realm of the art of psychotherapy or the science of psychotherapy, or perhaps both? Albeit these being crucial questions that are plaguing contemporary psychotherapy research, providing comprehensive answers to these questions remains well beyond the scope of this study. These questions may however further justify a qualitative exploration of practitioners’ perspectives and views of the mechanisms underlying psychotherapeutic change. Bearing this in mind, the next section attempts to provide a brief overview of the literature surrounding these ongoing discourses surrounding the primary mechanisms of psychological change evidenced in psychotherapy research literature.

2.5.2. Two prominent discourses warring over psychological change

The statement that ‘Psychotherapy works!’ is a widely accepted assertion representing the increasing recognition and consensus around the effectivity of psychotherapy within the discipline of psychology and the profession of psychotherapy (Castonguay & Beutler, 2006).

This statement has enjoyed increasing popularity amongst psychological practitioners, as evidence grounded in numerous scientific studies and meta-analyses has repeatedly demonstrated the effectivity of psychotherapy (Tschacher et al., 2014; Wampold & Imel, 2015). Despite the increasing general consensus around psychotherapy's effectivity, contestations debating the relative efficacy of specific psychotherapy approaches and the specific mechanisms of psychological change remain (Castonguay & Beutler, 2006; Tschacher et al., 2014). The aforementioned conceptualisation of psychotherapy as both an art and a science, reflects an attempt at bridging a deeply entrenched and polarising dichotomy within the field of psychology and psychotherapy research. This dichotomy has characterised disputes around why and how psychotherapy works and revolves primarily around two discourses: the common factors (CF) discourse and the empirically supported treatments (EST) discourse that is often also referred to as the specific factor discourse⁷ (Constantino & Bernecker, 2014; Hofmann & Barlow, 2014; Lambert & Barley, 2001; Lambert & Ogles, 2014).

Despite the recent nature of this dichotomous representation of the common factors (CF) vs. empirically supported treatments (EST) discourses, its problematization is not a new one. This polarising discourse was originally referred to as "the specific/non-specific hypothesis" and was critically reviewed and first problematized by Butler and Strupp (1986). The criticism was raised that such an approach was inherently burdened with oversimplification by "dividing a complex phenomenon into two conceptually distinct but inclusive categories" (p.30). Such simplified dichotomies introduce attractive heuristics that can make complex phenomenon seemingly more accessible. The heuristic itself however, can oftentimes become a barrier in generating new knowledge (Koch, 1981). Butler and Strupp go on to argue that this dichotomous representation assumes identifiable access to the specific, active ingredients of psychotherapy. It is this simplification, that has prevented a process driven interactional understanding of how therapeutic change may be achieved (Butler & Strupp, 1986; Emmelkamp et al., 2014). As such Butler and Strupp argue that psychotherapy research has not "escaped the temptation to dichotomise the imposing complexity of the psychotherapeutic endeavour" (p.30). Psychotherapy research therefore remains intrinsically stained by the subsequent ensuing dichotomy. In line with the present bipolarity, a brief overview of each of the two respective discourses is provided below.

⁷ The empirically supported treatment discourse is often also referred to as the specific factor discourse, as the key therapeutic ingredients in psychotherapy are controlled specific variables and factors identified in contributing to psychological change.

2.5.2.1. The common factors (CF) discourse

The first discourse, namely the common factors discourse, conceptualises psychotherapy “as a socially constructed and mediated healing practice” (Laska, Gurman, & Wampold, 2014, p.469). The CF discourse argues that the mechanisms of psychological change are not tied to any one treatment approach, specific techniques, theoretical framework or modality. Instead, this model seeks to emphasise the various factors that it considers as necessary and sufficient for psychological change (Castonguay & Beutler, 2006). As such the CF approach argues that there are a wide range of common factors that underlie all forms of psychotherapeutic intervention. These factors are proposed to include: the therapeutic relationship between a client and therapist, which should be characterised by a good working therapeutic alliance; a therapist’s warmth, understanding and empathic stance towards the client, as well as the genuineness and congruence between the therapists and client (Lambert & Barley, 2001, p.357). The CF discourse suggests that these common factors are found across all modalities of psychotherapy and constitute the primary therapeutic ingredients necessary to bring about psychological change. It therefore argues that common factors as opposed to specialized treatment interventions and methods, underlie psychological change (Messer & Wampold, 2002).

Furthermore the CF discourse more prominently considers the therapists’ *self* to be the primary tool of therapy (Atzil-Slonim et al., 2018; Burks & Robbins, 2011; McConaughy, 1987; McMahon, 2018b; McMahon & Hevey, 2017). The actual techniques and specific intervention strategies are considered less important than the unique character and personality of the treating therapist, who primarily adopt certain techniques and modalities that are congruent to who they are as persons (McConaughy, 1987). The chosen therapeutic strategy is hence considered a manifestation of the psychotherapists’ personality. It is argued that the therapists’ self as tool of therapy plays a more significant role than the actual therapeutic techniques involved in bringing about positive therapeutic outcomes (Burks & Robbins, 2011; Jensen, 2007; Messer & Wampold, 2002; Orlinsky, 2005). In their survey of 68 psychotherapy experts Tschacher et al. (2014), developed a detailed and clear framework for the recognised common factors that are considered primary contributors toward psychological change. Identifying over 22 common factors, the survey also explored which common factors psychotherapeutic practitioners deemed most relevant to psychological change. This revealed that the surveyed experts for one did not consider all common factors equally meaningful and that “patient engagement, affective experiencing and

therapeutic alliance” were deemed most relevant (Tschacher et al., 2014, p. 95). Tying into these findings, the research problem of this study therefore aimed at shedding light on some of the perceptions, interpretations and meaning(s) psychologists have of the factors they experienced to induced change while doing psychotherapy. In doing so, the study attempted to provide clarity on South African psychologists’ perspectives of what works in psychotherapy and how the defining dichotomous chasm around psychotherapy research is experienced and interpreted from the practitioners’ perspective. In doing so the study hoped to situate itself and thereby contribute to taking the first step in consolidating these two deeply oppositional discourse with one another (Hofmann & Barlow, 2014; Tschacher et al., 2014).

2.5.2.2. The empirically supported treatments (EST) discourse

The CF discourse of psychotherapeutic change is often contrasted with the specific factor discourse. The specific factors hypothesis is often considered to be synonymous the EST discourse of psychotherapeutic change. It is largely grounded in a medical model of psychotherapy and is also primarily informed by the scientist-practitioner model (Hofmann & Barlow, 2014; Maree, 2015). With its strong emphasis on empirically verifiable data, the EST discourse adopts a medically influenced, scientifically verifiable and positivistic approach to ground “what evidence is best and available for treatments that work” (Maree, 2015, p. 3). As such the specific-factors and EST discourse, argues that there are established specific-ingredients involved in specific therapeutic approaches and methods that underlie the respective psychological change (Hofmann & Weinberger, 2007).

Therefore, the specific-ingredients discourse asserts the opposite of the CF discourse. It argues against the notion of common factors underlying all modes of therapy, and instead emphasises specific “techniques as the causal agents of therapeutic change” (Tschacher et al., 2014, p. 83). Specific psychological procedures targeting specific psychological mechanisms of psychopathology are considered the necessary ingredients to bring about psychological change and wellbeing. Furthermore, alongside every specific therapeutic technique, there exists a specific scientific theory that informs the specific mechanism of psychological change that is being targeted by a specific treatment and intervention method (Laska et al., 2014). An example of the specific factors may be found in Marsha Linehan’s developed Dialectical Behaviour Therapy (DBT) for borderline personality disorder. DBT targets specific core difficulties such as emotional dysregulation, heightened emotional reactivity

and interpersonal sensitivity using specific principles of mindfulness, radical acceptance and improved problem-solving skills (Bass et al., 2014). A central assumption of the specific factor approach remains then that “the absence of a demonstrated or plausible specific mechanism of action...leaves open the possibility that the intervention may merely be capitalising on nonspecific credible ritual, or placebo effects” (Baker, McFall, & Shoham, 2008. p. 72). The specific factors approach is thus largely informed by an empirically supported approach requiring demonstrated effectivity of certain treatment techniques through randomised controlled trials (Laska et al., 2014). As such, it seeks to highlight single specific ingredients of therapeutic approaches and treatment methods in causal chain of what makes psychotherapy work. Consequently, this depiction seeks to firmly characterise psychotherapy along mechanistic and linear representations of psychotherapy as a ‘science’.

Keeping in mind the aforementioned dichotomy between the two discourses of psychotherapeutic change, an in-depth exploration of how practitioners in South Africa interpret, experience and make sense of doing psychotherapy may provide qualitative insights regarding psychologists’ perceptions of psychological change. Research has demonstrated that an integrated approach incorporating both the therapists’ self as ‘tool of therapy’, whilst appreciating the value of evidence-based psychological interventions, may prove fruitful in maintaining the required demonstrable effectiveness of specific psychological treatments and therapies for mental health care users (Atzil-Slonim et al., 2018; McMahan, 2018b; Norcross & Wampold, 2011; Orvati Aziz, Mehrinejad, Hashemian, & Paivastegar, 2020; Orvati et al., 2020). Exploring practitioners’ interpretations and perceptions of these contestations, may provide valuable insight into how psychologists conceptualize doing psychotherapy.

2.5.3. The status quo: An ontological question with an epistemological answer?

A critical evaluation of the discussed polarising dichotomy these two opposing discourses introduce into the psychotherapy research literature, reveals that certain epistemological assumptions are at play in maintaining its stark divide. At the center of this dichotomy is the question around the nature of what constitutes evidence-based practice. Highlighting this is the all too popular conflation of evidence-based practice with empirically supported treatments. The repeated portrayal of evidence-based practice as synonymous with empirically supported treatments has created an image that only empirically supported treatments reduced to protocolized randomized controlled trials, are evidence-based (Lambert & Ogles, 2014). Laska et al. (2014) argue that this, has severely limited the lens through

which the phenomenon of psychotherapy has been examined. Laska et al. (2014) furthermore argue for a more expanded view of what may constitute evidence within evidence-based practice, and reject the view that any scientific exploration of therapeutic factors other than treatment methods ought to be “discouraged and labelled as unscientific” (p. 467). As a result, Laska et al. (2014) criticise the empirically supported treatment approach for monopolizing the concept of evidence-based practice, through the prioritisation and conflation of randomised controlled trial (RCT) methodology with evidence-based practice. The widespread conflation of empirically supported treatments and evidence-based practice, found among practising psychologists as well as postgraduate psychology students, further demonstrates this bias and monopolization (Luebbe, Radcliffe, Callands, Green, & Thorn, 2007). As a result, the unfolding process of psychotherapy research regarding therapeutic outcomes, has seen the discipline of psychotherapy experience numerous contestations amid conflicting discourses of proven effectivity, that are as opaque as they are mechanistic.

2.5.4. Beginnings of a rapprochement: An exercise in contemporary reframing?

As seen from the above discussion, the non-specific/specific and common factors/empirically supported treatments perspectives have traditionally been situated in opposition to one another (Constantino & Bernecker, 2014; Laska, Gurman, & Wampold, 2014). Interestingly however, a closer examination of the empirical data, reveals that this dichotomy has not received the necessary empirical support to justify its continued presence (Tschacher et al., 2014, p. 83). For both positions “significant relations to outcome have been shown” (p. 83), and a series of meta-analyses have demonstrated that for both common factors, as well as specific techniques and interventions, positive treatment outcomes have been observed (Hofmann & Barlow, 2014; Tschacher et al., 2014).

Accordingly, these two understandings may be reframed as two integral components in a multilevel process of psychotherapeutic change. Such an understanding may recast these two positions as two pillars supporting the same ceiling, where each pillar carries an equal amount of weight (importance). Therefore, both perspectives are considered equally important and necessary in holding up the figurative ‘roof’. Such an understanding may allow both positions to work with one another and not against each other as both enjoy an equal claim to constituting evidence-based practice respectively. This understanding is shared by Hofmann (2020), who advocated for a process-based understanding of psychotherapy. Hofmann does this by replacing the linear disease model of psychopathology with a more

interactional and complex network approach. In this perspective, different strategies, ingredients and approaches are argued to target different psychological mechanisms at different levels of psychopathology to varying degrees of effectivity. Hofmann (2020) argues that such an approach prevents any form of purist exclusivity of any one singular ‘psychotherapy brand’ or treatment approach, disallows specific methodologies from monopolising how psychotherapy is understood or researched. It therefore allows the field of psychotherapy research and psychological practitioners to move beyond an all-or-none zero-sum analysis, toward a more realist appreciation and understanding of the art and science of psychotherapy (Maree, 2019). This discussion echoes sentiments of integration and eclecticism amongst psychotherapy researchers (Anchin, 2008; Zarbo et al., 2016).

2.6. Conclusion

Consequently, this chapter has served to highlight the relevant bodies of literature pertinent to the practise of psychotherapy. To this end this chapter followed a three-part structure that firstly highlighted the varied professional and paradigmatic contestations that continue to surround the practise of psychotherapy. Secondly, the discussion then explored the South African psychotherapeutic milieu for psychologist. This exploration entailed a brief overview of the professional and contextual demands for practitioners in South Africa. Thirdly and finally, the chapter examined the far-reaching dichotomy currently characterising the field of psychotherapy research along with its discourses of psychological change and effectivity. As such, this chapter served to situate and contextualise the nature and aim of this research problem amidst the wider bodies of literature and theory. In doing so, the chapter examined some of the pertinent literature relevant to the practise of and the experiences of psychotherapy. The reviewed practise and experiences of psychotherapy revealed a comparative dearth of qualitative experiential data around psychologists’ perceptions and lived experienced of in-session experiences of psychotherapy. This study therefore positions itself amidst the identified paucity of qualitative data regarding psychologists’ lived experiences of psychotherapy, by specifically examining practitioners’ subjective affective experiences, meaning(s) and interpretations of psychotherapy. Having positioned this study amidst the identified bodies of literature, the next section highlights the theoretical framework and guiding paradigmatic assumptions that were used to ground and guide this research study.

CHAPTER 3: THEORETICAL FRAMEWORK

3.1. Overview

In light of the qualitative orientation of the research problem, this chapter seeks to outline the theoretical framework adopted for this research study. As such, a brief overview of the theoretical assumptions grounding the research problem is given. This overview is followed by a discussion of the two phenomenological approaches that integratively inform the theoretical approach and methodology of interpretive phenomenological analysis (IPA). From here this chapter explores the underlying theoretical assumptions of IPA as a research strategy and methodology. The chapter then concludes by critically reviewing the limitations and benefits of IPA as a research strategy in guiding the study.

3.2. Theoretical framework

Given the study's interest in exploring lived realities, unique experiences and subjective perceptions of the phenomenon of doing psychotherapy, the study has adopted a qualitative research approach. This study may therefore be situated within an interpretivist paradigm that it is informed by an interpretivist epistemology and a relativist ontology (Alase, 2017). Such an approach therefore allows the researcher to explore and emphasise the idiographic, subjective and idiosyncratic elements of the phenomenon in question.

Exploring the possible meaning(s), perceptions and interpretations of psychologists doing psychotherapy, therefore reveals itself as a unique attempt at interpreting, engaging and attaching meaning(s) to a practice that is all too often obscured by complex definitions and stoic scientific abstractions (Solomonov et al., 2016; Storr, 1990). In the past, such explorations around psychotherapy research have at times been obfuscated by a seemingly impenetrable intellectual fog that has oftentimes remained preoccupied with ongoing discourses of effectivity, practicability and treatability (Strupp, 1981; Wampold, 2008; Wampold & Imel, 2015). Therefore, investigating the internal understandings, views, perceptions and meaning(s) psychologists have of doing psychotherapy, may contribute rich, textured and interpretive data focused on lived realities rather than scientific abstractions of doing psychotherapy (Smith & Osborn, 2015).

Focusing on psychologists' subjectively experienced lived realities of doing psychotherapy, may therefore provide a unique kaleidoscope of perspectives and interpretations. These represent innately different and idiographic accounts of what it's like

for psychologists to do psychotherapy. In this light, the adopted interpretivist paradigm seeks to ameliorate these stark differences by recasting the shackles of objectivity through concerted efforts of (re-)interpretation (Tuffour, 2017). It does this by integrating and acknowledging divided positionalities through continued cycles of interpretation (Larkin, Watts, & Clifton, 2006). Subjectivity is thus recognised as the primary epistemological foundation that is situated within a relativist ontology (Willig, 2007). In this view reality is comprised of an infinite tapestry of multiple unique and subjective experiences (Willig, 2013). Thus the researcher therefore never has direct access to objective knowledge, but rather engages with the idiographic and experiential phenomenon in question from a subjective interpretivist position (Benner, 2012; Smith, 2014). Only by recognising that the researcher him- or herself, along with his or her subjectivities and personal biases, impacts and impedes on the phenomenon in question, can the researcher attempt to interpret and make sense of the phenomena (Smith, 2014; Smith et al., 2009).⁸ An interpretivist theoretical framework thus allows the researcher to enter into a world of subjective meaning(s). The unique and multifaceted nature of psychotherapy, both theoretically and experientially, along with the possible personal meaning(s) of doing psychotherapy, is therefore argued to justify the interpretivist theoretical framework adopted for this study.

3.3. Theoretical underpinnings and paradigmatic point of departure

In line with the outlined qualitative nature of the research question, this research study adopts an interpretive phenomenological methodology. The interpretive phenomenological approach is primarily grounded in the theoretical and philosophical assumptions of phenomenology and interpretivism.

While phenomenology is central to the interpretive paradigm and is widely adopted as a qualitative methodology (Wojnar & Swanson, 2007). It originally emerged as a philosophy (philosophical discipline) in Germany before World War 1 (Dowling, 2007). First utilised by Franz Brentano (1838-1917), the phrase of “descriptive psychology or descriptive phenomenology” (p. 132) later became the foundation upon which Edmund Husserl (1859-1938) developed the phenomenology (Dowling, 2007). As such, Husserl is widely considered to be the father of the phenomenological approach (Lavery, 2003; Wojnar & Swanson,

⁸ In accordance with the philosophical assumptions of this study, the identified themes and subthemes reflect my personal and subjective interpretations of the participants’ subjective interpretations of the phenomenon under investigation. The findings are therefore fundamentally subjective to the researcher and don’t constitute any objective or absolute truth.

2007). Despite its conception as both a philosophy and methodology, phenomenology has developed continuously over the course of the last 100 years (Wojnar & Swanson, 2007), significant contributors including; Martin Heidegger, Maurice Merleau-Ponty and Hans-Georg Gadamer (Guignon, 2012). Throughout this continued development there have been two important historical phases to phenomenology that are important for the discussion here, namely: descriptive phenomenology and interpretive phenomenology (Dowling, 2007; Harper & Thompson, 2012; Smith et al., 2009).

3.3.1. Transcendental (descriptive) phenomenology

Descriptive phenomenology is often also referred to as transcendental phenomenology and follows Husserl's claim that "consciousness is the condition of all human experience" (p.173). Husserl put forth a method of phenomenological reduction and argued that human experience and the phenomenon in question could only ever be accessed through a position of 'transcendental subjectivity' (Wojnar & Swanson, 2007). In this light, Husserl considered the primary aim of phenomenology to be the "rigorous and unbiased study of things as they appear in order to arrive at an essential understanding of human consciousness and experience" (Dowling, 2007, p. 132).

However a 'return to the things themselves', that is the experiential content of consciousness, could only be achieved through a process of rigorous phenomenological reduction by the researcher (Smith, 2014; Smith et al., 2009). Smith et al. (2009), further argues that this process may be comprised of a number of reductions made by the researcher and requires the researcher to suspend and 'bracket' all personal and subjective preconceptions, biases and ideas to arrive at a form of pure transcendental objectivity (i.e. description) (Lavery, 2003). All prior personal knowledge used to grasp the essential experiences of the phenomenon would thus needed to be bracketed (Lopez & Willis, 2004). This bracketing would ultimately enable for the researcher to achieve 'transcendental subjectivity' and allow the phenomenon to 'speak for itself' without any other external imbued meaning or description (Harper & Thompson, 2012; Lavery, 2003; Lopez & Willis, 2004). This would allow the essence of a phenomena to emerge by itself and 'speak for itself' (Larkin et al., 2006; Smith et al., 2009). In this manner descriptive phenomenology transcends all underlying assumptions of a phenomenon and aims to describe the essence of experienced phenomena as purely as it presents itself to consciousness. Husserl believed this to produce "universal essences or eidetic structures" (Lopez & Willis, 2004, p. 728), that

reach across and beyond individual context, culture, history and subjectivity to produce transcendent knowledge (Harper & Thompson, 2012; Willig, 2013). While description is the primary component of transcendental phenomenology, hermeneutic phenomenology largely relies on interpretation. This primary theoretical assumption is contrasted with interpretive phenomenology and further explored below.

3.3.2. Hermeneutic (interpretive) phenomenology

The hermeneutic or interpretive approach to phenomenology as developed by Martin Heidegger, starkly contrasts the transcendental approach to phenomenological inquiry (Smith & Osborn, 2007). As a student of Husserl, Martin Heidegger (1889-1976) criticised the central epistemological assumptions of attaining transcendental knowledge of phenomena through a process of bracketing, evident in Husserl's descriptive phenomenological approach. Instead, Heidegger argued that it is impossible for the researcher to "ignore the subjectivizing influences of language, culture, ideology, expectations or assumptions" (Larkin et al., 2006, p.105). For Heidegger there is no possibility of bracketing, as consciousness is always immediately already situated in the world. The emphasis on a person's 'Da-sein' ('being-in-the-world') and situatedness within a particular historical period (historicity), culture and context, thus makes any notion of phenomenological reduction or bracketing impossible (Lavery, 2003; Smith et al., 2009). As such there is no manner in which a researcher or observer to separate his self from the world (Larkin et al., 2006). According to Heidegger, humans are fundamentally hermeneutic in the sense that human beings are fundamentally involved in a continuous cycle of interpretation and sense making, finding significance and meaning(s) in their own lives and experiences (Wojnar & Swanson, 2007).

Hermeneutic phenomenology thus moves beyond merely describing phenomena and reducing experiences to core concepts and essences. Rather, it moves toward interpreting and finding "meanings embedded in common life practices" (Lopez & Willis, 2004, p. 728). An individuals' 'Da-sein' is already always inextricably linked to the world and to other people and connected to a specific historicity, context and culture (Harper & Thompson, 2012). Human experience is therefore one that is always already interconnected and inter-related to a situated context within a specific time. Individuals always are thus hermeneutic in that they interpret and give meaning to their lived experiences of being-in-the-world from a subjective position that is embedded in a situated context and time. Fundamentally, Heidegger adopted the ontological view that "lived experience is an interpretive process" (Dowling, 2007, p.

133). For understanding to take place, individuals engage in a ‘hermeneutic cycle’ which involves a reciprocal process between understanding, interpreting and revising what is originally believed to be understood (Dowling, 2007). Sense making is thus circular in nature and moves between an individual’s initial positionality, subjectively lived experience and interpretation of that experience (Guignon, 2012; Lavery, 2003). Hermeneutic phenomenology is thus a phenomenology concerned with an individual’s uniquely experienced and lived situatedness in the world and is therefore argued to be a fundamentally situated enterprise (Harper & Thompson, 2012).

3.3.3. Integration: Similarities and differences

Having briefly reviewed both the epistemological and ontological underpinnings of descriptive and interpretive phenomenology, it becomes clear that both are fundamentally interested in exploring subjectively lived experiences and phenomena. However, there fundamental assumptions around the knowledge that is produced and the degree of objectivity, attainable in each respective phenomenological inquiry, starkly differ. Descriptive phenomenology aims to produce transcendent knowledge that is objective in purely describing phenomena across all contexts through a process of bracketing (Lopez & Willis, 2004). In contrast however, interpretive phenomenology suspends any notion of objectivity and argues that phenomenological inquiry is subject to the integration of a researcher’s subjective positionality (situatedness) throughout the process of inquiry (Alase, 2017; Smith et al., 2009). This integration adds to the interpretation of the phenomenon in question. The researcher is ultimately regarded as engaging in a ‘double hermeneutic’, by subjectively interpreting the participants interpretation of the phenomenon within a particular context (Tuffour, 2017).

In line with the above discussed philosophical and paradigmatic assumptions of both descriptive and hermeneutic (interpretive) phenomenology, this research study adopted an interpretive phenomenological position. The study’s primary aim of exploring the subjective interpretations, internal changes, perceptions and attitudes regarding the lived experiences and meaning(s) of psychologists’ *being-in-session*, thus justified the interpretive phenomenological position. The emphasis of the qualitative exploration of doing psychotherapy within the South Africa from the perspective of the practitioner (i.e. South African psychologists), is particularly well suited to an interpretive approach aimed at providing idiographic accounts. In line with the adopted interpretive phenomenological

paradigmatic position, the next section of this chapter will discuss the specific and method of analysis chosen to pursue this study's purpose; interpretive phenomenological analysis.

