THERAPIST IDENTITY FORMATION OF STUDENTS
AND PRACTITIONERS OF PSYCHOLOGY OF
EDUCATION

by

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SUPERVISOR: DR M. J. GRIESEL

FEBRUARY 1996
DECLARATION

"I declare that THERAPIST IDENTITY FORMATION OF STUDENTS AND PRACTITIONERS OF PSYCHOLOGY OF EDUCATION is my own work and that all sources that I have used or quoted have been indicated and acknowledged by means of complete references".

MRS S. TODDUN

..............................................

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SUMMARY

Therapist identity formation is an important part of the development of the therapist training programme. It results in numerous changes for the therapist and is often an emotive developmental stage. The therapist develops his identity by doing therapy, but before he is able to do that, he needs to understand what he sees the role of therapy to be, as well as developing his own therapeutic skills. Fortunately there are personality traits which enhance this identity formation process.

It is by his own actions and involvement that the therapist accomplishes this multifaceted process. The effects of this identity formation are varied and require the therapist to undergo introspection on a number of issues which affect his own life-world. The formation of a successful therapist identity results in a therapist who experiences a sense of unity and congruence in who he is and what he does.
THERAPIST IDENTITY FORMATION OF STUDENTS AND PRACTITIONERS OF PSYCHOLOGY OF EDUCATION

KEY TERMS:

Therapist identity formation; person of the therapist; the therapeutic role; personal qualities of the therapist; developmental stages of the therapist; influences on the therapist; therapist emotions; actions of the therapist; therapist evaluation; involvement of the therapist.
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TO BRUCE, GARETH AND LEIGH FOR YOUR LOVE AND SUPPORT
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CHAPTER ONE

INTRODUCTION, ORIENTATION AND STATEMENT
OF THE PROBLEM

1.1 INTRODUCTION

Identity formation is an accepted human process. It begins at birth and ends when the
individual dies. Throughout life, the individual identifies with articles, places, ideals,
causes, persons, ethnic groups, languages, etcetera.

One of the more important identity formations that take place is a person's identity
formation with a specific career or careers. Writers such as Eckstein and Wallerstein
(1972:84) see the acquiring of a therapist identity as one of the most important aspects
of the training programme of the psychotherapist. They state that even if a
psychotherapy programme were to succeed completely in helping its students acquire
all the basic psychotherapeutic skills, but fail to develop a therapist identity, it would
still have failed in its task of training psychotherapists.

The reason for this is that these authors see not only the acquisition of skills as
necessary in the developing psychotherapist, but also the development of that quality
that makes him into a 'truly professional person, a quality we wish to refer to as his
professional identity' (Eckstein and Wallerstein 1972:84).

The essence of this thesis is perfectly encapsulated in the foregoing quotation. It is
also the view of this writer that becoming a therapist, and developing a professional
identity, is more than simply a matter of developing the appropriate therapeutic
techniques and skills. For this reason the development of the professional identity of
the therapist and the implications thereof on the person of the therapist, will be
examined in greater detail.
1.2 THE DEVELOPMENT OF THE THERAPIST IN TRAINING

During the training programme an awareness was created as to the various facets and processes of the therapist identity formation. These were as follows:

1.2.1 The development of the person of the therapist

The main participants in the therapeutic process are the client and the therapist. Since man by nature is a very egocentric being, the importance of the therapist's training will largely be in the shaping of the personality of the therapist, in order for him to be in a position to empathise with and support the client.

Mitchell (Curtis & Stricker 1991:86) also stresses the importance of the development of the person of the therapist in his training, as he sees the struggle for the therapist as being to find an authentic voice which is more fully his own.

The emphasis for the therapist is very much on self-development, as it is the person of the therapist, rather than any therapeutic intervention, that is of importance in the therapy itself.

1.2.2 Knowledge of the self

A fundamental premise of many therapeutic schools, in particular the Rogerian client-centered therapy, is that the therapist enters into an empathetic relationship with the client (Rogers 1965:29). In order for the therapeutic relationship to be successful, there is a need for knowledge of one's own reactions and, a capacity to utilize the self, in the treatment relationship (Coonerty (Curtis & Stricker 1991:86)).

1.3 AWARENESS OF THE PROBLEM

During the course of training for the MEd specialising in guidance and counselling at the University of South Africa (UNISA), it became apparent that counselling involved a great deal more than a simple matter of "giving advice".
A further realisation was the fact that the training of the therapist involved a great deal of introspection of the ideals, beliefs, prejudices, values and goals of the therapist in training, that is, the therapist is involved in crystallising his life-view. The reason for this is that the training programme itself is therapeutic in nature.

The therapist's developing sense of self and self introspection plays an essential part in the development of his professional identity. It is only once the therapist in training develops congruity between his own life-views and what he perceives his role as a therapist to be, that he will become comfortable with his professional identity as a therapist.

Coonerty (Curtis & Stricker 1991:84) sees this increased awareness of one's own personality (and the development of self as a therapeutic tool) as essential, and comprising a major element in the beginning therapist's growth and change. A word of caution here is that while it is necessary to continually work on one's own development and not to be smug or self-satisfied, a therapist who is continually wrestling with what he feels are his own shortcomings or inadequacies will be unlikely to 'be there', for his clients in a genuine and authentic manner.

1.3.1 Awareness of self-deception

Another personal consequence of the in-training therapy was becoming aware of self-deceptions as well as values, beliefs and conceptions that were either consciously or sub-consciously being sustained in the psyche of the therapist in training. These components of the therapist's life-world need to be examined and dealt with in order to understand how they were impacting on current behaviours as well as their possible influence on client interaction.

1.3.2 Anxiety in the therapist in training

The theoretical schools that were discussed did serve to offer techniques and methods of approach. However, they did not totally allay the underlying anxieties present in the trainee therapist. One of the reasons for this was the realisation of the strength of the impact of therapy on a client, and that much responsibility for the client's well-being lies with the therapist himself.
For an inexperienced therapist the prospect of learning and making mistakes, while at the same time holding a position of responsibility, is a somewhat daunting one. Lewis (1978:4) writes that learning to be a psychotherapist is at least as complicated as learning to fly a jet plane, and furthermore he expresses surprise at what he describes as the 'ad hoc process', of the psychotherapeutic training programmes.

While the suggestion is certainly not that the training programme is in any way 'ad hoc', anxiety was caused by the emphasis on the 'in situ' training process.

It is mainly through the supervisory process that the therapist develops his skills, and resulting from this, his professional identity. Perhaps if therapists in training were given the opportunity to observe a more experienced therapist in a therapy session with a client, this would reduce therapist anxiety.

Finney (Hendrickson et al 1972:98) supports the view that there should be more opportunity for the novice therapist to view a more experienced therapist conducting a therapy session with a client. Finney (Hendrickson et al 1972:98) uses the analogy of comparing psychotherapy to sex, stating that while there is the opportunity to read and talk openly about it, there is little opportunity to observe someone in therapy with a client. This is perhaps a rather unfortunate analogy but reflects accurately a sense of something more being required in the training programme.

It is felt that were the trainee therapists able to observe more experienced therapists at work, they would also have more realistic expectations of what therapy can and cannot be expected to do and thus some of their anxieties would be allayed. This leads us to the following topic:

1.3.3 Unrealistic expectations of the therapist in training

The unrealistic expectation of having to always provide answers or solutions is another source of anxiety to the therapist in training. Realising this is one thing, but very often the client himself is anxious for the therapist to provide answers for him and the therapist may feel pressurised to do so. It is only once the therapist has sufficient confidence in his ability as a therapist, that he is able to let go, and realise that he is not always able to provide solutions.
Until such time that this confidence and associated therapist identity develops, the therapist may feel threatened by his seeming shortcoming in finding solutions.

### 1.3.4 Reasons for becoming a therapist

Another exercise which may be very useful in the creation of a therapist identity is that of looking beyond the role of the therapist to ascertain the reasons why the decision had been taken to become a therapist in the first instance. This introspection is useful for the self disclosure it brings about and will help determine in some measure the ease, or difficulty, that the counsellor may have in embracing therapeutic techniques, and becoming capable of experiencing genuine empathy for the client.

Effective counsellors develop their own counselling style as an expression of their philosophy of life and an outgrowth of their own life experience. Ascertaining the reasons why one became a therapist would help those who have personal difficulties to acknowledge these, and perhaps enter therapy themselves, to resolve any personal difficulties. Thus this introspection would lead to the formation of a successful therapist identity if it resulted in increased therapist awareness and effectiveness.

### 1.3.5 Being a real person

It is necessary for the counsellor to be a real person who is willing to shed stereotypical roles. Corey (1991:13) supports this view, saying that if a counsellor hides behind the safety of the professional role, then the client will in turn hide from the counsellor. The difficulty that presents itself here is that the beginning therapist is very often working at the level of a technician dependent on standard techniques and a strict belief system (Coonerty (Curtis & Stricker 1991:87, 88)).

The intention thus is to examine how inexperienced therapists move from this method-bound behaviour towards a stage of flexibility and creativity in their work, when they have become comfortable with their competence level and therapeutic identity.
1.3.6 Therapy is not value free and morally neutral

Prior to undergoing training to be a therapist it was a somewhat naively held personal belief that therapy was morally neutral and value free, and that there is a commonly held set of cultural assumptions. Therapy is very often not morally neutral and value free, and while there may be some commonly held cultural values, in many societies, particularly a multicultural society, there are many deviations from these.

It is one thing to acknowledge those differences, but for the sake of successful therapy it is important for the therapist to overcome personal differences in order to empathise with the client.

Failure to realise the importance of the influence of one's own personal beliefs and values may result in the therapist being unsuccessful in his therapy and thus his formulation of a successful therapist identity will be hampered.

1.3.7 Therapy is more than a matter of advice giving

Therapist training therefore, is not simply a matter of teaching how to counsel, nor is it as is commonly believed, a matter of advice giving. This realisation is an important part of the therapist's training.

1.3.8 The introduction of new concepts

In the theoretical core of the training programme, the concepts of an internal and external frame of reference were introduced and discussed at some length. This therapy model developed by Potter (Jacobs et al 1985:12) describes the internal frame of reference as being, 'how the client sees himself', while the external frame of reference is, 'how the therapist sees the client'. The importance of this is the adoption of the internal frame of reference of the client by the therapist in order to become a part of the life-world of the client.

It is perhaps this therapeutic technique that causes the greatest difficulty as the trainee therapist struggles to integrate it authentically. One reason for this difficulty in becoming adept in utilising the concept of internal and external frame of reference, is
that while there is very often in social contact some degree of empathy, it is not usual to attempt to understand exactly how the person feels about himself, to the same extent that is understood by adopting that person's internal frame of reference. Indeed in some interactions there may well be a necessity to evaluate, assess and be critical of others.

This widening of one's frame of reference is one that needs working on to a greater or lesser degree, by the therapist in training, in order to understand it, and to be able to utilise it authentically.

These then are just a few of the ideas and issues that have contributed towards an attempt to analyse more closely whether other therapists in training have experienced some of these dilemmas and conflicts, and how they have moved towards resolving them and becoming comfortable with their therapist identities.

1.4 EXPLORATION OF THE PROBLEM

In order to explore the problem it is necessary to answer the following question: Is this identity process commonly experienced by therapists in training, or is this particular experience limited in its application? That is, have other therapists also found themselves to have been affected as a result of this identity formation, or is it unique to a particular few individuals?

It would seem from the review of the literature that this is a phenomenon which is commonly experienced and not one which is restricted in its application. Eckstein and Wallerstein (1972:66) place strong emphasis on the development of a professional identity, describing it as being a higher form, and a later acquisition than the self concept.

Eckstein & Wallerstein (1972:66) see this identity formation as being so important a part of the therapist training, that if professional training is successful, it should lead to a psychological amalgamation of the person with the function that he is to perform.

Not only do professional people identify strongly with what they do, but in fact their profession becomes a part of their life and provides them with their deepest
satisfactions. Therefore, when a therapist has successfully engrafted this scientific and professional identity onto his own personal identity, his work is not simply a way to make a living, but has become a part of his personal identity and self concept (Eckstein & Wallerstein 1972:66). Jacobs and Vrey (1982:54) also emphasise the importance of the realistic realisation of a status identity, which in this instance is the therapist identity. They state that failure to achieve an integration of the concept of self and the various identities (including status identity) leads to identity diffusion.

Extensive research done by Skovholt and Ronnestad (1992) on the development of the therapist identity, has defined a number of distinct stages in this development. These identified stages are closely aligned to the level of training and experience of the therapist. Skovholt and Ronnestad (1992) trace the development from the beginning therapist, to those who have practised for a number of years, and describe how the therapist establishes his professional or status identity. From this work it seems that this process involves much introspection, searching for conceptual ideas and support from supervisors, peers and others.

It seems therefore that the development of this identity of the therapist is a relatively complicated one. It involves emotional turbulence, cognitive thinking as to the role of the therapist, and an aligning of this with the therapist's own self-identity. As the therapist becomes increasingly competent in his new role, he assimilates his new identity as a therapist. This may be relatively straightforward or complex, depending on how many personal issues the therapist has resolved, or has left unresolved.

As can be seen the existence of this process of the therapist's identity formation does have some substantiation within the literature, and it is the aim of this work to provide further information as to this development and the implications of this identity development for the therapist.

1.5 STATEMENT OF THE PROBLEM

In order to provide some insights into the development of the therapist identity it is necessary to examine the following:
1.5.1 Personality characteristics: how significant are they in the development of the therapist identity?

Are there any personality characteristics which will enhance the development of the therapist and his therapist identity?

Is it possible for the therapist to develop into a successful therapist if he does not possess these personality characteristics?

Why did the therapist decide to become involved in the therapeutic profession?

1.5.2 What does the therapeutic role entail?

The therapist cannot become a therapist without being able to do therapy. He needs therefore to understand what the task of therapy entails. If he does not have a clear idea of exactly what constitutes the therapeutic role then it is unlikely that he will be able to perform therapy successfully, nor will he be able to develop his successful identity as a therapist. Other questions which are raised are as follows:

If the therapist had previously been employed in a helping capacity but without professional training, what characteristics would describe the therapist now in relation to his therapy that might not have applied in the past?

What does the therapist see the task of therapy and the role of the therapist as being?

Has therapy become more complex or simple as the therapist has developed in his training?

How does the therapist evaluate the effectiveness of his therapy?

1.5.3 How does the therapist develop this identity?

It appears that therapist identity formation is a multifaceted task but what exactly is involved in developing his therapist identity? Is this identity something which is
automatically acquired, or does the therapist have to perform certain tasks in order to form his therapist identity?

What is meant by a therapist identity?

1.5.4 Are there any common stages in the development of the therapist identity?

Both the literature study and the questionnaire will aim towards establishing common stages in the development of the therapist and providing answers to some of the following questions:

*Where does the therapist learn his therapy skills from?*
*How does he evaluate his training?*
*What are his feelings as he begins to do therapy and moves towards acquiring his therapist identity?*
*How does the therapist evaluate himself as a therapist?*
*Does he see himself making progress?*
*Are there any changes in the therapist himself or in his relationships with other people?*

1.5.5 What are the effects of therapist identity formation on the person of the therapist himself?

The person of the therapist himself is not removed from the process of identity formation, but is intimately involved. As a result he is affected by this process and it will be the purpose of this study to examine what some of those effects may be.

1.6 AIMS OF THE STUDY

By means of both a literature study and empirical research this study will aim to provide insight and clarity on the following issues:
1.6.1 Personality characteristics of the therapist

It appears that there are definite personality characteristics that the individual may possess that not only make the task of therapy easier for him, but which also enhance his development as a successful therapist. If the therapist is able to perform therapy successfully, because he possesses personality characteristics which are naturally suited to the task of being a therapist, he will also be able to develop a successful therapist identity with greater ease. These personality characteristics of the therapist and the way they influence therapy will be outlined.

1.6.2 The therapeutic role

The task of the therapist is discussed because the therapist needs to be aware not only of what his task entails, but also if he is successfully accomplishing his task. If the therapist has no clear idea of what it is that he is attempting to attain, then not only will his clients be adversely effected by this, but so too will his therapist identity, as his therapy will not be as successful as it might otherwise be.

1.6.3 Therapist identity formation (and the effects of this identity formation on the person of the therapist)

Therapist identity formation involves a process whereby the whole person of the therapist to be undergoes changes with regard to his views of the world as well as his professional identity, which may be years in forming. These changes are to a great extent influenced by the nature of his work.

