The Journey of the Counselor and Therapist: Research Findings and Perspectives on Professional Development

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This article summarizes a reformulation of the main findings and perspectives from a cross-sectional and longitudinal qualitative study of the development of 100 counselors and therapists. The results are presented as a phase model and as a formulation of 14 themes of counselor/therapist development. The following six phases are described: The phases of the lay helper, the beginning student, the advanced student, the novice professional, the experienced professional, and the senior professional. The themes describe central processes of counselor/therapist development. The themes are addressing different issues such as shifts in attentional focus and emotional functioning, the importance of continuous reflection for professional growth, and a life-long personal/profession integration process. Sources of influence for professional functioning and development are described. The results show consistently that interpersonal experiences in the personal life domain (early family life

and adult personal life) and the professional life domain (interacting with clients, professional elders, and peers) are significant sources of influence for professional development.

There is growing interest in studying the development of the professional counselor/therapist (Neufeldt, 1999). This interest flows from multiple areas of inquiry such as studies of professions, career development, supervision, expertise, wisdom and adult developmental psychology. Parallel to the increased interest in studying the development of the counselor/therapist has been research which points to the competence of the practitioner as key to a successful outcome. With a more nuanced understanding of the complexity of the helping relationship, researchers within the field of counseling and psychotherapy have convincingly demonstrated the influence of the individual counselor/therapist on qualities of the counseling/therapy relationship, on the change process, and on outcome (Orlinsky, Rønnestad & Willutzki, 2003).

Counseling and psychotherapy is often effective, with most effect-sizes of differences in outcome varying between .75 and .85 when comparing treatment groups to control groups (Wampold, 2001). However, individual counselors/therapists do not obtain equal results (Crits-Cristoph et al., 1991; Henry & Strupp, 1994; Lambert, 1989; Luborsky et al., 1985, Orlinsky & Howard, 1980; Ricks, 1974). Given the enormous efforts of many psychotherapy researchers to minimize the effect of the individual counselor/therapist, when studying a specific intervention, it may be surprising that variation in outcome *across* methods is smaller than variation in outcome among counselors/therapists *within* methods. From critical inquiries into a large body of research on the relative effect of counseling/therapy methods (Wampold, 2001), the conclusion is that it makes a bigger difference who the therapist is than which method is used. Collectively, these results join to suggest more research on counselor and therapist development.

About fifteen years ago, we initiated our study on counselor/therapist development. We wanted to know if counselors/therapists develop as they gain more experience. The concept of development dates back to the Enlightenment era of the 18th century. It denotes a progressive [Latin: pro = forward; gradi = to go] (Oxford English Dictionary, 1997) change in human functioning. The Enlightenment ideas of growth, advancement, and the value of science and education form a context

for understanding the concept of development. There are certain minimal features to the concept of development regardless of philosophical and theoretical orientation (Lerner, 1986). These are: (a) development always implies change of some sort, (b) the change is organized systematically, and (c) the change involves succession over time. The elements of change, order/structure and succession are thus basic elements of a concept of development.

One may argue that the question of whether counselors/therapists develop as they get more experience can only be answered by comparing counseling/therapy results of practitioners at different experience levels. Then, to the extent that more experienced practitioners obtain better results with their clients, one may claim that counselors/therapists develop. However, there is limited research to support this position of therapist development. Dawes (1994) found no relationship between experience level and outcome. We note that he has been criticized for using poorly controlled studies to support his claim. Two meta-analyses in the 1990's (Crits-Cristoph & Mintz, 1991; Stein & Lambert, 1995) have demonstrated a statistically significant, although weak positive relationship between experience level and outcome.

One may argue that the approach above does not demonstrate development per se, but rather possible consequences of development. Another approach to the study of counselor/therapist development, is to study changes in how practitioners experience themselves as counselors/therapists on a wide variety of parameters related to their work over time. This is the approach we used. The longitudinal research design is the ideal design for such an approach. As our interest is the life-long study of counselor/therapist development, we initially chose, for practical purposes, a cross-sectional design. We later extended the study into a longitudinal one.

By learning more about the changes that counselors/therapists encounter during their professional lives, we hope to contribute to the advancement of counselor/therapy education and improve the quality of supervision. We hope that a clearer understanding of the developmental process will be helpful in establishing realistic demands in graduate education. If professional developmental paths are better understood, supervisor and supervisee will be able to establish more effective learning contracts. Also, if a more accurate and comprehensive conceptualization of therapist/counselor development is attained, we can better arrest the negative avenues of professional development such as incompetence, impairment, burnout, and disillusionment.