3.4. Interpretative phenomenological analysis (IPA)

Interpretive phenomenological analysis (IPA) is both a popular methodology and a specific method of data analysis that is deeply informed by and stems from the theoretical bases of interpretive phenomenology (IP). Drawing from hermeneutics and idiography, IPA is fundamentally situated within an interpretive phenomenological position (Brocki & Wearden, 2006; Smith & Osborn, 2007; Willig & Stainton-Rogers, 2017). Smith and Osborn (2007) go on to emphasise that IPA is thus primarily concerned with the detailed exploration of how participants make sense of their personal and social world. It explores the various understandings and meaning(s) of lived experiences by systematically collecting detailed, reflective, first-person accounts from research participants (Harper & Thompson, 2012). This detailed examination of the participants 'life-world' attempts to explore personal experiences and subjective meanings of how participants perceive, understand or account for an event or phenomena (Leavy, 2014; Smith & Osborn, 2007). An objective account or description of an event or experience is thus supplanted by rich, qualitative and textured interpretation.

For the researcher, the phenomenological inquiry is fundamentally interpretive and dynamic. In an attempt to make sense of and access phenomena (lived experiences), the researcher must engage in a "two-stage interpretation process, or a double hermeneutic" (Smith & Osborn, 2007, p. 53). Smith et al. (2009), explains that this twofold process is essentially characterised by the researcher attempting to make sense of the participants making sense of their world. In order to gain access to understanding and interpretation, the researcher must occupy a dual role in making sense of the participants sense-making by appreciating the participant's life-world, situatedness and context, as well as his own (Smith, 2014). The researcher engages in a hermeneutic cycle of sense making in which his own sense-making (interpretation) is considered second order (Smith & Osborn, 2007). This is a result of his access to the participant's experience being only "through the participant's own account of it" (Smith et al., 2009, p. 12). As such the interpretative researcher is required to reflexively integrate his own position within the research process as being part of the phenomena under study, not separating description from interpretation (Dowling, 2007; Harper & Thompson, 2012; Laverty, 2003; Leavy, 2014; Lopez & Willis, 2004; Willig & Stainton-Rogers, 2017).

Tuffour (2017) points out that in order for the IPA researcher to do this successfully, the researcher must attempt to study the participant's sense-making by "immersing himself/herself in the world of the participants through a lens of cultural and socio- historical meanings" (p. 3). Participants lived experiences, their meaning(s) as well as the wider socio-cultural context from and within which participants make sense of their experiences, are thus all essential components of the IPA process (Harper & Thompson, 2012; Smith & Osborn, 2007; Tuohy et al., 2013). In addition to the phenomenological and hermeneutic aspects of experience, IPA is committed to the rigorous, detailed and intensive iterative engagement with select cases of the phenomena under investigation (Tuffour, 2017). Nuanced analysis is placed on idiographic cases of phenomena and the researcher reflexively sustains a back-and-forth engagement within a double hermeneutic cycle in order to allow for detailed examination and interpretation of participants experiences (Smith, 2014). Therefore, IPA focuses on the twofold nature of lived experiences by exploring the meaning as well as the manner (how) in which participants make sense of their personal experiences (Lopez & Willis, 2004).

With its growing popularisation, IPA has rapidly become "one of the best and most commonly used qualitative methodologies in psychology" (Smith, 2011, p. 9). Furthermore IPA has been suggested to hold particular relevance for the field of psychology and health psychology in as far as it allows research to move away from "a simple biomedical model of disease and illness, where an observable bodily process is held to map onto a predictable illness experience" (Brocki & Wearden, 2006, p. 88). Instead IPA allows researchers in the field of psychology and health psychology to produce qualitative understandings that recognise the constructed and subjective nature of illnesses in particular as it pertains to mental health. In this manner, Brocki and Wearden (2006) emphasise that IPA is particularly well suited to questions of process, context and meaning, rather than adjusted outcomes concerned with cause and effect (Harper & Thompson, 2012).

3.5. Theoretical rationale

As this research study is aimed at exploring idiographic accounts of psychologists' experiences of practising psychotherapy in South Africa, it is particularly interested in the underlying meaning(s), perceptions and interpretations that psychologists have of the practise of psychotherapy. The phenomenon of practising psychotherapy, as it is practiced between a psychologist and their client within a therapeutic space/session, is a deeply unique and

subjective one (McMahon, 2018b). Exploring this with participants thus required the psychologists to interpret and reflect on their understanding(s), view and experiences of practising psychotherapy. Furthermore, it also required the researcher to acknowledge and integrate themselves as part of the interpretation process (Smith et al., 2009). In doing so, the researcher is required to reflect on their reflections and interpretations of the participants' reflections and interpretation. Thereby the researcher becomes an integral part of the analytical process and informs the phenomenon under exploration (Smith & Osborn, 2007). This is referred to as ongoing hermeneutic cycle and informs a double hermeneutic, whereby the findings of this study are thus drawn from interpretations of interpretations (Smith, 2014). The subjective and interpretive two-step process thus requires rigorous reflexive and iterative engagement by the researcher, and involves constantly acknowledging and integrating his/her own positionality, context and subjective preconceptions about the phenomenon under investigation (Larkin et al., 2006). To this end a critical reflexivity piece has been included in the methodology chapter. This reflexivity piece aims to illustrate the personal and iterative sense making process of the researcher.

Uncovering the meaning(s) associated with doing psychotherapy, thus relies on exploring personal subjectivities, truths, attitudes, perceptions and meanings that are relative to each idiographic account (Brocki & Wearden, 2006; Darbyshire et al., 1999). Thus, the experiences and meaning(s) of psychologists will be explored and interpreted as a potential means to better conceptualise how psychologists make sense of their experiences of doing psychotherapy, navigate the innate challenges and contestations of their profession and understand the nature of psychotherapy. The overarching aim of investigated lived realities and perceptions thus benefits from the theoretical assumptions outlined in this chapter (McConaughy, 1987; McMahon, 2018; Orlinsky, 2009). IPA as both theoretical paradigmatic point of departure and methodology, was therefore deemed to be the most appropriate and most suitable qualitative framework in answering this research question.

3.6. Critical deliberations: Limitations and benefits of IPA as a theoretical framework

Underlined by an interpretivist epistemology and a relativist ontology, IPA provided a rigorous qualitative theoretical framework and well-suited methodology for answering how psychologists perceive, understand and make sense of their subjective experiences of doing psychotherapy? However, it is important to retain a critical appreciation of the limitations and benefits IPA held for this study. As IPA is a qualitative approach that is focussed on

examining and interpreting lived experiences, it aims to provide rich, detailed and textured examinations of personal experiences (Alase, 2017; Smith et al., 2009; Smith & Osborn, 2015). It therefore recognizes that humans are sense-making organisms and allows participants to develop, explore and voice their subjective lived realities from their unique perspectives (Brocki & Wearden, 2006). The emerging data therefore reflects subjective meaning(s) that in turn depict unique, idiographic meaning-centered views of participants' experiences (Smith et al., 2009; Smith & Osborn, 2007, 2015). These theoretical assumptions allow the researcher to move beyond the limitations of objectivity, and engage with and explore unique subjective realities and experiences from an interpretivist perspective (Smith & Osborn, 2015). This approach is participant-orientated, flexible and aimed at producing rich qualitative experiential accounts as experienced and narrated by the participants themselves (Smith, 2014). For the purposes of this study, exploring psychologists' sense-making and experiences of critical contestations, complexities, personal ambivalences and affective perceptions regarding the practise of psychotherapy, therefore benefitted greatly from an IPA.

While the chosen theoretical framework and methodology (IPA) allowed the researcher to give voice to and amplify participants' accounts and interpretations of their lived experiences of psychotherapy, certain limitations remain. Exploring lived realities reflects attempts at making sense of other participants' sense-making process. As such IPA usually reflects a unique set of experiences that are specific to a particular sample and researcher, and may not necessarily reflect the experience of a particular phenomenon for all (Alase, 2017). It therefore remains case-specific, subjectively interpreted and lacks a general sense of generalisability (Smith, 2014; Smith & Osborn, 2007). Additionally, IPA studies often rely on a specific target sample from a given population and therefore heavily rely on purposive and convenience sampling, further limiting the degree of generalizability of the findings (Tuohy et al., 2013). Finally, the IPA methodology draws on the researchers' perceptions and interpretations of a participants' interpretations, and may therefore lose the intended meaning(s) and true reflections of the participants' lived experiences (Smith et al., 2009; Tuffour, 2017). The temptation may therefore be by researchers to emphasise their own opinions as opposed to accurately capturing the participants' experiences and amplifying their voices (Tuffour, 2017). To counteract these limitations, IPA researchers are required to follow a rigorous and transparent research process that integrates researcher reflexivity to ensure for greater quality of the research.

3.7. Conclusion

The discussion thus far has outlined the theoretical framework and paradigmatic underpinnings that guide this research study. As such it has given an overview of the primary theoretical and paradigmatic assumptions guiding the research question. This discussion outlined the two primary theoretical approaches that integratively inform the current theoretical framework. Furthermore, the theoretical assumptions for the selected methodology and method of analysis found in interpretive phenomenological analysis (IPA) were explored and justified for the purpose of this research investigation. Finally a discussion of the limitations and benefits for the chosen theoretical framework and guiding methodology was provided. Therefore, having discussed the necessary theoretical and paradigmatic underpinnings for this research problem, the next chapter provides a detailed outline of the chosen methodology and the research process that was followed.

CHAPTER 4: METHODOLOGY

4.1. Overview

The aim of this chapter is to outline how this research was methodologically operationalised and executed. It commences with a brief overview of the research question and aims of the present study. Following this, a short summary of the theoretical point of departure underwriting the methodological orientation the study as discussed in the previous chapter is provided. From here a description of the research methodology, research design and research process is given. Furthermore, a detailed review of the research process including the sampling, data collection and method of analysis according to IPA is given. The chapter then concludes by highlighting some of the ethical and qualitative considerations that were accounted for throughout the research process.

4.2. Research question and aims

This research study intended to examine and uncover South African psychologists' experiences of doing psychotherapy. As such the broader aim of the study was to contribute to the dearth of qualitative literature exploring psychologists' perspectives, attitudes and understandings of doing psychotherapy. Given the paucity of idiographic research regarding psychologists' experiences of doing psychotherapy, this research study aimed to qualitatively explore a sample of six South African psychologists' subjective experiences of *being-in-session* (i.e. involved in doing psychotherapy). This study therefore sought to investigate and identify the meaning(s) this sample of psychologists found in the phenomenon of doing psychotherapy. Additionally, it sought to explore how those meaning(s) may be intertwined with the contextual challenges South African psychologists face. The research question that this study aimed to answer is as follows:

How do psychologists perceive, understand and make sense of their subjective experiences of doing psychotherapy?

Guiding this overarching research question were the following two aims:

1. To explore and understand how psychologists doing psychotherapy understand themselves and what they do, amidst competing discourses of effectivity and mechanisms of psychological change.
2. To explore and understand how psychologists make sense of and respond to the inherent difficulties associated with performing, offering and doing psychotherapy.

4.3. Theoretical point of departure

The theoretical point of departure that informs the research is that of interpretive phenomenology as previously explored under interpretivism and phenomenology (Larkin et al., 2006; Smith, 2014; Smith et al., 2009). The research study therefore is interested in exploring the lived realities, experiences and unique interpretations of psychologists doing psychotherapy. In this sense the study is guided by a qualitative research design that is nestled within an interpretivist paradigm and is structured around interpretivist epistemology and relativist ontology (Tuohy et al., 2013). The study therefore seeks to produce rich, idiographic and textured qualitative data of psychologists' subjective experiences, meaning(s) and perceptions of what it is like to do psychotherapy in South Africa. As such, an interpretivist paradigm guiding the IPA methodology allows the researcher to qualitatively access, interpret and explore the lived realities of South African psychologists to produce textured and idiographic accounts (Tuffour, 2017).

4.4. Research design

Research in the social sciences can largely be divided along two camps: qualitative research and quantitative research (Garza, 2007; Smith, 2014). Qualitative research questions are usually situated within open-ended explorations and are aimed at exploring specific experiences and phenomena of people, including "how people make sense of the world and how they experience events" (Willig, 2013, p. 51). The primary concern is therefore the quality, texture and meaning(s) of experiences (Garza, 2007; Harper & Thompson, 2012; Willig, 2007). This includes explorations on how participants understand, interpret and give meaning to their experiences in the world (Dowling, 2007). Informed by the research question (Harper & Thompson, 2012; Willig, 2013), a qualitative research design following an IPA methodology was selected for the study. Seeking to generate idiographic and experiential data reflecting subjective understandings and perceptions, an IPA methodology and method of analysis capable of exploring and interpreting such accounts was deemed most appropriate (Smith et al., 2009). The study hoped that qualitative research design would yield detailed in-depth understandings and interpretations of participants' feelings, perceptions and meaning(s) of doing psychotherapy.

4.5. Research method: Interpretative Phenomenological Analysis (IPA)

IPA was used as the research method for analysing the qualitative data that emerged from participants' accounts and perceptions of doing psychotherapy. According to Smith, Flowers and Larkin (2009) "IPA is a qualitative research approach [that is] committed to the examination of how people make sense of their major life experiences" (p. 1). It is therefore widely considered both a popular methodology and a specific method of data analysis that stems from IP. Drawing from hermeneutics and idiography, IPA is fundamentally situated within an interpretive phenomenological position (Brocki & Wearden, 2006; Smith & Osborn, 2007; Willig & Stainton-Rogers, 2017). Smith and Osborn (2007) go on to emphasise that IPA is thus primarily concerned with the detailed exploration of how participants make sense of their personal and social world. It explores the various understandings and meaning(s) of lived experiences by systematically collecting detailed, reflective, first-person accounts from research participants (Harper & Thompson, 2012). This detailed examination of the participants 'life-world' attempts to explore personal experiences and subjective meanings of how participants perceive, understand or account for an event or phenomena (Leavy, 2014; Smith & Osborn, 2007). An objective account or description of an event or experience is thus supplanted by rich, qualitative and textured interpretation.

For the researcher, the phenomenological inquiry is fundamentally interpretive and dynamic. In an attempt to make sense of and access phenomena (lived experiences), the researcher must engage in a "two-stage interpretation process, or a double hermeneutic" (Smith & Osborn, 2007, p. 53). Smith et al. (2009), explains that this twofold process is essentially characterised by the researcher attempting to make sense of the participants making sense of their world. In order to gain access to understanding and interpretation, the researcher must occupy a dual role in making sense of the participants sense-making by appreciating the participant's life-world, situatedness and context, as well as his own (Smith, 2014). The researcher thus engages in a hermeneutic cycle of sense making in which his own sense-making (interpretation) is considered second order (Smith & Osborn, 2007). Therefore, IPA is particularly well suited to producing rich interpretive accounts of participants' lived experiences.

Lastly, while IPA presents a number of strengths for qualitative research approaches and questions, a critical appraisal of the methodology remains important. IPA has often been criticized for "being riddle with ambiguities...lacking standardization...and often being

mostly descriptive and not sufficiently interpretive” (Tuffour, 2017, p. 4). Furthermore, IPA is often argued to be preoccupied with understandings from a phenomenological perspective and “does not explain why [the phenomena] occur” (Tuffour, 2017, p. 4). As such it is often descriptive and does not sufficiently interpret participants’ narratives. Finally, some researchers question whether or not IPA actually captures the experiences and meaning(s) of participants’ lived experiences, or only the opinions thereof (Larkin et al., 2006; Smith, 2011).

4.6. Sampling

4.6.1. Sampling method

As an IPA methodology fundamentally seeks to explore and interpret subjective accounts, meaning(s) and experiences of particular phenomena, this study employed a purposive sampling. Purposive sampling is a popular among qualitative researchers and is widely considered the recommended method of sampling among IPA researchers for IPA studies (Leavy, 2014; Willig, 2013; Willig & Stainton-Rogers, 2017). This method of sampling selects participants for a sample purposively according to set criteria, rather than through probability methods (Harper & Thompson, 2012). Such an approach allows the researcher to select participants under the assumption that “they can grant us access to a particular perspective on the phenomena under study” (Smith et al., 2009, p. 71). Participants are thus specifically selected with the aim of providing insight into a particular experience. Therefore, participants are sampled and selected according to the experiences, perceptions and meanings associated with the exploring the phenomenon under investigation (Smith & Osborn, 2004). As this research study focused specifically on practitioner experiences of doing psychotherapy in the South African context, six registered South African psychologists currently involved with doing psychotherapy were selected.

4.6.2 Sampling criteria

In line with Smith and Osborn's (2007) recommendations for a smaller sample size of one to eight participants, this IPA study selected six participants. As most IPA studies follow an idiographic approach (Smith et al., 2009), a smaller sample size allows the researcher to gather rich and in depth experiences from participants (Smith, 2014). Furthermore, a smaller sample size allows the researcher to engage with the data in a detailed, comprehensive case-by-case analysis that may then provide a more idiographic in-depth understanding of a

particular participants' experience with regard to a specific phenomenon (Smith et al., 2009; Smith, 2014). Experiences are therefore interpreted in greater detail without overwhelming the researcher. Given these considerations, this research study had six voluntary participants. Upholding ethical standards and assuring participant confidentiality, the participant's age and name are not disclosed and pseudonyms are used in any reference to the participants. The following pseudonyms have been included: E.T., Macey, Elizabeth, Sabrina, Andrew, Cathy. Participants were approached and selected purposively according to three primary inclusion criteria discussed below.

Firstly, participants were required to fall into the registration category of "independent psychological practitioner" as defined under the auspices of the HPCSA (2005). Participants were therefore required to be registered with the professional Board of Psychology and have completed their internship training, their community service as well as have passed the national board exams. The selection of participants was done in accordance with the stipulated selection criteria and participants were identified using the selection criteria as indicated on the participant requirements on the participation information sheet (see Appendix B).

Secondly, the experience of practising psychotherapy informed the second selection criteria and included psychologists who considered themselves and their primary professional activity to be involved in psychotherapy and offering psychological intervention. As such this second selection criteria looked to include psychological practitioners primarily involved with the phenomenon in under exploration, namely that of doing psychotherapy (Pillay, Kramers-Olen, Kritzinger, & Matshazi, 2012).

The last and third inclusion criteria selected for the purposes of this research study was that of a basic proficiency in English. Selected participants were required to have at least a basic proficiency in English. This specific selection criterion was chosen to allow for easier access to the phenomenon by removing any significant language barriers between the researcher and the participant. The selected participants were thus fluent in English, allowing for an easier transcription process of the semi-structured interviews. Participant characteristics such as age, gender and sex were not included in the selection criteria as these were argued to not necessarily impact the overall outcome of the research study. Finally, these criteria were structured around the central aim of obtaining a relatively homogenous sample that was able to garner insight around the shared phenomenon.

4.6.3. Selection of participants

The aforementioned broad inclusion criteria were argued to facilitate the study's aim of capturing rich accounts of psychologists' experiences of practising psychotherapy and honour the diversity of psychotherapists' meanings around their practice of psychotherapy. Integrating the selection criteria into the selection process, potential participants were identified using the selection criteria contained on the participant information sheet (see Appendix A). Potential participants were identified and contacted via opportunities that I as the researcher had as a result of my own contacts. This entailed approaching four psychologists practicing in a Tshwane-based psychiatric hospital. Additionally, the two remaining participants were identified through snowballing via referrals made by the other participants. Detailing the sampling process, participants were approached for potential participation via email. This process entailed contacting participants via email with an attached participant information sheet (see Appendix A) as well as a participant consent form (see Appendix B).

4.6.4. Sampling limitations

Initially the research process had planned on identifying participants through online psychotherapy advertising websites such as psychotherapy.co.za and the therapist-directory.co.za however the need for this was eliminated after contacting participants directly via email through the researcher's personal opportunities and contacts. Summatively, the sampling process followed in obtaining the participants for this research study consisted primarily of purposive sampling followed by subsequent snowball sampling that primarily made use of the researchers' professional contacts and opportunities and subsequent referrals. While convenience sampling allows the researcher to purposively select participants, it follows a non-probability sampling method and is limited in the sense that it entails a non-representative sample. The findings that are thus generated from non-probability sampling methods are thus not generalizable and may be subject to researcher selection bias (Etikan, 2016). Although participant characteristics such as sex, age, gender and race were not strictly controlled for in the selection criteria of participants, a notable limitation of the sample was that five out of the six participants were white. The data collected thus may not reflect the general experiences of black South African psychologists' specifically.

4.7. Data collection

A popular data-collection method within IPA is semi-structured interviewing (Smith & Osborn, 2004). This method consists of an in depth semi-structured yet open-ended interview guide that is closely informed by the aims and objectives of the proposed study. As such the semi-structured interview intends to provide a natural flow of conversation between the researcher and participant, whilst remaining flexible enough to allow for idiographic freedom (Smith et al., 2009; Smith & Osborn, 2004; Willig, 2013). This approach to interviewing provides the necessary structure and guidance to explore the aims of the research question, while allowing for enough flexibility for the respondent to guide and shape the exploration of his/her lived social and psychological world (Smith, 2014; Tuohy et al., 2013; Willig, 2013).

For the purposes of obtaining in-depth, rich and qualitative data around the experiences of practising psychotherapy, this research study adopted a semi-structured interview as the data gathering method. It was hoped that this approach would allow the interviewer to elicit detailed reflections, stories, and feelings around practising psychotherapy as a psychologist in South Africa (Smith, 2014; Tuohy et al., 2013). The open-ended nature of the questions was informed by my literature review and the aims of this research study (see Appendix D), and intended to provide the respondent with the opportunity to develop their opinions, ideas and experiences freely and comprehensively (Harper & Thompson, 2012).

From here, six South African psychologists practising psychotherapy were interviewed. The interviews followed the semi-structured interview guide (see Appendix D) and were conducted in English and approximately lasted between 70 minutes (shortest) and 165 minutes (longest). Excluding the one interview that lasted 165 minutes, most of the interviews lasted for an average of 90 minutes. The interviews were conducted individually with each participant over a period of two months spanning from June to July, and was held at a place that was familiar and convenient for the psychologists. The semi-structured interviews were audio-recorded to enhance the quality and accuracy of the transcription process (Leavy, 2014; Smith & Osborn, 2007; Tuohy et al., 2013; Willig, 2013). Given the outbreak of the global COVID-19 pandemic, two out of the six semi-structured interviews were conducted over the internet using a free cloud-based video conferencing service called Zoom. This online video conferencing service was most convenient for the two respective participants and as such was held over a secure online encrypted broadcast connection that was additionally password protected to ensure participant confidentiality. These interviews were also audio-recorded and subsequently transcribed verbatim. The utilization of an online

platform was both convenient for the participants and also allowed for ensuring the safety and well-being of the participants under the circumstances presented by the global COVID-19 pandemic. The two interviews conducted over Zoom, were conducted and scheduled at a time that was convenient for the participants and were password encoded and encrypted to allow for participant information confidentiality (Harper & Thompson, 2012).

4.8. Data analysis

4.8.1. Transcription process

Following the recording of the semi-structured interviews, each audio-recorded interview was transcribed verbatim by the researcher. The process of transcription was done by the researcher to allow the researcher to familiarise himself with the participants experiences and formulate an initial understanding of each participant's idiographic account (Smith, 2014; Smith & Osborn, 2007; Willig, 2013). In addition to transcribing the audio-recordings verbatim, Smith et al. (2009), and Willig (2013) point out that significant non-verbal expressions, hesitations or significant pauses can be valuable to the IPA researcher to better observe and interpret the relevant meaning(s) participants might have around their experiences. As such non-verbal utterances and notable pauses in the interview were included in the transcriptions. These utterances were used to inform possible meaning(s) and subsequent interpretations entailed within the analysis process.

4.8.2. Interpretation process

In line with the chosen IPA method of analysis, the transcriptions were subjected to recursive sustained engagement following a number of rigorous analytic stages that are applied separately to each idiographic case (Smith & Osborn, 2007; Tuffour, 2017; Willig, 2013). The repeated iterative engagement with the data allows to the researcher to comprehensively engage with the complex phenomenon by exploring and interpreting participants experiences both the researcher and participant perspective. It therefore entails reflexively interpreting the meaning(s) around a phenomenon from two subjectivities whereby the researcher engages in hermeneutic cycle or a double hermeneutic (Smith, 2014; Smith et al., 2009). The entire method of analysis and process of interpretation thus closely followed the six stage IPA process as outlined by Smith et al. (2009), and Smith & Osborn (2007):

1. Firstly, each of the transcripts was read and reread multiple times (three to four times) and initial thoughts, observations and significant comments from the

transcripts were noted. This was done to allow the researcher to immerse himself in the psychological world and experiences of the participants. This was followed by preliminary notetaking aimed at “examining the semantic content and language use on a very exploratory level” (Smith et al., 2009, p.119).