Faber (Curtis & Stricker 1991:84) confirms this by saying that the effects of psychotherapy practice on the therapist are enormous, changing the therapist's view of the world outside of his work as well as within it. Truax & Carkhuff (1972:238) support that idea that some of these changes may occur as a result of the therapeutic nature of the training programme, which provides the conditions for the trainee's self-exploration of his own feelings, values and attitudes. It is this, often tumultuous introspection, that allows the discovery of the therapist's effective therapeutic self and accompanying therapist identity.
This then will be the main task of this study, to examine in greater detail what this identity formation process involves. Vrey (1979:46,47) as well as a number of other writers see this process as a multi-faceted one involving action, involvement and evaluation. In looking closely at how the therapist develops his therapist identity, we will therefore discuss the actions, evaluation and involvement undertaken by the therapist.

It will also be a useful exercise to establish whether other students who have completed this training programme have been able to successfully embrace their therapist identity. This exercise in examining the creation of the therapist identity will be useful in that some of the issues that confront and confound therapists in training, will be brought to the fore and may well provide some clarity.

If a therapist in the process of forming his therapist identity comes to the realisation that he is not alone but rather experiencing what may be common difficulties and issues, then it will provide a valuable exchanging of ideas and possibly successful solutions which have been tried by others in the same position.

1.6.4 Common stages in therapist development

The manner in which the therapist assimilates his information, learns his therapeutic skills and moves towards becoming an authentic therapist, comfortable with his therapist identity, will be described. It appears that there are developmental stages related to the formation of the therapist identity and one of the aims of this study will be to outline them accurately.

1.6.5 The effects of the therapist identity formation on the person of the therapist

A further aim of the study is also to examine the effects of the therapist identity formation on the therapist himself. While doing this, it will be necessary to continually be aware that the person of the therapist consists of personality characteristics as well as values, beliefs, life-world and the self-concept of the therapist.

Raath and Jacobs (1993:17) refer to this personal self of the therapist, as 'the self in relation to his own psychic relationships'. It is the aim of this study to determine whether these less easily visible components of the psyche of the therapist are in any way affected by the formation of this therapist identity, particularly if one takes into account the fact that the demands of this profession are different to those of other professions.
1.7 EXPLANATION OF TERMS

There are a number of terms which will be utilised in this thesis which require further explanation. Therapist identity formation refers to that process which the therapist undergoes while he is developing his identity as a therapist. That is, in the process of the therapist identity formation, the therapist is engaged in developing his own identity as a therapist. This therapist identity then becomes a part of his own multifaceted identity. The development of this therapist identity is an important part of his development as a therapist.

The students referred to in the title of this thesis, are those students who are undergoing the coursework component of the Master of Education degree, specialising in Guidance and Counselling, at UNISA. This course work is the practical component of the course which is aimed at training these students to become therapists, within the educational field.

The practitioners, who formed a part of the sample group utilised in this study, were therapists who were all involved in the field of educational psychology. Most of these therapists were recently qualified, although a few of them had been doing therapy in this field for a number of years.

Psychology of Education is a further term which needs some clarification. In studying the field of Psychology of Education, the therapist is engaged in examining those aspects of Psychology which pertain particularly to the pupil engaged in the educational situation. Thus the educational psychologist has clients in therapy and for the most part these will be pupils from within the education system who are experiencing difficulties.

The main focus of the course training the educational psychologists will therefore be the pupil or educand who is undergoing education in the fullest sense of the word. There are number of difficulties that the pupil may encounter and the educational therapist's training is specifically aimed at training the therapist to support and aid the pupil with any difficulties that he might be experiencing.
1.8 PROGRAMME OF THE STUDY

The divisions of the chapters will be as follows:

In the above chapter, chapter one, the main aim has been to introduce the topic under discussion. There has been an orientation of the reader to the field of study. As well as this, the various areas that this study aims to examine have been delineated.

The personal qualities of the therapist which enhance the formation of the therapist identity will be discussed in the second chapter. If the therapist becomes aware of the characteristics, which facilitate both his therapy and therapist identity formation, he may consciously strive towards making more use of them in his therapy.

The tasks of the therapist in the therapy situation will be the focus of chapter three. In order for the therapist to be successful in performing therapy, he needs to have a clear understanding of what his task and functions are in the therapeutic situation. Furthermore he needs to be aware of what goals he wishes to achieve in his therapy, as well as what therapeutic tools he has access to.

Chapter four will focus on discussing the development of the therapist's identity. The aim here will therefore be to illustrate how the therapist develops his identity, evaluates his skill as a therapist and moves towards forming a congruent therapeutic self.

The research design will be highlighted in chapter five. Postulates will be outlined and by gathering relevant data the study will aim at proving or disproving them.

Chapter six will focus on discussing those results, which were obtained in the idiographic study, and which form the empirical research of this dissertation. Finally in the last chapter, chapter seven, there will be a summary of the findings of this study as well as the recommendations which result there from.
CHAPTER TWO

PERSONAL QUALITIES OF THE THERAPIST AND THEIR ROLE IN THE IDENTITY FORMATION OF THE THERAPIST

2.1 INTRODUCTION

The focus of this chapter will be on those personal characteristics of the therapist which enhance and facilitate the development of his therapist identity. The importance of the therapist's personality characteristics cannot be overlooked because as Kottler (1991:75) states, the person of the therapist is a determining factor in the success of therapy. If therapy is successful, then the therapist is able to form a successful therapist identity.

From the literature the following qualities were identified as some of the important characteristics for the therapist to possess in order to enhance his therapy, and thus by association his therapist identity.

2.2 PERSONAL QUALITIES OF THE THERAPIST

One of the qualities that Corey and Corey (1993:18) see as being necessary for the therapist to be effective is:

2.2.1 The ability to make an honest assessment of one's own strengths and weaknesses

The importance of this is emphasised when it is noted that unless one is aware of one's own emotional and personal characteristics, then these could work against the therapist in his role as a professional helper. Conversely if the therapist is aware of his strengths, he is in a position to develop these and to realise the truth of the statement, that he himself, is the single most important instrument that he possesses in order to be a helper (Corey & Corey 1993:18).

Some of the strengths that the therapist may possess are detailed as follows:
(1) A natural curiosity

The therapist may very well have an openness to learning and a natural curiosity, which Corey and Corey (1993:18) see as a very important requirement. This natural curiosity is important given the need for the therapist to continually update his skills, by means of ongoing training, in order for him to remain effective and invigorated about his therapy. This suggests that for the therapist it would be most useful if he places personal importance and value on a culture of learning.

The development of a therapist identity is an active process, which requires the therapist to actively attribute meaning as well as to evaluate his experience.

If the therapist does not possess this natural curiosity it is unlikely that he would continue to be involved in continually assessing and assimilating new ideas.

(2) Good interpersonal interaction

Good interpersonal interaction is helpful in enabling one to establish good contact with other people, which in the case of the therapist will naturally include his clients. There is a close connection between the personality characteristics the therapist possesses and those behaviours and techniques he adopts in conducting his therapy. As Patterson (1974:42) states, self-actualising people have deep interpersonal relations with others and are able to utilise these skills in other relationships.

Egan (1986:76) lists five microskills that enable the therapist to establish the relationship. The therapist who has good interpersonal skills very often spontaneously utilises these skills in his relationships. These include:

- Facing the person one is communicating with squarely.
- Adopting a posture that indicates involvement.
- Leaning towards a person which indicates an interest in what the other person is saying.
- Maintaining eye-contact also evokes a feeling of being listened to.
- Relaxation on the part of the therapist enhances the establishment of the client-therapist relationship.
An open posture will also communicate that he (the therapist) is open and available (to the client). Crossed arms and legs may indicate a lessened involvement with others. The important thing is that the therapist who is not already naturally aware of the importance of body posture in interactions should become aware of the fact that his posture may well have an influence on how available he appears to his client (Egan 1986:76).

This emphasis on good interpersonal interaction suggests that the therapist places value on being sociable and helpful, as well as desiring to exist in harmony with others. If the therapist does not have the ability to interact effectively with others this will undoubtedly have a negative effect on his therapy and consequently the development of his therapeutic identity.

(3) Genuine care for others

An ability to genuinely care for others is a further personality characteristic that will enable the therapist to fulfil his task more effectively. If he is able to demonstrate care for people, and by this caring, deal with their own personal vision of reality, then it is felt that the therapist will enable his clients to take the necessary steps to move towards their own goals.

Patterson (1974:43) describes these feelings of empathy, sympathy or compassion as "gemeinschaftsgefühl" which is an unconditional acceptance of others. If the therapist does not genuinely care for others, he will be acting a role and the client will be able to see through this. As a result the client will not be as open with the therapist as he would otherwise be if this empathetic approach was experienced as being genuine. This would therefore affect the success or failure of the therapy as well as the development of an authentic therapist identity.

Although as Brammer (1973:11) suggests some people have a natural capacity to be helpful because of their own fortunate life experiences, he cautions that this may not be sufficient for becoming an effective therapist. The reason for this is that there is an increased possibility that the helper may distort the helpee's problem, as he is not as aware of the possibility for distortion as a therapist who has undergone extensive training (Brammer 1973:11). Thus although a natural capacity to be helpful is unquestionably an
An important contributing factor in developing an effective therapist, on its own it is not sufficient.

(4) A good self-concept

A good self-concept is a prerequisite for the therapist in training.

If the therapist has chosen to become a therapist in order to fulfil his own self-concept, it is possible that the resultant aspirations and concomitant achievements will be low (Corey & Corey 1993:25). That is one's career choice will not be able to compensate for any inadequacies in the self-concept.

The importance of valuing oneself is emphasised here, but it is also important to note that the therapist's concept of self needs to be realistic and that having an unrealistically positive self-image can be just as harmful to client interactions as a poor self image on the part of the therapist.

2.2.2 The ability to accept oneself, others and human nature

Patterson (1974:71) writes that this is an essential part of the development of the therapist. This implies that the therapist is aware of both his and others shortcomings and weaknesses but more importantly, that he is not critical of them. Furthermore the therapist has respect and esteem both for himself and others. Corey (1991:13) emphasises this quality of self-acceptance when he states that effective therapists have an identity, and that they know who they are, what they are capable of becoming, what they want out of life and what is essential.

Perhaps an important addendum here is to state that although they have a clear sense of their priorities, they are willing to re-examine their values and goals.

As well as this they are their own people, that is they are not reflections of what others expect or want them to be, but they strive to live by their own internal standards, (Corey 1991:13,14).
2.2.3 The ability to solve their own personal problems

Kottler (1991:74) sees this as being an important skill, as the therapist may act as a positive model for the client to emulate. Although the confidence this instills is important, the therapist should ensure that he does not flaunt this personal mastery, but maintains an element of self-restraint.

The therapist will need to have self-control as he will also be called upon to use it in the therapeutic situation. This will be necessary in order for him to avoid meeting his own needs through the client or acting self-indulgently. Self-control is therefore another personal quality which is important both for the therapist's personal development as well as his therapeutic work.

Kottler (1991:74) writes that self control is required throughout every facet of the therapeutic encounter, from sifting and censoring inappropriate thoughts, monitoring behaviour, refraining from asking questions irrelevant to the client's welfare (merely to satisfy the therapist's own curiosity), to resisting the tendency to excessive self-disclosure.

2.2.4 Spontaneity and enthusiasm

Both of these are related to the psychic energy of the therapist. Patterson (1974:41) sees spontaneity as being an internal motivation to growth and development for the actualising of the therapist and his potential. Kottler (1991:81) agrees with the need for the therapist to be enthusiastic, both towards living in general, and for doing therapy in particular. Enthusiasm for living is necessary to keep the client continuously engaged, involved and connected to the process. Excitement for living is manifested in the therapist's voice, posture, manner, style and presence. This enthusiasm and excitement in the therapist's manner becomes contagious, (Kottler 1991:82).

The powerfulness of the therapist's use of self is further endorsed by Corey & Corey (1993:18) when they state that the therapist will be unable to inspire clients to do in their own lives, what he is unable or unwilling to do, in his own life. The need for personal strength, humour and a sense of enthusiasm can thus not be overemphasised.
The fact that the therapist places such emphasis on living life with zest is a further value which belongs to many therapists' set of values as well as being evidenced in their behaviour.

### 2.2.5 Passionate commitment

The therapist who is passionate about his or her profession does not see himself as "doing psychotherapy", but rather states that "I am a psychotherapist". That is to say the ideal therapist draws a sense of personal identity from his or her work (Kottler 1991:83). This sense of passion is described by Patterson (1974:42) as being a continued freshness of appreciation, an ability to experience awe, pleasure and wonder in the everyday world and thus in the work itself.

If the therapist is passionately committed to his work this commitment will enable him to remain involved and enthusiastic about his task. It is only by virtue of this passionate commitment that he will remain willing to continually investigate new approaches and methods as well as remain supportive of his clients.

This commitment is thus an important personality attribute which encourages successful therapy and therefore a successful therapeutic identity.

### 2.2.6 A sense of humour

Although it may appear that psychotherapy is somewhat serious, introspective and possibly even gloomy at times, it would appear from the literature that in fact a healthy sense of humour is a very useful therapist personal characteristic. Patterson (1974:43) refers to it as being a philosophical, unhostile sense of humour, the emphasis being on the absence of hostility, superiority or sarcasm. He states that the humour possessed by self-actualised people is thoughtful, spontaneous and intrinsic to the situation.

Kottler (1991:82,83) discusses at some length the value of humour and play. He states that while it would not be fair to insist that being witty is a necessity in order to be helpful it usually helps!
A sense of humour is utilised by the therapist in his therapy sessions to dilute the client's negativity, pessimism, and hopelessness by introducing a degree of playfulness to a depressing situation (Kottler 1991:82,83). He further states that the use of humour by the therapist can reduce tension and help to keep things in perspective. By using humour there is also the creation of a bond between the persons sharing the joke, as well as enabling them to explore forbidden subjects in a less threatening way.

While it is not suggested that the therapist utilises his humour in order for therapy to become riotously amusing or even frivolous it is clear that the use of humour enables work to be done, while at the same time allowing for the recognition that humour and tragedy are closely interlinked.

Care should be taken by the therapist to ensure that his capacity for humour is not overdone, nor does it detract and distance, but rather that it allows for the enhancement or lightening of the effect of despair and suffering.

2.2.7 Caring and warmth

Although there are many different ways of displaying warmth and caring from physical touching to facial expressions and verbal reinforcement, the actual manner in which it is demonstrated appears to be immaterial just so long as the impression is transmitted to the clients that there is someone who genuinely cares about them. It is an important part of the therapist's personality to be able to demonstrate caring whether it be by being permissive and indulgent, or firm in the setting of limits. Kottler (1991:86) feels that as long as the clients sense that there is a commitment to them and they are able to feel the therapist's regard then they will be able to show increased capacities for caring for themselves.

The point which is stressed, is that this caring and warmth is more than simply skill and expertise. In order for the therapist to be outstanding and distinguishable from those therapists who are merely going through the motions, this caring and warmth needs to be an intrinsic part of the therapist's personality.

The fully integrated therapist is able through this caring to share his sense of perspective and worldview, but perhaps even more significantly for the client, he is
able to give the client a sense of his own positive (self) importance. It makes little
difference whether the therapist is "a lovable, huggable figure, a crusty eccentric, or
a somewhat controlled and restrained individual. If the therapist is perceived by the
clients as 'nice', (or rather able to demonstrate caring) he or she is almost certainly
going to be trusted, admired, and listened to" (Kottler 1991:88).

By the possession and demonstration of warmth and caring the therapist becomes
able to convey a personal kind of psychological closeness to his client rather than
maintaining a professional distance. The therapist is thus involved in relating to the
full truth of those with whom they work, that is they are "a self interacting with another
self", Baldwin & Satir (1987:23) and not merely a professional utilising a set of
techniques.

2.2.8 Patience

The therapist needs to possess and demonstrate tremendous reserves of patience.
The reason for this is that clients have very often been helped by other well meaning
helpers and are not unscathed when they come for therapy, but are often
accompanied by defences and resistance as well as the presenting problem.

As a result they may well need time to move at their own pace and to decide that the
only possibility for salvation is to try anything else other than what they are currently
doing. Kottler (1991:90) describes the effective therapist as being able to demonstrate
a level of patience that enables the therapist to supersede his own needs to see
observable movement and progress.

While it is necessary for the therapist to possess and demonstrate patience, it does
not necessarily imply that this means passivity. There are also instances that the
client needs to have pressure brought to bear on him, but only as much as he can
handle.

Patience is something which is particularly difficult for beginning therapists, who have
no record of successful therapy to reassure themselves that they are indeed on the
right track. Beginning therapists also need to learn that it is not possible to put time
restraints on when they should expect to see significant progress or behavioural changes.

2.2.9 Acceptance of others in a multicultural society

While it is clearly not possible for the therapist to be exposed to all the different living conditions and experiences of his clients, it is his willingness to accept them and to empathise with them that will enable him to bridge any differences that may become apparent during therapy.

As Corey & Corey (1993:39) suggest, it is more important to be able to understand the client's world than to have had the identical problems, that is, the effective therapist is one who is able to suspend his own frame of reference and take on the client's internal frame of reference.