Method

At the time we started our investigation, there was little empirically based knowledge on counselor/therapist development in the field. There were some conceptual contributions on developmental supervision (e.g., Loganbill, Hardy & Delworth, 1982). From the study of the training and supervision literature and from our own experience as counselors/therapists, supervisors and teachers, we asked very general questions such as: Do counselors/therapists develop? Do all develop? What is the nature of changes therapists go through during their career? If there is change, how do therapists perceive the changes that have taken place? If a developmental perspective is relevant, is development continuous, erratic, cyclical, or can it be described otherwise.

In order to answer these questions, we chose an interview approach and were inspired by the inductive logic of grounded theory (Glaser & Strauss, 1967). We did, however, deviate from the stringent structure of this approach as we were not ignorant of the topic of the investigation.[1] The questions for our interview guide were developed from our knowledge of the professional literature and experience. Based on the pilot interviews and further reflections on the topic, we selected eight topics of inquiry which guided our initial data-analysis. The topics of inquiry were: Definition, Central Task, Predominant Affect, Predominant Sources of Influence, Role and Working style, Conceptual Ideas used, Learning Process, and Measures of Effectiveness and Satisfaction. These topics of inquiry, which may be regarded as analytical categories, were thus developed early in the research process and are not results as such. Semi-structured interviews were carried out by the authors and graduate students.

We interviewed 100 American counselors/therapists at different experience levels, i.e., two student groups, beginning and advanced graduate students of counseling or psychotherapy, and three postgraduate groups of practitioners with the average of 5, 15 and 25 years of professional experience with doctoral degrees in professional psychology. In the initial data-analyses, research groups used the selected eight topics as categories to organize the interview transcriptions within experience cohorts. Other researchers checked for precision and comprehensiveness of initial descriptions. The process was comprehensive as it also consisted of validation and feedback from all respondents, continuous rewriting and restructuring of the material

and reinterviews of 60 of the 100 informants. An eight-stage model was constructed.

After the stage model was developed, we took on a different approach in our analysis. We attempted to disregard the structure of stages/topics of inquiry[2] and took a step back from the material and formulated, at a higher level of inference, twenty themes of counselor/ therapist development. The validity of these themes was enhanced by a thorough familiarization with the material over many years. The initial research process took six years from the first formulations of the topic through 160 interviews to the theoretical formulations published in the early 1990's.

After the first publications of findings (Rønnestad & Skovholt, 1991; Skovholt & Rønnestad, 1992a, 1992b), longitudinal interviews of the most senior therapists and some others have been conducted and analyzed (Rønnestad & Skovholt, 2001). Results were initially presented in three ways: as a stage model, as a theme formulation, and as a process model of development and stagnation. Both authors have had numerous opportunities to present and discuss the study with practitioners and researchers in professional psychology and related fields. This has given us continuous input to better understand the critical and central messages participating therapists/counselors have been trying to tell us in the interview process. The process of obtaining a better, deeper, more nuanced understanding of the material is an ongoing and, within the limits of our professional lives and mental capacities, infinite process.

For this article, we will share some of the findings, first from the stage model, which we now have renamed the *phase model,* then from the *theme formulation* and conclude by presenting some reflections on a *process formulation* of development and stagnation. Here we want to present what we now perceive—more than 10 years after the original formulations—to be the most important content from our research. In order to do this, we first independently reread all stage descriptions and highlighted what we perceived as the most important content. We then collapsed and renamed the stages and labeled them as *phases.* Replacing of the concept of stage with phase as an analytical concept for presenting our findings was done after extensive discussion of the material.[3] We selected and revised content by the consensus method. We abandoned the strict format of the original formulation, where for each stage we described findings on eight parameters. We did this in order to better capture and portray the interrelationship of content.

We repeated the procedure of individual selection and consensus agreement for the themes. We revised and renamed, where appropriate, the different themes of counselor/therapist development. We appreciate the opportunity to again analyze and hopefully better understand the rich material that our generous colleagues provided through their willingness to participate in the study.