2. Secondly, the researcher attempted to draw out and formulate emergent themes from the notes produced upon the initial readings and re-readings of the transcripts. While IPA engages and explores themes, it differs from thematic analysis in that it develops interpretations rather than descriptions from these themes (Lopez & Willis, 2004). This primarily involved the researcher’s comments and notes rather than the transcriptions themselves (Smith & Osborn, 2007). Initial researcher notes around the gathered data were drawn into emergent themes to confirm “interrelationships, connections and patterns between exploratory notes” (Smith et al., 2009, p. 129).
3. Following this, the third stage sought to order and connect the emergent themes with one another. The emergent themes were therefore essentially ‘clustered’ and grouped into identified ‘sub-themes’ (Smith, 2014). This process of clustering thus followed a more theoretical aim of grouping the themes into possible conceptual similarities and establishing possible relationships between the different themes (Smith, 2014; Smith et al., 2009). These sub-themes were then reviewed in comparison to the raw data (initial transcription) to account for consistency and remain with the essence of the participant’s described experience (Willig, 2013).
4. Fourthly, the sub-themes identified in stage three were compiled into various ‘super-ordinate’ themes that were then drawn up into a table of super-ordinate themes. This step mapped out various patterns between the emergent subthemes, underneath each of their respective super-ordinate themes (Smith, 2014; Smith et al., 2009). Each super-ordinate theme was paired with respective subthemes and coupled with relevant supporting quotes, alongside exploratory notes. The process thus moved from idiographic cases to across cases and provided the necessary conceptual thematic framework from which a master table was then generated (Larkin et al., 2006).
5. The fifth stage of the interpretation process involved applying each of the aforementioned stages to the each of the six transcripts. This involved applying stages one to four to each transcript individually in an attempt to “treat the next case

on its own terms and do justice to its own individuality” (Smith et al., 2009, p. 140). Each transcript was bracketed and treated individually as to produce its own distinct set of subthemes and super-ordinate themes, thereby respecting the idiographic nature of each account (Leavy, 2014; Smith & Osborn, 2007; Willig, 2013).

6. Finally, the emergent subthemes and super-ordinate themes along with the interpretations drawn from each of the six idiographic accounts were compared to each of the other cases. This process was primarily aimed at establishing and looking for patterns across the individual cases to determine possible connections across cases (Smith et al., 2009). The results of these identified patterns were represented visually in a master table of main themes for across cases. The resulting themes were used to illustrate the interpretive element of the dual idiosyncratic meaning-making process for researcher and participant alike. The findings of this interpretive process along with the identified main themes were written up and discussed in Chapter 5.

4.9. Quality of research

To maintain a rigorous standard of quality for this research study, Lucy Yardley's (2000) four broad qualitative principles were applied. These four principles included: *sensitivity to context, commitment and rigour, transparency and coherence, as well as impact and importance of the research question* (Smith et al., 2009).

Ensuring *sensitivity to context*, this research study sought to engage with the idiographic experiential accounts in a detailed and sensitive manner, by appreciating and integrating both the wider and more personal context within which the data was collected and analysed. Drawing on the literature review to theoretically contextualize and develop the semi-structured interview guide, further accounted for sensitivity to context (Brocki & Wearden, 2006). Furthermore, verbatim quotations from the transcripts were provided throughout the process of analysis to “give voice to the participants” (Smith et al., 2009, p. 247). This aimed at allowing the reader to follow the interpretations being made whilst supporting the argument (Smith et al., 2009; Tuffour, 2017).

Commitment and rigour was accounted for in the detailed and comprehensive documentation of the research process along with the demonstrated thoroughness of the analysis undertaken (Smith et al., 2009). This entailed closely documenting the researcher’s continued iterative individual engagement with each transcript noting the decisions, initial

notations, interpretations and processes that were followed at the different stages of the research process (Harper & Thompson, 2012; Smith et al., 2009; Willig, 2013).

Thirdly, improved *transparency and coherence* were aimed for by openly recognising the subjective role the researcher played in being part of the meaning-making generative process whilst analysing and interpreting the collected data (Smith, 2011), providing a detailed and comprehensive overview of the stages of the research and interpretation process, and including a comprehensive reflexivity piece surmising the entire research study (Harper & Thompson, 2012; Smith et al., 2009). These steps were written up in a manner that were as open and transparent as possible, to better allow the reader to appreciate the research study in a manner that is informative, transparent and coherent.

Finally, Yardley (2000) suggested IPA researchers consider the principles of *impact and importance* in ensuring for the quality of their qualitative data. The quality and ‘validity’ of qualitative research is not only found in how well or thorough the research has been conducted or documented, but is ultimately determined by what the research tells the reader about the phenomena under exploration (Willig & Stainton-Rogers, 2017). To a certain extent this involved reflexively evaluating whether or not this research question not only answered the research question, but also whether or not that answer tells the reader “something interesting, important or useful” (Smith et al., 2009, p. 250). Given the contemporary and relevant nature of this research question within the field of psychotherapy research, this research study was deemed to comfortably meet the stated standard of *impact and importance* for qualitative research (McMahon, 2018b; Willig, 2013).

4.10. Ethical considerations

In light of the personal lived experiences this study sought to explore, the following ethical considerations were necessary to safeguard the sensitive and qualitative nature of this research. In order to ensure the safety of any potential research participants and the public, this study obtained ethical clearance (ethical approval number HUM010/0420) from the University of Pretoria (Appendix C), prior to proceeding with the research and data collection process (Smith & Osborn, 2007; Willig & Stainton-Rogers, 2017). Once possible participants were identified and contacted via email with a participant information sheet (Appendix A), the researcher accounted for the necessary voluntary participation and recruitment of participants without coercion or misinformation (Leavy, 2014; Willig & Stainton-Rogers,

2017). Prior to participating and receiving written consent, participants were informed of the purpose of the study and the voluntary nature of their participation.

As such, participants were informed of their right to withdraw from the study at any time with no negative consequences, to stop the interview at any time and assured complete confidentiality (through the use of pseudonyms on any relevant documentation) throughout the research writing process (Kara & Pickering, 2017). As only the researcher was involved in the transcription, the confidentiality of information from the participants was ensured through the use of pseudonyms and the removal of any identifying particulars including personal and professional details that may have made the participants identifiable (Kara & Pickering, 2017; Nkadimeng, Lau, & Seedat, 2016).

Furthermore, encryption tools were used by the researcher to secure any of the electronic data gathered from the participants, keeping their information confidential. Given the deeply personal and sensitive nature of the research question requiring personal and professional self-disclosure (McMahon, 2018b), the emotional and psychological well-being of participants was protected by ensuring participant confidentiality at all times and secondly by informing participants of their rights to free psychological support services, such as Lifeline and SADAG telephonic counselling, if any psychological discomfort was encountered throughout the respective interviews and research process (Harper & Thompson, 2012; Nkadimeng et al., 2016).

Consequently, interviews focused specifically on the experience(s) and relevant meaning(s) of doing psychotherapy for psychologists, no specific client information was disclosed by participating therapists and client anonymity and confidentiality was ensured during this research study (Smith et al., 2009; Willig, 2013; Willig & Stainton-Rogers, 2017).

Finally, all gathered information including transcripts, audio recordings and any other electronic data regarding the interviews, will be securely stored and safeguarded in the psychology department for archiving and potential re-use (Smith & Osborn, 2007; Willig, 2013). This is in line with the University of Pretoria's research requirements and was included in the participant information sheet and agreed to by the participants in the written letter of informed consent. The gathered data will therefore be safeguarded, access controlled and password protected in the department with limited access for a minimum period of 15 years (Kara & Pickering, 2017).

4.11. Reflexivity

The reflexivity of the research study and the chosen IPA methodology, is primarily concerned with acknowledging the role of the researcher's personal values, assumptions, biographical influences (including race, age and gender) and experiences throughout the research process (Alase, 2017; Smith & Osborn, 2007). The role of the researcher is crucial to interpretive phenomenological research, as the researcher directly enters into a double hermeneutic cycle whereby the researchers own assumptions and views come to inform the interpretations and process of analysis (Harper & Thompson, 2012). The twofold interpretation process is thus directly influenced by the researchers own experiences and beliefs around the phenomenon under exploration (Smith et al., 2009). Therefore, it became important that I as the researcher reflected on and became aware of my own feelings and experiences with regards to doing psychotherapy. As an intern clinical psychologist involved in doing and training in psychotherapy, I felt that I could relate to and better understand the participants' accounts as I had made similar experiences whilst *being-in-session*. As a result, at times I felt my own experiences blur into the accounts of the participants and I had to reflectively remind myself of my role not as colleague, but as researcher. Engaging in continued reflexivity by keeping a reflexive journal, helped me examine my own thoughts, feelings and interpretations without drowning out the participants' voices and accounts with my own experiences, and allowing for transparency (Smith, 2014).

Given the abstract, diverse, complex and deeply subjective nature of the phenomenon under exploration, some of the identified main themes and subthemes pay specific reference to mythological images, depictions and symbols. Stemming from my own biographical background as philosophy major, the reliance on imagery and metaphor, as often found in classical myths and legends, was both a personal and methodological tool used in structuring, clarifying and supporting the findings of this study.

Being a novice researcher, intern clinical psychologist and aspiring psychotherapist while conducting the present study, gave rise to a number of profound challenges. At times I therefore felt completely overwhelmed by the sheer volume of the data and the idiographic depth of this research study. The data gathered was not only qualitative in nature, but also iterative and often deeply personal, thereby further complicating the data analysis process. As such, the subjective and idiosyncratic basis of the data added additional layers of complexity and depth to the overall research process. I primarily experienced this while engaging with

the participant transcripts throughout the data analysis process. Here, I found myself become increasingly preoccupied and entangled with both my own and participants' sense-making processes. Interestingly, my own experienced intersubjective entanglement with/in the data also mirrored an identified core component of the intersubjective entanglement experienced within the psychotherapeutic encounter (*intersubjective entanglement*). My own experienced entanglement can thus be taken to reflect the depth with which I was able to immerse myself in the participants' life world and enter into their experiential phenomenological accounts.

As such I realise that my own professional development and journey as a psychologist not only allowed me better access to the phenomenon, but also came to characterise and inform pertinent interpretations of the participants' shared experiences of doing psychotherapy. This allowed me to better empathise, identify and understand the participant's lived accounts of psychotherapy, and invariably coloured in parts of their experiences for me. My own engagement and immersion into the participant's answers and idiosyncratic processes thus invariably reflect parts of my own understanding(s) and personal meaning(s) of the profession of psychology along with the practise of psychotherapy as an intern clinical psychologist. I therefore feel that the interpretative processes truly reflected a double hermeneutic as my own curiosity allowed me to continually engage in the unfolding double sense-making process. While this allowed for a double-sense making process to emerge, it also made distancing myself from the process incredibly difficult and emotionally exhausting.

An added ongoing reflective process that I became aware of throughout this research process, was noticing the driving force of my own personal curiosity and desire to find an answer to the question that initially led me down this research path, namely the question of *meaning*; the meaning in doing psychotherapy; for psychologists; for the participants; for the profession of psychology; for myself. A question searching for the meaning behind doing psychotherapy as to answer why do psychotherapists do what they do? Why do practitioners practise psychotherapy? What is it about psychotherapy that practitioner find meaningful, if at all anything? What is meaningful, within psychotherapy, to a practising psychotherapist? While these are complex questions with innumerable answers along various dimensions, this research hoped to provide a glimpse of a shadow of an answer.

What had originally informed my initial interest and curiosity in psychotherapy had been my own absolute inexperience in doing psychotherapy as a psychologist. Originally searching for understandings surrounding professional development, competency and mastery, had now come full circle in exploring the depths of meaning amidst a process of

individuation. The six interviews along with the IPA data analysis method were experienced to be deeply challenging and I often felt conflicted with ambivalence and uncertainty. This primarily followed the interviews as I wondered whether or not I had been successful in teasing out the required qualitative richness from the participants around their understanding(s) and meaning(s) of doing psychotherapy. Furthermore, each of the interviews felt different and unique in their own way, which is something that I believe to be illustrative of the personal and idiosyncratic nature of the phenomenon under exploration, as well as participants' individual sense-making processes. The added idiosyncrasies, along with the identified circular 'ouroboric' process, fundamental to participants' understandings and experiences of psychotherapy, further complexified the interpretative work.

An added idiosyncratic tool I became increasingly reliant on in anchoring my own sense-making process throughout the navigation of the study, were the ever-present integrated motifs of classical Greek mythology, romantic imagery and epic poetry. While at times melodramatic, I firmly consider these guiding motifs to encapsulate and embody the different images I considered meaningful in making sense of and 'slaying' this seemingly ever-returning eternal dragon. The reliance on metaphor and imagery thus became the subjective tools by which I was better able to concretize the abstract meaning(s) explored in psychotherapy. As such reflecting on the entire research process, I feel that the research has come to represent and reflect an immensely personal and deeply profound journey. This journey has been one that has helped me grow, develop and adjust my own professional understanding of psychotherapy, broadly, as well as my own therapeutic subjectivity, more specifically; in effect, allowing me to more fully explore and challenge my own curiosity for the meaning(s) that psychotherapy holds not only for its participants and practitioners, but ultimately for myself.

4.12. Conclusion

This chapter provided an overview of the research methodology that was adopted for the purposes of the research study. This included a detailed description of the methodological approach and underlying theoretical framework guiding this research question as well as the method of analysis. From here the research process was detailed with reference to the sampling process including the selection of participants, the method of data gathering as well as the steps undertaken in analysing the data using the method of IPA. Furthermore, this chapter demonstrated the principles of upholding a high standard of the quality of the

qualitative research by integrating four broad principles of *sensitivity to context, commitment and rigour, transparency and coherence*, as well as *impact and importance* of the research question. Finally, this chapter concluded with the ethical considerations that were accounted for and controlled whilst conducting this research study. As such this chapter aimed to clarify and outline the overall methodology and method that was followed in completing this research study. Having outlined the methodology, the next chapter discusses the findings regarding the lived experiences and meaning(s) of psychotherapy for the participants.

CHAPTER 5: FINDINGS AND DISCUSSION

5.1. Overview

This research study sought to explore, understand and interpret the lived experiences of six psychologists' experiences of doing psychotherapy within the South African context. In line with the research questions and guiding aims, this chapter presents the research findings as well as a discussion of the main themes, subthemes and integrated themes that emerged from the data analysis. The purpose of the chapter is therefore to provide an understanding of each participant's experiences and perceptions of doing psychotherapy, followed by an integration of literature and findings.

Given the abstract, diverse, complex and deeply subjective nature of the phenomenon under exploration, some of the identified main themes and subthemes pay specific reference to mythological images, depictions and symbols. The reliance on imagery and metaphor, as often found in classical myths and legends, was both a personal and methodological tool used in structuring, clarifying and supporting the findings of this study. The main themes that will be discussed in the chapter below are as follows: *the space*, *the Sisyphean boulder*, *the process*, *being-seen whilst seeing others*. In addition to the identified main themes, two integrated themes that were present across all the other themes will be highlighted and explored. These are constituted by *the self* and *the search for meaning*. In line with IPA methodology, an integrated discussion of literature and theory supporting, confirming or disconfirming the presented findings will be presented. Finally, this chapter will conclude by providing a brief summative overview of the discussed findings and summarise the identified main themes, subthemes and integrated themes.

5.2. Themes and discussion

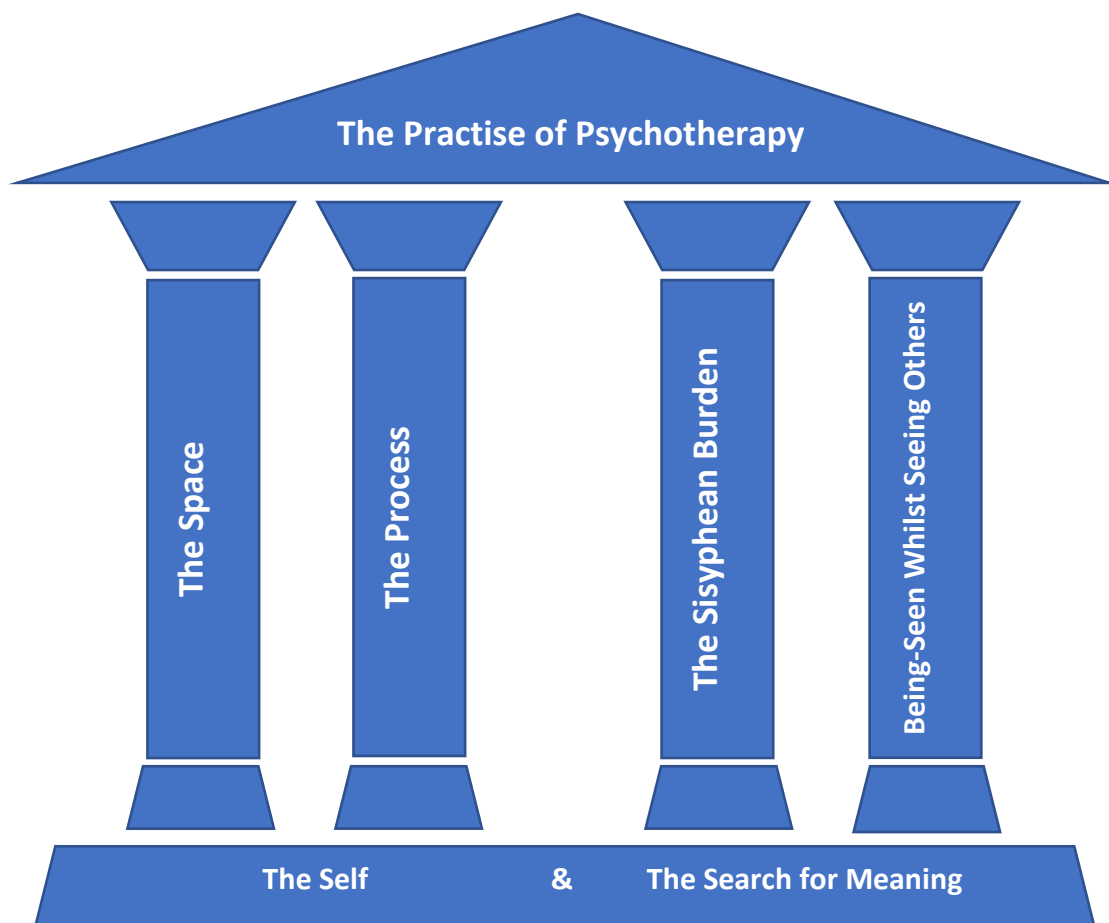
The next section will analyse and discuss the four main themes along with the associated subthemes for each of the four main themes. Given the complexity and density of the subsequent discussion, the neo-classical image of four pillars upholding the roof of a building was used in depicting a summary of the main themes and integrated themes. *Figure 1* represents the metaphorical scaffolding according to which this discussion will be structured. Each of the four pillars therefore represents one of the main themes which 'hold up' and make up the participants experiences of practising psychotherapy. As mentioned earlier, these include *the space*, *the process*, *the Sisyphean boulder*, *being-seen whilst seeing others*. The

depiction further helps illustrate the foundational nature the identified integrated themes of *the self* and *the search for meaning* that connect and ground the main themes in supporting the overarching research problem of exploring the experiences of doing psychotherapy.

As the integrated themes reach across, permeate and connect the primary main themes, they are argued to act as the cementing foundation upon which the other main themes can stand to support the overall phenomenon of practising psychotherapy. The use of the neo-classical imagery was therefore considered appropriate as it directly connects to the running use of metaphor and myth in explicating experiences of an increasingly abstract and complex practice. The imagery here is thus argued to provide a tangible depiction of the underlying structure guiding this research study and graphically represent how the different main themes and integrated themes may be connected.

Figure 1

A Visual Summary in the Form of a Graphic Neo-Classical Depiction of the Four Main Themes and Integrated Themes that were Drawn from the Analysis.



Each of the main themes were coupled with subthemes that emerged throughout the data analysis but were not necessarily shared by each of the participants. The table below outlines the different main themes along with each associated subtheme for that specific main theme.

Figure 2

A Summary of all the Main Themes, Integrated Themes and Associated Subthemes Identified within this Research Study.

Main themes	Subthemes
1. <i>The Space</i>	1. Being-with 2. Shared intersubjective entanglement 3. Temenos
2. <i>The Process</i>	4. The ouroboric process 5. The process as multi-dimensional 6. The process as paradox
3. <i>The Sisyphean Burden</i>	7. Systemic and socio-structural challenges 8. Personal challenges
4. <i>Being-seen Whilst Seeing-others</i>	9. Therapy for the therapist 10. Increasing reflexivity 11. Stacks of tomes, books and research

Integrated themes	Subthemes
1. <i>The Self</i>	1. As tool of psychotherapy 2. The personal self
2. <i>The Search for Meaning</i>	1. Hope 2. Perspective 3. Growth 4. Curiosity 5. Authenticity 6. Purpose

5.3. The space

Responding to questions regarding their experiences of doing psychotherapy, all six participants reflected on doing psychotherapy as occupying and taking up *space*. The term *space* was specifically used to illustrate the ambiguity and interplay between the tangible physical space and the abstract meta-physical space that characterised participants' experiences of doing psychotherapy. At its center, this theme illustrates the interpretation that doing psychotherapy both requires and takes up a particular kind of space. That space according to the perceptions and views of the participants can be characterised as a space of (1) *being-with*, a space of (2) *shared intersubjective entanglement*, the space as (3) *temenos*.

5.3.1. Being-with

Drawing on the space as being-with, this subtheme was identified amongst most participants' reflections of the therapeutic space within psychotherapy. Nearly all of the participants reflected on their personal experiences and understanding(s) of psychotherapy, by emphasising the interpersonal and inter-relational values and principles characterising the therapeutic space between client and practitioner. This was interpreted to reflect the fundamentally a priori attitude of *being-with* the client in a relational context.

In this light, participants characterised their experiences of the therapeutic encounter as fundamentally relational, in that they experience themselves to *being-with* their client first and foremost. Participants illustrated this understanding by conceptualizing the therapeutic encounter as a space that is primarily characterised by: unconditional positive regard, accurate empathy, the capacity to enter the client's internal life-world, emotional attunement and an emotional presence that is able to facilitate a sense of safety, a holding and containing space, as well as a sense of interpersonal connectedness. Illustrating this one of the participants, E.T. reflected on the necessity for safety in that space and reported:

To provide...trust and provide a space we there can be co-creation of meaning... to be a constant in a time of chaos...to provide that space for growth and containing.

Similarly, Cathy shared her perspective by highlighting the unconditional nature of the therapeutic space that is characterized by non-judgment. She described her experience below:

Being-with in that space is...that experience of someone that just stays with them in that emotion. Being-with them in the emotion and not trying to change it, make it better or, or label it as good or bad. – Cathy

Along the same lines E.T. later described the therapeutic space as being without a need for doing.

The therapy space provides the unique opportunity of allowing the person to just be without any consequences...to not have to do something for someone, but to be...to just be in the session.

E.T.'s depiction of the therapeutic encounter highlights the *being-with* capacity a therapist must display by remaining with a client and empathizing with their display of emotion without necessarily attempting to alter the situation by doing anything. Similarly, Macey reflected on her perceptions of the therapeutic space by drawing on an analogy of sitting in the mud.

[Psychotherapy is] a relationship...it is being a container and to hold space for someone to sit with... to sit in the mud...as being able to sit in mud and be with this person in a challenging time.

She later said:

To literally to hold space...not to be fancy pants people, who know their things and use all the jargon, [but]it's to hold space and be containers for difficult conversations...to hold the space and to be present... without [being] fancy pants.

Therefore, *being-with* in psychotherapy fundamentally reflects the psychologists' willingness, ability and capacity to connect to the client and create a *space* for the client that is, material and immaterial, physical and emotional, as characterised by warmth, empathy and understanding. Participants' views, attitudes and feelings regarding being-with in the therapeutic space thus reflected and spoke to the reviewed common factors (CF) discourse surrounding psychological change. The characterisation of *being-with* therefore fundamentally reflected the core principles of the common factors underlying psychotherapy including aspects such as the therapeutic relationship (Heinonen & Nissen-lie, 2020), the level of warmth and empathy (Tschacher et al., 2014), as well as the experienced degree of interpersonal connectedness between client and therapist (Castonguay & Beutler, 2006; Taber et al., 2011; Tschacher et al., 2014).