The ability of the therapist to accept others who have embraced values which differ from his own, will dictate the success or failure of his therapy.

2.2.10 Avoiding perfectionism

If the therapist is able to accept that he is and will continue to be less than perfect, this will enable him to acknowledge his mistakes and to learn from these. Kottler (1991:95) sees a tremendous advantage in knowing the limitations of what we do and accepting these. If the therapist is somewhat perfectionistic in personality type then he will constantly experience dissatisfaction with himself. Humans and their behaviour are very often unpredictable and require the therapist to continually think on his feet, which often produces less than perfect results.

Corey (1991:30) supports the necessity for the therapist to unburden himself from the common self-defeating beliefs that he must be perfect. If the therapist to be is selected on his ability to cope with change, and the ability to be flexible, then his chances of being able to resist an overemphasis on achieving standards of perfection will be greatly increased and he will not be burdened by unrealistic expectations.
As Cormier and Yalom (Kottler 1991:92) write, mistakes and miscalculations are useful in providing an impetus for growth. The ability to accept that mistakes are part of the learning process is a characteristic that will enable the therapist to progress and to develop successfully as a therapist.

2.2.11 Honesty

In order to win the trust of the clients it is important for them to feel that the therapist is being honest with them. One aspect of therapist honesty is the ability to communicate to his clients without distorting his own messages. Furthermore, the therapist is also responsible for revealing his true motivation in the process of communicating his message (Egan 1986:64). Effective helpers are credible if what they say is perceived as believable and honest communication.

If the therapist himself does not have any hidden agendas or ulterior motives then the client senses that it is all right to risk sharing his concerns and feelings openly, (Eisenberg & Delaney 1977:6).

These then are some of the behaviours or inherent qualities which would make the selection, training and continued growth of the therapist far more likely to be successful than if the therapist did not possess any of these characteristics.

2.3 THE ROLE OF VALUES IN THE THERAPIST'S LIFE

One further important component of the therapist's personal self are the values which he possesses. These underlying values have an influence on the therapist's therapy and are therefore included under discussion here. If the therapist is sufficiently flexible to recognise that the values which he holds are not necessarily those shared by his client this will enhance his therapy and his therapist identity formation.

Morris (Hart & Tomlinson 1970:431) describes values as being of two types, operative values and conceived values. Operative values are those values which are clearly demonstrated in the behaviour of the person, while conceived values are values which a person holds but which are not so easily inferred from their behaviour. An effective therapist is one who holds a coherent set of values (Rogers 1965:19).
It would seem therefore that an important task of the therapist's identity formation is for the therapist to examine both his operative and conceived values so that there is an underlying cohesion. Therapy between the therapist and his client is after all interaction between two individuals who are not value-free and neutral. If the values which he holds prove to be a stumbling block in the way of this ability to accept the client then it is important that the therapist is sufficiently honest to acknowledge this and refer his client to another therapist.

A further point of consideration, with regard to the values that the therapist possesses, is that it is desirable for harmony to exist between his values and the values which underlie the theoretical schools which the therapist utilises in his therapy.

2.4 CONCLUSION

The aim of this chapter has been to discuss some of the personal characteristics of the therapist which enable him to embrace the therapeutic role with greater ease and to master those techniques and skills which are an inherent part of this role. While the emphasis here has been on the personal qualities of the therapist perhaps it should be stressed that therapy while it includes close personal interactions, goes beyond the level of friendship or emotional warmth.

Some of the characteristics which have been discussed include the ability to be patient, honest, caring and understanding. Clearly it is not possible for any one person to be all of these things all the time (although it could be continually strived for) and therefore the therapist also needs to accept that he cannot ever be perfect. What is required of the therapist is a personal integration of the therapist's own experiences and self in order to become a useful therapeutic instrument.

Aponte & Winter (Baldwin & Satir 1987:86) refer to these inherent behaviours and characteristics as internal skills and the therapist needs to develop both his internal and external skills, or therapeutic techniques in order to be successful.

Aponte & Winter (Baldwin & Satir 1987:86) describe external skills as being the "actual, technical behaviour utilised by the therapist in the conduct of therapy". These are developed from an examination of the therapeutic schools and techniques that fit
in with the therapist's style and life-world. These internal and external skills complement one another and development of both of these are a vital part of the therapist's development. It appears that a combination of techniques and the therapist's use of self in therapy are both equally relevant.

Our focus in chapter three will therefore be on examining how the therapist integrates these personality characteristics, with the external or acquired techniques he needs to develop, in order to be an effective therapist.
CHAPTER THREE

THE TASKS OF THE THERAPIST IN THE
THERAPEUTIC SITUATION

3.1 INTRODUCTION

Now that it has been established what personality characteristics of the therapist enhance
the formation of a therapist identity, the aim of this chapter will be to discuss the therapeutic
tasks that the therapist is involved in carrying out. The question which therefore needs to
be addressed is: What exactly are the tasks of the therapist and how does the completion
of these tasks contribute to the development of the therapist's identity?

The role of the therapist is to facilitate healing, that is, it is the doing part of therapy. People come to the therapist because they realise that they are having difficulties, whether it be in their personal relationships or for a number of other possible reasons. They are feeling uncomfortable and perhaps dissatisfied with their present life situations. Their expectations of the therapist are that he should help them to resolve the conflict. The client therefore wishes the therapist to assist him or even to tell him what to do in order to solve his problem.

Part of the problem that the client is experiencing is because he does not have the necessary insight required to solve his conflict, or he may have built up resistances and be reluctant to change. The client may even be completely unaware of what his problem actually is. The therapist therefore needs to help the client in order for him to become able to resolve his problems. To do so the therapist requires different strategies, tools, and approaches, in order to perform the various tasks of therapy and achieve the ultimate goal of healing.

Furthermore, the therapist is also involved in evaluating the way in which he has carried out these tasks to assist his client through therapy. He does this to establish how successful he has been in his therapeutic role. This constitutes the how of identity formation and enables him to evaluate himself as a successful therapist in the therapeutic role.
The aim of this chapter is to examine more closely the tasks of the therapist as he moves through the therapeutic process together with his client.

3.2 TASKS OF THE THERAPIST

The therapeutic encounter does not necessarily progress in a simple straightforward manner. There are a number of stages that the therapist and his client experience and work through. Consequently the therapist has different tasks to perform at different stages of therapy. Corey and Corey (1993:68) delineate the following as some of those tasks the therapist needs to accomplish, namely:

i) Identifying those aspects of the client's life that are not working.
ii) Establishing goals by determining the specific changes desired.
iii) Encouraging the clients to take action.

It is required of the therapist that he is able, together with the client, to complete these tasks and achieve the required outcomes as they move through the stages of therapy together.

Initially the therapist in the beginning stages of therapy, has the task of creating a climate conducive to therapy. If the therapist is not successful at creating a good relationship with his client, he will be unable to move on to undertake the second task of therapy which is to determine the client's problem.

The therapist and the client thus progress beyond the initial relationship building stage of therapy, to undertake the task of determining the problems that the client needs to resolve. Once these have been determined, the therapist's task is then to help the client to create goals in order to resolve these difficulties. The client is sometimes unable to do anything further even though he is now aware of what his problem may be.

The therapist needs to help the client create goals, as well as to encourage him to undertake the necessary actions in order to accomplish these goals. Evaluation of outcomes is a further task which the therapist undertakes in order to establish whether the desired outcomes have been achieved by the client. The various tasks of the therapist will be discussed in detail below.
3.3 CREATING A CLIMATE CONducive TO THERAPY (Establishing a relationship)

Before the therapist is able to identify the client's problem it is necessary for him to establish a relationship with his client so that the client feels sufficiently free to talk to him (Corey 1991:70). The therapist's first priority is therefore to establish a relationship with his client, as without this, no therapy can be undertaken.

The therapist establishes the relationship by using a number of different strategies, or approaches including among others: indicating respect for his client, showing warmth, genuineness and caring. These are discussed in greater detail below.

3.3.1 Respect

Respect is demonstrated for the client when the therapist actively shows concern for his best interests, and sees him as able to exercise control over his own destiny. Corey & Corey (1993:70) describe respect as being demonstrated by the therapist, through his behaviour, which entails active listening, understanding of the client and suspending critical judgement.

Expressing appropriate warmth and acceptance and communicating to the client that you understand his world as he experiences it further illustrates respect for the client. Respect should therefore be seen as "a way of being, not as a mechanical technique to be used on clients" (Corey & Corey 1993:71).

Baruth and Robinson (1987:84) state that respect is often communicated by what the counsellor does not do or say, that is, by not offering to intervene for someone, one is communicating a belief in the individual's ability to "do" for himself or herself.

The therapist is also able to demonstrate respect for the client by entering into negotiations with the client. This is a technique which indicates respect for the client as it involves a sharing of power (Lewis 1978:65). The therapist is required to query the world of the client in order to negotiate with him. This is an important observation because the beginning therapist may well misinterpret the use of respect as being, to understand the client's world.
the way he sees it without directly challenging it. Respect may thus be demonstrated by
the therapist in a variety of ways.

3.3.2 Warmth

Warmth is both a personality characteristic of the therapist as well as a specific manner of
behaviour in the therapy situation. It is primarily communicated through a wide variety of
behaviours such as gestures, posture, tone of voice and facial expression (Baruth &

This warmth is a genuine caring for and accepting of another individual, not a
preprogrammed behaviour that appears mechanical or phoney. Neither is this warmth the
same as the warmth the therapist would show a good friend, since the counsellee is in fact
not a good friend but an individual seeking help from a professional (Baruth & Robinson
1987:84).

How much caring is it appropriate for the therapist to show? It appears that different
amounts are appropriate at different stages in the helping process. By this it is suggested
that the therapist needs to be aware that it is adjusted at different stages in the therapeutic
process according to how the helpee is responding. Very often in the early stages of
therapy the use of warmth and caring is particularly appropriate for building the relationship,
whereas once the relationship has been established, the therapist may well become more
confrontational or challenging (Brammer 1973:32).

The therapist also needs to develop a careful balance between this professionalism and
caring for the client. That is, while warmth and caring should not be forgotten, it is also
necessary for the therapist to remember that there is more to therapy than 'reducing anxiety
and wrapping people in a warm emotional blanket' (Mueller & Kell 1972:96).

3.3.3 Genuineness

Genuineness is another character trait that the therapist needs to demonstrate for the
relationship between the client and himself to be successfully established. Baruth &
Robinson (1987:84) refer to genuineness as the therapist's ability to be real and to be
oneself in a relationship - not playing a role or hiding behind a mask. In order to be
genuine there must be on the part of the therapist a match between his inner emotional feelings and the appropriate verbal and nonverbal communications.

In developing a therapist identity, the beginning therapist will need to realise this need for congruence and become aware of his own genuineness, but it should be noted that a counsellor cannot force this genuineness.

Rogers (Corey 1991:213) states that congruence or genuineness does not imply that only a fully self-actualised therapist can be effective in counselling, but rather congruence (a term developed by Rogers 1957) or genuineness, exists on a continuum and not on an all-or-nothing basis.

The therapist needs to be aware that interpreting genuineness does not mean disclosing to the counsellee everything about himself Baruth & Robinson (1987:85), but it does means that what one does show must be sincere. That is, the therapist must ensure that he utilises self-disclosure appropriately.

3.3.4 Empathy

Empathy is another quality which the therapist should have in at least some measure, or should move towards developing. Baruth & Robinson (1987:84) describe it as "accurately understanding the individual within that person's frame of reference". Corey (1991:214) emphasises the therapist's task as understanding the client's experience. This empathetic understanding implies that the therapist will sense the client's feelings as if they were his own "without becoming lost in those feelings" (Corey 1991:214). If the therapist is able to do this well, he is able to communicate to the client an understanding of what he already knows as well as, even more significantly, what he is only dimly aware of.

Egan (Baruth & Robinson 1987:84) distinguishes empathy as having two distinct parts, (i) to get inside the person and look at the world through their frame of reference and (ii) to communicate to the other this understanding "in a way that shows the other that the helper has picked up both his feelings and the behaviour and experience underlying these feelings".
Pietrafesa, Leonard and van Hoose (1971:61) also see empathy as having two distinct parts namely an affective component as well as a cognitive component. The cognitive aspect involving psychological understanding, while the affective component is feeling with a person.

It is necessary for the therapist who is in the beginning stages of his therapeutic career, to be aware of this distinction between the affective and cognitive aspects of therapy. The therapist should also be able to practically demonstrate the distinction in his own therapeutic sessions with clients.

3.3.5 Acceptance

Acceptance of the client as a worthwhile person is necessary for the client to feel comfortable, and for authentic therapy to take place. As Pietrafesa et al (1971:55) state, this implies accepting the counsellee as a worthwhile individual, a person with respect and dignity, but it does not imply approval of the client's specific behaviours.

Rogers (Corey 1991:213) refers to acceptance as unconditional positive regard. Acceptance and unconditional positive regard occur when the therapist accepts the person as he is. By accepting the client as he is and acknowledging that the client has value, the therapist communicates to the client that he is cared for unconditionally. This means that the client will not feel he is risking the loss of the therapist's acceptance by revealing his own feelings and experiences.

While the therapist should aim to achieve this acceptance in all his therapy, Rogers (Corey 1991:214) points out that it is not possible for therapists to feel genuine acceptance and unconditional caring at all times.

3.3.6 Listening

Listening is so fundamental a premise when discussing therapy that its importance cannot be sufficiently emphasised. Although it is so basic a principle as to almost be taken for granted, it needs to be emphasised so that the therapist can re-establish for himself that he is listening to the best of his ability and not merely assume that he is doing so.
Listening involves not only receiving auditory input, but refers to the interpreting and understanding of the significance of the sensory experience. To phrase it differently, "one hears with one's ears, but one listens with one's eyes, mind, heart, skin and guts" (Baruth & Robinson 1987:89). Listening forms the basis of effective human relationships, and to the therapist empathetic listening is the most important factor in the therapeutic relationship. Many of the behaviours and techniques mentioned above will by their very nature be included automatically if the therapist is involved in active listening.

Attending is active listening, in the sense of being physically attentive and it refers to the physical behaviours used by the therapist while listening to the counsellee (Baruth & Robinson 1987:90). Posture, eye contact and facial expression as well as physical gestures and touch, all communicate without the use of words. For the therapist it is important that the unconditional positive regard and genuineness spoken of above is communicated through this careful attending.

These then are just some of the strategies, or perhaps it would be more accurate to say some of the important attributes of the "way of being" that are important for the therapist to internalise and make a part of his own behaviour in order to become an authentic and effective therapist.

These strategies and approaches are required in all phases of therapy and are particularly relevant in the initial stages of therapy or what Doyle (1992:46) refers to as the relationship building phase. Once the client and therapist have developed a good relationship they are then able to move further into the next stage which Corey & Corey (1993:69) describe as helping the client to gain focus. This requires the therapist to help the client formulate a counselling goal and an intervention strategy. Doyle (1992:47) describes this stage of therapy as the decision making stage.

The therapist who has an awareness that therapy does move through different stages such as establishing the relationship, identifying the problem and establishing goals, is able to gain a focus in his therapy. While the idea is not to suggest that therapy always rigidly follows these stages in this sequence, it does give the therapist a framework within which he is able to work.
3.4 DETERMINING THE PROBLEM (Helping the client to gain focus)

It is necessary both for the client and the therapist to sift through and decide what are the most pressing issues and in what direction the therapy is to move. Baruth & Robinson (1987:95) describe this stage as the "transition stage", where the helper or therapist becomes more evaluative than was previously the case in the "facilitation phase". The therapist's role in the facilitation phase was one of sensitivity without any evaluation or judgement on the part of the therapist. In helping a client to gain focus the therapist has to move beyond the first stages of building a relationship and may now utilise techniques which are no longer as reassuring as those used previously.

Some of these techniques which may be used in both the building of the relationship as well as exploring problems in greater depth are detailed below:

3.4.1 Self-disclosure

By sharing aspects of himself with his client, the therapist is able to deepen the relationship between them. In order for the therapist to be able to use this technique effectively it must be utilised with care because as Corey & Corey (1993:76) caution, the overuse of this technique may distance the client as it pulls the focus away from him.

Self-disclosure may be helpful in enabling the client to talk more honestly and specifically about himself after hearing relevant and appropriate self-disclosure from the therapist.

3.4.2 Confrontation

In confronting the client, the therapist is inviting the client to examine the discrepancies which the therapist sees between his personal behaviour and the consequences thereof (Kottler & Brown 1991:40). Confrontation is seen by Adler and Myerson (Sharma 1986:284) as a forceful way to intervene. They further state that when a therapist intervenes, he is intending to get the client's attention, produce a reaction in him and demand that he change. Therapists, particularly novice therapists, may not be comfortable when confronting a client as it is counter to many of the other aims and skills of therapy such as empathy, trust, warmth, etcetera.
Confrontation may be unsuccessful if the therapist is inexperienced as it demands some expertise on the part of the therapist as well as a relationship of trust between the client and the therapist.