Phases of Therapist/Counselor Development

In our original formulation (Skovholt & Rønnestad, 1992b), we formulated eight stages of counselor/therapist development. The stages included one pre-training stage: (Stage 1) Conventional helper; three student stages: (Stage 2) Transition to Professional Training, (Stage 3) Imitation, and (Stage 4) Conditional Autonomy; and four post-graduate stages: (Stage 5) Exploration, (Stage 6) Integration, (Stage 7) Individuation and (Stage 8) Integrity. Each stage was described on the following topics: Definition of Stage, Central Task, Predominant Affect, Predominant Sources of Influence, Role and Working style, Conceptual Ideas used, Learning Process, and Measures of Effectiveness and Satisfaction.

For reasons of parsimony and clarity we have collapsed the eight stages into six. The six phases are: The Lay Helper phase, the Beginning Student phase, the Advanced Student phase, the Novice Professional phase, the Experienced Professional phase, and the Senior Professional phase.[4]

Phase 1: The Lay Helper Phase

All people have experience helping others before they enter professional training. In roles such as parents, children, friends, and colleagues, people are continually engaged in trying to help others to make decisions, resolve problems and improve relationships. We have called this pre-training period the Lay Helper phase. The lay helper typically identifies the problem quickly, provides strong emotional support, and gives advice based on one's own experience. In contrast to how the helper feels after entering training, which will be described later, the lay helper feels natural/authentic when helping.

The lay helper is guided by a personal epistemology and common-sense conceptions of how to assist others when in distress. He/she typically projects one's own solutions for the problems encountered. From

the perspective of professionally based conceptions of helping, there are numerous boundary problems at this phase. Strong identification with the person being helped and an unexamined quality of how best to assist can contribute to over-involvement, which may impede the reflective and investigative character of an effective helping process.

The concepts of sympathy and empathy may differentiate the emotionality of the lay and the professional helper. There are many definitions of empathy. Bohart, Elliott, Greenberg and Watson (2002, p. 90) have drawn from Carl Rogers in their definition of empathy as: "The therapist's sensitive ability and willingness to understand the client's thoughts, feelings and struggles from the client's point of view. [It is] this ability to see completely through the client's eyes, to adopt his frame or reference" (p. 85). In Rogers 1957 formulation on empathy, he formulated the quality of empathy as taking the frame of reference of the client "as if" it were your own. This "as if" quality is essential as it suggests not only the similarity, but also the separateness of experience.

Counselors/therapists' ability to regulate and control their emotional engagement is inherent in the conception of professional empathy. Metaphorically, one may say that in empathy, the helper puts on the shoes of the other, but the helper knows that shoes are not his/her own. In the experience of sympathy, however, the helper has temporarily lost the ability to regulate one's own emotional involvement and has temporarily forgotten that the shoes are not his/her own. The emotional activation in sympathy may be conceptualized as over-identifaction with the other.

Over-involvement and strong identification may fuel an inclination to give specific and strong advice. For example, when told of confusion and distress from not knowing whether to leave a romantic relationship, the lay helper may be highly directive by saying for example: "He isn't worth it. You will be better off without him," or "Stick it out. You will be happy that you did."

Phase 2: The Beginning Student Phase

Beginning students typically find the start of professional training to be exciting, but also intensely challenging. Theories/research, clients, professional elders (professors/supervisors/mentors/personal therapists), one's own personal life, peers/colleagues, and the social/cultural environment combine to impact and sometimes overwhelm the beginning student. The student knows that the lay conceptions and ways of

helping are no longer appropriate or valid. To move from the known role of the lay helper to the unknown role of the professional is a taxing task often acutely felt when the student is assigned the first client. Issues of suitability are normatively raised. Students ask themselves if they have the personal characteristics needed for this kind of work, the resourcefulness needed to complete the studies and the ability to bridge the felt chasm between theory and practice. One student expressed his self-doubt and sentiment by asking the question: "Could I really pull it off?"[5]

Although there is considerable variety in what influences the beginning student, professors and supervisors have a major impact here. The dependency and vulnerability of students make them particularly appreciative of the support and encouragement of more advanced members of the profession. Direct or subtle criticism, actual or perceived, can have detrimental effects on student morale. The vulnerability of students can parallel that of some clients who are particularly sensitive to how they perceive their therapists.

Meeting clients for the first time can be a critical incident for the student and represents the most important task faced at this phase. Questions like, "How do you keep talking for a whole hour?" may preoccupy and worry the students who meet their first clients, often with an anxiety at a level that makes it difficult for students to concentrate, focus attention, cognitively process and remember what happened during the hour. This contrasts greatly with the confident presence and detailed memory of many experienced counselors/therapists.