Furthermore, participants expressed their perceived importance of the therapeutic relationship and echoed the argument for established common therapeutic factors including the therapist relationship, therapist warmth and empathy. Responding to a question regarding principles of therapeutic change, Cathy highlighted the primacy of therapeutic relationship characterised by 'being-with' and reported:

It boils down to 'being-with' the person and 'being with them' in their emotions...being with them in their journey and being with them in their exploration... I do believe the 'being with' is the most important thing that can lead to change.

Responding to the same question, Andrew explained the importance of common factors such as warmth and empathy in a therapeutic relationship for psychological change:

The therapeutic relationship is more important. I think that the level of warmth and empathy you create with a person, the possibility of containment and trust between the two of you, is paramount...if the person in the room with you is not personable, is not warm is not empathic. You [the client] don't have the capacity to open up and share as fully as you'd like...if a therapist is warm, personable, containing and sincere...it will be more effective.

The excerpts shown above reflect the importance psychologists' place on the interrelational elements including warmth, empathy, sincerity that characterise the therapeutic space as *being-with*. The reviewed perceptions and attitudes that psychologists reported reflect an underlying tone of agreement with the earlier identified CF discourse (Constantino & Bernecker, 2014; Hofmann & Barlow, 2014; Lambert & Ogles, 2014). Theoretically, the shared reflections reveal that this sample of psychologists attribute psychological change to an interpersonal way of being-with that becomes therapeutic in and of itself in that it allows the client to experience a sense of safety, containment and unconditional positive regard. These findings thus confirm the person-centered position first introduced by Carl Rogers (Kirschenbaum & Jourdan, 2005; Rogers, 1957, 1959), and highlight the importance of the therapeutic alliance and relationship for any process of psychotherapy (Castonguay & Beutler, 2006; Heinonen & Nissen-lie, 2020; Lambert & Barley, 2001b; Messer & Wampold, 2002). The participants' personal experiences of doing psychotherapy thus confirm and recognise the reviewed literature surrounding the common factors identified in Chapter 2.

5.3.2. Shared intersubjective entanglement

A second characterisation of the psychotherapeutic space that became evident from participants' accounts was the experience of *a shared intersubjective entanglement* within the spatial dimensions of therapeutic encounter. Participants reflected on the mutual nature of the therapeutic encounter by emphasising the co-collaborative orientation practitioners adopt when doing psychotherapy. Viewing themselves as collaborators and facilitators rather than expert instructors, Cathy and Elizabeth reflected:

So, not me being the expert telling you what to do, but me standing next to you and really, honestly truly wanting to understand [your] experiences and [your] thoughts. - Cathy

I'm not an expert in your life. I'm only an expert in observing what you give me...so, my role will be...to [be an] observer and to [provide] guidance. – Elizabeth

The paradoxical role that therapists often have to occupy, one characterised by being a professional and having the status of expert, yet being only an observer or collaborator alongside a client, makes the therapeutic drama a continued interplay between aspects of the personal and the professional. As such the subjective and the objective, the idiosyncratic and the standardized, the expert and the observer, continuously intersect with each other to create a unique tension of ambivalence and paradox. Macey reflected on this experienced uniqueness of the by saying:

I think it's a very specific way of relating... So, I find it quite unique to the therapeutic encounter...it's is difficult to sit with [and] I find it very unique.

In an attempt to elucidate and conceptualise this reported ambivalence and paradoxical tension, drawing on the concept of intersubjectivity becomes increasingly useful. Intersubjectivity refers to as an interchange of subjectively experienced feelings, thoughts and experiences between two persons (Husserl, 1983; Mounier et al., 1971). Aspects of intersubjectivity inevitably come to shape the psychotherapeutic encounter, as two subjectivities collide and come together, invariably creating a third space. Being in session thus involves both psychotherapist and client and thereby creates a third shared dynamic; the intersubjective dynamic. In short, this describes the impact that the therapist has on the client, as well as the impact the client has on the therapist followed by a sense of subsequent entanglement (Hasson-Ohayon, Gumley, McLeod, & Lysaker, 2020). Therefore, the reported

third shared dynamic occurs as a result of the intersubjective space that is being created. Highlighting the intersubjectivity of the space as a ‘third’ in the room, one participant explained how the shared intersubjective space directly mediates the course of psychotherapy. She reflected:

So, how does the self of the therapist read this... how does it connect? How do the two people connect? And that third space...[that] third object or the third space... really determines what the therapy outcome is going to look like. – Sabrina

For Sabrina, the intersubjectivity constitutes and results from the shared connection between a psychotherapist and a client. She went on to reflect how the shared and intersubjective element essentially reflects the intermingling between the self of the therapist and the self of the client. In turn this creates a middle space that then becomes the determining factor to the outcome of the therapeutic process, for both client and therapist. She continued:

That's where my most surprising successes will come from, it's because of that connection...I think it's a mistake to divorce the variables... we cannot explore the self in isolation to the client, because my clients create me in the room as well. How I read you, as a client for example, is going to determine how I respond to you.

Another participant also identified the intersubjective entanglement in terms of the level of emotional and interpersonal connectedness that exists between the therapist and client. E.T. described the context amidst which practitioners can become entangled with the client as a result of sharing of themselves. Her reflection demonstrates the blurred lines and significant overlap that sometimes takes place within the psychotherapeutic context as a result of balancing a space in terms of the professional and the personal. She reflected:

I find the lines quite blurry and difficult to navigate...because there is a lot of overlap...[in psychotherapy] there's a little bit of entangling happening there.

E.T. later reflected how her sense of entanglement was as a result of demonstrating a level of empathy through which she could identify, and at times over-identify, with her clients' shared pain.

I see a person with whom I can identify...it's an incredibly raw experience which is maybe something that they possibly could benefit from...but sometimes when their emotions get so overwhelmingly painful, the empathy blurs into my own world. – E.T.

Macey identified the intersubjectivity of the process by describing each subject's positionality impacting on the therapeutic encounter. She stated:

There are two people in a therapeutic encounter, right? So then there are your things and there are my things. And then there's the things, you know. So, I definitely think certain things can leak and seep into a therapeutic room.

According to Macey, the shared intersubjective entanglement becomes the reason through which the personal biases, traumas and stories are impacted upon in the therapeutic space.

I think some stories are dependent on our own histories and our own traumas, our own intergenerational trauma, hit us more than others...it's very difficult because some stories can trigger us in our own ways. - Macey

Macey's depiction of a shared space, wherein two subjectivities meet, implicitly recognises and acknowledges the personal material and drama that can be activated through intersubjective entanglement between client and therapist. The above quoted extracts essentially grapple with the paradoxical heart of psychotherapy, namely the intersectional space that the practice of the personal and the professional, the objective and the subjective, simultaneously holds and occupies. Cathy shared a similar experience and stated:

The therapist to connect and then...that connection can go beyond the boundary of just a therapeutic relationship and can then become a real relationship... and I think there can be a lot of abuse of power there.

The above shown extracts clearly illustrate the impactful nature doing psychotherapy has on the practitioner, to the extent of 'blurring' into the practitioners own personal world. According to one study conducted by Sui and Padmanabhanunni (2016) with psychologists working with trauma survivors, the interpersonal entanglement identified here reflects how doing psychotherapy inevitably interweaves two subjectivities (albeit only temporarily) with one another, whereby both reciprocally impact on one another. This process quickly blurs the

personal and the professional lines for psychologists and therefore characterises the therapeutic space as an intersubjectively entangling one. These findings speak to and add to the identified internal changes, affective experiences and cognitive schemas that affect psychologist as a result of working with trauma and chronic levels of stress (Deville et al., 2009; Sui & Padmanabhanunni, 2016). Furthermore, the identified intersubjective entanglement that happens as a result of doing psychotherapy may provide a qualitative understanding and explanation as to why psychologists experience vicarious trauma (Di Benedetto & Swadling, 2014; Sui & Padmanabhanunni, 2016; Yang & Hayes, 2020). The intersubjective entanglement is both required for an interpersonal connection and position of being-with, but also becomes the reason through which psychologists experience internal changes and transformations that affect their own views, beliefs and core cognitive schemas about the world, positively as well as negatively (Sui & Padmanabhanunni, 2016). The intersubjective entanglement explored here may therefore provide a useful qualitative marker for the vicarious trauma as and personal difficulties psychologists experience as a result of doing psychotherapy (Tay et al., 2018).

5.3.3. The space as temenos

The final subtheme that I was able to identify from the participant's responses to the question around their experiences of practising psychotherapy may be characterised using the ancient Greek word '*temenos*' which directly translates to 'sacred space'. The word *temenos* was specifically used to denote the deep and profound reverence with which a number of the participants experienced doing psychotherapy. Participant answers reflected a deeply personal understanding of a shared, mutual and open relationship characterised by profound human vulnerability, empathy and suffering. Participants expressed feeling a sense of reverence as a result of withstanding and witnessing the profound human pain and suffering. This theme therefore sought to capture the depth and reverence with which participants experience doing psychotherapy, and reflect on a space that is characterised by a profound sense of human gratitude, humility and respect. E.T. reflected on her ability to share in someone else's pain by saying:

It has been a very, very humbling experience. And I feel respect for human pain, more than I ever thought I would. – E.T.

Elizabeth also expressed her sense of respect for witnessing and withstanding the human suffering of her clients without succumbing to the suffering. She reflected:

It is painful. It is painful. There's a lot of gratitude on my side...I am so honoured to be able to have the ability to hold that space, and to not crack myself... And to witness the pain somebody goes through really makes you humble...it's a humbling experience to be in that space, and for that patient to survive it.

Highlighting the fundamental dignity that goes along with human suffering, Cathy acknowledged a sense of respect for the person's presenting difficulties that recognise the boundaries and limitations certain come with when sharing their suffering with the therapist.

To hold the heaviness...and then to [unpack] the baggage...with respect and with curiosity and holding their reality...carefully, with respect and respecting certain boundaries, certain defenses, understanding where they come from and why they are there, how is it impeding their functioning at the moment.

Similarly, E.T. voiced a need to steward and protect the therapeutic space, thereby respecting the profound and deep therapeutic work that is being done. Reflecting on the difficulties of protecting the space, she explained:

If I am in a place where the people are refusing to respect what therapy is about and they would barge into the door...you know, sometimes you're busy in the middle of a trauma session or something quite deep and then after this person walks in, then it's over. - E.T.

Finally, and perhaps most significantly is E.T.'s portrayal of the therapeutic encounter and the therapeutic space as one that is characterised by open vulnerability, safety and an unwavering appreciation for human dignity. The traumatic and raw content described by the participants as centrefold to the therapeutic space, reflects a profoundly painful process both for client and practitioner in the psychotherapy space. The depth and profound nature may be recognised within E.T.'s words below:

We are asking a hell of a lot of our patients sometimes. 'Hey, you've never met me but please tell me how many times were you raped?'...it reminds me that this could be me over there. So, there's a respect. There's humility. And that is why I get upset with the world who think that's we just sit here and talk about people's sex lives a lot...and then I try to not take that for granted and also apply it to myself. So again, the meaning comes in existentially, reminding myself how I can look at my own life and

their lives and how I really wish I could explain what this work is that I do to my friends and my family... and I cannot really.

E.T.'s narrative reflects her perception and strong identification with the fact that the therapeutic space is one that needs to be respected and deserves deference in maintaining its value and inviolability by removing any association of disregarding vulgarity, absurdity or reductionism from it. Furthermore, her emotive appeal and recollection may further reflect the emotional valence practitioners experience when being confronted with transgressors or violations of the sanctity of the therapeutic space and overall encounter. The experienced inviolability and sanctity of the therapeutic holding environment and space, thus directly confirm Jung's conceptualization of the therapeutic space as a *temenos* (Abramovitch, 2002). Jung's appreciation of the word *temenos*, depicted the therapeutic space a safe, protected and revered space in which the required transformative and therapeutic work could be made possible (Abramovitch, 2002; Schlamm, 2007). E.T.'s account reflects the sense of guardianship she experienced as a practitioner and a psychotherapist toward protecting the sanctity of the *temenos* space. The image of the *temenos* as reflective space characterised by a holy grove of trees or a sanctuary, thus illustrates practitioners' sense of reverence for the sanctity of the therapeutic space.

Psychotherapy as a *temenos* thus fundamentally reflects the sensitive nature of the therapeutic encounter, its latent vulnerability and profound sense of inviolability experienced by its practitioners. Finally, the shared space that can be described in terms of *temenos* furthermore reflects the emotional depth and vulnerability with which participants experienced the intersubjective entanglement with their clients. As such practitioners experience a deference toward the space of which they are custodians called to protect and retain the dignity and emotional integrity of all those who enter into it.

Summatively, the theme of psychotherapy as a space, has sought to illustrate the central characterization of psychotherapy as a space that both client and practitioner enter into. The findings here speak to the ecological and phenomenological concept of *Lebenswelt* (life world) as lived space along with domains of temporality and intersubjectivity (Thomas, 2007). Psychotherapy is thus constituted by an experience of entering into another subjects *Lebenswelt* (lived space) and gently, exploring the spatiality of that lived space, as shaped by "social relations and meaning" (Thomas, 2007, p. 426). The findings thus reflect an implicit awareness and respect the lived space of the clients revealing their *Lebenswelt* to

practitioners. Along this discussion three other pertinent subthemes supporting this primary theme were identified and included the space being characterised as: *being-with*, *shared intersubjective entanglement* and *temenos*.

5.4. The process

“Using words to talk of words is like using a pencil to draw a picture of itself, on itself.

Impossible. Confusing. Frustrating ... but there are other ways to understanding.”

– Patrick Rothfuss (2007, p. 234)

Tying into the shared experiences of participants’ accounts of doing psychotherapy is the next main theme of psychotherapy as a *process*. This main theme was primarily identified from participants’ answers and experiences of practising psychotherapy and responding to the question of ‘what is psychotherapy to you?’ and details participants’ interpretations of doing psychotherapy. As such, this main theme thus closely follows participants’ subjective experiences in offering psychotherapy and seeks to provide an answer to the outlined dichotomous understandings of psychotherapy research and discourses of mechanisms of change. Therefore, the following discussion follows participants’ answers and interpretation of their experiences regarding mechanisms of psychological change in psychotherapy. This integrated discussion furthermore highlights participants’ perspectives of the process of psychotherapy, while critically reviewing the lived experiences regarding the dichotomous contestations of the CF versus EST discourse as reviewed in Chapter 2 (Constantino & Bernecker, 2014; Hofmann & Barlow, 2014; Lambert & Ogles, 2014; Messer & Wampold, 2002; Orlinsky, 2009).

5.4.1. The ouroboric process

This subtheme was identified in response to participant’s giving answers to a broad range of different questions pertaining primarily to two things; their understanding of psychotherapy and psychotherapeutic change, and their experiences of doing psychotherapy. As such, participants reported feelings and interpretations of the therapeutic process as seemingly unending, circular and dynamic. These views informed the use of the symbol and image of the ouroboros. Traditionally, the symbolic meaning of the ouroboros typically represents “self-reflexivity, cyclicity and an eternal return” (Jung, 1980, p. 34), that is informed by an unending process of re-creation and re-invention (Bang, 2018). The following two key

experiences were highlighted; the feeling of an ongoing professional and personal process, as well as a dynamic circular process informed by practitioner reflexivity.

Reflecting on the unending nature of the process, E.T. explained how she felt like an “eternal student”, continuously growing, learning and adjusting to the presenting difficulties and uncertainties of practising psychotherapy. She said:

He first word that comes to mind is a 'student', a student ever-learning and ever-adjusting...and my dad jokes like "You are eternal student.", because it's this and then it's that and another degree, then another course...and I'm like yeah, actually...I am an eternal student.

E.T.'s account reflects how her experience has not necessarily always been one of being an expert or having mastered the art of living, but rather how she feels she is still learning and growing into her role as a psychotherapist. Earlier E.T. reflected on this growth:

My experience has been mostly one where I'm learning on the go...and I find that it's been very much influenced by the participation of the person I'm working with the extent to which they would like to open up that really affects how it goes...[and] it can be a learning experience as a therapist.

E.T.'s reflection reveals that in the same way the ‘eternal dragon’ or ouroboros both creates and consumes itself, so too does the psychologist learn and create whilst doing psychotherapy. The therapeutic process both *creates* and *is created by* the participation of the client in the interaction with the therapist. Another participant, Cathy reflected on the ongoing dynamic nature of doing psychotherapy that moves beyond a single process. She reflected:

For me, [in] therapy you never arrive. It's always in process...it's always in making...in building...in being...uhm, it's not an 'arrivement' of 'now I'm cured' and 'I'm okay' or anything...But therapy does stop...[but] the person is not going to stop growing and changing because I stopped therapy....so the process is going to continue beyond my craft and my abilities.

Additionally, the ongoing growth whereby the interaction between client and practitioner feeds the process closely resembles the reciprocal circularity that Sabrina explains below:

How I read you, as a client, for example, is going to determine how I respond to you. And then that's going to create a perception and... then your perception of me is going to change. How do you, how does the self of the therapist read this? How does it connect? How do the two people connect? And that third space, the third object or the third space... really determines what the therapy outcome is going to look like.

Drawing on Sabrina's reflection, there appears to be a circular interaction between therapist and client subjectivity, whereby by both impact each other in a circular reciprocal manner. Therefore, these reflections directly speak to the one of the research aims in that they highlight how psychologists view and understand themselves in relation to their client whilst doing psychotherapy. The emphasis on the circularity of the process, between client and practitioner, furthermore highlights the importance of a level of self-awareness and meta-cognition that the practitioner needs to demonstrate whilst doing psychotherapy. Practitioner reflexivity as discussed by Etherington (2017) and meta-cognition by Hasson-Ohayon, Gumley, McLeod, & Lysaker (2020) in psychotherapy, is thus central to psychologists' experiences of doing psychotherapy whilst *being-in session*.

5.4.2. Process as multi-dimensional

Closely reflecting some of the reviewed contestations and experiences surrounding psychotherapy (Constantino & Bernecker, 2014; Heinonen & Nissen-lie, 2020; Hofmann, 2020; Hofmann & Barlow, 2014; Lambert & Ogles, 2014), the next subtheme primarily speaks to the dimensional and multifaceted nature of doing psychotherapy. More specifically, this subtheme seeks to uncover and shed light on the multiplicity and innate variety of professional roles, contexts and dimensions that doing psychotherapy entails.

Participants repeatedly described the practice and the role of psychotherapy to be far removed from any one unitary, single static role or understanding, but much rather argued for a more dynamic and multi-dimensional matrix consisting of multiple roles, activities and understandings. These findings speak to Hofmann's (2020) demonstrated understanding of psychotherapy being composed of a holistic multilevel network of interacting change factors, driven by numerous professional activities (Bager-Charleson, McBeath, & Plock, 2019). The innate dimensionality mirrors the aforementioned ongoing and unending circularity of the ouroboric process, by embodying multiple layered and fractionated professional roles to the end of doing psychotherapy. This theme highlights the literature that doing psychotherapy is

complex, multifaceted and deeply contextual (Aherne et al., 2018; David & Cristea, 2018; Dawson, 2018). E.T.'s words below highlight the importance of doing psychotherapy contextually, thereby taking up multiple different roles:

It depends on what one goes into...you have...a variety of roles. But doing therapy is very much usually enhanced by all those other activities.

Similarly, Macey added:

I just think I just think it may look different with regards to the context in which you are in...So psychotherapy with different types of population or diagnosis looks different.

In addition to the importance of the context in which psychotherapy is practised, practitioners reflected on the multiplicity of their professional activities. Andrew reported:

I spend most of my time doing therapy... another significant portion of my time is dedicated to neuropsychology, which is more assessment based ... then then I do my own research ... academic research ... I [also] do a lot of teaching.

While Elizabeth said:

There is the academic part, the lecture part ... then I am a chairperson ... then there are a lot of committees ... a lot of admin, a lot of responsibilities, a lot of university stuff as well. So those are my professional roles ... it's not necessarily a static role.

While most participants reflected on the diversity of being a psychologist that does psychotherapy, a number of participants also expressed how that diversity and multiplicity was enriching and meaningful to them. Andrew expressed this by saying:

[Psychotherapy] and those assessments, it's really about trying to gain perspectives and make recommendations ... which I find very stimulating and meaningful.

In addition to the personal satisfaction that practitioners reported as a result of the dimensionality of their practise, they reflected how all the other activities surrounding therapy including teaching, research and doing assessments all fed into them doing psychotherapy in one way or another. Andrew expressed his surprise at this by saying:

All of which ... is in the service of being a better therapist ... I never thought it would make me a better therapist... It's funny how everything feeds back into it, and it feeds those things a lot of the time, but the job so all those different things are things that I do. And yet they, they definitely contribute to my work in therapy.

E.T. shared this perspective and reported:

Everything else that we do is really for the point of refining and getting to the heart of it [psychotherapy] ... which is doing the therapy. So, although it might not ... take up the majority of my hours as it would ... it's got a huge weighting in terms of the importance ... because first and foremost, we're here for the patients and to do therapy for the patients. So that is probably the heart of it.

While most participants identified a great variety of different professional roles and activities, the participants all reflected the primacy of doing psychotherapy as a psychologist. These findings not only support and highlight the value of better understanding such a focal point of psychologists' primary activity (i.e. doing psychotherapy), but they also confirm the literature findings regarding the primacy of psychotherapy for psychologists (as reviewed in Chapter 2) (McMahon, 2018b; McMahon & Hevey, 2017). Participants' reflections thus further confirm and qualitatively contribute to the national survey of psychological practitioners conducted by the HPCSA (2017). An interesting finding this subtheme shares, is that all participants experienced the dimensionality of psychotherapy to be personally meaningful and enriching and geared toward better servicing and informing the art of doing psychotherapy as to become a better psychotherapist. Not only are these findings consistent with some of the literature pertaining to vicarious post-traumatic growth e.g. (Machando et al., 2019; Sui & Padmanabhanunni, 2016; Yang & Hayes, 2020), but these findings already allude and connect to the rewarding and meaningful experiences psychologists identified in response to *the Sisyphean burden*. These results will later be explored in greater detail under *the search for meaning*.

5.4.3. The process as paradox

The ongoing process as circular (*the ouroboric process*) and multidimensional (*dimensionality*) surrounding psychotherapy, interact and collide creating various tensions observed within the wider literature of psychotherapy research. These tensions occupy a deeply contested and paradoxical space reflected in the ambivalent discourses of

psychological change (Castonguay & Beutler, 2006; Constantino & Bernecker, 2014; Hofmann & Barlow, 2014; Pivnick, 2018). These contestations appear to characterise aspects of psychologists' experiences of practising psychotherapy as paradoxical and contested.

Touching on this ambivalence a number of participants characterised their general experiences of offering psychotherapy as twofold, occupying a deeply meaningful and rewarding place whilst simultaneously being seen as profoundly challenging and burdening. This subtheme may be considered a foreshadowing of the deeply burdensome, yet meaningful nature of practising psychotherapy as later discussed under the main theme of *the Sisyphian burden*, which seeks to highlight the torn ambivalence that makes psychotherapy both meaningful as well as burdensome. Andrew's words below depict the tension psychologists carry when doing psychotherapy. Responding to a question regarding whether or not he experienced doing psychotherapy as challenging or rewarding, he said:

Well, it is both of those things. It is challenging and rewarding.

Similarly, Macey's account depicts the internal conflict and torn experiences she felt in reflecting on doing psychotherapy.

I found it very, very rewarding to be a psychologist in our context ... I also find it very interesting ... but also ... I think at times it's very painful to be a therapist, but I think within that it's so rewarding, you know ... so yeah, it's very difficult. It's very painful, you know, very, very painful ... or well I experience it as very painful.

Cathy also shared this ambivalence by pointing out her feelings of learning as a result of being challenged in her professional capacity as a psychologist. She said:

So, I find that it's quite challenging to be a psychologist ... But I've also found that I've learned quite a lot by doing therapy.

Interestingly the aforementioned accounts reveal how the participant's reframed the challenging aspects of practising psychotherapy in terms of 'learning' and 'growth'. This may further reflect an attempt by participants to integrate the experienced challenges, difficulties and painful experiences into an ambivalent position that can hold the twofold tension without repressing, denying or overvaluing either side as 'all good' or 'all bad'. Furthermore, speaking directly to the critical contestation between the CF vs. EST discourse, participants were asked to review their understandings of the division in terms of

conceptualising psychotherapy as an art or a science. Responding to this Andrew and Macey respectively, shared their views:

Yes... I think psychotherapy is a scientifically informed art. - Andrew

I think psychotherapy is art. I think psychotherapy is a science, I think, is many things. I think it's both. - Macey

Participants were also asked how they understood the divide and made sense of these two contesting discourses. Andrew reflected how the dichotomous representation may be a consequence of the innate nature of clinical research.