3.4.3 Interpretation

When the therapist interprets for the client he is involved in ascribing causality, meaning and/or motivation to the client's behaviour (Sharma 1986:277). Before the therapist is able to do this he needs to ensure that he has done a considerable amount of preliminary work in order to have clarified the client's feelings, conflicts and modus operandi. Any interpretation of behaviour should be convincing to the client in order to bring about insight and ultimately change.

Slater (Sharma 1986:278) warns the inexperienced therapist against premature interpretation, as the client is unable to make constructive use of these interpretations if they are offered too early. Neither should interpretation attempt to delve too deeply otherwise it simply results in resistance from the client.

3.4.4 Questioning

The therapist utilises questioning to elicit further information and stimulate further exploration. Different types of questions such as open and closed questioning and the depth of the questioning may vary with the therapeutic stage. It is only once the therapeutic relationship has been well established that the therapist is able to ask questions which encourage the client to examine himself, and issues related to himself, at a depth and intensity which he may never have done before, or will not be able to do without the assistance of the therapist.

3.4.5 Modelling

The aim here is to help the client to learn new behaviours through vicarious experience and imitation of the therapist and any other suitable role model (Kottler & Brown 1991:41).

The therapist particularly when dealing with younger clients who are actively searching for role models, very often may find himself fulfilling exactly that function. Although the
therapist may not feel particularly comfortable as a role model, he needs to be aware that this is what he may very well be for some of his clients.

3.4.6 Reassurance

The client is often very vulnerable while undergoing therapy as he subjects himself to intense introspection. This may very well cause him some discomfort as he becomes aware of issues which cause him to feel emotionally vulnerable. The task of the therapist is to support the client, as he goes through this discomfort, and reassure him that by doing so, he will be able to move forward and resolve some difficulties he may be experiencing.

The client may also be utilising behaviours and patterns of relating that are new for him and which he is still unfamiliar with. This may well cause feelings of vulnerability and it becomes necessary for the therapist to use psychological or emotional supports to help his client during periods of high anxiety (Kottler & Brown 1991:41).

3.4.7 Reinforcing

By the use of praise or other techniques, the therapist encourages the client to repeat the desired behaviours (Kottler & Brown 1991:41). For any new behaviour to become established it takes a period of time and during the period when the client is still experiencing some difficulty in utilising or substituting new behaviours, it is an important part of the therapist's task to provide support and encouragement for the client. That is, by a process of positive reinforcement, the client will be encouraged to repeat the desired behaviour.

3.4.8 Immediacy

By helping the client to focus on the here-and-now aspects of therapy, including the effects of the therapist/client relationship, the client is kept in touch with reality and the present situation (Kottler & Brown 1991:41). This ensures that the client is aware of the impact of his behaviour and the possible consequences resulting therefrom.

Thus the client is made directly aware of his behaviour and the reality of the world around him. If the therapist dwelt only on past events, then the process of therapy may be
somewhat slower, and the client may remain unaware of how his present behaviour is affecting people that he is interacting with in everyday circumstances.

Part of the task of the therapist in helping the client to gain a focus involves the client in examining his behaviour and in what way he wishes to adjust it. Once this has been done then the therapist together with his client develops a plan of action. That is, the therapist and client become involved in the task of creating goals.

3.5 HELPING CLIENTS CREATE GOALS

It is a necessary action on the part of the therapist to aid the client in translating insights gained in the initial helping stages into establishing new goals in life (Eagan (Corey & Corey 1993:77)).

The goals that the client and the therapist decide on must be designed so that they meet a number of requirements. Some of these are that the goals should be in accordance with the client's values as well as being measurable, realistic, achievable (in a realistic period) and most importantly be chosen by the client (Corey & Corey 1993:77).

Once the goals have been decided upon the therapist has a responsibility to respect the decisions of the counsellor (Pietrofesa, Leonard & van Hoose 1971:71).

If there are a number of issues which the client needs to deal with, the one causing the major discomfort should be looked at initially (Doyle 1992:52). Once the client has established the goals which he wishes to achieve in consultation with the therapist, he needs then to act on these in order to attain them.

3.6 ENCOURAGING CLIENTS TO TAKE ACTION

In order to attain their goals it is necessary for the client to take action. Frey and Raming (Baruth & Robinson 1987:76,77) have developed a taxonomy of goals by factor analysis and seven goal clusters were identified. These goals are detailed below and it is by striving to attain these goals, that the client himself has to undertake particular actions. The goals themselves are often behavioural.
3.6.1 Transfer of therapeutic listening

The therapist's aim is to ensure that the therapy has an impact on the functioning of the client outside the therapy session. The client should acquire adaptability and planning skills in problematic areas, particularly in interpersonal relationships, (Baruth & Robinson 1987:77).

Kottler & Brown (1991:41) reiterate this by saying it is an aim of therapy to help clients to develop effective interpersonal skills so that "relationships with peers, family and colleagues can have constructive potential".

3.6.2 Awareness and acceptance of self in conflict

The therapeutic aim here is to ensure that the client acquires an intellectual understanding of the self. It is important for the client to be able to accept any emotionality about himself as well as to integrate these conflicted feelings, and remove any emotional blockages which may exist (Baruth & Robinson 1987:77).

3.6.3 Specific symptom removal

The task of the therapist is to focus on the client's specific individual and personal concerns. Resolution of specific physical or psychological symptoms, confused objectives, or particular outcomes are the goals here. It is part of the therapist's task to ensure that the symptoms which the client wishes to remove are prioritised together with the client.

3.6.4 Strengthened ego functioning

Therapy "should strengthen ... the client's ego states, so that behaviour is more congruent with inner ego states and more appropriate to the social setting", (Baruth & Robinson 1987:77).

Kottler & Brown (1991:41) also stress the importance of congruence when they state that the goal of therapy is to assist the client to integrate thinking, feeling and behaviour into congruent expressions of self.
What can be noted here is that statement goals which are deemed appropriate, are very much influenced by the value system of both the client and the therapist. If the therapist holds values which are directly opposed to those of the client he must ensure that he does not allow these to become too evident, or if he is aware of their negative influence on the relationship with his client, then he must refer the client to another therapist.

3.6.5 Awareness of positive inner resources

This is a goal of therapy which has widespread acceptance. The aiding of the client to develop an attitude to life which is characterised by a feeling of adequacy, mastery, competency and responsibility (Baruth & Robinson 1987:77). This creates an awareness of positive inner resources. The therapist is thus focused on empowering his client to deal effectively with life's problems.

This is a goal which if one is dealing with emotive, conative or behavioural changes is relatively easily demonstrated. It is in this way that the therapist is able to evaluate with the greatest clarity the effectiveness, or ineffectiveness, of his therapy.

3.6.6 Learning to respond to and control the environment

The therapist is involved with ensuring that the client is able to act in a way which is reasonably self-satisfying in everyday social settings (Baruth & Robinson 1987:77). Kottler and Brown (1991:41) support this, stating that the client should be empowered and allowed to develop more choices as well as to develop the skills to make constructive decisions.

3.6.7 Awareness of negative thoughts and feelings

The therapist's goal is to re-educate the client in such a way that the client is able to accept and change distressing feelings, as well as re-order his thinking about negative thoughts and feelings (Baruth & Robinson 1987:77).

3.7 EVALUATION OF THERAPY OUTCOMES AS A PART OF THE THERAPIST'S IDENTITY FORMATION

Goals may be cognitively focused, affectively focused, or behaviourally structured.
The type of goals the therapist and client develop together depend largely on the theoretical school which the therapist utilises. There are many different outcomes of therapy and goals can be seen as, "existing on a continuum from specific, concrete and short-term to general, global and long-term" Corey (1991:431).

The various approaches to therapy have different goals and objectives, derived from their respective views of human nature. Goals and the attaining of them or otherwise on the part of the client and the therapist, influence the therapist’s evaluation of his effectiveness in his task and thus impact upon his therapist identity formation.

If the therapist does not have specific outcomes or goals in mind, not only does this serve to possibly hinder progress or perhaps ensure that progress is not as rapid as it may have been, but it is also far more difficult for the therapist to ascertain a measure of how effective his therapy has been.

3.8 CONCLUSION

This chapter has focused on delineating the therapeutic tasks and the specific skills and behaviours the therapist needs to develop and become competent at in order to become a skilled therapist. These included self disclosure, confrontation, and questioning as well as behaviours such as warmth and acceptance.

Initially the therapist’s task is to establish a relationship with the client and create the right environment for therapy to occur. Once this has been established, the therapist then helps the client to establish goals, and encourages the client to work towards these goals. The description of the therapist’s tasks was described in some detail because in order for the therapist to develop his therapeutic identity, he needs to be aware of the requirements of the therapeutic role.

Several possible therapeutic outcomes were then discussed as yardsticks for therapeutic evaluation. This evaluation is an important part of the identity formation of the therapist as it is by evaluating the success of his therapy that the therapist is able to see himself as being a successful therapist or not.
The therapist’s actions, involvement and evaluation in the therapy process have been examined in this chapter as they are all components of identity formation (Vrey 1988:46, 47).

Chapter four will be directed at explaining exactly what a therapist identity is, and how the therapist develops his therapist identity as he moves through the various stages of therapist development.
CHAPTER FOUR

THE DEVELOPMENT OF THE THERAPIST'S IDENTITY

4.1 INTRODUCTION

In previous chapters the discussion has focused on personality characteristics of the therapist that enhance his professional identity formation, and the role and task of the therapist in therapy. In this chapter there will be a close examination of the development of the person of the therapist, and the tasks he is involved in as he develops his therapist identity and changes from being a novice therapist to becoming a skilled therapist.

The aim of this chapter therefore, will be to discuss the most important tasks of each stage of the therapist's development. A delineation of those developmental processes which the therapist undergoes in order to become a competent therapist will include an examination of:

i) the way in which the therapist assimilates and makes sense of the information he is presented with, that is, how he attributes meaning to his new theoretical role

ii) his involvement in the way in which he learns throughout his development

iii) the therapist's experience of the changes he is involved in making

iv) the manner in which the therapist evaluates his effectiveness and satisfaction

The therapist is actively involved in gaining mastery of the various components necessary to become an accomplished therapist. It is not sufficient for the therapist to become competent at the various therapeutic techniques, but he also needs to develop his identity as a therapist. It is the development of this identity that enables him to actualise himself as a therapist. Eckstein and Wallerstein (1972:65) stress the importance of the role of the professional training for the therapist as he develops his therapist identity.
4.2 WHAT IS A THERAPIST IDENTITY?

Reber (1985:341) defines an identity as "a person's essential continuous self, the internal, subjective concept of oneself as an individual. Usage here is often qualified; for example, role identity". A therapist identity is therefore the way in which the therapist sees himself in his role as a therapist.

A therapist identity is a role identity which becomes a part of the therapist himself and is evaluated by him. Thus in forming an identity as a therapist, the individual is not passive, but rather his active participation is required.

A therapist identity is also unique to each individual therapist as it is seen through his own internal frame of reference and is evaluated in terms of his own life-world. The life-world of the individual (therapist) is made up of a Gestalt of meaningful relationships which are meaningful to him (Vrey 1979:14). These relationships may be between the person (or therapist) and people, ideas, objects and himself. The therapist utilises his own life-world to provide a framework against which he interprets all the new information he is introduced to including his new identity as a therapist.

Although the development of the therapist's identity occurs in interaction with others including the client, as Vrey (1979:32) writes, it is not a normative concept but rather a very individualistic process. Oaklander (1988:194) also stresses the individualistic nature of acquiring a therapist identity and attributing meaning as she states that each therapist must find her or his own way in developing their therapeutic skills and identity. For therapist identity formation to occur the individual needs to know, understand and accept himself in terms of who he is as a therapist (Jacobs et al 1985:196).

Attributing meaning to the self ensures that the therapist has a clearer understanding of his possibilities, a justifiable self-concept and an understanding of being a human who has been "called upon" (Petrick 1986:54).

The therapist in developing his therapist identity is thus very involved in close introspection, evaluation and examination of his intra-psychic world. What other activities are necessary for him to undertake in order to develop his identity as a therapist?
Some of those behaviours which have been described by Vrey (1979:45) as being necessary for developing an identity include:

- Action - the therapist has to do something, that is, the work of a therapist
- Involvement - the therapist has to be a therapist, that is, identify with the profession
- Evaluation - the therapist has to assess his work as a therapist, that is, evaluate his success or failure

The remainder of this chapter will describe the various developmental stages that the therapist undergoes and at each stage the relevance of each action for his identity formation will be highlighted.

4.3 BEGINNING YEAR OF POSTGRADUATE TRAINING

4.2.1 Assimilation stage

Skovholt and Ronnestad (1992:14) state that the therapist who is beginning his professional training as a post graduate is involved in assimilating information from many different sources such as supervisors, theoretical schools and peers. Making sense of this information is important for the therapist to develop his identity. The therapist must orientate himself in his new role as therapist and to do so he needs to attribute meaning to this new information from his own internal life-world.

At this stage learning also occurs through both the processes of cognitive processing and introspection (Skovholt & Ronnestad 1992:14). The therapist utilises introspection in order to attribute his own idiosyncratic meaning to this information as he relates it to other meanings in his cognitive structure. It is necessary for the therapist to work with this information, as although it has a logical meaning which allows mutual comprehension, it also possesses, for the therapist, a psychological or denotative meaning (Vrey 1979:34). Furthermore, the therapist also needs to establish the connotative (or psychological meaning of the information), as well as the affective (or emotional meaning), for himself (Vrey 1979:34).

The therapist needs to assimilate this information and discover these meanings in order to make the information his own. Attribution of meaning to the theoretical
information the novice therapist is exposed to, is of fundamental importance, because it is through this that he determines the nature and quality of his relations with his clients. If his relations are meaningful then he will experience success as a therapist. His experience of success at therapy will in turn allow him to see himself as a successful therapist and thus develop a successful therapist identity.

4.3.2 Predominant feelings of this phase of development

While the therapist is engrossed in assimilating all this information in forming his therapist identity, he experiences a number of different emotions. Although he is enthusiastic about his task, he also experiences some insecurity and his working style is shifting and uncertain as he struggles to fit together the practice and the theory with a real sense of urgency (Skovholt and Ronnestad 1992:22).

There may well be a sense of being overwhelmed because of the many interacting new and old data bases (Skovholt & Ronnestad 1992:22). The therapist who is able to make sense of this new information and material and link it to his own cognitive structures in a way which is meaningful for him, will be able to orientate himself towards it and thus begin to see himself in the therapeutic role. While initially the therapist may have difficulty making sense of his new task it is by doing therapy itself that he empowers himself in his therapeutic role.

It is also necessary to realise that in order to do therapy, the therapist needs to have some understanding of what it is that he is expected to do. Therefore a clearer understanding of the task and role of therapy will allow the therapist to move forward and begin to experience some congruence and unity. Emotion and the experience of emotionality is also important in the development of a therapist identity. This is because affective experience is another form of significance attribution or attribution of meaning (Vrey 1979:41)

4.3.3 External mode of control

Like the novice in the acquisition of skills model described by Dreyfus (1981), the therapist in this the beginning stage of his development is very externally driven. This means that he relies heavily on rules or constraints to guide his behaviour because as
yet he does not have any situational experience to refer to (Brenner 1984:20). The use of what he sees as professionally appropriate behaviour rather than his own characteristic personal methods of functioning, results in artificial and inflexible behaviour which may cause the therapist to feel somewhat isolated from himself.

Skovholt and Ronnestad (1992:22) state that this dependency on external rules becomes exaggerated as the therapist experiences growing alienation between his pre-training professional self and his developing professional self. Increased alienation from himself is further felt as the therapist subjects his usual modes of behaviour to intense introspection, and he is temporarily more reliant on externally functioning modes than he would normally be.

The empirical study will attempt to gather further information regarding the affective experiences of the therapist in the questionnaire when the respondents will be requested to note what their overriding feelings have been during the therapist training course.

Are these feelings of anxiety and uncertainty also common to the sample group used in this study?

Chapter six details the results of the idiographic study.

Fortunately, as the therapist moves on through his training and gains confidence through doing therapy, there is a relaxation of this over dependence on external rules which is usually a feature restricted to the beginning and middle periods of training (Skovholt & Ronnestad 1992:102).