At this phase, the apprehension and anxiety is calmed by the positive feedback from supervisors and also by explicit positive feedback from clients, feedback which may be actively elicited by the counselor/therapist. Negative feedback from clients often brings reactivity from the beginning student in the helping role. It is a difficult situation to manage. Even veteran practitioners struggle with their own counter-transference to negative client feedback. For example, Vakoch and Strupp (2000) were dismayed when reporting how poorly highly experienced therapists react to negative affect from clients. Now for the novice counselor/therapist, work effectiveness is measured externally, and specifically by explicit feedback from supervisors, clients and also peers.

A life-saver for the beginning student is to learn easily mastered, straightforward, counseling/therapy methods (models, systems, approaches, frameworks) that can be absorbed quickly with focused effort and that hopefully can be applied to all clients. Learning these

methods and using them may give a sense of calm for the beginning student. With more experience, the practitioner may experience disillusionment with these "easy to learn" methods, but for the time-being, they serve their purpose.

Since completing the task of developing professional mastery takes years, many students search actively for ways to speed up the process. Finding models to imitate is a long desired popular approach for the beginning student. As one student expressed it: "I wanted to absorb from counselors I observed." Students want to know how perceived experts act, think and feel in clinical practice. Although they are also curious about how seniors negotiate issues of private life, most attention is given to how they concretely act and behave in the professional role. If students identify intensively with a method and model, we have used the term "true believer" (Hoffer, 1951) for this student. We cannot emphasize enough the intensity by which students search for viable models. Students want as much as possible to perform like international experts (Freud, Rogers, Frankl, Beck) or local experts (i.e., one's supervisor in practicum). Classroom material used to teach methods can have a major impact if they present easily understood material. The classic *Three approaches to psychotherapy* films with Rogers, Perls, and Ellis edited by Shostrom are an excellent example of this as are the multiple new films made in recent years that demonstrate actual counseling/therapy.

As we will describe more extensively later, an attitude of openness to new learning is imperative to enhance professional competence. Openness to learning and an ability and willingness to recognize the complexities of professional work is crucial for growth. Many students need to simplify the task at hand and many choose "easy to learn" methods, a simplification process which may enhance or impede professional development. The issue here is whether or not the student is having an open attitude versus a closed or restricted attitude to the complexities and challenges encountered. An open attitude facilitates professional development, while a restricted or closed attitude fosters professional stagnation. Complexities need to be mastered. We differentiate between a developmental and non-developmental approach to mastering the complexities that students/counselors encounter. The developmental approach has an active, searching, exploratory, trying-out quality. The students/counselors are guided by a long term developmental goal. The non-developmental (stagnant) approach has a defensive, experience-limiting and anxiety-reducing quality. Focus is not on a long-term developmental goal, but on short-term impression

management, a face saving maneuver (Goffman, 1967). The achievement orientation of the academic culture, the power differential between professor/supervisor and student, and the magnitude of challenges encountered fuel such maneuvers.

Although some students feel competent throughout training, this is not the rule. Typically students feel threatened and anxious (Skovholt & Rønnestad, 1992b). Student anxiety seems to be very present in graduate programs across countries and cultures. From the survey research of the International Study of the Development of Psychotherapists (Orlinsky & Rønnestad, in press) we know that inexperienced therapists frequently feel overwhelmed and highly challenged in client sessions. Compared to functioning at later phases of development, Norwegian therapists (Rønnestad & von der Lippe, 2001) reported more frequently to experience the following difficulties[6]: (a) Lacking in confidence that you can have a beneficial effect on a client, (b) Unsure how best to deal with a client, (c) In danger of losing control of the therapeutic situation to a client, (d) Distressed by the powerlessness to effect a client's tragic life situation, (e) Troubled by moral or ethical issues that have arisen in your work with a client, (f) Irritated with a client who is actively blocking your efforts, (g) Guilty about having mishandled a critical situation with a client.

Also, research on supervision within counseling/therapy confirms how threatening training experiences may be for students. The works by Gray, Ladany, Walker and Ancis (2001), Moskowitz and Rupert (1983), and Ladany, Hill, Corbett, and Nutt (1996) in particular have demonstrated the counterproductivity that may result from a non-optimal supervision relationship.