I think researchers tend to be divergent thinkers, researchers like to create neat, different variations and boxes, whereas clinicians are integrative ... they just blend everything together ... that dichotomy may have more to do with the way that researchers are thinking, and less to do with the way that clinicians do and I appreciate why researchers do that is because that's a much easier way of making this information accessible and meaningful.

He critically reflected on making sense of the dichotomy by exploring how the different lenses of the researcher or clinician/practitioner, inform certain elements of clinical research being elevated above others. The innate goal of clinical research to attempt to untangle and divorce certain variables from the lived entanglement and realities of psychotherapy practice, which appear to invariably lead to dichotomous bodies of literature that might appear distanced, removed or detached from lived clinical practice. The mentioned disconnect between the lived realities of practitioners and clinical expertise explored in research, is something Macey also alluded to:

Life is not black and white, you know, psychotherapy is not black and white. It's, it's very grey ... and I think I think it puts practitioners at war with each other ... Like psychotherapy is not black and white. Why are we making its literature?

She later draws on psychoanalytical theory to explicate and interpret the contestation by reviewing the false dichotomy the discourse presents. She reported

I think we want our space in the sun, right...we want to be taken seriously as psychotherapists and as researchers...and what I mean by grey is that we are all of the things...in psychoanalytic terms or psychodynamic terms; we come with

ambivalence. I am both good and I am bad, and I think we need to understand that we are both...now to sit with the curiosity of that ambivalence...that's the grey.

Further complicating the ambivalence is the paradoxical nature of psychotherapy as the meeting place for the subjective and objective. Drawing on elements of the intersubjective entanglement, Sabrina reflects on the apparent paradox.

On the one hand, it's a professional relationship in the truest sense of the word ... But on the other hand, it's the most intimate relationship you have ... I know more than you tell your husband or your wife or your or your mother or your father...I know more about you than even you want to know about yourself ... So, it is a contradiction ... it's the most professional relationship but it's the most intimate relationship and it's an incredibly hard thing to hold ... it is very nuanced, and really complicated by the actual unique relationship.

The profound personal human connection created within a purely professional context appears to be supported by the straddling contestations of therapeutic change. These contestations serve both practitioner as well as client, ensuring for a contained professional context in which deeply vulnerably and personal material can be engaged with and explored. Both aspects of the contested paradox and ambivalent tension are present in psychologists' understandings, interpretations and feelings regarding psychotherapy. Sabrina's words again demonstrate how psychologists attempt to hold a contested space, straddling professional and personal dynamics, whilst providing empirically supported and evidence-based understandings of psychotherapy (Laska et al., 2014). Participants strongly identified with the CF perspectives of the importance of the therapeutic relationship and alliance, however also reported the need for integrating empirically supported approaches to psychotherapy as to provide the therapist with a sense of grounding and structure. Cathy's words reflect the value of measured and integrated approach below:

It's not very black and white and measurable, it can become damaging... dangerous, it can lead to hurt and pain...I have seen how that connection will or can go beyond the boundary of just a therapeutic relationship and can then become a real relationship...so I think empirical is kind of a way to kind of structure and measure and, and control therapy...in order to give it more structure so that [it] can be more easily controlled

Not only do the above-mentioned accounts reflect practitioner response and understandings of the dichotomized landscape as reviewed in Chapter 2, they also reveal how the very ideas around mechanisms of psychological change are divided amidst pressures for the abstract to be made concrete. The divide thus reflects a profoundly difficult contestation around the foundational understanding(s) of psychological change and confirms the reviewed dichotomy around therapeutic change (David et al., 2018; Laska et al., 2014). These are confronted with tenets of change needing and being something that can be exclusively visibly observed, quantified and measured, and made tangible. Such pressures appear to create tension for practitioners whose experience and perceptions reveal a more measured, gradual and underlying understanding of psychological change that may rather be seen as something that is more discrete, abstract, unconscious and intangible (Nienhuis et al., 2018). These interpretations reflect the unpredictability, unstructured and unsystematic nature of human life. While this was observed among the above shown accounts, participants also expressed the critical need for the same categorical, linear and empirically driven research approaches to provide the practitioners with a sense of theoretical and empirical grounding as to provide a sense of structure and tangibility in doing psychotherapy. This divided and paradoxical ambivalence thus reflects the inseparability of science and art in understanding the heart of psychology; namely psychotherapy (Benjamin, 2015; Hofmann & Weinberger, 2007).

At the core of participants' shared experiences and understandings was the difficulty of trying to categorize a deeply complex and circular process into a neat linear categorical system of psychotherapy research. None of the participants felt comfortable in elevating one of the two discourses above the other, but rather approached the discussion in a more nuanced and measured way. These sentiments reflect the increasing move by psychotherapy to adopt an integrative and eclectic paradigm for psychotherapy research into mechanisms of change (Gilbert & Kirby, 2019; Hofmann, 2020; Wachtel, 2018). Thus far the explored accounts and perspectives of psychologists have added to and answered aspects pertinent to the duality of the CF vs EST discourses. Participants' experiences further depict how the characterisation of a dynamic, ouroboric and paradoxical space, allows them to understand themselves in a fluid rather than unitary, static manner. This theme therefore contributed meaningfully to the exploration of participants' unique sense-making process of doing psychotherapy.

The above shown excerpts from the participant accounts, reveals the deeply paradoxical nature of practising psychotherapy. Participants seem to occupy a space of profound ambivalence in their sense making of this paradox and reported aspects of deeply

idiosyncratic processes that characterise the process of practising psychotherapy in as much as strictly standardized approaches to providing interventative treatments. The construction of ambivalence appears to enable practitioners to hold that space and meaningfully operate within that contestation, whereby aspects of tangibility and visibility intersect with characteristics of intangibility and invisibility. The resulting intersection seems to be riddled with tension between aspects of black, white and grey that straddles and situates psychotherapy within a chasm of the abstract and the concrete – as well as simultaneously possibly both. The participants all shared the same sentiment that a degree of integration and ambivalence was and is needed for psychotherapy to remain practicable. Both Macey’s and Andrew’s accounts reflect how a process of integration and sense-making better facilitates a more integrated and ‘grey’ approach to doing psychotherapy.

Summatively, participants’ experiences of psychotherapy have thus far been interpreted under the main themes of psychotherapy in terms of *the space* and *the process*. The entire discussion thus far around the paradox of psychotherapy may be summarised as reflecting participant’s awareness and sensitivity to the deep divide and tension that surrounds mechanisms of psychological change along with its associated research literature. Aspects of how participants have adopted a position of ambivalence in order to provide meaningful integration of key aspects of both, demonstrate the responses practitioners may take in reacting to the different external expectations around effectivity, evidence-based practises and empirically supported treatments in offering psychotherapy. The next main theme of *the Sisyphean boulder* uncovers the burdensome nature of doing psychotherapy, by exploring participants lived difficulties in practising psychotherapy in the South African context.

5.5. The Sisyphean burden

“I leave Sisyphus at the foot of the mountain! One always finds one's burden again ... The struggle itself toward the heights is enough to fill a man's heart. One must imagine Sisyphus happy.” - Albert Camus (1942, p. 111)

The theme of *the Sisyphean burden* encapsulates the invariable, seemingly eternal, recurrence of the demanding struggle of doing psychotherapy in the face of unending human pain and suffering. It depicts the practitioner as a Sisyphean character who, like Sisyphus endlessly pushing his rock up the mountain only to see it roll back down, is confronted with the ever

returning and unending human condition of pain and suffering (Camus, 1942). For Albert Camus, the image of Sisyphus holds the answer to the paradoxical tension that human beings are inevitably confronted with, occupying the space between meaning and meaninglessness. The reluctance of Sisyphus to abandon his task and forego the burden of shouldering the boulder up the hill, despite the growing awareness and consciousness of his futility, carrying on nonetheless and in spite of, becomes the “crowning victory” to his tragedy (Camus, 1942, p. 121). Similarly, the participants in their description of the challenges, difficulties and the burdening nature of their practice seemed unchanged by the inevitability of not being able to ‘resolve’ the intrinsic question of human pain and suffering, despite being confronted with it daily. Instead they reported feelings of growth, purpose, gratitude and an increasing awareness of the meaningful nature of their work.

The South African context is marred by systemic issues including high rates of unemployment (Graham & Mlatsheni, 2015), poverty (Lund & Cois, 2018), and chronic levels of violence including increasing rates of sexual and gender-based violence against women and children (Artz, Klazinga, & Müller, 2020; Lund & Cois, 2018; Ward, Artz, Leoschut, Kassanje, & Burton, 2018). As a result trauma and psychological distress are deeply embedded into the fabric of South African society with findings from nationally representative surveys reporting that over “70% of the population has been exposed to at least one traumatic event” (Sui & Padmanabhanunni, 2016, p. 127). Furthermore, psychologists working with people suffering from mental illnesses are exposed to the traumas and suffering of others on an ongoing basis (Deville et al., 2009). Psychologists may thus face significant personal and professional challenges and are at increased risk of “adverse, long-term mental and physical health problems” (Machando, Maasdorp, Wogrin, Javangwe, & Muchena, 2019, p. 1).

In light of the article written by Sui and Padmanabhanunni (2016) exploring vicarious trauma and its consequences South African psychologists’ affective and internal experiences, this research study aimed to explore psychologists lived perceptions, affective feeling states and internal changes as a result of doing psychotherapy. The findings presented below confirm and provide rich, textured qualitative data to supplement some of the pertinent bodies of literature identified in Chapter 2. Expressing the lived realities of the challenges psychologists face in doing psychotherapy in South Africa, the following two subthemes were identified across participant accounts; *systemic challenges* and *personal challenges*. These subthemes explore the perceptions South African psychologists’ have of the personal

and professional demands of doing psychotherapy. Both subthemes speak to *the invariable difficulties, the painful and arduous nature of psychotherapy*, as well as the *obstacles and hurdles* psychologists' face when offering psychotherapy.

5.5.1. Systemic and socio-structural challenges

The first subtheme discusses the wider systemic or context-specific structural challenges that are interwoven and ever present within the practise of psychotherapy and the profession of psychology in the South African context. Here participants expressed their shared difficulties around offering psychotherapy within a socio-political milieu that remains deeply chequered with divisions grappling with unequal *socio-economic stratification, chronic violence, poverty, language difficulties*, as well as elements of *culture and race* (Hendricks et al., 2019; Makhubela, 2016; Ratele et al., 2018). As such this subtheme specifically discusses the problem identification that participants experienced specifically outside of their control. These were identified as challenges as well as circumstances reaching beyond the psychologists' immediate environment and context, speaking of issues that were greater than their current sphere of influence and control. Reflecting on the systemic nature of poverty in South Africa, Macey reflected:

Working with people who have an extreme poverty, who are unaware that our services exist at a public service level and ... working with people in severe poverty situations ... working with people in really extreme and dire circumstances which I cannot change dramatically ... And I think also dealing with just ... racism, you know, racism in psychotherapy, and how people are indoctrinated or are brought up to think about certain things. I think at times it really hits me quite hard.

Cathy highlights the chronic levels of physical violence, stress and gender-based violence toward women and children in South Africa in the excerpt below:

But if you look at physical violence and kind of chronic stress, chronic violence, children that live within the informal settlements are often exposed to violence more often and continuously. Whether it's fighting or stealing or breaking in, or hurting others and then meeting with the system at a place of feeling very overwhelmed feeling very desperate ... [where] some feel like they've given up hope and that the intervention to really make a change ... there must be a lot of commitment and buy in.

Another participant, E.T. reflected on how systemic issues, such as chronic levels of poverty, unemployment and violence, often impact the practitioner negatively. She reflected:

It is very taxing and ... it's incredibly hard to deal with systemic issues that you have no actual authority around. It's, it's exhausting. And it has at times put me on the verge of leaving had not been for the love of the work that I do.

Macey shared these difficulties and expressed her experienced pain by reporting:

I think it's your job as psychotherapists to kind of sit in the dirt and observe trauma and observe ... and that's very, very, very painful for both of us. I can feel it and I can see it. And I think when people tell their stories, it's very clear that this is generational ... with our history and where we coming from and the system, the systemic nature of things.

Participants not only experienced a sense of hopelessness and emotional exhaustion, but also identified some internal cognitive changes that they experienced as a result of being faced with the unique South African context. Andrew reflected how at times he had to adjust and adapt the manner of intervention to be more concrete and tangible to successfully meet the needs of the South African context. He reflected on a particular dissonance in training standards and practical lived realities.

I found it particularly challenging...we have to deal with in South Africa sometimes is this this massive difference between economic strata, which became really frustrating and difficult for me to actually manage in the early years of being a psychotherapist...because what I was trained to do was trying to work in abstract away some complex emotional problems. And what I was often presented with at some of the clinics and hospitals I worked with, were much more pragmatic, financial difficulties, which really felt ill fitted to the kind of work that I felt I could offer.

Similarly, Sabrina reflected on an experienced sense of dissonance between training and the practicable context of doing psychotherapy.

The reality is, people are learning something that doesn't fit with the reality of the theory. So, the person makes compromises and adjustments, but then you sit with the super ego in your head that says, but this is not how I was trained. So, then we sit with this dissonance of psychotherapy...often doubting what you do.

An added theme that emerged across participants' accounts was that of practising cross-culturally, along with the difficulties of doing psychotherapy in a multi-lingual and multi-cultural context present to practitioners. Macey reflected on the painful past of South Africa:

We come from a very painful history. And so, I think it's important that our history is taken into account. And I think South Africa's history... I think that makes us very unique ... And I think a lot of transfer of intergenerational trauma comes into our.

Adding to the unique context and chronic prevalence of gender-based violence, issues of systemic racism and poverty, another participant integrated the various different cultural values and identities that may be felt by clients to conflict directly with their worldviews and the psychotherapeutic process. Andrew identified a clash of cultural values between a client and the principles of psychotherapy. Working with different cultures Andrew explained:

And what's been unique to me has been about learning things around the culture; one has been the differences in the way people experience certain elements of psychotherapy based on their culture, meaning that they almost sometimes get the sense of like, that my culture prescribes something slightly different to what we're suggesting here, which was really difficult for them.

The unique context forced Andrew to adjust the therapeutic approach and find unique and creative ways to solve and close the gap between the training and presenting context.

So, I found the first two years incredibly challenging because a lot of the work was trying to adapt therapeutic techniques, models and approaches that were really designed in developed countries and try to use it in a developing context, which was really, really tricky. I had to work in more practical and concrete ways.

These excerpts emphasise the experienced need for a decolonial project and support the unique South African epistemological undertaking toward a more Africa(n) centered psychology as highlighted by Ratele et al. (2018), and Makhubela, (2016). South Africa's context places a significant burden onto practitioners that are at times experienced as painful, emotionally exhausting and beyond the individuals' control. As such the findings reviewed here make a textured contribution to understanding the lived realities psychologists face in doing psychotherapy in the South African context. Furthermore, these findings speak to the

challenges and consequences of vicarious trauma, burnout and emotional exhaustion identified by other bodies of literature (Hyatt-Burkhart, 2014; Machando et al., 2019; McCormack et al., 2018; Sui & Padmanabhanunni, 2016; Yang & Hayes, 2020).

5.5.2. Personal challenges

This subtheme refers specifically to the identified challenges and impact that doing psychotherapy has on the internal world and personal self of the psychologist. These difficulties refer specifically to personal aspects of the psychotherapist that are influenced and impacted upon as a result of doing psychotherapy. The presented excerpts closely mirror the transformation of the inner experience of the therapist that comes about as a result of empathic engagement with client's presenting difficulties and trauma material, that Sui and Padmanabhanunni (2016) identified. As such, participants specifically identified the impact of the emotional intensity of doing psychotherapy has leading to negative consequences such as compassion fatigue, empathy decline, empathy burnout and burnout, high levels of stress, secondary trauma, feelings of inadequacy and self-doubt, anxiety, depression, instability in the work-life balance. These identified difficulties are therefore consistent and supportive of the literature alluded to above and discussed in the literature review. The subtheme begins by discussing the burdensome nature of practising psychotherapy as experienced by practitioners in carrying a responsibility for the work that they perform.

5.5.2.1. The responsibility

Participants mentioned the element of responsibility in connection to their personally experienced difficulties while doing psychotherapy. Reflecting on her experiences Cathy expressed the responsibility she felt for remaining ethical and competent in therapy:

I've mostly experienced it as quite uh stressful ... I find that it's quite challenging to be a psychologist ... I think part of it is the responsibility that with doing therapy with someone. Making sure that I have taken all of the ethical and therapeutic things ... that I've remembered them and that I've kept them in mind.

Further emphasising the cognitive and affective burden psychotherapy carries, E.T. shared:

So, it's a big responsibility. It feels like a big responsibility, it can be very scary. Because there's nobody else on the train really during ... the therapy ... It's you and

the person you're working with ... it takes a lot of concentration and an incredible amount of focus ... it takes a lot out of me and it's very stressful and afterwards I'm quite tired.

In line with the reported cognitive demands identified in the literature for psychologists to demonstrate a certain level of meta-awareness and meta-cognition, as explored by Hasson-Ohayon, Gumley, McLeod, and Lysaker (2020), participants expressed a sense of responsibility for holding that cognitive complexity. E.T. shared:

Constantly gauging yourself and assessing the situation because it's so delicate ... So I'm very, very aware of what I do, what I don't do ... how I sit ... how I come across ... what seems to be the dynamic.

Sabrina similarly reported:

You actually do have to have a certain level of intellectual or cognitive complexity capability ... you actually have to hold cognitive complexity because that is what the client needs you to be able to do.

Additionally, participants reflected on feelings of uncertainty, self-doubt and an internal sense of pressure to 'rescue'. E.T. reflected this below:

I tend to feel pressure to rescue...or pressure to wanting to feel like I'm somehow very powerful and important and uhm will influence their lives going forward, you know, in an irrevocable way. It feels like really high stakes when they when they're talking to you about certain things ... I need to also come to the table and I'm not quite sure ... what that takes and that makes me feel even more of a sense of responsibility

The internal pressure was also highlighted by Cathy, who explained:

It is also about the pressure that I put on myself. I want to be a good psychologist...really wanting to make impact [and] a difference. And wanting to do it right. So, I think that is also what's been quite difficult...[and] even more stressful.

Again, E.T. also reflected on the pressure as a sense of wanting to demonstrate competency but also providing and giving something of value to the client. Her reflection below also briefly illustrates the anxiety and internal distress that practitioners feel in an attempt to provide a 'good enough' psychotherapy process.

So personally...it's that self-doubt and that worry about...am I getting this right? Am I doing a proper job Am I am I doing enough? Am I doing too much? Am I present enough? Am I asking the right questions...there is a lot of...[being] unsure and anxious...so working through that anxiety and the self-doubt.

The level of anxiety and personal distress participants expressed therefore appears to be directly correlated to the internal pressure practitioners experience as a result of the responsibility they place on themselves in witnessing the burdens of others.

5.5.2.2. The entanglement

In addition to the personal responsibility and internal pressure participants identified, the discussed theme of being intersubjectively entangled with another's suffering was identified as being emotionally taxing for psychologists. Macey reflected on this and reported:

I think people come with a lot of things... I think emotionally is quite taxing... it's incredibly taxing. So, I think some stories are dependent on our own histories and our own traumas, which hit us more than others. I think emotionally I think it's hard. I think I think it's very difficult because some stories can trigger us in our own ways.

Macey's account confirms the difficult and negative personal emotional impact witnessing other people's suffering has on the psychologist (Machando et al., 2019; Sui & Padmanabhanunni, 2016). E.T.'s words below further demonstrate the experienced secondary or vicarious trauma that psychologists feel as a result of empathetically engaging other's trauma material on an ongoing basis in doing psychotherapy (Devilly et al., 2009).

I think emotional challenges come from ... if I see a person with whom I can identify with ... and sometimes when their emotions get so overwhelmingly painful. The empathy blurs into my own world.

Providing a more textured understanding of the entanglement that takes place when two subjectivities collide in psychotherapy, Cathy illustrates the inseparability of the person of the therapist in doing the psychotherapy.

The therapy is actually a part of who I am, I'm actually giving the client, a part of myself, or an experience of a part of myself... sharing a part of myself ... of my

nature. That mould's the therapeutic space ... I cannot be removed from that experience or that space.

Andrew highlighted how that entanglement, can at times lead to vicarious trauma. He reflected on the sense of emotional exhaustion doing psychotherapy can instill:

But there are times of course, when I feel emotionally exhausted and burned out, and I've got that secondary trauma ... and it's awful and I just want to go become an accountant or something that's like very emotionless.

The findings discussed in this subtheme confirm and echo pertinent aspects regarding the profession specific difficulties and challenges practitioners face as a result of offering psychotherapy. The experiences closely mirror the identified literature surrounding the internal affective and cognitive changes psychologists experience under vicarious trauma (Deville et al., 2009; Machando et al., 2019; Sui & Padmanabhanunni, 2016). These findings therefore not only provide a textured understanding of participants' experiences of the difficulties in doing psychotherapy in South Africa, but also connect with some of the findings regarding the compassion fatigue, stress and burnout experienced by psychotherapists as identified in studies such as Barnett and Cooper (2009), Jordaan et al., (2007), Jordaan, Spangenberg, Watson, and Fouche (2007). Furthermore, the findings directly contextualize how practitioners of psychotherapy experience difficult contextual factors such as Hitge and Van Schalkwyk's (2018) identified description of the difficult socio-economic status in South Africa, the chronic shortage of mental health care professionals (Cooper & Nicholas, 2012), as well as poverty, sexual violence and abuse that continue to mar the treatment of mental health related illnesses within the South African context (Artz et al., 2020; de Witte, Rothmann, & Jackson, 2012; Lund & Cois, 2018; Ward et al., 2018).

5.6. Being-seen whilst seeing-others

Among circles of mental health care practitioners and particularly amongst the psychologized and therapized population, phrases such as '*are you seeing anyone?*' or '*you should see somebody about that*' frequent the discussion pertinent to mental health (Di Benedetto, 2015). The phrase of *being-seen whilst seeing-others* communicates the central the message of this theme: psychologists' need for their own support structures and mechanism, in the form of supervision, personal psychotherapy and ongoing self-reflexivity. In navigating the inherent

challenges and impact of doing psychotherapy, participants of this study identified three primary support mechanisms that include: personal psychotherapy for the psychotherapist, supervision and the benefit of consulting and reading books, theoretical frameworks and empirically established guidelines. This theme therefore demonstrates the adaptive responses and means of coping participants identified in navigating the *demanding, deeply painful and profoundly challenging* nature of being-in-session whilst doing psychotherapy. This theme was identified among all the participants' transcripts and may be considered an essential and fundamental supplement doing the work of psychotherapy inevitably requires. The following subthemes were identified: *having your own space in therapy for the therapist; increasing reflexivity through ongoing supervision; as well as stacks of tomes, books and research.*

5.6.1. Therapy for the therapist

The repeated mention of personal therapy for the psychotherapist by all six of the participants across the transcripts highlights the importance and need for therapists to be in their own personal psychotherapy. As such, these shared experiences reflect and confirm the widely established necessity for psychologists to engage in their own therapy (Cooper, Norcross, Raymond-Barker, & Hogan, 2019; Elkins, Swift, & Campbell, 2017; McMahon, 2018a; Ziede & Norcross, 2020).

The advocacy of psychotherapy as a means for psychological support, personal growth and mental resilience was thus associated by the participants with the improved navigation and resolution of the inherent stressors correlated with practising psychotherapy as explored in *the Sisyphean burden*. These findings are consistent with the findings of a recent study conducted by Ziede and Norcross (2020) demonstrating the relationship between personal psychotherapy, self-care and greater levels of resilience and psychological well-being amongst psychologists.

Reflecting on the difficulties of doing psychotherapy, Macey mentioned the need for personal psychotherapy:

It's hard to be a psychologist, I think it's hard to... and I do think psychotherapy is important. I think we all should be seeing therapists.

Elizabeth, another participant, also shared Macey's sentiment:

I'm very big believer in therapy for the therapist, supervision, peer supervision, therapy [and] my own therapy where I am the patient ... definitely, without a doubt!