The way in which the therapist at this stage evaluates his effectiveness and satisfaction is also very much externally directed, as it is through visible client improvement and supervisor reaction that he does so (Skovholt & Ronnestad 1992:14). The experience of this evaluation is an important factor in the development of the therapist's identity.
4.4 MIDDLE YEARS OF POSTGRADUATE TRAINING

The main task of the therapist continues to be an assimilation of information, however the therapist is engaged in developing a wider range of resources than those immediately accessible to him. This is necessary because as he becomes able to identify the problems of his client, he needs to be able to go beyond this, and offer support to the client. It is through the mastering of particular methods and schools that he becomes able to offer this support.

This intensifies the search for conceptual ideas and techniques which are achieved through the learning processes of cognitive processing, imitation and introspection (Skovholt & Ronnestad 1992:14,15). The therapist is still very much externally directed as he attempts a rather rigid mastery of basics (Skovholt & Ronnestad 1992:31,32).

The therapist who is able to attribute meaning to the situation at hand will be able to react to his clients more flexibly and successfully and thus achieve a successful therapist's identity.

This brings us to the next task of the therapist:

4.4.1 Attributing meaning to the client

Not only does the therapist need to attribute meaning to those theoretical therapeutic schools he will utilise in his therapy, but in order for him to understand his client (and undertake therapeutic intervention), he needs to attribute meaning to his client.

It is by means of an empathetic approach that the therapist is able to adopt the client's own internal frame of reference (Potter (Jacobs et al:1985:12)). This frame of reference, which is unique to the client, enables the therapist to understand the significance of many of the client's behaviours, as well as being able to understand how they may differ from what is socially acceptable. This implies involvement on the part of the therapist with his client.
The therapist is also required to attribute meaning to his client in order to facilitate a relationship with him, understand him, and together establish goals which will enable the client to be more adequately socially adapted.

Attributing meaning to the client enables the process of therapy to occur, and for this reason it is an important part of the therapist's identity formation, because it is only in doing therapy that the therapist is able to form his therapeutic identity.

4.4.2 Predominant feelings of the middle years of postgraduate training

The therapist at this stage of his development may well be experiencing some bewilderment as he attempts to bring order to his therapy. It is now that the therapist becomes aware that therapy entails more than "to use common sense and be a friend" (Skovholt & Ronnestad 1992:31,32). Fortunately this bewilderment passes to be replaced by a feeling of calm and temporary security, as the therapist begins to accomplish his central task of imitation (Skovholt & Ronnestad 1992:32).

The individual therapist's assessment of his training programme is at its most negative. The therapist's predominant emotions at this developmental stage are a sense of disappointment and anger which Skovholt and Ronnestad (1992:34) suggest may well have a developmental basis.

It is a further aim of the idiographic study to establish whether the respondents in the sample group also reveal this negativity in evaluating their training.

Disappointment may also be experienced by the therapist as he may well have had unrealistically high expectations of therapy and reality does not meet these expectations. Furthermore, the individual therapist is now put in a position where he must function as a practitioner, and may feel ill-equipped to meet the challenge and thus expresses this as anger against his professional elders (Skovholt & Ronnestad 1992:34,35). (The therapists in the idiographic study will also be requested to evaluate their experiences of their professional training.)

Once again the therapist's main evaluation of effectiveness is through client feedback and supervisor reaction to his work.
4.5 INTERNSHIP

The most important function of this stage in the therapist's development is to learn to function as a professional. Emotionally the therapist experiences variable confidence. This variance in confidence is caused by the fact that although there is an increase in the therapist's skill as a result of experience, at times he still has an internal sense of not fully being able to master the various tasks (Skovholt & Ronnestad 1992:43).

In order to learn to function as a professional the therapist needs to attribute meaning to himself and his role.

4.5.1 Attributing meaning to the person of the therapist

As stated above, one of the tasks occupying the therapist at this time is authentic identity formation which requires an understanding of the self and attributing new meaning to the self which is acceptable. This self-examination (or introspection) undertaken by the therapist, serves not only to increase self-knowledge, but may also result in an increased development of the ability to empathise with others (Coonerty (Curtis & Stricker 1991:84)).

Once the therapist evaluates himself as a therapist, this evaluated identity then becomes a part of the total self-concept (Vrey 1979:47). This process of attributing meaning to the self by means of evaluation is an affective experience and the experience of the evaluation will be either a positive or negative one. If the experience of evaluation of self is positive, this will enable the therapist to see himself as successful in his therapeutic identity.

4.5.2 Attributing meaning to the role of the therapist in society

The therapist is engaged not only in self-examination, but he may also be actively engaged in attributing meaning to those expectations that both the client and society have of him as a professional. It is necessary for the therapist to consider the expectations of society as well as his own expectations, as the formation of an identity requires interaction with others and does not occur in isolation (Oosthuisen et al 1985:187).
For the intern therapist who is still externally dependent, this examination of society's expectations of him, is often a source of conflict. He wishes to be on his own while at the same time he is aware of his need to meet the expectations of others. Feelings of tension are often created between the therapist's dependency, professional competency and constant self-evaluation.

A further source of conflict for the therapist at this stage may also be personal issues that have been brought to consciousness during earlier intensive training experiences (Skovholt & Ronnestad 1992:44).

It would therefore appear that the therapist in training is engrossed in a task which requires him to undergo much self-examination and resolving of potential conflicts in order for him to move towards acquiring his therapist identity formation.

4.5.3 Learning processes and working style of the therapist in the internship stage

The therapist does not have quite the same urgency in searching for conceptual ideas and techniques in this stage as was previously the case. His aim is to develop mastery of those conceptual ideas and techniques with which he is now more familiar.

The therapist is actively involved in learning and does so by means of imitation as well as introspection and cognitive processing (Skovholt & Ronnestad 1992:14,15). It is therefore necessary for him to be supported by competent supervisors.

The sources of influence on the therapist continue to be supervisors, theory research, peers, the personal life of the therapist as well as his social-cultural environment, and perhaps an addition to the previous stages would be his clients.

The establishment of some therapeutic goals, of which the therapist is consciously aware, differentiates this stage of his therapy from previous stages, which were simply a matter of reacting to the client on a very immediate level. As a result the therapy may become more efficient and organised. It is also far simpler for the therapist to evaluate progress in therapy if he has established specific goals together with his client.
4.6 FURTHER TASKS OF THE THERAPIST

4.6.1 Experience and the therapeutic task

If the therapist is able to develop therapeutic skills and techniques which allow him to be effective in his therapeutic interventions his experience of therapy will be positive. Consequently he will continue to remain involved in therapy, and his overall experience of positive feelings will enable him to see himself as successful as a therapist. This in turn will allow him to develop a successful therapist identity.

While it is unlikely that all the therapist's experiences of therapy will be positive, as long as the overall experience is positive he will continue to remain involved and active in his pursuit of his therapeutic profession. The increasing ability to be open to his experiences allows the therapist to be far more realistic in dealing with new people, situations and problems (Pietrofesa et al 1971:150).

4.6.2 Experience and the life-world of the therapist

For the therapist this introduction to the many new ideologies and theories of therapy are evaluated against the totality of his experience. This means that the therapist's life-world is affected by his involvement in therapy, his attribution of significance towards these new ideas and his experiencing thereof. If his experience of his new role is a positive one then he will be encouraged to continue with these new activities and he will continue to constitute his life-world.

4.6.3 Involvement in establishing the therapist identity

The therapist becomes involved because he chooses to be so and he involves himself in totality (Vrey 1979:39). One of the tasks the therapist becomes involved in is that of developing his professional identity because he intends to know more about this identity, the task of therapy and his role in it.

The therapist also forms his identity partly through his involvement with his client. He becomes involved with his client by adopting the client's frame of reference, listening empathetically, communicating warmth and respect, questioning the client and
modelling behaviours for the client. It is necessary for him to be actively involved in developing his professional identity, as it is only by his own psychological actions and therapeutic interactions that it is developed. It is by a process of doing that he becomes a therapist. If he himself is not involved and utilising his psychic vitality Oosthuisen et al (1985:193), then he will not actualise himself in his therapist identity.

4.7 THE ROLE OF VALUES

The values that the therapist holds also influence his identity formation as they form an important part of his belief system and life-world. It is his social values which form the central principles around which (the therapist's) individual goals are integrated (Reber 1985:810). The values which the therapist holds will not only influence his own behaviour and the way he inter-relates with others, but will play a role in the therapeutic schools he chooses and the way in which he interacts with his clients.

For example a therapist who sets great store by pragmatic outcomes may find Freud's psychoanalytic school frustrating and it is unlikely that he will utilise it. Values play an important role as they influence not only the choice of therapeutic schools but therapeutic goals and manner of interaction.

If the therapist himself places value on human dignity, understanding, compassion and empathy then it is likely that he will quickly align himself in the therapeutic role and establish a therapist identity.

4.8 ACTUALISATION OF THE SELF AS THERAPIST

The therapist thus far has attributed meaning, been involved in his task, and has evaluated his experiences. It is through these activities that he is able to actualise, or realise his potential as a therapist. It is through realising of this potential that he becomes able to accept himself as a therapist and become the best that he is able to be (Vrey 1979:43).

The importance of this actualisation is that the therapist is able to see himself realistically, accept himself for who he is and his self-esteem will not be affected by his awareness of his limitations (Vrey 1979:42).
4.9 CONCLUSION

In the course of this chapter the various stages of the therapist's development have been demarcated including the beginning years of his therapeutic training, through the middle years of graduate school to the period of internship. Each one of these stages has predominant issues with which the therapist is involved as well as particular developmental tasks and working styles. A task which is less conspicuous but which is simultaneously being undertaken is the development of the therapeutic identity.

Although the therapist himself may be unaware that the formation of this therapist identity is occurring, by being involved, attributing meaning to many new theoretical constructs and by evaluating himself, he is developing his own evaluated therapeutic identity and actualising himself as a therapist.

It is the task of this study to ascertain whether the students currently completing the middle years of their training in the postgraduate programme have experienced similar developmental phases and whether they have utilised these behaviours in the course of their therapeutic identity formation. If this is found to be the case this study will aim to describe these and any related effects on the person of these students of educational psychology.

In answer to the question posed in chapter one, it can therefore be seen that in order for the therapist to develop his identity, there are specific activities which he needs to undertake. If these are not accomplished, then he will be unable to fulfil his therapist's identity.

In the following chapter the manner in which the research is to be undertaken will be described.
CHAPTER FIVE

RESEARCH DESIGN

5.1 INTRODUCTION

In chapter one, the aim was to orientate the reader towards the topic under discussion. This was done by establishing how an awareness of the problem arose, as well as a brief exploration of the problem. Reference was made to authors who have researched related and relevant topics. The most important task of this chapter, however, was to detail specifically the particular aims of this study.

Once the aims of this study had been decided upon, it was necessary to limit the study to those particular areas which were most pertinent to the topic under discussion, namely the formation of the therapist identity and the implications thereof for the student and practitioner of educational counselling psychology.

The focus of chapter two was dedicated to examining those personal qualities of the therapist which promoted the development of this therapist identity. There are a number of personality characteristics which facilitate this development and these were described here.

Chapter three aimed at defining the role of the therapist and how he fulfils the requirements of this role. In order to develop his therapeutic identity the therapist needs to understand the obligations of his task and to be able to evaluate how effectively he carries out this task.

In the fourth chapter the various stages of therapist development were noted. These included such aspects as the therapist's task in each stage of his development, his main sources of information as well as the main effects he experienced. The concept of identity formation was mentioned where relevant, at each stage of the therapist's development.

Chapter five will outline the details of the research undertaken in order to investigate the stated aims.
5.2 POSTULATES

In order to guide the process of the empirical investigation the following postulates have been set:

(1) The process of identity formation is a multifaceted process which involves the therapist in a number of different processes.

(2) The development of the therapist identity results in the experiencing of strong emotions, that is, the identity formation process is not emotionally neutral.

(3) The establishment of the therapist's identity has an affect on the person of the student of educational counselling psychology which is not limited to the personal self of the therapist, but also influences his interpersonal relationships.

(4) While undergoing this identity formation the therapist is involved in evaluation of himself as a therapist. This evaluation then contributes towards his successful therapist identity formation or otherwise.

(5) The successful formation of the therapist identity influences the success with which the therapist accomplishes his therapeutic task.

5.3 PURPOSE OF THE STUDY

5.3.1 Specific aims

A questionnaire will be administered to a group of therapists in an attempt to gather information related to the following aspects:

(1) To describe the process of identity formation that the therapist undergoes in developing his therapist identity.

(2) To establish what effects the training and professional identity formation may have on the person of the student. This important task will not be limited to the initial training period as was initially decided, but the study will include therapists at all
levels of their development as it appears that identity formation is not limited only to the training period of the therapist's development.

According to Skovholt and Ronnestad (1992:15) this identity formation occurs over a lengthy period even extending to five years after the therapist has completed his formal professional training. It continues to be a part of the total development of the therapist until the individual therapist has achieved what Skovholt & Ronnestad (1992:63) refer to as the integration stage of development.

(3) To establish whether there are any common themes in the development of the therapist identity. Both the personal and professional sources of influence will be taken into account.

It was not seen to be sufficient to study only the professional source of influence on the therapist, although it is an important aspect influencing the development of his professional identity, it is not the only one. Other factors include:

i) the influence of significant others, including peers,

ii) the personal life of the therapist which influences the development of his professional identity, and

iii) the reasons why the therapist decided to become a therapist.

(4) To ascertain whether the therapist in training is able to see himself as making progress in his therapeutic role.

(5) To establish whether students who have completed this training programme have been able to successfully embrace their therapist identity.

5.3.2 Indirect aims

Students who experience personal difficulties as a result of the training programme may well need some support. An indirect aim of this study could be a recommendation as to whether a support programme should be incorporated into the training programme, for students who are experiencing personal difficulties, as a result of undergoing this training programme.
By undergoing this therapeutic programme the therapist will begin to know and understand himself and his life-world far more and thus develop as a person. It will be an indirect aim to establish whether the therapists in training have experienced this personal growth.

5.4 RESEARCH DESIGN

5.4.1 Rationale for the study

Breakwell (1995:2) describes the task of the psychological researcher as being, to plot patterns of change in a particular variable and to describe the relationship between changes in that variable and changes in other variables. Essentially that is the aim in this particular study. The intention is to plot the patterns of change as the therapist undergoes his identity formation and to describe the relationship between these changes and other areas of the therapist's self, as well as any changes that may occur between the therapist and significant others.

Not only was it the purpose behind this study to describe and understand the changes brought about by the process of identity formation but there were other factors supporting this choice of topic.

It is the view of this writer which is supported by Ryder (1987:26) that there is a place for studying topics which are of personal significance to the researcher and which he finds interesting. If areas of study are only chosen for their scientific interest and social usefulness, then, in order to justify scientific respectability we become open to the possibility of making the ends accommodate the means (Ryder 1987:128).

It would seem therefore that there is a place for studying a topic for its personal relevance rather than limiting the range of topics in order to justify their scientific respectability. Furthermore, for the therapist in training the introduction to new ideas, concepts and introspection may well result in some confusion, until he becomes comfortable with these new constructs and concepts.

It was felt that if some common themes were identified and discussed, then the novice therapist would become aware that he was not unique in establishing his identity and would
feel some comfort in sharing these ideas, thoughts and values with other therapists who were going through the same developmental process.

5.4.2 Professional studies

From the literature review it has become apparent that identity formation is an important component of the therapist's development as is his competence in developing therapeutic techniques. Many therapists may be unaware of the fact that in doing the task of therapy and evaluating themselves, they are contributing towards the integration of their own professional therapist identities.

There have been a number of studies directed at the therapist who is involved in developing his professional identity among these being Skovholt and Ronnestad (1992). The study conducted by Skovholt & Ronnestad (1992), involved a close examination of a large group of therapists from the stages of entering their professional training right through to therapists who had been involved in the profession for twenty five years or more. In each of these various stages the therapist has a particular task which he is involved with.

As he progresses in his development as a therapist he begins to experience increasing coherence and competence. Although initially he is somewhat bewildered as he struggles to come to terms with the new conceptual ideas and techniques he has been introduced to, this passes to be replaced by a feeling of integration and increased competence (Skovholt & Ronnestad 1992:14).

Corey and Corey (1991:12-43) also discuss the importance of the therapist being aware of himself both as a person and as a professional. By doing this the therapist becomes aware of his own strengths and limitations as well as the duties that his role encompasses. If there is this clarity from the therapist then he will be able to understand how it is that he will best be able to function in his therapeutic role and thus enhance his therapist identity. Without this introspection and understanding of how one moves towards becoming a therapist, not only does it take somewhat longer for the therapist to experience personal integration, but he will progress more slowly and struggle with confusion for a longer period of time.
There are many other studies that have the therapist as their focus, rather than the client, and while their focus may not be on the identity formation process per se, they also contribute information to the developmental changes that take place as result of professional training. These include studies such as:

Berman & Norton (1985) *Does professional training make a therapist more effective?*

Gunberg (1989) *The relationship between the level of clinical training and personal and counsellor development*


### 5.4.3 Therapeutical point of departure

The therapist in the process of forming his identity is not unlike the child in that he is involved in actualising himself, this time in the profession of therapist. This means that he is active in his task, he is involved in his task Vrey (1979:44) and he also evaluates himself (as a therapist) Vrey (1979:47). Evaluation is thus the third important component necessary for the therapist's identity formation, and the therapist evaluates himself according to the results of his work.