Phase 3: The Advanced Student Phase

Towards the end of training, the modal student is working as a counselor/therapist at settings such as internship, practicum, clerkship or field placement, and is receiving regular and formalized supervision. We will use the term intern for this role at this phase. The central task at this phase is to function at a basic established/professional level. Many students, however, have higher aspirations for their functioning and want not only to avoid making mistakes, but to excel in their work. Many feel pressure to do things more perfectly than ever before. A consequence is that interns usually act in a conservative, cautious and excessively thorough fashion. They are typically

not relaxed, risk-taking or spontaneous. There is little natural playfulness or sense of humor in their work.

The internalized high standards for professional functioning contribute to the tendency towards excessive and misunderstood responsibility. A female student at this phase said: "I do a good job of letting myself feel responsible for everything." Another said: "I thought I could and should help everybody," while and a third expressed it this way: "Every single request for consultation I wanted to do. I wanted to learn things and to prove to the director of training that I could do the job."

When comparing one's own professional competence to that of beginning students, the advanced student appreciates that professional training has made an impact. As one intern said: "I have gone from being petrified to being comfortable." But if the reference point for evaluating one's own competence changes to that of the advanced professional, the advanced student realizes there it is still much to learn. The advanced student as practitioner may still feel vulnerable and insecure and actively seek confirmation and feedback from seniors and peers. There is still considerable external dependency.

Supervision of beginning practicum students can be a powerful source of influence for the advanced student. One female, reflecting on her internship, said: "It was a concrete realization of what I had learned. It was really valuable. The contrast between them and me helped me see my own style and how far I had come in my development."

At this phase, experiences in supervision have particular significance. Non-confirming supervision experiences are powerful, possibly even more powerful than for the beginning student. More is at stake, as the student is further along in training and is supposed to master professional tasks at a higher level. Although it seems that the advanced student experiences supervision as mostly positive, conflicts in supervision may nevertheless peak at this phase of professional development. The dependency of the intern, and the need to meet the expectations of the graduate program combined with the aspirations to be autonomous, may contribute to the ambivalence that many advanced students report. These dynamics may also increase the tension and constant self-evaluation reported by the advanced student during the internship.

Modeling is still an important learning process. Defined broadly, modeling includes activities such as watching supervisors and profes-

sional staff work, hearing how supervisors and professional staff conceptualize cases, and observing the professional behavior of supervisors and professional staff. To a greater extent than earlier, the advanced student is critically assessing and evaluating models. In addition to accepting or rejecting models totally, such as one advanced student in our sample who said "My God, I don't want to be like that," interns are now engaging in the modeling process of differentiating, accepting, or rejecting model components. One advanced student said: "I take what I like."

Also at this phase of training, the advanced student is often frustrated by the lack of opportunities to observe senior practitioners at work. One female intern said: I wanted more opportunities to observe senior practitioners work." Another said: "I had very little opportunity to observe experienced practitioners, even after repeated requests of a supervisor. The only model of an experienced person I had was the Gloria films. Supervisors and experienced people were unwilling to demonstrate skills."

Although the advanced student has typically an external focus, i.e., looking to models for how to be a professional, there is simultaneously an increased internal focus. Both foci might find their expression in supervision. As one intern said: "Supervisors are important to me both as role models and in helping me identify how my personality influences my work both as a resource and as a hindrance." The supervision literature has also conveyed a similar preference in the advanced trainee for an internal focus. McNeill and Worthen (1989, as cited in Worthen & McNeill, 1996), wrote: "Advanced trainees prefer to examine more complex issues of personal development, transference-countertransference, parallel processes, and client and counselor resistance and defensiveness" (p. 26).

After our analysis of students' descriptions of attachment to theory/conceptual systems, we identified four distinctly different orientations. They were (a) no conceptual attachment (which we also called laissez-faire orientation to theory), (b) "one theory, open" (which indicates preference for one theory but with openness to others), (c) multiple serial attachments (which indicates a serial monogamy type orientation), and (d) true believer (which indicates a strong belief in one theory *in combination with* active rejection of others). The 'one theory open' and 'multiple attachment' were the most common, and may, from a perspective of research on the professional development of psychotherapists, be most beneficial.