Elizabeth later elaborated the need for psychotherapy, not only as a place to 'unload' personal and professional stressors but also to become more aware of your own personal intrapsychic material that might contaminate the therapeutic space. She said:

That's also a very important thing to 'know your stuff'. You know what you are, you know what you're doing and you know what you're busy with ... otherwise you get confused about what's happening in the room.

It seems then that the personal therapeutic process a psychologists doing psychotherapy is integral for the optimum functioning and integrity of the work psychologists do. Cathy's account below further highlights this.

There should be a therapy reflected from therapists obtaining their own therapy. ... which I think is a great resource for therapists to have... to almost have a lifelong therapist, or have a lifelong supervisor. So, I do think, for therapists to be able to function optimally, there is a strong place for therapy.

Probing the necessity for psychologists to be involved in their personal therapy, two participants communicated the underlying message of 'practising what you preach' as a means to better understand the vulnerability clients experience whilst sitting on the metaphorical couch and self-disclosing. They reported:

I have to be vulnerable with someone else in order to expect a patient or client to be vulnerable with me ... to do otherwise would be not only unfair, it would be fruitless, because you would not have a cooking clue what it's like to walk into a therapists' room ... only offer that which you would be willing to do yourself. – E.T.

While Sabrina reflected:

How can you bake chocolate cake if you've never tasted it ... the only reason I can pick up internal processes is because I remember what it meant to go to therapy ... I've never forgotten that anxiety of full disclosure. I'm so grateful for that experience, I know what it means to be on the couch and continuously be on the couch.

In the same way that the participants emphasise the importance of a personal psychotherapy for themselves in coping with the taxing demands of doing psychotherapy, so too do a number of articles reflect the benefit practitioners receive from psychotherapy (Beaumont, 2016; McMahon, 2018a). The benefits a number of participants reflected on included an added awareness of their own personal biases and blind-spots, their own space to unload and vent, an increased understanding and empathy for the client's experience involved in psychotherapy as well as better therapeutic understanding and skills. It seems that all of these practitioner reflections establish a greater sense of emotional resilience whereby psychologists become increasingly aware of their own feelings, hardships and therapeutic understandings. These perspective mirror the benefits explored in other studies such as Cooper et al., (2019), Di Benedetto (2015) as well as Ziede & Norcross (2020).

5.6.2. Increasing reflexivity through ongoing supervision

Highlighting the importance of practitioner reflexivity, this subtheme reflects the professional need by psychologists to sharing the burden, thinking collectively and remaining accountable when practising psychotherapy through continued supervision. Participants voiced the importance and significance of ongoing supervision when engaging with clients psychotherapeutically as a means to have an added professional context in which they can voice their concerns around the work that they do. Participants reflected on their need to share the professional responsibilities and practising ethically by increasing their own professional self-awareness around their own biases and possible blind spots. Encapsulating this argument, Macey reflected on the need for supervision in addition to psychotherapy. She expressed:

My supervisor always says that you can't do this therapy thing if you're not in supervision and you're not in therapy, you can't. It's not possible. We will be in therapy for the rest of our lives. We will be in supervision groups and peers for the rest of our lives. Because you need that self-awareness, you need perspective. That's the only way you can do this thing.

Macey goes on to highlight how both psychotherapy as well as supervision, are a continuous and unending process, that helps her identify and differentiate between her own personal material and the client's material in session. She reflected:

There are two people in a therapeutic encounter, right? So then there are 'your things' and there are 'my things'. And then there's 'the things', you know. So, I definitely think certain things ... I think the stuff can leak and seep into a therapeutic room ... But we have our supervision spaces and our own therapeutic spaces. Because it's okay for it to seep in, but how it's then handled in the therapeutic relationship, that's important.

Interestingly, Macey identifies not only the intersubjective entanglement that can limit and conflate the client's therapeutic process, but also reveals an important mechanism by which to effectively manage that entanglement. Macey articulates the need for acknowledging that process so that the practitioner can address that in the supervisory or personal therapy context. The addition of supervision to the therapy context is noteworthy as it speaks to the significance participants attach to both spaces which operate similarly, yet distinctly. This perspective is also explored by Nel and Fouché (2017), McMahon (2018) as well as Ziede and Norcross (2020), who reflect on the importance of a formal professional supervisory context which can “prove quite encouraging and reassuring to psychologists, who otherwise feel alone with [their] work challenges” (p. 596). Adding on to the experience of being recognised in a field that is otherwise lonely and isolating, E.T. expressed how supervision enabled her to manage her ethical and professional blind-spots more effectively. She stated:

We are not always accurately gauging [our] blind spots. So for that ongoing supervision and checking in with mentors is needed. It can be a learning experience as a therapist ... because you don't really have colleagues to talk to or someone to check in with ... they can be there to remind you that you need to have process notes of all of this all the time or the date or the signature. You need to inform this person and that person ... which I would [otherwise] overlook or forget.

Reiterating the importance of another perspective on the work that psychologists provide, Sabrina reflected:

I'm big on supervision...I don't understand therapists that don't go to supervision...because you need somebody else's perspective, because you're looking at it too narrowly... I mean for myself from the day that I started in psychology, I have always been in supervision. - Sabrina

The participants' accounts shared above reflect the underlying tone that psychologists require ongoing supervision and their own personal psychotherapy (Cooper et al., 2019; Ziede & Norcross, 2020). Added research also shows how these two spheres may become critical contributors in promoting increased practitioner reflexivity (Elkins et al., 2017), as well as self-care among psychologists (Dattilio, 2015; Du Plessis, Visagie, & Mji, 2014; Laverdière et al., 2018). In line with this nearly all participants also identified the need for ongoing self-care outside of doing psychotherapy. Andrew's words best describe this:

I started to use that awareness because I could tell, if I still feel tired on a Monday, I know it is burnout...If I have an internal irritability about things, I know its burnout...when you're wishing your patients away...and the second I notice feeling those things I know I'm burning up. You need a long weekend or you need to take some rest...making sure that the time that I'm not in therapy...is meaningfully engaged...I make sure; to read literature to do my yoga to do jujitsu to spend time with my wife to take the walks in the park with my dog do things that are actually about life...to do meaningful things outside of therapy.

5.6.3. Stacks of tomes, books and research

In line with a number of different studies evaluating psychologists' perceptions of relying on research, theory and empirically validated treatment principles when doing psychotherapy (Bager-Charleson et al., 2019; Castonguay & Beutler, 2006; Chambless & Ollendick, 2001; Emmelkamp et al., 2014; McMahon & Hevey, 2017; Wampold & Imel, 2015), participants identified relying on *stacks of tomes, books and research* as an added mechanism for support. This subtheme illustrates the significant contributions the theoretical understandings, research and scientific knowledge make in establishing a sense of empirical grounding for psychologists doing psychotherapy. Furthermore, this subtheme also illustrates how participants navigate the difficulties of doing psychotherapy by relying on an empirical grounding provided by research and theory. As such this subtheme illustrates the sense of certainty and predictability practitioners experience as a result of reading and growing their understanding of themselves and their craft. Andrew reported this by saying:

Always read and read as widely applicable as you can ... I think it is important if you're constantly just reading something about psychology somewhere ... and then

just trying to draw on what I've learned from various sources try and amalgamate it ... and find innovative ways.

Not just theoretically for the purpose of doing psychotherapy, but as a means of self-improvement, he later added:

So, the reading I do is intriguing to me, I learn new things about the way we live all the time ... The things that I read, I do take to heart for myself, and I actually try to improve in my own life, because I guess it's trying to master living in a way that has a good sense of happiness, well-being and minimizes unnecessary suffering.

Sabrina echoed Andrew's understanding of the importance of reading for therapy by saying:

Therapy, supervision and training ... I think reading is it is the fourth true important thing ... some of the best things that inform my therapy, are things that I've read about. So, actually reading what other people have written from faraway countries and picturing it in different therapeutic processes.

Another participant shared Sabrina's experience and said:

I believe you also, you have to read a lot. You have to keep on reading, there's no point that you're good at what you do if you stop reading. So there is empirical based stuff. - Elizabeth

Again, the credit Sabrina gives to the ingenuity and creativity of her therapeutic ideas she applies to clients in therapy, speaks to the sense of footing and grounding practitioners may experience as a result of the wealth of knowledge they are able to tap into and apply, from reading books, 'tomes' and research. This again speaks directly to the identified relationship between practice and research grounded in literature (Bager-Charleson et al., 2019).

Despite not being expressed by all the participants, the deeply theoretical and conceptual nature of psychotherapy often calls for the concretization of the abstract into a more visible and digestible medium; books. The usage of the concrete, conceptually, theoretically or practically appears to offer practitioners with certainty within a profession that is oftentimes deeply ambivalent, abstract and uncertain. This subtheme highlights the

turn to the visibly tangible amidst pressures of uncertainty and intangibility by practitioners practising psychotherapy in the South African context. Running across all four aforementioned subthemes, namely; therapy for the therapist, ongoing supervision, self-care, the role of tomes, books and research, appears to be a consistent thematic thread in having diverse structures and avenues of support and acknowledgement for the practitioner (Cooper et al., 2019). It appears that these support structures are fundamentally rooted in establishing a greater capacity for self-awareness at the meta-cognitive level for the practitioner (Di Benedetto, 2015; Hasson-Ohayon et al., 2020; Ziede & Norcross, 2020).

5.7. Integrated themes: The self and the search for meaning - A tale of two cities

So far, the discussion and findings have focused primarily on interpreting the qualitative nature and broad phenomenological understanding psychologists have of doing psychotherapy. This process has largely been informed by an iterative process engaging idiographic accounts of the lived experiences psychologists have made in understanding the art of doing psychotherapy. While a number of main themes and subthemes were identified, the next section brings to life two themes that were found across all participants accounts. These two integrated themes were found across the other themes and therefore provide an integrative understanding of the rest of the themes. Significantly influencing and mediating participants' perceptions and experiences of doing psychotherapy, *the self* and *the search for meaning*, provide an integrated perspective to each of the aforementioned themes.

5.7.1. The self

The integrated theme of 'the self' forms the first of two fundamental integrative pillars that frame and uphold the conceptual scaffolding through which the other superordinate themes and sub-themes may better be understood and interpreted. The main theme of the self refers primarily to aspects pertaining to *the self* of the therapist and the client. The self was explored along two subthemes consisting of *the therapist self as tool of therapy*; and *the personal self*. This theme therefore attempts to explore the deeply subjective and personal understandings, views and feelings the participants had of their own selves whilst doing psychotherapy.

5.7.1.1. The therapist self as tool of therapy

Amidst competing discourses and variables of psychotherapeutic change, one key ingredient of psychotherapy remains ever present across sessions and modalities; the person of the

psychotherapist (McConaughy, 1987). Recent bodies of literature amidst psychotherapy researchers have confirmed that there is an undeniable evidence to support that “the person of the psychologist is inextricably intertwined with treatment success” (Ziede & Norcross, 2020, p. 586). Conceptually, *therapist effects* have shown to be large and frequently exceed treatment effects (Emmelkamp et al., 2014; Laska et al., 2014; Wampold & Imel, 2015; Ziede & Norcross, 2020). Furthermore, while EST discourses often try and render individual practitioners as controlled variables, the growing sentiment among psychotherapy researchers remains that “it is simply impossible to mask the person and the contribution of the psychologist” (Ziede & Norcross, 2020, p. 587).

While significant amount of research have demonstrated and elaborated this point, this study was interested in exploring participants lived perceptions, realities and experiences regarding the *therapist effect*. The study therefore attempted to elicit psychologists’ personal experiences and perceptions of their personal selves impacting on the therapeutic process and psychological change. Reflecting on how the person of the therapist could act as the tool of psychotherapy a number of participants shared their agreement:

Yes. I think your manner, the way you kind of go about things, your intuition, your art, your creativity, I think it's definitely a tool. - Macey

The therapist's self can be a tool of therapy because it's really about... them having a new experience within a therapeutic relationship to disprove or to nullify false beliefs that one has about themselves in the world... We are really a part of the toolbox, if not the main tool for them to have that experience. – E.T.

These perceptions reflect that while contestations around what works in psychotherapy remain (Castonguay & Beutler, 2006), the practitioners themselves view aspects such as their creativity, their empathy and intuition as central to the work that they do. Along similar lines, a study conducted by Tschacher, Junghan, and Pfammatter (2014) demonstrated a taxonomy of therapeutic ingredients that included elements such as the therapists’ warmth, personality and congruence to influence treatment outcome (Taber et al., 2011). Additionally, participants also reported that as much as one tries, the person of the therapist remains present in the therapeutic encounter. Reflecting on this, E.T. explained the dilemma:

The self comes into the room whether I try to not to be a non-entity or not. From the decor that we have on the walls, to my hairstyle ... There is a self that is communicated. I stick to having aspects of myself being prominent which are relevant to what the person is bringing.

Andrew experienced the dilemma of attempting to be a non-entity in a similar manner.

I think who you are matters massively ... as much as we try, it's not so simple to bracket who we are ... so I think ... there must be some level of authenticity and personality, because I think you can't help but see that it spills out. I don't think I could, as much as I'll try very hard to be you know, austere and professional. In therapy, I think it will still pull out of who I am.

Additionally, Sabrina's reflection below provides a concrete example for how practitioners may use themselves as tools of therapy. Drawing on the brief interpersonal interaction and the existing relationship between them, Sabrina commented:

One day I tripped completely...and this young teenage girl, she literally leaped out of her seat and came running because she thought I had basically killed myself by falling that hard... and that changed my whole understanding of the relationship...So when I had to give feedback to parents, I could say to her parents, you do not need to worry about to child. Her empathy levels are fine...And that's me using myself for the lack of diagnostic tool, using our relationship as the diagnostic tool.

Furthermore, Andrew's comment below critically illustrates how the personal aspects of the therapist, personal views, understandings and interpretations of the world, may directly inform the therapeutic encounter. The personal self of the therapist therefore appears to lay the foundation from which a psychologist may draw in connecting and communicating with the client. Andrew reported:

I agree. I think that the person is the tool, there must be a reasonable degree of synchronicity between the two of you and I do find there are ways of doing that. There are ways of getting to know and find something in this person to love and connect with, which I find very meaningful ... So, I do think that comes to play ... I think that

you are [the tool] because I think that your understandings of yourself and your life are going to shape it.

Not only does the excerpt speak to the personal self of the psychologist while doing psychotherapy, it also illustrates the importance of therapist-client fit, or synchronicity as Andrew called it. Studies including Taber et al. (2011) as well as Atzil-Slonim et al. (2018), have shown that the level of congruence, personality and interpersonal connection between client and therapist, directly mediates the treatment outcome. Not only do the participants' reflections support these claims, but also provide an understanding as to how practitioners recognise parts of themselves, their authenticity and personality to contributing towards psychological change. Important factors that contribute to the therapist effects include the therapists' warmth, capacity for empathy and ability to provide the client with a sense of unconditional positive regard (Hofmann & Barlow, 2014; Lambert & Ogles, 2014; Messer & Wampold, 2002). Participants' beliefs echoed these findings as Cathy expressed:

You are your own tool. You are the tool that has to get the most information from the patient as you can. And that is influenced by a lot of things like; your ability to listen, your ability to stay with what is spoken about, your ability for empathy and for warmth, for unconditional positive regard.

The above shown excerpts provide a qualitative answer to one of the guiding research aims around how psychologists view themselves as tools of therapy amidst the CF vs. EST; Participants largely viewed who they were, their personal selves and their characteristics, to be the primary tools of therapy. As such the reviewed perceptions enrich and support the current bodies of literature pertaining to the person of the psychologist as key ingredient to therapeutic change (Taber et al., 2011; Ziede & Norcross, 2020). The intersection between the psychotherapists' personal self and the self as the tool of psychotherapy, demonstrates how the personal self of the practitioner outside of the therapy room, contributes and impacts on the therapeutic process within the therapy room. The repeated mention of aspects pertaining specifically to the personal self, such as personal beliefs, values, ideas, characteristics as well as the overall personality of the psychotherapist, point to inseparability of the therapist self and the practitioner's personal self. The interconnected nature of the therapist self that is inevitably embedded within the wider context of the personal self of the practitioner is discussed in the next subtheme.

5.7.1.2. The personal self

The next subtheme highlights how the personal self of the psychotherapist may impact upon the self of the client, and in turn be impacted upon and change as a result of being involved in the psychotherapy process. This interaction highlights the interplay with the previously discussed sense of self drawn on in the professional context, and is argued to contribute to the establishment of an overall *therapeutic self*. Touching on the therapeutic encounter, a number of participants identified the importance of a degree of synchronicity between the client and the practitioner. The degree of synchronicity is determined directly by the practitioners' personality and personal sense of self along with the personal self of the other sitting across from the practitioner; i.e. that is the client. Andrew in discussing his experiences of working with clients described the degree of synchronicity below:

But I think that it's important because there's truth to this idea that there are people that I work with who we fit together very easily ... But I also recognize there are certain personalities where I have to recognize that we're not going to fit so well ... There are certain things that I take as important for human well-being and they might not.

Andrew's shared experience reflects how the personal self of the therapist, i.e. the personality along with personal values, ideas and attitudes may negatively influence the therapeutic relationship. This perspective illustrates how underlying the therapeutic self of the therapist, is grounded in the therapists' personality and personal views, beliefs and attitudes. Andrew along with other participants reflected on the value of being transparent and forthright with clients regarding a potential clash of personalities.

There was an analyst ... and I remember I was horrified because he once said he went to go see someone for therapy and that person said to him in the first session, listen, I actually don't think you should come see me. I think we're going to have a big personality clash. I think that the person is the tool, I think that there must be a reasonable degree of synchronicity between the two of you. - Andrew

What is significant about these excerpts is that they support the literature, which argues that the therapeutic alliance between client and practitioner is directly informed by the sense of self and personality of the psychotherapist (Castonguay & Beutler, 2006;

McConaughy, 1987; Taber et al., 2011). Further highlighting how personal characteristics, values and beliefs may influence the therapeutic process, Andrew reflected:

So, I feel that the way you live your life is going to transmit into therapy. And I think that your own understandings and biases are going to transmit into therapy, the things you hold the entry to sacred, as much as we tried to say, we'll be anonymous and one can to a degree, I think it's I think we're fooling ourselves to say that, that you can bracket it entirely. I simply don't think so. So, I think there is a, I think the therapy is facilitated by you as a tool. And I also personally feel that therapy is better facilitated with some authenticity from your side doesn't mean full disclosure. But I do think yes, that the person is the tool.

Important to note here is that participants unanimously shared the perspective that the personal self of the psychotherapist could not be entirely bracketed from the psychotherapeutic encounter. Andrew reflected on how the personal self and the personal aspects invariably leak into the therapist room. An added component that practitioners alluded to was the degree of authenticity and congruence with which they could meaningfully engage the client. Elements of authenticity and congruence were thus demonstrated to also contribute to a meaningful therapeutic alliance (Frankel, Johnson, & Polak, 2019; Tschacher et al., 2014). This speaks to an article by Tschuschke, Koemeda-Lutz, Von Wyl, Cramer, and Schulthess (2020) pointing out that “therapists’ characteristics seem to be crucial in forming a good enough therapeutic alliance” (p. 56). Further explicating this Macey reported:

What I try and create in my space is not very much of myself so that the other person can bring as much as they can ... I bring my empathy, I bring my curiosity, I bring my willingness to learn from you ... I bring my creativity ... I bring my intuition, my intuitiveness and my willingness to be.

While the personal self is used to create and give life to the therapist self, it needs to be introduced into the therapeutic space in a measured and titrated manner, that is genuine and authentic. The therapeutic space is co-created with the personal self of both the client’s and the practitioners’ self. Macey further shared:

You are never a blank slate in therapy ... I think my being in the room, and the way that I speak in the way that I dress in the way that I interact says a lot about who I am

already ... it's the kind of congruence that you have to have, or that often even literature says there is this kind of congruence that therapists have to who they are in providing the therapy.

Later Macey using psychodynamic references of transference and countertransference further explained:

Well, if we think of relationship and we use psychodynamic terms of transference and countertransference, that's in the room as it happens, right? So I feel a thing. I feel like something's going on here. That's that that is imbued in relationship. It is. So you know, but what's hard though, is that psychologists, including myself, we hide behind this countertransference crap sometimes when it's just your own drama playing out, independent of your client, you know. So, I think it's ... one's sense of self is really important, but you need to know 'that guy', you need to have a better sense of self and you can only know that guy by going to therapy and supervision.

Her reflection speaks to the personal aspects of the self that become involved and 'touched' by the client's presenting difficulties, but maintaining enough distance for the practitioner not to be consumed by it and over-identify with the pain and making it his own. Another participant added:

It touches us both ... But I know it's not mine. That is very important not to over-identify or to make it yours ... it's the patient's viewpoint. - Elizabeth

Similarly E.T. added how she experienced herself having to detach and separate herself from that experience by disconnecting from the personal aspects of the experience in working with the client and retaining a degree of austerity and disconnection. Her reflection both demonstrates aspects of survival and protection, by which practitioners are able to cope and develop more adaptive and more resilient prospects of practicing psychotherapy. E.T. said:

If, for example, I see a person with whom I can identify with ... sometimes when their emotions [become] so overwhelmingly painful, then the empathy blurs into my own world ... Uhm then I need to take a step back and just remind myself ... I try to become more cognitive, like I take a pen and I start writing or I use terms like 'session' to ... to

try and remind myself that this is now another person, this is another frame, this is another story.

The critical reflection on reflexivity as a capacity for self-awareness may protect psychologists from their own biases that they may inadvertently place on the client incongruously. Furthermore, her account also reflects the need for the personal self to be present, creating the context within which the therapist self and the therapeutic process and encounter can be embedded. It is this context that allows the practitioner to remain personable, warm and congruent (Frankel et al., 2019). This congruence reflects the extent to which practitioners, both want to, but also need to remain congruent and ‘true’ to ‘who they are’. It appears that the congruence that Macey identified speaks to practitioners ‘being who they are’ while doing psychotherapy. This directly feeds the personal self (along with any personal values, material and experiences) into the therapist self. This becomes the bedrock that together with the client’s presenting material, forms a therapeutic relationship effecting psychological change. Subsequently, not only does the congruence allow the therapist to ‘be who they are’, but it also informs the level of transparency and synchronicity between client and practitioner (Frankel et al., 2019). The degree of congruence and authenticity between therapist and client not only influences the therapeutic outcome (Castonguay & Beutler, 2006), but also adds a layer of meaningful engagement for the therapist that in turn has a preventative effect on levels of burnout and well-being experience by psychologists (Veage et al., 2014). Along these lines, E.T. reflected:

I suppose I just work with those with whom I personally feel are mutually meaningful engagements. Because not everybody would click for everybody ... and it does give me a little bit more freedom with selecting those that who I think would be a best fit ... It highlights the virtues that I find are important. And I realize again and again, how important it is to ... to listen rather than to speak ... so it's helped my own resilience ... to be a therapist.

In addition to the person of the therapist informing the therapy, participants highlighted how they experienced personal internal changes as a result of doing psychotherapy. This confirms the research informing vicarious post-traumatic growth that psychologist experience as a result of empathetically and authentically engaging clients in psychotherapy (Cooper et al., 2019; Sui & Padmanabhanunni, 2016; Veage et al., 2014). The

shared experiences and perspective will be examined in greater detail in the next subtheme *the search for meaning* in the section below.

This section thus far has reviewed the centrality of practitioners' *self* in practising psychotherapy. The understanding of the integrated theme of the self was divided into core features pertaining specifically to elements of the personal self of the psychotherapist, as well as the professional role of therapists' self as tool of psychotherapy. These were then explored in terms of their overlap and interconnectedness. The discussion reflected how each of these different aspects overlaps to form a therapeutic self. Importantly, the participants' accounts and shown excerpts further confirm the discussed literature pertaining to practitioners' personal characteristics and sense of self as tool for psychotherapy alluded to within the literature (Tschuschke et al., 2020). These findings therefore support the arguments put forth by Atzil-Slonim et al. (2018), Beutler and Consoli (1993), McConaughy (1987), as well as Norcross and Wampold (2011), that the self of the therapist plays an integral in the process of psychotherapy, establishing a therapeutic alliance and contributing to therapeutic change.