#### 5.4.3.1 Action

The therapist is not passive in his new role. In order to be a therapist he needs to do the work of the therapist. The therapist works towards understanding the requirements of his task such as creating the therapeutic climate and all that it involves. He also needs to actively research and understand the various therapeutic approaches and select those which he finds most in accordance with his own viewpoints.

It will be an aim of this study to examine those activities which therapists in training undertake as they begin their development towards becoming fully qualified therapists.
5.4.3.2 Involvement

The therapist is involved in his task because he chooses to be. Through this involvement of his, he will be able to achieve his objectives. These may be to support his client in developing new and more appropriate behaviours, or to understand societal expectations of the therapeutic role. A further aim of this study will therefore be to detail how the therapists in training are involved in their task, and with what aspects in particular.

5.4.3.3 Evaluation

It is a part of the therapist's task to evaluate himself and assess his work as a therapist. This evaluation is important because this evaluated identity then becomes a part of the total self-concept (Steenkamp (Raath & Jacobs 1993:12)). The evaluation is then experienced by the therapist and if positive, will encourage the therapist to continue to work towards his actualisation as a therapist.

The aim here will be to establish how the training group of therapists evaluate themselves and whether their experience of this evaluation has been positive.

5.4.4 Method of research

Research methods for this thesis consist of a literature study as well as an idiographic study. The literature study is necessary in order to facilitate a clearer understanding of those components of the creation of the therapist identity. The idiographic method will be utilised in this study, as it aims to capture the richness and complexity of the phenomenon under investigation, utilising a very small number of cases. The use of a small sample for purposes of investigation means that caution should be used before extrapolating the results of this study to a larger group.

The research undertaken will also be descriptive in approach, that is there will be no intervention on the part of the researcher nor any manipulation of the research design. The aim of the work will be to characterise and describe the development of the therapist identity as it occurs.
5.4.4.1 Selection of participants

Based on both the literature study and personal experience, it was felt that those students who were completing the final part of the graduate programme and just starting out as therapists, were undergoing much self-introspection. As they will not have had very much opportunity to put their newly acquired theoretical knowledge and skills into practice, and are mostly still beginning to learn how to function as a professional, they will also be involved in developing the authenticity of their own professional therapist identity.

Initially the decision was taken not to include therapists who had been in practice for some time because they were seen for the most part as having moved well into the establishment of their therapist identities, and therefore would to some extent not be as able to identify with or describe with accuracy a stage which they had already moved beyond. However, in the final sample two therapists who had been qualified for some time were included in order to see whether there were any significant differences between their identity formation and the identity formation of those students who were still in the early part of their training.

The bulk of the sample will therefore be composed of a group of MEd students currently undergoing the last year of their therapeutic training, with some respondents currently completing their internships, others being newly qualified and the remaining members of the sample having been qualified for a period of time. Ten students still undergoing the theoretical component of their therapeutic training, and a further nine therapists therefore complete the sample group of participants.

The group composition will be made up as follows:

- Ten participants from their final year of their post-graduate training prior to undergoing their internship.
- Four participants who have already completed their course work and are currently completing their term of internship.
- Three participants who have completed their internship and are in their first year of their professional career as qualified therapists.
• Two therapists who have been practising for a number of years.

5.4.4.2 **Time and duration**

This study is cross-sectional because it refers to the fact that the data collected is a slice from a particular moment in time (Lewin 1987:57). The advantage of utilising this type of study, is that the information is easier to collect, than information gathered by means of a longitudinal study. As well as this, it enables results to be gathered in a fairly short period of time.

It will be difficult to specify exactly how much time will be required for each participant to complete the questionnaire as each individual will work at their own pace. As the intention is to collect information covering a number of aspects related to the formation of the therapist identity, the questionnaire will of necessity be relatively lengthy.

Ten of the participants will be able to complete the questionnaire while they are undergoing a practical session of their course work at UNISA. The remaining nine will be requested to complete it in their own time.

5.4.4.3 **The role of the researcher**

It is envisaged that the researcher will for the most part not be involved with the participants apart from motivating them either telephonically, or by means of the covering letter, to complete the questionnaire. The involvement of the researcher will be to follow up and ensure that as many questionnaires as possible are completed. The task of the researcher will therefore be to examine the questionnaires and establish what the most common developmental stages, feelings and tasks are. That is, to assess the data and compile it in such a way as to make the information more easily accessible.

The aim of this research is to further explore those themes which became apparent during the literature study, but perhaps more important than substantiating existing findings, will be the attempt to understand the phenomena as they exist in the life-world of the therapist himself. Attention will be paid to dynamic systems of process and change.
5.4.4.4 Questionnaire

A questionnaire will be developed as a basis to collect data and note the responses of the participants. Although the use of a questionnaire does provide a quantity of data it may serve to channel the responses received. In order to overcome this limitation the questionnaire will be open-ended in format. That is the respondents will be encouraged to write down their responses in any way which they feel is most suitable to their own style. Furthermore, the participants in the research will be encouraged to elaborate if at any time they feel the need to comment on anything which should be included in the questionnaire itself.

The purpose of the questionnaire will be to analyse the responses of the participants in order to evaluate their development as therapists. It is anticipated that the responses to the questionnaire will divulge information which will empower the therapist with knowledge and understanding. Although the focus of the research is to examine some of the common themes of the formation of a therapist's identity, it is also the intention to include any specific factors pertaining to the individual therapist, which may have had an affect on his professional identity development.

The questionnaire will be designed in such a way as to encourage participants to begin filling it in as the initial questions will be biographical and therefore relatively uncomplicated. Questionnaire content will cover aspects such as:

1. Theoretical Concepts which are new to the therapist
2. Changes in personal viewpoints
3. Changes in interpersonal relationships
4. Differences in therapy pre and post training
5. Affective experiences of the therapist
6. Those factors that had been the most helpful in their development as a therapist
7. Evaluation of training

5.4.4.5 Procedures

The following procedures will be adopted:
It will not be feasible to attempt individual administration to all the participants as most of them reside over a very wide geographical area. However, a large number of the selected sample of participants are still involved with their final year of graduate studies at University of South Africa (UNISA) and therefore periodically go to UNISA to undertake practical work. The reason for selecting this group is that it is felt that they would respond because they were in a position to closely identify with the topic being researched.

(1) The course coordinator for the MEd Psychology of Education course at UNISA will be approached to request permission for the researcher to invite the students currently undergoing the training course to participate in completing a questionnaire.

(2) The lecturer who will be taking the group will be approached to request whether the students could complete this questionnaire during their practical course work time as not only will it be relevant for them, but it will be far easier for administration purposes to do so. The students come from a widespread geographical area and thus this will be more easily controlled.

(3) The participating group will be invited to complete the questionnaire by means of an accompanying letter (Appendix A). The purpose of this letter will be to give a brief explanation of the purpose of the study and to request their participation.

(4) This accompanying letter will serve a multi-purpose function. Firstly, it will be used to explain to the therapists the reason for their selection, namely that they have been selected as they are in a position to provide much needed information on therapist identity formation. The purpose for which this information is to be used will be explained, namely for the completion of a Master's dissertation. Furthermore, the participants will be assured that any responses they may make will be kept in strict confidence, and that should the writer wish to use any of these responses in any way which would identify them, then their permission will first be requested before doing so.

In order to encourage participants to respond, they will be informed that the results of the research will be made available to them should they wish to avail themselves of this opportunity.
Other participants who were not members of this study group undertaking their course work will be contacted telephonically on an individual basis and their participation will be requested.

5.4.4.6 Questionnaire analysis

The task of the researcher once the questionnaires have been completed will be to analyse the completed papers and to report on the findings. The discussion will focus on any common themes which may occur in the participants' responses as well as any other information which is relevant and pertinent to the formation of the therapist identity.

5.5 CONCLUSION

The literature study conducted in the previous chapters has led to the conviction that the individual therapist does undergo a process of identity formation and this influences him in a number of ways. As has been stated previously, relationships between self; theories; professional training; clients; and people who influence the therapist; all contribute to his development and his acceptance of himself as a professional.

The development of a therapist identity appears to have significant consequences for the therapist. It is therefore necessary that the therapist be made aware of its importance, because as Vrey (Jacobs & Raath 1993:12) states, the process of identity formation which continues throughout life, "happens subconsciously for the most part". Once the therapist is made aware that becoming a therapist involves more than an accumulation of techniques and skills, he is able to facilitate his development towards becoming competent in his therapeutic role and developing an authentic therapist identity.

In the following chapter, chapter six, the idiographic study will be described.
CHAPTER SIX

THE IDIOGRAPHIC STUDY

6.1 INTRODUCTION

The idiographic study which forms the basis for the empirical research outlined in chapter five, will be discussed in this chapter.

A study conducted by Bonk, Knapp and Michael (1978:519,521) demonstrated that there are changes in the level of actualising among counsellor trainees at the Master's degree level. Their findings indicated that the counsellors in their sample were more trusting of their own inner feelings, they were also able to express a personal sense of worth and adequacy once they had undergone their professional training. This study aims to fulfil a similar purpose, namely, to investigate how the therapist undergoes changes in his actualising and identity, as he moves through his professional training and develops his therapist identity.

Vrey's (1979) model of identity formation has been utilised to provide the basic framework for describing identity formation in this study, and therefore the actions, involvement and evaluation of the therapists involved in this study will be closely examined. As well as this an attempt will be made to determine whether this identity formation on the part of the therapist has any effect on him as a person, his interrelationships, as well as with his clients.

6.2 METHOD OF RESEARCH

The method of research was to administer a questionnaire to a selected sample and to analyse the results obtained qualitatively. The research method previously briefly outlined will be elaborated on below.

6.2.1 Procedures

The course coordinator of the MEd course at the University of South Africa (UNISA) agreed to allow his students to partake in this study. The lecturer who was taking the students was
also willing to allow part of her session to be utilised for the completion of the questionnaires.

Accordingly the students were then approached and they completed the questionnaire in the class session. Other therapists were approached individually.

6.2.2 Selection of group participants

It was initially decided to select participants who were undergoing their final year of postgraduate study, prior to undergoing their internship, as the sample group for this study. It was expected that they would be the group most involved with their identity formation.

Therapists who had been in practice for some time were initially not considered ideal candidates for this research as they were seen as having moved well into the establishment of their therapist identity. However, it was realised that this was a rather limited sample group and that identity formation may well not be limited to this group alone. The sample group was therefore expanded to include therapists who were from different stages in their development towards identity formation.

According to the results obtained in this study, as well as the study done by Skovholt & Ronnestad (1992), it appears that the therapists becomes more involved with their identity formation as they progresses through their training, reaching a peak in the period two to five years after qualifying as a therapist.

The therapists who were not part of the current MEd group were approached individually. This was done either by a personal visit from the researcher who then requested their participation, or in some cases where geographical distances made this impossible they were approached telephonically. There were no outright refusals although five of the therapists approached failed to complete the questionnaire.

The therapists who finally compiled the sample group consisted of four participants who had already completed their coursework and are currently undergoing their internship; three participants who are in their first year after qualifying as therapists; as well as two more experienced practising therapists. The participants thus were as follows:
PARTICIPANT ONE
Sex: Female
Educational Qualification: MEd
Experience: Two years

PARTICIPANT TWO
Sex: Female
Educational Qualification: BA (Honours), BEd currently completing MEd
Experience: Currently doing Internship

PARTICIPANT THREE
Sex: Female
Educational Qualification: MA
Experience: Fifteen years as an educational psychologist

PARTICIPANT FOUR
Sex: Male
Educational Qualification: MA (Social Science) and currently completing MEd
Experience: Currently completing Internship, Ten years as a social worker

PARTICIPANT FIVE
Sex: Female
Educational Qualification: B.Ed currently completing MEd
Experience: Currently completing Internship

PARTICIPANT SIX
Sex: Female
Educational Qualification: MEd
Experience: First year after qualifying as a therapist

PARTICIPANT SEVEN
Sex: Male
Educational Qualification: BEd completing the post-graduate year of the MEd
Experience: Still to complete Internship
PARTICIPANT EIGHT
Sex: Female
Educational Qualification: Currently completing post-graduate year of the MEd course
Experience: None as yet still to complete internship

PARTICIPANT NINE
Sex: Male
Educational Qualification: BA(Ed), BA (Honours) MA (Psychology) Currently completing the post-graduate year of the MEd course
Experience: One year

PARTICIPANT TEN
Sex: Female
Educational Qualification: BEd currently completing the postgraduate year of the MEd course
Experience: None as yet still to complete the internship programme

PARTICIPANT ELEVEN
Sex: Female
Educational Qualification: BA, HED, BEd, currently completing the postgraduate year of the MEd
Experience: None

PARTICIPANT TWELVE
Sex: Female
Educational Qualification: Currently completing the postgraduate year of the MEd
Experience: Still to do internship, none as yet

PARTICIPANT THIRTEEN
Sex: Female
Educational Qualification: Currently completing the postgraduate year of the MEd course.
Experience: None at present

PARTICIPANT FOURTEEN
Sex: Female
Educational Qualification: Completing the MEd programme
Experience: None as yet

PARTICIPANT FIFTEEN
Sex: Unknown
Educational Qualification: Currently completing the post-graduate year of the MEd course
Experience: None

PARTICIPANT SIXTEEN
Sex: Female
Educational Qualification: MEd completed
Experience: First year as a qualified therapist

PARTICIPANT SEVENTEEN
Sex: Female
Educational Qualification: MEd
Experience: Currently in first year as a qualified therapist

PARTICIPANT EIGHTEEN
Sex: Male
Educational Qualification: Currently completing the MEd course
Experience: None as yet.

PARTICIPANT NINETEEN
Sex: Female
Educational Qualification: Currently fulfilling the dissertation component of the MEd course
Experience: Presently doing the Internship

6.2.3 Time and duration

The majority of the participants completed the questionnaire during the coursework session while the remainder fitted it into their own personal schedules. The questionnaire took at least thirty minutes to complete depending on how much introspection and commitment was undertaken.
This was generally a complaint about the questionnaire that it was too lengthy and therefore it became somewhat of an onerous task to complete it. The study was based on information gathered from a specific group at a specific point in their development and was therefore not a long-term study, but rather a cross-sectional study.

6.2.4 The questionnaire

There was consensus amongst the participants that the questionnaire should have been reduced in length and that they were becoming less motivated by the end of the questionnaire.

Five therapists who were approached and given questionnaires to complete did not do so. No attempt was made to bring pressure to bear on them because as Lewin (1987:150) suggests, if the respondent has no wish to take part in a study for whatever reason, they should not be scolded or quarrelled with as this is not only unprofessional, but nothing is accomplished by leaving behind an antagonised person.

Although there will generally be reluctant respondents in any study, it is felt that this would have been reduced if the questionnaire had been more condensed.

A factor which did influence participation positively is the fact that a number of the students were completing this questionnaire in the classwork sessions and therefore conditions were more structured. There is also the possibility that there was an element of social desirability influencing the students. That is, some of the students may have been influenced to respond because they perceived that the lecturer and course organiser had sanctioned the questionnaire administration.

As previously discussed the questions were open-ended and the participants were encouraged to add whatever comments they felt were relevant or enhanced understanding of their responses.

Encouraging the participants to add in any comments they felt were relevant proved to be most successful. A number of very useful and insightful comments were added to their responses as a result of this request. The quality of the answers received indicated that
the respondents had undertaken some in depth introspection and had answered the questions with care. There were very few irrelevant or frivolous responses.

Four of the students elaborated on their responses by adding a relatively detailed postscript which indicated that their level of commitment to their response was high.

6.2.5 The researcher

The role of the researcher was not one of intervention but rather investigation. There was no attempt to investigate what would happen to Factor A if there was manipulation of Factor B, but rather the research was a qualitative investigation. That is, the approach of this study and the researcher's role was to gather information, in attempting to understand the therapist holistically, rather than attempting to understand a small reduced part of the therapist and his identity.

The work of the researcher in this study was therefore to compile a questionnaire in order to assess the information pertinent to the study. Once this was done and approved, the introductory letter was then drafted.

The sample group was identified and approached either indirectly through the covering letter, or directly by the researcher. The questionnaires were then completed and the main task of the researcher began, namely to analyse the information gathered. The aim was to ascertain how the therapist undertook his identity formation, how he/she evaluated himself/herself as a therapist, as well as to find any common themes which occurred in the process of this identity formation.