Inferentially assessed from therapists' endorsement of question-

naire items, research of the International Study of the Development of Psychotherapists (ISPD)[7] (Orlinsky & Rønnestad, in press) has suggested a relationship between therapists' attitude to theory and the quality of the therapist-client relationship. Therapists who were assessed most positively reported to be moderately or strongly influenced by two or more theoretical orientations. Therapists who reported not to be influenced by any theoretical orientation to any large degree (i.e. the laissez faire orientation) were in danger of a negative involvement style.[8] These results may indicate that the combination of an eagerness and commitment to learn, and an attitude of openness, stimulates professional development. Research on peer nominated master therapists (Skovholt & Jennings, in press, 2004) also suggests this to be the case.

Phase 4: The Novice Professional Phase

The novice professional phase encompasses the first years after graduation although individual paths vary. For most counselors/therapists these years are experienced as intense and engaging. There are many challenges to master and many choices to be made. We will briefly describe what we learned from the interviews of our informants. They had been practicing professionally for an average of five years after graduation and were asked to reflect on current and retrospective career issues.

In the novice professional phase, we learned there is a sense of being on one's own. In addition, there is a continual process of reformulating, a process of "shedding and adding" at the conceptual and behavioral level. There seems to a sequentially ordered change that occurs during the first years following graduation. First, there is a period where the counselor/therapist seeks to *confirm* the validity of training. Second, when confronted with professional challenges inadequately mastered, follows a period of *disillusionment* with professional training and self. Third, there is a period with a more intense *exploration* into self and the professional environment.

Released from graduate school, there is immediately a sense of freedom. Free from external constraints such as supervisor evaluation and oral and written examinations, the new graduate can now, on his/her own, test out the validity of what was learned in school. There is typically an intensity and eagerness in this quest for confirmation. Surprising for many are the hardships and challenges that follow from not feeling adequately prepared and being on one's own. As one prac-

titioner formulated it: "Having less guidance from professors and supervisors was scary." Another said, "People weren't protecting you from taking on too much anymore." Many will look for workplace mentors who will offer guidance and support, thereby easing the transition to autonomous professional functioning.

The novice professional is usually not prepared for the felt disillusionment. The individual had hoped that graduate training and all the work and anxiety that went into it had been adequate preparation for what was to come. One female looked back and said: "I realized that graduate training had real gaps. There was much I had to cover that was not offered in graduate school. I remember writing letters to the director of the program, pointing out things that should have been addressed."

The practitioner who earlier had relied exclusively on a single conceptual system often feels disillusionment particularly when confronted with heterogeneous client populations. A male practitioner reflecting back to this phase said: "I went through a stage of being depressed about work, feeling it was too much work trying to fit people to the model. I found out it didn't turn out for clients the way theory said it was supposed to." Even though the novice professional is typically not actively eliciting client feedback to measure success, client feedback nevertheless constitutes a powerful message about what works. Here is an example of disillusionment: An individual with a math and science undergraduate degree entered a graduate program with a strong research-based empirical approach. As he applied what he had learned, an approach with an emphasis on precision and rationality, to patients with spinal cord injuries, he was overwhelmed by the emotional anguish and pain of these patients. He said: "Sometimes you feel like you were trying to fight a forest fire with a glass of water."

The recent graduate is still struggling with precision in boundary regulation like issues of responsibility and how to determine what are realistic goals for professional work. One female counselor said: "I think I become more disillusioned when I have expectations that I need to do it all; it is my responsibility or fault if this person isn't getting better."

Disappointments with self and with inadequate client progress can fuel a sense of inadequacy. A male counselor/therapist described his reactions this way:

> I used to think that my doubts about me and my despair would go away
> with the degree . . . Now people look at me, call me doctor and want
> more and expect more. But what am I going after? It is a disorienting

> process because I don' know anymore now except that there are more expectations. It is great to be done, but what do I really want to be? Where did I really want to go? I didn't expect the formal training would lead to feeling adequate until I felt inadequate and then realized how much I expected to know by now. My professional training was over and I lacked so much.

The novice professional counselor/therapist increasingly realizes that one's personality is expressed in one's work. This can be experienced positively if the counselor/therapist feels reasonably assured of his/her personal and professional capacities, or negatively if the novice questions his/her suitability for counseling/therapy work. Recognizing personal expressions in professional functioning is a step towards integrating the personal and professional aspects of work. This integration process is expressed by counselors/therapist feeling more at ease in their work. An indicator of this use of self is the gradual shift to using one's own natural sense of humor in work with clients.