5.7.2. Practitioners' search for meaning: The search for meaning

"I leave Sisyphus at the foot of the mountain! One always finds one's burden again. But Sisyphus teaches the higher fidelity that negates the gods and raises rocks...The struggle itself toward the heights is enough to fill a man's heart. One must imagine Sisyphus happy." -

Albert Camus (1942, p. 111)

So far the discussion of psychologists' perceptions, understandings and feelings of being-in-session has focussed largely on the burdensome and challenging impact of doing psychotherapy. These experiences were integrated and contextualized amidst different bodies of psychotherapy research. A number of studies have focussed on the vicarious trauma psychologists' experience as the negative consequences of doing psychotherapy including; risks of burnout, compassion fatigue, emotional exhaustion, symptoms of depression and anxiety (McCormack et al., 2018; Veage et al., 2014; Yang & Hayes, 2020). Coupled with this, a recent study by Sui and Padmanabhanunni (2016) looked beyond experiences of vicarious trauma toward experiences of vicarious post-traumatic growth amongst psychologists in South Africa. Vicarious post-traumatic growth includes enduring positive transformations of growth that are experienced as "changes in philosophy of life, improved

interpersonal relationships, changes in self-perception...a greater sense of optimism...hope and resilience in relation to their own lives” (Sui & Padmanabhanunni, 2016, p. 131).

Additionally, recent research has shown that psychologist and other mental health professionals experience vicarious post-traumatic growth, compassion satisfaction and increased psychological well-being as a result of doing psychotherapy (Hyatt-Burkhart, 2014; Nel & Fouché, 2017a; Sui & Padmanabhanunni, 2016; Veage et al., 2014). As such, the question of meaning was central in exploring the internal beliefs, attitudes and perceptions of psychologists’ experiences of doing psychotherapy. More specifically, identifying the unique and personal meaning(s) psychologists attach to doing psychotherapy. This theme therefore provides an answer to the primary research question by exploring the subjective meaning(s) psychologists find in doing psychotherapy. It also identifies the meaning(s) and a sense-making(s) psychologists engage in whilst doing psychotherapy. Furthermore, conceptualizing practitioners’ responses to the question of meaning as *a search for meaning* revealed that meaning-generation lay at the bedrock of psychologists’ responses to the innately arduous nature of doing psychotherapy. The question of meaning was thus met by an ongoing *search for meaning* among psychologists. The *search for meaning* identified the following pertinent six themes among the participants’ transcripts: *hope, perspective, growth, curiosity, authenticity* and *purpose*.

5.7.2.1. Hope

One of the key meaning(s) practitioners identified as a result of doing psychotherapy was that of hope. Participants reflected how at the core of offering psychotherapy was the meaning of providing and receiving hope. Hope for change. Hope for difference. Hope for improvement. Hope for overall betterment and well-being. Hope for both the client in distress and hope for the practitioner as a result of witnessing and providing hope to the client. Cathy reflected:

Although ... in the beginning I spoke a lot about the feeling of hopelessness, I do think the meaning that I do find in therapy is hope. So that there is hope ... that it does communicate hope, but not just a hope for change, because sometimes change does not happen. But it can also be the hope of something meaningful and real. – Cathy

Cathy’s answer around hope reflects that the hope is not only for the client but also for the practitioner. She reflected how the aspect of and meaning of hope was for both her client and herself, stating that:

I think the hope if I go into my own process...the hope is for me. But when I go to my patients the hope is for them...But it is also a hope that I then project onto them...I don't want to say completely...the hope is for the patient, because the hope is for the patient...But I also am mindful and aware of that that hope can be own need to have hope, in order to do my work. Yes, so it would be both.

Along the same lines, other participants spoke indirectly about offering hope to clients. The below accounts reflect how the other participants find meaning in contributing a sense of hope to their clients. Many of the other participants hereby referred to the altruistic nature of psychotherapy, mentioning aspects such as: providing opportunities for change, supporting others, providing healing and simply helping others. These aspects are pertinent to the extracts below. Macey reflected:

So...I think what comes to mind is 'change', 'support', 'growth', 'healing', 'thinking with', 'struggling with'. I think, I think that's what comes to mind it's just like, how do I sit? How do I think? How can I be? What is the growth? What do you need?

She later added how this was something that she was aware of for a long time, saying:

I've always kind of really found a lot of peace in being able to, to help... to help has always been something and you know, so I find a lot of meaning being able to sit and be in relation to another to try and help...that's the biggest meaning; to help, to support, and as challenging and as hard as it can be at times. - Macey

E.T. similarly shared:

To provide that trust and provide a space we there can be co-creation of meaning ... To be a constant in a person, or for the therapy to be a constant in a time of chaos providing that... ja that space for growth and containing. -E.T.

Additionally, Andrew highlighted the meaningful aspects of witnessing that change and witnessing a sense of overall hope for the client, an overall improvement in well-being. Drawing on a concrete example he illustrated:

If somebody says, I have a relationship with my father, again, or you know, as a couple we're happy again or I know how to deal with my child a bit better, or I feel more fulfilled in my work, or I feel like I've got better balance...getting to hear

someone feel that there's been a meaningful change in their relationships and their quality of life is the biggest deal...just seeing people make meaningful inroads and improving their sense of well-being has, for me been the most rewarding element.

Andrew's reflection illustrates how practitioners who are able to offer and witness psychological change, experience a sense of hope and hopefulness for themselves as well as in their psychotherapy. Practitioners thus feel a sense of hopefulness as a result of offering someone else hope. A recent article by Mosak and Bluvshstein (2019) reflected on the virtue of hope being necessary for psychotherapy reflecting "how can you instil hope in a patient...if you do not have hope yourself" (p. 84). Hope is thus not only something practitioners experience as a result of doing psychotherapy, but also required in offering the client an opportunity for betterment.

5.7.2.2. Perspective

Moving on to the next interpreted meaning unit, two words stand out from the interviewee's transcripts; humility and gratitude. These two words also characterise the subtheme of *temenos*, which described the perceived respect, reverence and sanctity for the psychotherapeutic *space*. At its core, *perspective* speaks to the participants growing resilience and reflexivity in witnessing the pain and suffering of others. This "shift in perspective" as one participant said, seems to allow psychologists to gain a renewed understanding of how different their reality may be from that of their client's. The added perspective seems to allow practitioners to experience their own lives more meaningfully and with greater gratitude. The sentiment is not one of Schadenfreude, but of profound humility and appreciation for one's own life. Along these lines, E.T. reflected:

It keeps me curious. It keeps me humble...just keeps it in perspective me...feeling grateful for what I have...it helps me to keep my mindset in perspective, because we tend to get so zoomed in or tunnel-vision into a specific problem mentality...but in getting my own patients to look beyond the dots in the whole plot, it also allows me to do that for myself. So, I think it helps me like as a secondary gain...I get to evaluate my own experience of life.

Another participant reflected how the encounter despite its painful nature, instills a deep sense of gratitude and thankfulness in her. Elizabeth said:

[While] it is painful, there's a lot of gratitude on my side. For example, I've never, never had to lose a child, being pregnant or otherwise, and I hope god doesn't make me witness that. So, I'm grateful that I haven't had that experience.

She not only described herself as grateful and thankful, but also honored and humbled by the fact of having been exposed to a different perspective and withstanding the painful and violent nature of the psychotherapeutic encounter.

I am so honored to be able to have the ability to hold that space and to not crack myself...to witness the pain somebody goes through really makes you humble...it's a humbling experience to be in that space, and for that patient to survive it.

Describing the perspective she said:

It's an awareness that it can happen to anybody...humility is an awareness that it can happen to anybody at any time. And also respect... respect for what that person might have gone through then and to honor them as a human being.

In a similar manner, Andrew also pointed out how offering clients a perspective that is different or seeing things from a different perspective was meaningful to him. He said:

The meaning of therapy is to kind of say, have you considered this, you know, a way of thinking that you haven't considered and sometimes that's purely perspective...I think we take [that space] for granted we don't often have where it's not an echo chamber, where somebody in a kind way is going to give you different ways of thinking and doing things.

Andrew's reflection may point to how practitioners can frame the work they do in terms of being agents of perspective. The act of providing someone with a different perspective, not only requires the practitioner to see the situation in a different light (a different perspective) but allows the practitioner to maintain that same perspective for his own life, thereby becoming meaningful for them. The above show accounts summarise the participants reflections on the *perspective* doing psychotherapy gives them. Participants appear to experience a newfound appreciation and gratitude for the nominal aspects of their lives. These aspects are reflected on with a better understanding that is rooted in a thankfulness and gratitude (Watkins & Mosher, 2020). Respect and humility for the clients' internal world of brokenness, are therefore results of the growing self-awareness and perspective that practitioners develop consequently to practising psychotherapy.

5.7.2.3. Growth

In addition to the renewed perspective with which practitioners appreciated their own personal contexts and livelihoods, participants reiterated another sense of meaning that they experience as a result of doing psychotherapy; *growth*. In line with the reviewed concept of post-traumatic growth (Hyatt-Burkhart, 2014; Sui & Padmanabhanunni, 2016), the *growth* participants identified covered a wide range of domains and included; personal and professional growth, improved interpersonal connections, understanding and increased self-awareness. Framing her experience as an ongoing curriculum for life, E.T. stated:

So, it's one of my biggest curriculums in in my personal life. Learning from the patients ... I interact with and making...reflecting on that and benefiting as well. I mean ... I would apply what I've learned in therapy and then apply what I've learned as if I'm the patient and that says that ongoing growth and development that I find quite meaningful and sometimes you experience it in a very peculiar idiosyncratic situation.

E.T. further reported that the growth she experienced both personally as well as professionally as a result gave her a sense of unique value and meaning. She said:

Yes, that unique value would be ... my personal and professional growth ... skills that get developed only with practice you can't really take a grasp without continually doing the therapy ... so it's helped my own resilience ... to be a therapist.

Macey echoed E.T.'s perceived growth and stated:

I think what comes to mind is 'change', 'support', 'growth', 'healing', 'thinking with', 'struggling with' ... that's what comes to mind it's just like, how do I sit? How do I think? How can I be? What is the growth?

Further supporting Sui and Padmanabhanunni's (2016) findings of experiencing growth as added resiliency in being a psychotherapy, Elizabeth reported:

It is that ... growth and suffering. To be able to be in that space of psychotherapy where suffering occurs ... People come to you with their suffering and to be in that space of suffering, suffering gives you growth as a psychotherapist ... it humbles you.

E.T. reflected:

But in getting my own patients to look beyond the dots in the whole plot, it also allows me to do that for myself ... I get to evaluate my own experience of life.

Acknowledging the added growth practitioners may experience through practicing psychotherapy, Andrew summarized his thoughts around the perceived sense of growth below. He said:

But the other meaning of it has for me is it's not just a way of me helping others grow, but it's a way of growing myself ... The things that I read, I do take to heart for myself, and I actually try to improve in my own life ... it's trying to master living in a way that that's reasonable, that has a good sense of happiness and well-being, that minimizes unnecessary suffering. That for me is hugely meaningful. And I think in the practice of psychotherapy, I get to achieve that for myself.

Despite the numerous difficulties and adverse consequences of doing psychotherapy, participants' views reflect a deep sense of growth. This growth appears to meet needs of certainty, significance and meaning and allows practitioners to experience a sense of growth vicariously. These findings confirm the extant literature supporting experiences of an added sense of strength, resiliency and hope that practitioners experienced as a result of doing psychotherapy (Nel & Fouché, 2017a; Sui & Padmanabhanunni, 2016; Yang & Hayes, 2020). Furthermore, the *growth* allows psychologists to experience result in positive changes such as a greater sense of appreciation for life, positive changes in self-perception and overall psychological well-being (Hyatt-Burkhart, 2014). Thus practitioners appear to benefit both consciously and unconsciously from doing psychotherapy, by witnessing and facilitating growth for their clients (Tzur Bitan & Abayed, 2020). This was identified and labelled as deeply meaningful for the participants of this research study and invariably reflects an underlying unit of meaning across doing psychotherapy.

5.7.2.4. Curiosity

Another meaning that was identified across all of the participant transcripts was the aspect of *curiosity*. Participants often reflected how being curious, remaining curious and approaching their clients' life world with an underlying sense of curiosity, allowed them to better practise psychotherapy and remain with them in the therapeutic encounter. Not only did participants

identify curiosity as a fundamental position within the psychotherapeutic encounter, they also reflected how practising psychotherapy enabled them to experience and meet needs around their own curiosity. Andrew emphasised the role of curiosity in psychotherapy below:

I think [curiosity] it's the core of all of it. I think for me, there's the curiosity and the desire to help ... the curiosity is a massive factor, wanting to have conversations and to understand things more, to want to read as much as we do, and so on to study ... it has to be driven by a very sincere desire to know. The answer to the question of what is a good life, what is a meaningful life, is as profound a question as I think a human being can answer, because that's the question about the thing you're going to be doing as long as you're a conscious sentient being. So, for me, it's that curiosity, it's a huge driver.

The reflection above, demonstrates how psychotherapy is the avenue in which Andrew is able to meet his own sense of curiosity and continually learning something new. Andrew further described his own sense of intrigue and interest in learning about life alongside others who experience life differently. He reflected:

I find variety really meaningful...it goes back to the curiosity, where I'm just really excited when I learned something new...it's an intriguing way to spend my day. It's genuinely interesting to learn from people and with people about things, it's extremely interesting.

Curiosity appears to not only drive a practitioners' sense of knowing, but also allow practitioners to remain in a space that is deeply vulnerable and painful for the client. Macey reflected on her experienced sense of curiosity:

So how I experience it is very, like, just curious. I'm curious in that. So I think to just sit in the mud is to be curious. Not to challenge or to confront, but to be curious in the relationship, to better understand where it is that you're coming from, and through curiosity, I'm able to better help understand and speak and consider.

Macey's reflection reveals that the curiosity is central to psychotherapy and that curiosity is able to facilitate a space in which diversity, variety and different perspectives are able to emerge for the client. The curiosity appears to be meaningful in as much as it allows the client to adopt and internalize a sense of curiosity for his/her own life world (Brantbjerg,

2018). That internalization then allows the client to develop his own understanding and his own insight into the situation. She further explained:

[So] when you are curious, people make links for themselves. What the curiosity does it helps you understand your narrative ... So, curiosity helps you kind of see where this person is, it helps you see as a client where you're at as well.

A sense of *curiosity* therefore speaks to practitioners' own desire for understanding, knowing and exploring the unknown. Practitioners reflected how the diversity and variety doing psychotherapy exposes them to, was perceived as invigorating, exciting and rewarding (Yang & Hayes, 2020). The manifold aspects of human nature and interpersonal encounters seem to allow practitioners to meet their sense of curiosity, by continuously learning new things whilst being exposed to variety and difference (Hyatt-Burkhart, 2014).

5.7.2.5. Authenticity

In as much as the inherent intersubjective entanglement between practitioner and client, requires a degree of empathy and a sense of emotional connectedness (Veage et al., 2014), participants highlighted aspects of congruence, genuineness and overall authenticity that they found for themselves in practising psychotherapy. Research has demonstrated that the level of authenticity and congruence a practitioner experiences in relation to a client directly informs the treatment process and outcome of psychotherapy (Atzil-Slonim et al., 2018; Frankel et al., 2019; Taber et al., 2011). The excerpts below demonstrate how participants of this study experienced a greater sense of interpersonal connectedness, authenticity and congruence as a result of doing psychotherapy. E.T. reflected that doing psychotherapy was an added outlet for her to practise the values she believed in. She reported:

I'm able to practice what feels congruent to who I am, to a large extent. Such that you know, the E.T. you see in therapy is actually quite similar to the E.T. at home ... that's been quite reassuring ... knowing that there's certain aspects that I've been practicing on a daily basis, probably as part of who I've been before starting training ... it fits who I am ... Rather than ... what I think other people would want, so that's that congruence.

Echoing this understanding, a study conducted by Veage et al. (2014) similarly demonstrate that a sense of value congruence was directly correlated to psychological well-

being amongst mental health care professionals. Similarly, Andrew reflected on the importance of genuineness as an authentic manner of *being-in-session* sustainably said:

I don't think anyone can sustainably carry on in this if they're not genuinely interested in helping people and I do find that that is what means the most to me is it's rewarding.

In line with the findings by Veage et al. (2014), practitioners who experience a sense of genuineness and authenticity as a result of doing something that is congruent to their personal values, are less likely to experience a sense of interpersonal cognitive dissonance linked to “levels of burnout and emotional exhaustion” (p. 258). Both accounts by Andrew and E.T. reflect that the authenticity enables psychologists to do psychotherapy in a manner that is both sustainable and meaningful, for both the client and practitioner. To Andrew the genuineness with which a practitioner encounters the client is telling for the degree of sustainability and longevity of the therapeutic process. Similarly, Cathy also echoed the notion of genuineness that is reflective of a “sense of realness” within the psychotherapeutic encounter and to the client.

I think a sense of congruence ... and a sense of openness. At least that is what I hope ... that there is a sense of realness and congruence and then also about openness and meeting you where you are at.

While another participant responding to a question around the mechanism of psychological change added:

My knee jerk answer and it may change as I think through is ... I think it's just the relationship. You know. I think I think if there is a genuine relationship between ... you can be congruent as therapist and be able to hold someone in mind in your relationship ... I think that's it. You've won. That's therapy basically. - Macey

Again, both Macey’s and Cathy’s answers explore the concept of genuineness and congruence as a means for improved connectedness and subsequently more effective psychotherapy processes. The degree of connectedness appears to be mediated by the congruence with which the practitioner engages the client within a psychotherapeutic process (Atzil-Slonim et al., 2018). It would seem then that participants identified a two-way street of authenticity, namely that the practice of psychotherapy both requires and creates authenticity.

The expressed meaning unit of *authenticity* thus encapsulates the sense of personal congruence and authenticity that practitioners experience as a result of engaging in psychotherapy. For psychotherapy to be effective and for it to work, practitioners posited a sense of interpersonal authenticity and congruence between the practitioner and the client (Frankel et al., 2019; Veage et al., 2014). In a similar fashion to the collaborative nature of psychotherapy producing a co-creation of meaning that makes the overall encounter meaningful to both parties, so too does the shared interpersonal authenticity between client and practitioner facilitate congruence for both involved (Veage et al., 2014).

5.7.2.6. Purpose

The final subtheme of meaning that participants identified in doing psychotherapy can be described in terms of *purpose*. This theme refers specifically to practitioners experiencing a sense of direction, guidance and purpose in their lives as a result of doing psychotherapy. Recently an article conducted by Machando, Maasdorp, Wogrin, Javangwe, and Muchena, (2019) similarly explored how Zimbabwean psychologists manage to cope in the face of loss and trauma. Their findings identified a particular “meaning making perspective...[whereby] practitioners construct a sense of personal control” (p. 5). Along the same lines, practitioners of this study reflected on psychotherapy as something that gave them a sense of identity and purpose for their lives. Participants expressed that the practise of psychotherapy was something according to which they are able to orient and guide themselves by. Research has similarly identified positive changes in life philosophy and self-narratives, resulting from doing psychotherapy e.g. (Hyatt-Burkhart, 2014; Sui & Padmanabhanunni, 2016). The underlying current remains, that doing psychotherapy significantly influences and shapes practitioners view themselves and the world around them (Veage et al., 2014). Along these lines, E.T. reflected on the effect doing psychotherapy had on her sense of identity and purpose. She said:

It's become ... not only my primary language of [being] ... it's become part of my personality and identity. Being a therapist has highlighted how important it is for me to do therapy as part of who E.T. is ... I don't know if that's a good thing or not, but I don't know what I would do if someone were to delete that bubble out of me. So, it's become quite a personal aspect of me.

Another participant expressed how practicing psychotherapy was something that she had always known she would be doing from an early age and that she could not imagine doing anything else with her life. Sabrina said:

So, it's not just a career choice, obviously it is. But for me, it's me. It's, it comes from how I was raised and the value like I knew from when I was 16, that, that's my goal in life. My purpose in life is to bind up the broken-hearted. How that was going to be expressed can go many different ways and...but I can't see myself doing anything else.

Both accounts reflect how practitioners find some form of purpose and fundamental underlying sense of identity and need fulfilment within their practise of psychotherapy. As such, practitioners appear to find a sense of purpose for themselves in their practice of psychotherapy. That practice may be best understood in terms of a deeply idiosyncratic process of self-actualization and individuation that practitioners experience within their practise of psychotherapy. Reflecting this thought one participant described this idiosyncratic process below:

For me, personally, it's a way of me meaningfully spending my time and growing... the work I do has to be meaningful. And that's why I tend to do things that are about helping people ... helping people is the most meaningful thing and way I can think of in a very direct way, and so that can be through therapy. That can be through teaching that can be through supervising or that can be through research, which are really the things that I do, which is all about trying to enhance well-being because I think ethically it's the way I like spending my time most. And I like doing it in a scientifically informed manner. So, for me, it feels like a meaningful way of me spending my life. - Andrew

Andrew's account reflects how practitioners of psychotherapy find a sense of personal meaning for their own personal lives in doing psychotherapy. The meaning(s), as shown and discussed in the various meaning units above, are subjective and deeply idiosyncratic in that they represent personal interpretations and perceptions of doing psychotherapy. Despite the idiographic and subjective nature of these meaning(s), these experiences and reflections demonstrate how practitioners of psychotherapy engage in meaning-generation in response to the Sisyphean burden(s) and negative consequences that come as a result of doing psychotherapy. While the specific meaning each practitioner creates and finds for themselves

in doing psychotherapy remains deeply subjective, the experience of psychotherapy as fundamentally meaningful was not.

These findings are consistent with broader bodies of literature that have identified how meaning-generation in psychotherapy may be used to combat negative consequences of burnout, emotional exhaustion and compassion fatigue (Hyatt-Burkhart, 2014; Machando et al., 2019; Sui & Padmanabhanunni, 2016). Furthermore, the resulting positive transformations, meaning(s) and life changes that occur as a result of doing psychotherapy have been described as vicarious post-traumatic growth (Hyatt-Burkhart, 2014; Machando et al., 2019). The examination of psychologists' experiences of doing psychotherapy has therefore revealed that while there are a number of complex, personal and professional burdens to bear, practitioners experience psychotherapy to be fundamentally meaningful. In line with the Greek mythological characterisation of Sisyphus, while psychologists are unable to solve the problem of human suffering and pain, they are able to aid in shouldering its burden. Moving away from outcome-based results in doing psychotherapy, the process of repeatedly confronting human suffering and shouldering *the Sisyphian burden* becomes in and of itself meaningful. The process of meaning-generation along with the identified meaning(s), are thus resource, resilience and response to an innately challenging profession and activity of psychotherapy.

CHAPTER 6: CONCLUSION

6.1. Overview

In an effort to conclude the study, this chapter provides an integrated summary and overview of the study's findings. This overview entails a consolidated discussion around the reflections, limitations, contributions and recommendations this study aimed to provide. As such this chapter outlines how the study answered the research question and while satisfying the guiding aims, before pausing to highlight some of the limitations and recommendations that can be drawn from this study.

6.2. Integration and summary of the key findings

As the aim of this research study was to provide a qualitative understanding of how psychologists perceive and make sense of their subjective experiences of practising psychotherapy, the analysis primarily explored psychologists' lived accounts of doing psychotherapy. More specifically, the research was guided by two primary aims that consisted of: (1) exploring how psychologists made sense of themselves amidst competing discourse of effectivity and mechanisms of psychological change; and, in turn, (2) exploring how psychologists perceived and responded to the inherent difficulties associated with doing psychotherapy. Drawing on the subjective experiences and idiographic accounts of six psychologists doing psychotherapy in South Africa, an IPA methodology revealed the following themes: *the space, the process, the Sisyphean burden, being-seen whilst seeing-others, the self* and *the search for meaning*.

These themes provided rich idiographic accounts and meaning(s) of the lived experiences psychologists have of doing psychotherapy. The findings revealed that psychologists experience doing psychotherapy as fundamentally challenging but also meaningful. Furthermore, psychologists demonstrated to have a more integrated understanding of the competing discourse of effectivity and psychological change found amidst the CF vs. EST discourse. The participants revealed that their lived realities of doing psychotherapy benefited more from such an integrated understanding and allowed them a greater flexibility in integrating various theoretical and practical approaches to doing psychotherapy. Additionally, participants experienced their personal self (i.e. the person of the psychotherapist) to be inextricably interwoven and indivisible from the process of doing

psychotherapy. Below each of the respective themes and associated meaning(s) is briefly summarised and integrated amidst the relevant corpus of literature.