6.3 QUESTIONNAIRE ANALYSIS

6.3.1 The process of identity formation (action, involvement and evaluation)

Action, involvement and evaluation are important components of identity formation according to Vrey (1979:48), and were used as the theoretical framework for this investigation. Although awareness, significance attribution and the therapist's own intrapsychic structure amongst other components are also integrally related in the process
of identity formation, the main focus of this study is on the action, involvement and evaluation components of identity formation.

• Action and involvement

The therapists who formed part of the MEd postgraduate class, were for the most part actively involved in understanding the theoretical constructs they had been introduced to while undergoing the postgraduate course. This is a very necessary part of their development because it is from this theoretical basis that they glean their therapeutic techniques. They will then develop these skills further in their therapy sessions with their clients.

Six of the ten respondents from this group indicated that the theoretical constructs which had made the most impact on them were the Relation theory utilised in the Psychology of Education department at UNISA, the external frame of reference and the self-concept and intrapsychic structure.

This preoccupation and similarity in responses is not remarkable if one considers that for most of these participants this was the first time that they had been introduced to these theoretical constructs and therapeutic approach.

The remainder of the therapists comprising the sample group had generally been involved in the therapeutic profession for a longer period of time, and this was reflected in the greater variety of theoretical schools, skills and techniques which they actively utilised.

These included client-centered therapy, maintaining the therapeutic climate while simultaneously maintaining distance, and the use of projective techniques.

This awareness of and attributing meaning towards theoretical concepts appears to be an important activity for the therapists and they were very involved in their task.

Therapists were also actively involved in a number of different ways which included doing therapy, evaluating themselves and acquiring therapeuic skills. These will be detailed below.
Evaluation

Evaluation was a component of identity formation which was relatively easy to establish. Respondents were asked to evaluate the training they had received as well as their own personal progress.

(1) Evaluation of self as therapist

Seventeen of the nineteen therapists in the group of therapists were able to see themselves as making progress, although five of the group stated that they were still in the process of forming a therapist identity.

They evaluated their progress in the following ways;

- by the improving relationships with their clients
- an ability to hold their clients in therapy
- increasing mastery in the therapeutic techniques
- an increase in self-confidence
- peer acknowledgement
- an increasing sense of confidence and understanding
- work satisfaction was also a factor in evaluating progress

Another conclusion made by a few of the respondents was that they now felt capable of more effective listening and that other people had commented on the fact that they were able to talk to them.

It would appear therefore that by actually performing the role of therapy itself, the individual therapist is able to evaluate himself and begin to see himself as being a therapist. It is only by doing that one develops the skills and necessary confidence to become a more successful therapist with the accompanying therapist identity.

The therapists were also able to evaluate themselves by comparing themselves with other therapists. Six respondents stated that they did compare themselves with other therapists.
One respondent felt that it was only by evaluating oneself against others, that you are able to assess whether your service to clients is at an acceptable level or not. Another respondent suggested that the relevance of this evaluation and measuring against others would prove useful when it came to referring clients to other therapists.

(2) Evaluation of training

In evaluating the professional training they had received, fourteen of the respondents indicated that they had been disillusioned with their training at some time. The most commonly identified omission was the fact that the course was not seen to have offered sufficient opportunity to experience therapy in real situations.

Skovholt & Ronnestad (1992:34) also illustrated this negativity amongst therapists at this early stage of their development. In fact they even suggest that it may possibly be a developmental stage for therapists. While this may well be the case, it would be unfortunate if all dissatisfactions were ruled to be part of the developmental stage of the therapists development. Possibly incorporating opportunities for viewing more experienced therapists at work may be a useful learning opportunity for the students. These findings have been tabulated in order to provide easier access to the information detailed above. See Table One on page 76.
<table>
<thead>
<tr>
<th>IDENTITY FORMATION</th>
<th>ACTION AND INVOLVEMENT</th>
<th>EVALUATION OF SELF</th>
<th>EVALUATION OF TRAINING</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Increased awareness</td>
<td>1. Therapist involved in understanding theoretical constructs, eg relation theory and external frame of reference</td>
<td>1. Improved client relations 2. Increase in self-confidence 3. Work satisfaction 4. Improving techniques</td>
<td>1. Disillusionment with training 2. Insufficient opportunity to experience therapy in real situations</td>
</tr>
<tr>
<td>2. Attribution of significance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Changes in the therapist's intrapsychic structure</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
6.3.2 The effects of the professional training and identity formation on the person of the therapist

(1) Overriding feelings

The therapists were requested to detail what their overriding feelings were while undergoing their training as therapists. The respondents indicated a variety of emotional responses. Six participants responded that they had experienced fear, exhaustion, boredom and anxiety. Four therapists indicated that their experiences and feelings had been overwhelmingly positive. Eight of the therapists noted that from initial anxiety and self-doubt they had now moved towards a feeling of excitement, as well as a feeling of being challenged and stimulated. One therapist who had been practising for fifteen years refrained from answering this question as she felt she was no longer in a position to recall her earlier emotional responses.

From the above it may be noted that overwhelmingly the therapists had experienced an emotional response while undergoing their therapeutic training. This seems to indicate that the professional training and the process of identity formation are both associated with strong emotional feelings.

The reason for this may be the fact that the training programme at UNISA for educational psychologists is therapeutic in nature. Therefore many students not only learn how to do therapy, but they also undergo a process of therapeutic change within themselves. When the therapist becomes aware of his own personal issues as a result of the introspection he undergoes as part of this training course, he may well have some difficulty resolving these issues. It may well be a useful component of the course to provide support facilities for those who need help in order to resolve their own personal difficulties.

(2) Changes in self or changes in viewpoints

Everyone of the sample group indicated that they had noticed changes either in themselves or in their views since undergoing their training as a therapist. These changes were described positively.
The therapists saw themselves as becoming more flexible, listening more, becoming more comfortable with themselves and being able to cope more effectively in their own lives. Their actions were now aimed at increasing empathy, demonstrating greater tolerance and greater introspection. An increasing flexibility in viewpoint was another effect of this involvement in therapy. It appears therefore that as a result of the introspection the therapists had undergone, there was an increasing awareness of their developing skills and areas of weakness.

(3) Changes in the way the therapist behaves in relationships with others

Twelve of the nineteen respondents indicated that there had been a change in their interpersonal relationships, while two stated that whilst there had been a change this had been slight. The changes were for the most part beneficial.

Respondents noted that they

- were able to accept themselves and others better
- were more tolerant towards others
- were capable of more assertiveness
- had developed increasing self-insight

There was thus a rather paradoxical feeling of being able to be more in control while at the same time standing back. The fact that the therapists were more responsible for themselves as well as becoming more assertive, allowed them to free up energy for more productive use such as increased awareness and tolerance.

(4) Change in the reaction of others towards the therapist

Twelve respondents indicated that there had been a change in the way other people behaved towards them now that they had received or were in the process of completing their professional training.

Some respondents viewed the change as positive stating that they were seen as a colleague by other professionals and that there had been a greater acceptance of what they had to say.
For some of the therapists the increase in expectations from others was anxiety provoking. One negative reaction was the tendency for other people to watch what they said in front of the therapists, in case they were being analysed. This rather stereotypical view of the therapist and his role sometimes caused other people to become restrained in their relationships with the therapist. For most therapists this was somewhat difficult to cope with.

(5) Resolving therapist difficulties through interaction with clients

Although thirteen respondents agreed that it was possible to resolve the therapist's own difficulties through interaction with the client, the consensus was that this could be detrimental to the client. One therapist stated that during the course of therapy, she gained insight into some of the difficulties her clients presented in therapy. As a result she then started to analyse similar events in her own life and became aware of different ways in which she would be able to try to solve these difficulties.

Another respondent indicated that increased awareness does result from this therapeutic interaction, but that any personal issues should be resolved by the therapist by undergoing therapy himself.

(6) Increasing awareness of issues

There were a number of concerns and issues that the therapists had encountered in practising therapy which they had been unaware of before entering into the therapeutic profession. These included discovering that therapy is not merely a case of giving "words of wisdom". It is not sufficient to be a friendly advice giver to the client and this is an important realisation for the therapist to understand.

Some of the sample group were made aware of the rather uncomfortable realisation that people are not always honest and may in fact have a hidden agenda. In day to day interaction these are not as recognisable, nor are they as important, as they are in the therapeutic situation, where the client is trying to overcome past difficulties or unsuccessful behaviour patterns.
Coping with failure proved to be a further issue which had an effect on the person of the therapist. Not all therapeutic encounters and interventions will prove to be successful or produce the outcome that the therapist finds desirable and it is the realisation and acceptance of this "failure" that allows the therapist to grow and develop.

For a summation of the above findings refer to Table Two overleaf.
<table>
<thead>
<tr>
<th>EFFECTS ON THERAPIST</th>
<th>OVERRIDING FEELINGS</th>
<th>CHANGES IN SELF OR VIEWPOINT</th>
<th>CHANGES IN RELATIONS</th>
<th>THERAPIST DIFFICULTIES</th>
<th>AWARENESS OF ISSUES</th>
<th>CHANGES IN REACTION OF OTHERS</th>
</tr>
</thead>
</table>
| 1. These were numerous, affecting most areas of the therapist's life | 1. A variety of emotional responses, from anxiety, fear and exhaustion to excitement, stimulation and exhilaration | 1. Changes in self were mostly positive  
2. Greater awareness of strengths.  
3. Increasing flexibility  
2. More tolerant of others  
3. Accepting of others, more assertive  
4. More insight | 1. Most felt therapist could solve own difficulties in client interaction, but this could be detrimental to the client | 1. Therapy is not giving 'words of wisdom'  
2. People may have hidden agendas  
3. Dealing with 'failure' | 1. Mixed reports  
2. Better acceptance by colleagues  
3. Increased expectations from others invokes anxiety |
6.3.3 The therapist and his therapeutic role

(1) Reasons for becoming a therapist

The therapists were asked to identify their reasons for becoming involved in the therapeutic profession. Eight of the participants stated that they were motivated to become involved in the helping profession as a result of the need to heal things within themselves, or as a response to difficulties in their own personal lives. Eleven therapists stated that they had become involved in the helping profession in a search for more knowledge and through an interest in how people function. Two therapists saw the existence of helping role models as being influential in their involvement in the therapeutic profession.

The different reasons for becoming a therapist would appear to influence the development of the therapist identity as well as the emphasis in therapy. Those therapists who were involved in becoming therapists to acquire knowledge were generally more analytical and not as empathetic in their style of working, while those who had become therapists in response to personal needs, tended to be more empathetic in their responses.

(2) The role of therapy

One very important question which was put to the respondents was: What do you see the task of therapy as being? There was consensus among the therapists that therapy should aim to facilitate growth. It was seen to be important that the therapist provide a safe place for the promotion of growth to take place. Therapy was seen to bring about a positive change in the individual, with the task of the therapist being to act as a facilitator in the process. Self-actualisation of the client was seen to be important with the therapist helping the client towards better self knowledge.

The therapists were also asked whether their views on the role of therapy had changed since undergoing their training. Five of the respondents indicated that their views had changed, the main change being the realisation that the client needed to be empowered to help himself, rather than merely being given advice by others. Three indicated that their views of therapy remained unaffected, while two stated that although fundamentally their view remained the same, they had, had new insights. One of these was the realisation of the need for realistic goals and expectations. Yet another respondent felt that the role of
therapy was rather narrow and should be expanded to encompass social health contributing to the individual’s health.

(3) Rating difficulty of doing therapy

There was little consensus when it came to stating whether the individual therapist saw the task of therapy as becoming increasingly complex or increasingly simple. Nine respondents felt it was becoming increasingly complex (six of these were more experienced therapists). Four said it was becoming more simple as they had gained more understanding. Five respondents said it was becoming simultaneously more complex and simple.

The reason for these different responses is that although the therapists' understanding of theoretical concepts allows for greater clarity, they are beginning to realise that there is still a great deal for them to learn. Often there is a vast divide between theory and practice and the therapist is continually learning as he encounters new situations. Thus while his conceptual and theoretical knowledge may simplify things and provide more structure, it is still the task of the therapist to constantly negotiate his way through each new client difficulty and client relationship.

The therapists felt that their therapy and thus their successful therapist identity had been positively influenced by a number of factors. These included a greater insight, theoretical informedness, and an increasing ability to be analytical.

The therapists reported that they were able to be more professional as they had a better idea of what was expected of them and were thus able to provide a better structure to their work.

(4) Differences in therapy pretraining and posttraining

Therapists who had previously been employed in a helping capacity were asked to describe how their therapy differed now from the way it had been prior to receiving professional training. Generally the respondents were positive in describing these changes. They felt they were now in a position to do something as they were able and willing to utilise a wider variety of techniques. Their analytical skills had improved and they were now no longer as critical of failure in others as they were before. While intuition and empathy are still in
evidence, because of the professional training, these qualities are able to be utilised in a constructive manner.

Empathy prior to professional training was felt by one respondent to cloud her judgement, however now that she had received her professional training, this was no longer the case. The use of the external and internal frame of reference has allowed clearer understanding.

(5) Helpful resources in the therapist identity formation

When asked what had been the most help to the therapist in his development, the responses were as follows:

• Four therapists felt that undergoing their own therapy had been most beneficial in their development as a therapist. In fact, one respondent viewed it as essential.

• Colleagues were an important resource as they provided insight and were willing to share their own experiences.

• Fellow students were another support group who had been very important in the development of the therapists. It made them realise that they were not alone in their growing process.

• The lecturers of the Psychology of Education students at UNISA were also found to be a source of help to a number of the group in their development towards becoming therapists.

• Supervision under the internship programme was another useful resource in the development of the therapist identity.

A summary of the therapist and his therapeutic role can be seen on page 85.
### TABLE THREE

#### THE THERAPIST AND HIS THERAPEUTIC ROLE

<table>
<thead>
<tr>
<th>THE THERAPIST AND HIS ROLE</th>
<th>REASONS FOR BECOMING A THERAPIST</th>
<th>THE ROLE OF THERAPY</th>
<th>DIFFICULTY OF CONDUCTING THERAPY</th>
<th>PRE- AND POST-TRAINING THERAPY</th>
</tr>
</thead>
</table>
| 1. The therapists saw their role as being to provide a safe place for the promotion of growth | 1. To heal things within oneself  
2. Search for knowledge  
3. An interest in the way people act | 1. To facilitate growth  
2. Bring about positive change with therapist as facilitator  
3. Empower the client | 1. No consensus  
2. Four said it became simpler  
3. Five said therapy became more complex | 1. Therapists able to utilise wider range of techniques  
2. Analytical skills improved as did ability to use intuition and empathy |
6.3.4 Components which enhanced successful therapist identity formation

When asked what attitudes, beliefs or reactions from others enhanced the establishment of a professional therapist identity, the following responses were received.

Twelve of the sample group gave an unqualified yes, stating that they were able to see themselves as therapists. They felt an inner sense of strength which increased with their increasing competence. One respondent indicated that her own personal life experiences were what had enhanced her development as a therapist.

The recognition by others, of the therapist as a professional person, encouraged the improvement of self-esteem and the therapist identity to be established. Achieving success with one's own clients was also a factor in the establishment of the therapist identity.

6.4 COMMON STAGES IN THE FORMATION OF THE THERAPIST IDENTITY

Therapists in the development of this therapeutic identity undergoes a rigorous process of introspection, self-growth and increased awareness. They are also exposed to a number of different theoretical constructs and theories.

Initially this total absorption in attributing meaning to their theoretical knowledge resulted in changes to their own views, but therapists develop beyond that and begin to develop their skills in the therapeutic encounter.

From feelings of anxiety to exhaustion to a feeling of increasing security, the process is marked by emotional turbulence. An increase in skill and greater structure in their approach, resulted in the therapists feeling increasingly more confident. This confidence was further boosted by positive feedback from clients, peers and other professionals. Interpersonal relationships with others were also influenced as a result of this self-growth although for the most part this influence was positive.

Although the majority of the sample group were able to see themselves as therapists, as they experienced success with clients or acknowledgement in other ways, not everyone felt that this development was complete, but was still in the developmental stages.
6.5 CONCLUSION

Therapist identity formation does indeed occur, for some therapists this development is relatively quick, while for others it takes a lot longer. In the development of this identity the therapist himself is required to undertake a personal journey of self-development which very often leads to increased self-awareness. When doing therapy the therapist is exposed to issues in practice which he had previously been unaware of. Changes which are brought about are significant for the therapist as they offer him the opportunity to develop his own interactive skills.

Despite any emotional upheaval, there was a sense of tremendous stimulation, and positive challenge expressed by all those in the group who were well on their way to developing their therapist identities.

The concluding chapter will be aimed at summarising the main aims of each chapter as well as providing the final conclusions and recommendations of this study.
CHAPTER SEVEN

SUMMARY AND CONCLUSIONS

7.1 INTRODUCTION

During the course of this researcher's own development towards forming a professional identity, there were many questions which arose and ideas that needed verification and further explanation. It was whilst investigating some of these concepts, that the awareness developed that professional identity formation is a recognised developmental process.

Therapists who are undergoing a process of identity formation often experience feelings of apprehension and exhilaration. The awareness was then developed that other students or beginning therapists may also find it useful to understand and develop insight into the formation of their own therapist's identity. The therapist who becomes aware that he is not alone in his developmental tussle will find that this realisation will reduce his level of anxiety.

Once the literature study had been completed, the idiographic study was then carried out with the sample group. From the completed questionnaires, information was gathered which supported the information gained from the completed literature study.

7.2 PURPOSE OF THE STUDY

The purpose of this study was to determine how the process of identity formation occurred, as well as the implications thereof for the student and practitioner of Educational Counselling Psychology.

7.3 METHOD OF RESEARCH

Initially a literature study was conducted. This was then followed by an idiographic study with a sample group of therapists.
7.3.1 The literature study

The literature study was undertaken in order to establish what concepts should be included within the scope of this study. The following aspects were focused upon as they were considered to be the most relevant.

7.3.1.1 Personality characteristics of the therapist

As the person of the therapist is such an important part of the therapeutic encounter, it was necessary to examine those personality characteristics which contributed to the success or failure of therapy.

7.3.1.2 The therapeutic role

The therapeutic role was discussed in some detail as the therapist needs to be aware of exactly what it is that his task entails. Without clarity related to his role the therapist is unable to perform his task or evaluate himself. This evaluation is an important component of this therapist identity formation process.

7.3.1.3 Therapist identity formation

A study of the development of identity formation revealed that this is a relatively complex process which takes place in the psyche of the individual. Vrey (1988:47) described identity formation as a three phase process and it was this triadic approach that was utilised to form the basis of this study. Jacobs (1994 UNISA lectures) and Raath & Jacobs (1993:9) also made some important contributions with regard to the way in which the identity is formed. They state that this identity is multifaceted, and therefore the therapist identity is but one identity of the individual. However, it is such an important part of his identity, that the individual therapist is even described according to the work that he does, in other words he is known as a therapist.

This development of the identity of the therapist allows him to move beyond the mere possession of therapeutic techniques to become a competent and innovative therapist.
The study of the literature demonstrated that this identity formation not only involves the person in totality, but also affects numerous other aspects of the life of the individual including his own view of self, his interpersonal relationships and his life-view. Eckstein and Wallerstein (1972:84) describe this development of the therapist identity as one of the most important components of a psychotherapy training programme.

In order for the therapist to develop in his profession and to have a sense of congruency between his personal and professional self, there must be a great deal of introspection and personal development on the part of the therapist. If this is not the case, then there will be technical competence without the accompanying empathy and genuineness of the successful therapist.

Corey (1991:13) describes the development of the therapist as he moves towards acquiring his new role. The therapist needs not only to examine his own philosophy of life, but also to understand the requirements of the therapeutic role.

7.3.1.4 Common stages in the development of the therapist

During the course of the literature study, it was discovered that there are a number of different stages which the therapist undergoes while developing his therapist identity. These were described and provided the basis for the idiographic study. The results obtained from the idiographic study subsequently confirmed many of the findings described in the literature.

The implications of the identity formation on the person of the therapist were not dealt with in the literature study, but were described in the idiographic study outlined in chapter six.

7.3.1.5 Implications of the therapist identity formation on the person of the therapist

It was not the sole task of this thesis to examine the formation of the professional identity, but also to outline the effects of this identity formation on the person of the therapist. During the formation of a therapist identity, the therapist becomes aware of those traits that he should aim to develop as well as those he should aim to suppress. In performing the task of therapy, the therapist needs to develop empathy, understanding, and a sense of
humour as well as the ability to understand that each individual views the world from his own particular frame of reference.

It can therefore be seen that an awareness of the therapeutic task and the expectations it places on the therapist affect the therapist in his interactions with others and the behaviours that he utilises.

7.3.2 The empirical study

The following postulates were formulated in order to direct the research.

7.3.2.1 Postulates

(1) The process of identity formation is a multifaceted process which involves the therapist in a number of different processes and activities.

(2) The development of the therapist identity results in the experiencing of strong emotions, that is the identity formation process is not emotionally neutral.

(3) The establishment of a therapist identity has an effect on the person of the student of educational counselling psychology which is not limited to the personal self of the therapist but also influences his interpersonal relationships.

(4) While undergoing this identity formation the therapist is involved in evaluating himself as a therapist. This evaluation then contributes towards his successful therapist identity formation.

(5) The successful formation of the therapist identity influences the success with which the therapist accomplishes his therapeutic task.

7.3.2.2 Selection of participants

Participants consisted of nineteen therapists in various stages of training. They ranged from beginning therapists undergoing their course work component of the MEd course to therapists who are relatively experienced. It was decided to include a relatively wide range
of therapists in order to examine whether there were developmentally related issues which affected the formation of a therapist identity. A prerequisite for selection was that everyone needed to be involved in educational counselling psychology.

7.3.2.3 Questionnaire

A questionnaire was developed in order to provide information concerning the development of a therapist identity, and the implications thereof on the person of the therapist. In the questionnaire the information gathered focused on three main areas namely:

1. the process of identity formation itself,
2. the therapist and his therapeutic role, and
3. the effects of the therapist identity formation on the person of the therapist.

Information gathering was not limited solely to these concerns, but respondents were encouraged to add any further information they felt was relevant.

7.3.2.4 Procedures

Once the coordinator of the MEd (Specialising in Guidance and Counselling) course at UNISA had given permission for the students to complete the questionnaire, these were distributed to the group. Other therapists were contacted individually either telephonically, or approached in person. Most of the therapists approached were willing to complete the questionnaire although five therapists approached to complete the questionnaire did not do so.

7.3.2.5 Results of the empirical study

Results of the empirical study were as follows:

- The process of identity formation is a multifaceted process which involves the therapist in a number of different processes.

Results of the research supported the postulate.
In forming their therapist identities, the therapists were not only actively involved with conducting therapy but were also becoming more aware of the role of therapy itself. There was a new awareness of issues relating to therapy and becoming a therapist that had not been apparent before the therapists underwent their professional training. Evaluation of self, therapeutic techniques and client progress created greater awareness and insight. As can be seen therefore, there are a number of different processes involved in forming a therapist identity.

- The development of the therapist identity results in the experiencing of strong emotions, that is the identity formation process is not emotionally neutral.

Results of the research supported this postulate.

Overwhelmingly the respondents had experienced an emotional response while undergoing their therapeutic training. Some respondents indicated that they were anxious about expectations they did not yet feel adequate to meet. As they had progressed in their development as therapists, they experienced a growing sense of confidence and competence.

- The establishment of the therapist identity has an affect on the person of the student of educational counselling psychology which is not limited to the personal self of the therapist but also influences his interpersonal relationships.

Results of the research supported this postulate.

The establishment of the therapist identity extends into all facets of the therapist's life. These included an examination of the therapist's own life-view, his belief system and his values. The therapist was also involved in understanding and selecting therapeutic theories, and discovering what the expectations of him as a therapist are. As a result of their theoretical exposure to issues, the therapists felt they had a greater understanding of the workings of the inner world of the individual, were more tolerant and accommodating in their own interactions.

The majority of the therapists also stated that changes did occur in their interpersonal relationships which they stated were mostly positive. Although other people were
occasionally slightly unsettled with the therapists now that they had received their professional training, mostly the therapists were able to reassure them that they were not professionally analysing them at all times and thus put them at ease. The therapist sample group did find these stereotypical expectations from other people somewhat uncomfortable and disconcerting.

- Whilst undergoing this identity formation the therapist is involved in an evaluation of himself as a therapist. This evaluation then contributes towards his successful therapist identity formation or otherwise.

Results of the research support this postulate.

The sample group evaluated themselves according to a number of different criteria. These included an improvement in client relationships, increasing skill in the use of therapeutic techniques and an accompanying growth in self-confidence. This increase in skill and the growth in confidence enabled the therapists to move towards seeing themselves as having a successful therapist identity.

- The successful formation of the therapist identity influences the success with which the therapist accomplishes his therapeutic task.

Results of the research supported this postulate.

The formation of the therapist identity is directly related to therapeutic success. As the therapist becomes more comfortable with his new role and identity he experiences greater success in his therapy. These two are so directly interlinked that the opposite is also true namely, that success experienced in therapy influences the successful establishment of a therapist identity.

Those respondents who did complete the questionnaire did so with thought and care.

Their responses indicated that they had spent some time in introspection and had evaluated themselves and the course carefully. The questionnaire provided further information as follows:
The therapists were actively involved in their tasks namely understanding theoretical concepts, evaluating themselves and their therapeutic techniques as well as doing therapy itself. The formation of a professional identity aroused strong feelings both positive and negative. Fortunately it appears that the negativity created by feelings such as anxiety were counter-balanced by positive feelings of enthusiasm.

The therapists were unanimous in their opinion that they had personally changed since undergoing their training to become therapists. For most of the group these changes had been brought about by an exposure to new theoretical concepts as well as by a great deal of introspection. There was a greater awareness of self and in some instances a greater empathy and tolerance towards others.

There was also a growing sense of competence measured in a number of different ways including improved client relationships. This increased sense of competence was usually accompanied by an increase in self-confidence. Recognition by colleagues and support from fellow-therapists were both cited as being most helpful in the development of a positive therapist identity.

7.4 LIMITATIONS OF THIS RESEARCH

Although the questionnaire did serve to provide some useful information it was somewhat too lengthy. It is felt that with a less motivated group there would have been greater resistance than there was from the few therapists who were approached and did not complete the questionnaire. As the sample group was rather small, consisting of nineteen respondents, the researcher is well aware of the potential inaccuracies of extrapolating these results to a larger population.

The questionnaire attempted to be relatively open so as to encourage the respondents to answer in a more personal and open-ended manner. This was partially effective but it is felt that it would have perhaps proved more useful to have had a follow-up interview with each member of the sample group. This would have allowed the respondents to clarify any comments that were not totally clear, or to offer any further information or insights that they had not included in their responses to the questionnaire.
7.5 RECOMMENDATIONS FOR FURTHER RESEARCH

While the research conducted did serve as a very useful starting point for investigation there were some related issues which arose and were not dealt with which may well be useful for further investigation. These are:

(1) There were a number of issues that the therapists encountered in practice that they had not anticipated prior to entering into the therapeutic profession. These include mediating between the need of the client and the institution, the realisation that people may not wish to make changes and coping with failure. All of these issues would be useful areas for further study.

(2) Members of the sample group detailed what they felt some of the limitations of the course to be. Furthermore they also provided some useful suggestions as to improvements which they felt could be made which would further enhance the training they had received. A further investigation of these suggestions may well be useful.

These suggestions included

i) allowing the students to view therapy in real situations
ii) utilising a more practical approach to psychological intervention
iii) widening the theoretical basis of the course which would provide a broader framework from which to explore and develop as a therapist.

7.6 CONCLUSION

The impact of the identity formation on the person of the therapist is significant and should not be underestimated. Very often the development of this therapist identity is accompanied by many other factors and unresolved issues which the individual had not previously confronted or indeed may even have been unaware of.

The formation of a therapist identity should therefore be supported by and assisted as far as possible. Perhaps it would even be advantageous to provide on-going therapy for those students who felt that they would like to avail themselves of this service.
Certainly it appears that fellow-students and course lecturers are a source of support and encouragement and it may well prove useful to develop this system further. Lecturers could possibly meet with one or two students during the practical sessions and discuss any personal difficulties they may be experiencing or simply offer clarification on any issues that the student might not have clearly grasped.

A study of the literature has led to the belief that this identity formation process is a necessary and important process. The therapist who has successfully embraced his therapeutic identity will experience a sense of unity and cohesion which will allow him to move forward in his self-development. As Bruch (1974:84) writes, "becoming a psychotherapist is intricately interwoven with developing a professional identity".

Therefore, the therapist who has not fully incorporated his therapist identity and sense of self will not have the same feeling of integration.

Results of the idiographic study support the findings of the literature study. The therapist is exposed to new ideas and experiences feelings of anxiety as he has not yet assimilated these new concepts and developed techniques for meeting the expectations made of him. Once he achieves a level of competence, he becomes reassured and begins to see the process of developing this therapist identity as a new and exciting development.

The investigation provided much information that was of personal interest and attributed towards making this process of identity formation easier for the researcher. By providing some clarity and insight into the process of identity formation of the therapist it is hoped that other therapists in training may also benefit from sharing this information. Indeed if any of the respondents from the sample group achieved greater clarity or insight from the introspection that the completion of the questionnaire afforded them, then this study will have been beneficial.
BIBLIOGRAPHY

(1) PRIMARY SOURCES CONSULTED


**(2) FURTHER SOURCES CONSULTED**


Dear Fellow-student

I am writing to you because you have been identified as a therapist who may be able to take part in compiling information on how the therapist develops his professional identity. Psychotherapy books and articles concerning the development of the professional identity of the therapist are very scarce, although this is one of the most important aspects of the therapist's training.

There are many issues, emotions and skills that the therapist needs to work through and acquire before he, or she, gets to the point where they are able to say that their professional identity has been grafted onto their own personal identity. That is, they are now able to identify themselves as being therapists and are quite comfortable with this identity.

As someone who has gone through (or is still going through) many of the various stages associated with the therapist's development, it is hoped that you would be in a position to assist in contributing to acquiring some empirical data in this regard.

The information that will be gathered will be for a Masters dissertation to be published for Unisa. I wish to emphasise that any material gathered will be used anonymously. If any material is to be used in such a way as to identify its source, you will first be contacted in order to get your permission to do so. If you would like information about any findings that may be discovered I would be pleased to make it available to you.

May I express my sincere thanks for taking the time to read this letter and hopefully also to fill in the accompanying questionnaire.

Yours sincerely

S. Toddun
APPENDIX B

This questionnaire has been compiled with reference to:


QUESTIONNAIRE ON THE CREATION OF THE PROFESSIONAL THERAPIST IDENTITY

Please could you complete the following personal details:

Your Name: ...........................................................................................................................................
Telephone Number: ...................................................................................................................................
Postal Address: ............................................................................................................................................
Postal Code: ........................................
Your Educational Degree:
    Masters: ..............................................................................................................................................
    Doctorate: ...............................................................................................................................................
If other please specify: ....................................................................................................................................
Where you received your training as a psychotherapist: ............................................................................
The number of years you have been practising as a therapist if applicable: ..............................................

You have been left some space in which to answer the questions, if this is insufficient, I would be delighted if you would attach any other comments you may wish to make on a separate piece of paper and return it to me.
STRUCTURED QUESTIONS

1. While undergoing the training session to become a therapist, one is introduced to many new concepts and ideas. Could you describe those that made an impact on you and the possible reasons for this?

2. Do you feel that you personally or your views have changed in any way, since beginning your training as a therapist? If at all possible could you elaborate on your answer?

3. While undergoing the training programme did you feel that your interpersonal relationships changed in any way, as a possible result of changes that occurred to you?

4. Now that you are fairly well advanced in your training, how would you describe what your overriding feelings have been?

5. If you have previously been employed in a helping capacity but without the professional training, what characteristics describe you now in relation to your therapy that might not have applied in the past?
6. What would you say has been the most help to you in your development as a therapist?

PERSONAL THEORIES OF DEVELOPMENT

1. Why did you choose to become a therapist? There are many events in a person's personal life either positive or negative which can be a source of influence. Can you describe how they affected you and in particular your desire to become a therapist?

2. Do you see yourself as making progress? In what particular aspects do you feel this to be true?

3. Have there been any changes in the way that other people behave towards you? How do you feel about this?

4. Have you ever felt disillusioned with any aspects of the training you have received as a therapist? What do you feel should be done to correct or improve this?
5. What do you see the task of therapy as being? Has your view of it changed over time?

6. Has therapy become more complex or simple as you have developed in your training?

7. In what manner would you measure your success in therapy?

MISCELLANEOUS

1. Do you think it is true that in taking part in the therapeutic process the therapist is able to resolve some of his own difficulties?

2. Has comparing your ability to help others, versus other therapists’ ability to be helpful, been an issue for you?

3. Are you able to see yourself as a therapist? What behaviours, attitudes, beliefs about yourself or reactions from others have made it possible for you to move towards establishing your own professional identity as a therapist?
4. Have there been any significant issues, concerns and dilemmas that you have encountered in practice that you did not anticipate before entering into the therapeutic profession?

Thank you most sincerely for your participation. If there are any other points which you may care to make which have not been included above, or any further comments which you may feel are relevant, your suggestions would be gratefully received.