Both themes of *the space* and *the process* directly reflected participants' interpretations, attitudes and experiences regarding the nature of psychotherapy. For participants doing psychotherapy entailed holding and providing both a *space* and a *process* that was experienced as tangible and intangible. Given the multiplicity of therapeutic understandings, modalities and theoretical frameworks that underline psychotherapy and its associated contested discourses of psychological change (Castonguay & Beutler, 2006; Chambless & Ollendick, 2001; Laska et al., 2014), and, as reviewed in Chapter 2, participants' personal interpretations reflect ongoing attempts to introduce variability, flexibility and integration. *The space* highlighted experiences of *being-with*, *intersubjective entanglement* and *temenos*, that speak to the common factors including interpersonal warmth, empathy, congruence identified in the literature (Constantino & Bernecker, 2014; Hofmann & Barlow, 2014; Lambert & Ogles, 2014). Furthermore, pertinent characterisations of the *process* of psychotherapy including *the ouroboric process*, *the practice of dimensionality* and the process as *paradox*, reflected practitioners awareness of the ongoing, paradoxical and dimensional nature of doing psychotherapy. In line with the literature examining psychologists' experiences of doing psychotherapy, participants expressed feelings of: ambivalence and tension between the subjective and the objective (Benjamin, 2015; Emmelkamp et al., 2014; McConaughy, 1987); the person of the psychologist and the professional nature of doing psychotherapy as a psychologist (Aherne et al., 2018; Jensen, 2007); the CF vs. EST (Hofmann & Barlow, 2014; Laska et al., 2014); as well as the rewards and the challenges of doing psychotherapy (Hyatt-Burkhart, 2014; Nel & Fouché, 2017b).

From here the theme of *the Sisyphean burden* identified and reflected on participants 'negative' and challenging experiences of doing psychotherapy in the South African context. These included *systemic challenges* including aspects of chronic violence, poverty and racial inequality (Artz et al., 2020; de Witte et al., 2012; Lund & Cois, 2018; Ward et al., 2018), as well as a sense of personal and professional *responsibility* and a sense of *intersubjective entanglement*. The findings discussed in this subtheme confirmed and echoed pertinent aspects regarding the profession specific difficulties and challenges psychologists face as a result of doing psychotherapy. The lived experiences closely mirrored the identified literature surrounding the internal affective and cognitive changes psychologists experience under vicarious trauma (Deville et al., 2009; Machando et al., 2019; Sui & Padmanabhanunni,

2016), compassion fatigue, stress and burnout identified in studies such as Barnett and Cooper (2009), Jordaan et al. (2007), Jordaan, Spangenberg, Watson, and Fouche (2007). Furthermore, the findings directly contextualize how practitioners of psychotherapy experience difficult contextual factors such as Hitge and Van Schalkwyk's (2018) identified description of the difficult socio-economic status in South Africa, the chronic shortage of mental health care professionals (Cooper & Nicholas, 2012), as well as poverty, sexual violence and abuse that continue to mar the treatment of mental health related illnesses within the South African context (Artz et al., 2020; de Witte et al., 2012; Lund & Cois, 2018; Ward et al., 2018). The Sisyphean burden therefore provided a detailed and contextualised answer to how psychologists experience the difficulties associated with doing psychotherapy within the South African milieu.

Being-seen whilst seeing-others, highlighted how psychological practitioners experienced an underlying need for psychological and supervisory support whilst practising psychotherapy. Responding to the various difficulties practitioners' experience, participants identified the need for personal therapy, ongoing supervision, self-care and research as primary coping mechanism and sources of support. These findings supported the growing body of literature surrounding the critical need for psychologists and psychotherapists to practise self-care (Dattilio, 2015; Di Benedetto, 2015; Figley, 2002; McCormack et al., 2018), maintain their own personal therapy and remain in continued supervision (Elkins et al., 2017; Tay et al., 2018; Ziede & Norcross, 2020). A number of studies have also shown the benefits of mandatory supervision and therapy for the training of psychologists (McMahon, 2018; McMahon & Hevey, 2017). The lived experiences of psychologists thus support the need for therapy and supervision, as a means to navigate the innate stressors associated with doing psychotherapy.

Finally, underlying these main four main themes are two integrated themes of *the self* and *the search for meaning* among psychologists. These two integrated themes attempted to integrate the personal and idiographic perceptions and meaning(s) participants had of themselves and their internal lived realities in offering psychotherapy. *The self* specifically illustrated that while participants were aware of the competing discourses of change (CF vs. EST), they fundamentally considered the *person* of the psychotherapist to be primary in bringing about psychological change. In line with the most recent findings e.g. (Lambert & Barley, 2001b; Messer & Wampold, 2002; Tschuschke et al., 2020; Tzur Bitan & Abayed, 2020; Wampold & Imel, 2015; Ziede & Norcross, 2020), participants reiterated that the

person of the therapist was primarily involved in establishing a proper therapeutic alliance and was therefore the primary ingredient of therapeutic change. Additionally, the *search for meaning* emphasised the findings of this research study in responding to the primary question regarding how psychologists make sense of what they do and how they respond to the demands of practising psychotherapy.

Central to this exploration was the theoretical and conceptual understanding of vicarious post-traumatic growth. Vicarious post-traumatic growth entails experiencing positive transformations and changes in philosophy of life, improved interpersonal relationships and changes in self-perception as a result of witnessing vicarious trauma (Hyatt-Burkhart, 2014). A study on South African psychologists identified areas of vicarious post-traumatic growth in psychologists working specifically with trauma survivors (Sui & Padmanabhanunni, 2016). Contributing to emerging research on the positive changes psychologists experience as a result of doing psychotherapy, this study identified that participants considered doing psychotherapy fundamentally meaningful. Six primary meaning units were identified across all participants' accounts and entail: *hope, perspective, growth, curiosity, authenticity* and *purpose*.

Each of these themes highlighted the idiosyncratic positive transformations the participants experienced as a result of empathically engaging others' traumatic and pathogenic material in doing psychotherapy. At their core, these meaning(s) represented positive and meaningful changes of the psychologists' enduring way of experiencing the self, others and the world around them. Participants therefore reflected engaging in meaning-generation as a result of and in response to experiencing the underlying sense of meaninglessness that human suffering and pain presents with. These meanings were thus considered intrinsic, preventative and reactionary to *the Sisyphean burden* of doing psychotherapy.

The discussion above illustrated the key findings of this research study and presented an integrated discussion surrounding the guiding aims and primary research question the study hoped to answer. Summatively, the findings reveal that psychologists experience themselves to be crucial components to the process of therapeutic change. The process of psychotherapy was therefore experienced as deeply divided, complex, and paradoxical in that it entailed numerous contestations. The participants described experiencing this with ambivalence and tension, requiring flexibility and integration as opposed to dichotomous contestation. Furthermore, psychotherapy was experienced as deeply challenging but

fundamentally meaningful in that participants were able to experience positive transformations in themselves and their profession as a result of doing psychotherapy.

6.3. Limitations and contributions

In exploring the lived experiences and sense-making processes of psychologists doing psychotherapy, an IPA methodology rooted in interpretivism was adopted for the study. While the chosen theoretical framework and methodology (IPA) allowed the researcher to give voice to and amplify participants' accounts and interpretations of their lived experiences of psychotherapy, certain limitations remain. Exploring lived realities reflects attempts at making sense of other participants' sense-making process. As such IPA usually reflects a unique set of experiences that are specific to a particular sample and may not necessarily reflect the experience of a particular phenomenon for all (Alase, 2017). It therefore remains case-specific, subjectively interpreted and lacks a general sense of generalizability (Smith, 2014; Smith & Osborn, 2007). The findings therefore not necessarily generalizable or constituent of any 'absolute' or 'objective truth', and may therefore not be representative of all South African psychologists' experiences and meanings surrounding the practise of psychotherapy.

Additionally, IPA studies often rely on a specific target sample from a given population and therefore heavily rely on purposive and convenience sampling, further limiting the degree of generalizability of the findings (Tuohy et al., 2013). As this study drew from the lived experiences of six psychologists, the findings of this study may be case specific and not a generalizable or representative of the experience of doing psychotherapy for all psychologists. While the sample was relatively homogenous in that all participants identified themselves as primarily being involved in doing psychotherapy, the sampling method followed a method of convenience purposive sampling. This may have further limited the sample to a non-representative sample of psychologists. The findings that are thus generated are thus not generalizable and may be subject to researcher selection bias (Etikan, 2016).

Finally, the IPA methodology draws on the researchers' perceptions and interpretations of a participants' interpretations, and may therefore lose the intended meaning(s) and true reflections of the participants' lived experiences (Smith et al., 2009; Tuffour, 2017). The temptation may therefore be by researchers to emphasise their own opinions as opposed to accurately capturing the participants' experiences and amplifying

their voices (Tuffour, 2017). To counteract these limitations, IPA researchers are required to follow a rigorous and transparent research process that integrates researcher reflexivity to ensure for greater quality of the research.

The aforementioned limitations of the study may be contrasted by some of the possible contributions this research study has sought to make. The clear dearth of qualitative research around practitioners' experiences of doing psychotherapy along with any associated underlying meaning(s) was identified and discussed throughout the literature review. As such, this study made a clear epistemological contribution to the bridge the paucity of international and local qualitative and idiographic research pertaining to qualitative accounts of doing psychotherapy as experienced from the practitioners' perspective. This study has therefore made a contribution towards the lived experiential and phenomenological accounts of practitioners' experiences, feelings and perceptions around psychotherapy.

Additionally, the findings of this study hold a number of implications for psychologists doing psychotherapy. While research continues to demonstrate the challenges of psychotherapy, the positive experiences, meaning(s) and transformations this study identified may inform future psychologists' understandings of doing psychotherapy. The emphasis on vicarious post-traumatic growth may provide value to practitioners in navigating the stressors associated with doing psychotherapy. Furthermore, highlighting transformative process psychotherapy engenders in practitioners may be useful for the future training of psychologists in South Africa as they enter into a profession with increasingly high profession-specific challenges and demands. The positive experiences reflected on here, may further assists psychologists in conceptualizing and making sense of their ongoing experiences and provide a fruitful dialogue around better navigating the uniquely challenging context of South Africa for practising psychologists.

6.4. Recommendations for future research

The focus of this study was limited in terms of its broad and generalist approach to the interpretive exploration of a particular phenomenon that was innately broad and open ended. As such future research may possibly better contribute to any form of emergent conceptual scaffolding regarding the mechanisms of psychological change, by specifically looking at specific treatment modalities and treatment approaches. As this study was primarily interested in how practitioners make sense of the unfolding dichotomy in psychotherapy research, adopting a more linear approach for future research may provide quantitative data

targeting certain treatment correlations in dissecting the experienced dichotomies of psychotherapy research regarding psychological change and its associated mechanisms. Such an approach may benefit from specifically evaluating practitioners' experiences and meaning(s) of psychotherapy, by clearly targeting a specific modality practising practitioner population and further adopting a more unidimensional definition of psychotherapy, that is correlated to a specific framework or modality. This may allow for a clearer correlation and a more definitional understanding of practitioners' experiences regarding specific treatment modalities.

Furthermore, having identified the various different meaning(s) practitioners associate and find within the practise of psychotherapy, a follow-up qualitative study exploring the connection between the identified meaning units and the specific difficulties psychologists face in the South African context experience, may be able to illustrate a more definitive correlation between the meaning(s), experienced stressors and the identified vicarious post-traumatic growth (Sui & Padmanabhanunni, 2016). Such a study would be able to demonstrate more clearly the nature of the identified relationship between the experienced challenges and stressors and the meaning(s) of practising psychotherapy, which this study tentatively alluded to.

The South African focus of this research study may be further compared and contrasted by follow-up qualitative studies conducted across international contexts, that may in a similar fashion to the McMahon (2018) study further corroborate, contrast and elaborate the findings of this research study. This would enable further qualitative and interpretative data to emerge by which the dichotomous landscape, along with the various international contestations around the practise of psychotherapy, could be meaningfully interpreted. As alluded to in the limitations of this study's sample, future qualitative explorations may benefit from specifically examining the lived experiences of black psychologists in the South African context. This would allow for a closer exploration of biographical characteristics such as a gender, age, sex and ethnicity, in influencing and mediating the type of experiences practitioners have of psychotherapy in South Africa, especially in regards to power. The historical injustices and marginalisation of black people in South Africa, may therefore be reproached by intentional efforts in amplifying and spotlighting the lived experiences of black psychologists in South Africa and meaningfully contribute to a more Africa(n)-centered understanding of psychotherapy. Given the reviewed Africa(n)-centered decolonial project of psychology in South Africa, recommendations for future studies may benefit from

specifically examining the experiences of black psychologists doing psychotherapy. This may help toward overcoming South Africa's history of systemic oppression, marginalisation and silencing of black voices (Ratele et al., 2018).

Additionally, as this study delimited experiences to a rather Cartesian understanding of practitioners' lived experiences by emphasising the subjective interpretations, perceptions and meaning(s) of doing psychotherapy, future may benefit from examining more corporeally embodied experiences practitioners have of psychotherapy whilst *being-in-session*. Emphasising the embodied experiences and corpo-material dimensions of practitioners may further highlight the performative function of doing psychotherapy and concretize the sensual, embodied and physical impact psychotherapy has on the practitioner.

Finally, further explorations both descriptively and interpretively, may prove fruitful in contributing to the within the psychotherapy literature around the development of a renewed meta-awareness within the field (Hasson-Ohayon et al., 2020). This meta-awareness could contribute to the successful navigation and ongoing negotiation, of an ever increasingly contested space within the profession of psychology and the practice of psychotherapy. These explorations could contribute to and inform a renewed understanding of the discipline of psychotherapy, along with its debated scope, practice and training, pertinent to the South African context.

6.5. Concluding note

The findings and interpretations uncovered throughout this research process and research study mirror the findings of certain experiences, understandings and meanings as uncovered by the only other international study alongside mine. These experiences and meaning(s) explored in McMahon (2018) and McMahon & Hevey (2017) similarly demonstrated the ongoing need for supervision, the ongoing feeling of 'missing something' and being an 'unfinished product' as well as the inherent challenges to psychotherapy. The reflection on these similar findings and results, may suggest that psychotherapy irrespective of its geographical practice, may contain elements that move beyond any specific contextual, socio-political, cultural or conceptual domains. The shared experiences and findings of this research study along with the IPA studies conducted by McMahon (2018) and McMahon & Hevey (2017), may thus allude to underlying intersubjective elements between client and practitioner, regardless of context, that fundamentally characterise the practise of

psychotherapy along with is experienced meaning(s) and challenges. While not being generalizable or representative of all psychologists' and practitioners' experiences, the findings discussed in this study may speak directly to core elements of intersectionality and subjectivity that fundamentally underline our shared humanity, practitioner and client alike.

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APPENDICES

Appendix A

Participant information sheet and invitation



TITLE OF THE STUDY

Being-in-session: An interpretive phenomenological exploration of psychologists' experiences of practising psychotherapy in South Africa.

Hello my name is **Manuel Andreas van der Neut**, I am currently **a Master's student** at the Faculty of Humanities, University of Pretoria. You are being invited to take part in my/our research study. Before you decide to participate in this study, it is important that you understand why the research is being done and what it will involve. Please take some time to read the following information carefully, which will explain the details of this research project. Please feel free to ask the researcher if there is anything that is not clear or if you need more information.

WHAT IS THE PURPOSE OF THE STUDY?

- Despite the primary role interventative work plays in psychologists' scope of practice and profession, few qualitative studies have explored the experience(s) of the practise of psychotherapy from the perspective of psychologists.
- The purpose of this study is to explore what meaning(s) psychologists attach to the practise of psychotherapy within the South African context.
- The overall aim of this study is thus to explore and interpret the meaning(s) psychologists' attach to their experiences of practicing psychotherapy.

WHY HAVE YOU BEEN INVITED TO PARTICIPATE?

- You are being invited to participate because you are a psychologist, who is registered with the Professional Board of Psychology of the Health Professions Council of South Africa in the

category of independent practice, whose professional activity is constituted primarily by offering psychological intervention methods and psychotherapy.

- You will be excluded if you do not meet the abovementioned inclusion criteria, i.e. you are not a registered psychologist in the category of independent practice and do not consider your primary professional activity to be constituted primarily by psychotherapy and psychological intervention methods.

WHAT IS THE NATURE OF MY PARTICIPATION IN THIS STUDY?

- For this research study you will be invited to participate in an interview that will last approximately 60 to 90 minutes. During this interview a number of questions will be asked around the research topic from which further meaning will be interpreted.

CAN I WITHDRAW FROM THIS STUDY EVEN AFTER HAVING AGREED TO PARTICIPATE?

- Participating in this study is voluntary and you are under no obligation to consent to participation. If you do decide to take part, you will be given this information sheet to keep and be asked to sign a written consent form. You are free to withdraw at any time and without giving a reason. If you decide not to take part in the study or to withdraw from the study after initially agreeing to participate, you are well within your rights to do so without any negative consequences.

WILL THE INFORMATION THAT I CONVEY TO THE RESEARCHER BE KEPT CONFIDENTIAL?

- Confidentiality will be ensured by assigning pseudonyms to all participants. These pseudonyms will be used in all research notes and documents. Findings from this data will be disseminated through conferences and publications. Reporting of findings will be confidential and only the researchers involved in this study will have access to the information.
- Please note participant information will be kept confidential, except in cases where the researcher is legally obliged to report incidents such as abuse and suicide risk.

WHAT ARE THE POTENTIAL BENEFITS OF TAKING PART IN THIS STUDY?

- There will be no direct benefit to you for participation in this study, however, I hope that information obtained from this study may shed light on the nature of the qualitative experiences and challenges practising senior clinical psychologists encounter in offering mental health services within the South African context.

WHAT ARE THE ANTICIPATED RISKS FROM TAKING PART IN THIS STUDY?

- Taking part in this study will not incur any risks on your behalf.

WHAT WILL HAPPEN IN THE UNLIKELY EVENT THAT SOME FORM OF DISCOMFORT OCCUR AS A RESULT OF TAKING PART IN THIS RESEARCH STUDY?

- Should you feel the need for further debriefing and clarity concerning your participation in this research study after the interviews, an opportunity will be arranged with the researcher.
- Additionally, free telephonic counselling from Lifeline as well as psychological services from SADAG is available to resolve any emotional discomfort or stress encountered throughout this study.

HOW WILL THE RESEARCHER(S) PROTECT THE SECURITY OF DATA?

- Electronic information will be stored for period of 15 years. Future use of the stored data will be subject to further Research Ethics Review and approval if applicable.
- Hard copies of raw data will be stored securely in a locked cabinet and electronic data will be kept in a file that is password protected in the Department of Psychology at the University of Pretoria with limited and controlled access on password protected computers.

WHAT WILL THE RESEARCH DATA BE USED FOR?

- The collected data along with the transcripts will be securely stored on a password protected computer to which only the researcher will have access, this will also entail the safe and secure storage of physical documents and transcripts in the department of psychology at University of Pretoria (HB 11-24).

WILL I BE PAID TO TAKE PART IN THIS STUDY?

- No compensation will be provided to take part in this study.

HAS THE STUDY RECEIVED ETHICS APPROVAL

- This study has received written approval from the Research Ethics Committee of Faculty of Humanities, University of Pretoria. Ethical approval number is: **HUM010/0420**. A copy of the approval letter can be provided to you on request.

HOW WILL I BE INFORMED OF THE FINDINGS/RESULTS OF THE RESEARCH?

- The findings of the research study will be shared with you by Manuel Andreas van der Neut, upon completion of the study in December 2020. Findings can be requested from the researcher in writing using the contact details below.

WHO SHOULD I CONTACT IF I HAVE CONCERN, COMPLAINT OR ANYTHING I SHOULD KNOW ABOUT THE STUDY?

- If you have questions about this study or you have experienced adverse effects as a result of participating in this study, you may contact the researcher whose contact information is provided below. If you have questions regarding the rights as a research participant, or if problems arise which you do not feel you can discuss with the researcher, please contact the supervisor, and contact details are below.

Thank you for taking time to read this information sheet and in advance for participating in this study.

Researcher

Name Surname: Mr Manuel Andreas van der Neut

Contact number: [REDACTED]

Email address: manuelvanderneut@gmail.com

Supervisor

Name: Ms Adri Prinsloo

Contact number: 012 420 2918

Email address: adri.prinsloo@up.ac.za

Appendix B

Participant consent form



***Being-in-session:* An interpretive phenomenological exploration of psychologists' experiences of practising psychotherapy in South Africa.**

ETHICAL APPROVAL NUMBER: HUM010/0420

WRITTEN CONSENT TO PARTICIPATE IN THIS STUDY

I, _____ (participant name), confirm that the person asking my consent to take part in this research has told me about the nature, procedure, potential benefits and anticipated inconvenience of participation.

STATEMENT	AGREE	DISAGREE	NOT APPLICABLE
I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, and without any consequences or penalties.			
I understand that information collected during the study will not be linked to my identity and I give permission to the researchers of this study to access the information.			
I understand that this study has been reviewed by, and received ethics clearance from Research Ethics Committee Faculty of Humanities of the University of Pretoria.			
I understand who will have access to personal information and how the information will be stored with a clear understanding that, I will not be linked to the information in any way.			

I give consent that data gathered may be used for dissertation, article publication, conference presentations and writing policy briefs.			
I understand how to raise a concern or make a complaint.			
I consent to being audio recorded.			
I consent to have my audio be used in research outputs such as publication of articles, thesis and conferences as long as my identity is protected.			
I give permission to be quoted directly in the research publication whilst remaining anonymous.			
I have sufficient opportunity to ask questions and I agree to take part in the above study.			

Name of Participant

Date

Signature

Name of person taking consent

Date

Signature

Appendix C

Permission from the Faculty Ethics Committee



Faculty of Humanities

Fakulteit Geesteswetenskappe
Lefapha la Bomotheo



5 June 2020

Dear Mr MA van der Neut

Project Title: Being-in-session: An interpretative phenomenological exploration of psychologists' experiences of practising psychotherapy in South Africa.
Researcher: Mr MA van der Neut
Supervisor: Miss CA Prinsloo
Department: Psychology
Reference number: 14065950 (HUM010/0420)
Degree: Masters Clinical Psychology

I have pleasure in informing you that the above application was **approved** by the Research Ethics Committee on 28 May 2020. Data collection may therefore commence.

Please note that this approval is based on the assumption that the research will be carried out along the lines laid out in the proposal. Should the actual research depart significantly from the proposed research, it will be necessary to apply for a new research approval and ethical clearance.

We wish you success with the project.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Innocent Pikirayi'.

Prof Innocent Pikirayi
Deputy Dean: Postgraduate Studies and Research Ethics
Faculty of Humanities
UNIVERSITY OF PRETORIA
e-mail: PGHumanities@up.ac.za

Fakulteit Geesteswetenskappe
Lefapha la Bomotheo

Research Ethics Committee Members: Prof I Pikirayi (Deputy Dean); Prof KL Harris; Mr A Bizos; Dr A-M de Beer; Dr A dos Santos; Ms KT Govinder Andrew; Dr P Gutura; Dr E Johnson; Prof D Maree; Mr A Mohamed; Dr I Noomé; Dr C Puttergill; Prof D Reyburn; Prof M Soer; Prof E Taljard; Prof V Thebe; Ms B Tsebe; Ms D Mokalapa

Appendix D

Semi-structured interview guide

1. How have you experienced being a psychologist in South Africa?
 - Prompt: What have you found most challenging? What have you found most rewarding?
 - Prompt: Are there unique experiences to the South African context? How does the South African context contribute/influence *being* a psychologist?
2. Tell me, what role do you believe psychotherapy plays in being a psychologist?
 - Prompt: How central/primary is the practice of psychotherapy to you as a psychologist?
 - Prompt: What is the primary activity of a psychologist?
3. What is psychotherapy to you?
 - Prompt: How do you experience offering psychological interventions and treatment methods such as psychotherapy?
 - Prompt: Are there emotional challenges to offering psychotherapy? How do you experience the emotional challenges associated with practising psychotherapy?
4. Explain: There are two prominent discourses that surround the practise of psychotherapy. One discourse focuses on empirically supported treatments that rely largely on evidence-based interventions/practices (empirically supported treatment discourse), whereas the other focuses on the common factors underlying psychotherapy such as the personality of the therapist, the level of warmth and empathy offered to the client by therapists (common factor discourses).
Question: What do you believe contributes most significantly to psychological change?
 - Prompt: What do you believe/feel/think causes psychological change in treatment/therapy/psychotherapy/intervention?
5. What meaning(s) does the practice of psychotherapy hold for you as a psychologist?

- Prompt: Would you consider psychotherapy to be “the art of their [clinical psychologists’] craft”?
6. Is there a clear distinction between a psychologist and psychotherapist?
- Prompt: Are there different roles? Do they operate differently?
 - Prompt: In your experience, what professional roles have you taken up outside of the practice of psychotherapy/being a psychotherapist?
7. How do you position your ‘self’ in relation to practising psychotherapy?
- Prompt: What role does your ‘self’ play in offering psychotherapy/practising psychotherapy?
 - Prompt: Do you consider the therapists’ self to be the tool of therapy?