Experienced difficulties may be an incentive for some to enter personal therapy. It is typically done with a serious intent and from an explicit recognition of deficiency. This is different from entering personal therapy as a ritual step to comply with the implicit (or explicit) demands of the therapy culture. The new professional reacts to disillusionment by exploring one's own skills, limitations, values, attitudes and interests. This internally focused processing is accompanied with exploring "outward" to find a work environment and work roles that are compatible with self, a process which occurs with increasing intensity as the counselor/therapist becomes more experienced.

The novice professional is typically experiencing an increased sense of the complexity of counseling/therapy work and is recognizing more profoundly how important the therapeutic relationship is for client progress. As the novice professional is focusing more attention on understanding and mastering relationship issues, the counselor/therapist is also becoming more skilful in defining work roles and regulating boundaries. By contrasting present functioning and work role definition with earlier conceptions, the counselor/therapist can now sense the changes that have taken place. A male at this phase said:

> I was a pretty personal therapist with clients when I started out in the business. They would call me in a time of crisis or need. They had my home phone number. That isn't working anymore because my case load is big and difficult. Now calls are screened and I use an answering machine. I had to change it because I was getting 'fried' and mad at clients and things like that. But it is tough saying no to people in tremendous

distress; I feel guilty when I don't respond to demands, exhausted when I do.

While increasingly recognizing the importance of the counseling/ therapy relationship, the novice professional is simultaneously reporting a renewed interest in learning specific counseling/therapy techniques. Contrasted with earlier skill/technique acquisition, there is a more inner-directed and autonomous character to learning the specifics of professional work at this phase.

Phase 5. The Experienced Professional Phase

At this phase of professional development, the counselor/therapist has been practicing for a number of years and has typically had experience with a wide variety of clients in different work settings. A central developmental task for most experienced professionals is to create a counseling/therapy role which is highly congruent with the individuals' self-perceptions (including values, interests, attitudes), and which makes it possible for the practitioner to apply his/her professional competence in an authentic way.

In terms of conceptualizing clients and the methods and process of change, there occurs an integration and consolidation process where the individual is "throwing out the clutter" as one male informant expressed it, and where the counselor/therapist is building consistency and coherence in the personal/professional self. Expressions of this are seen in the active formulation of a conceptual system and the active development of a working style that "fit" the individual. Increasingly, there is little tolerance for lack of close fit and a strong tendency to search for a work environment experienced as compatible with self, a movement consistent with the underlying premise in Holland's theory of vocational choice (Holland, 1997).

The experienced professional has by now learned in various ways that the therapeutic relationship not only plays an important role, but is crucial for client progress. One of our most experienced participants formulated it this way: "The relationship is understood even more deeply at this point where the therapist's power, attention, expectations and own personality, including short-comings and strengths, can be seen, understood and used in a more direct and clear way than before."

Also, the experienced counselor/therapist is conceptualizing professional role as use of techniques or methods. Yet, in sharp contrast

with earlier functioning, techniques and methods are not applied in a conforming, rigid, external or mechanical fashion, but can be used in a personalized and flexible way. One female practitioner expressed it this way:

> I learned all the rules and so I came to a point—after lots of effort—where I knew the rules very well. Gradually I modified the rules. Then I began to use the rules to let me go where I wanted to go. Lately I haven't been talking so much in terms of rules.

Increased flexibility in role and working style was expressed by the counselor at the experienced professional phase who was using the metaphor of freely choosing rides in an amusement park to describe flexible use of techniques when working with clients.

Most experienced professionals trust their professional judgments. Most feel comfortable about their work, feel competent, and that they are able to establish good working alliances with their clients. They also feel they can challenge the client if necessary. This provision of both safety and challenge have been found to be key features in the work of master therapists (Sullivan, Skovholt, and Jennings, in press, 2004).

During the experienced counselor/therapist phase there is also a profound realization that there are often no clear answers to the challenges encountered. One informant said:

> I'm more loose than I used to be in my approach to the work. Sure, everything must be done ethically and professionally. That's a given. I'm just not so frantic about answers or even questions. Now I really feel there isn't a right way to do it, although there is a right process for me.

For many years, the experienced counselor/therapist has negotiated internally and externally to find the appropriate level of involvement with clients. With experience, as goal-setting has become more realistic, with increased awareness of strengths and limitations, and with a clearer definition of and differentiation of responsibility, it is more likely that the involvement level has been fine-tuned in a professional way. The practitioner is typically good at regulating involvement and identification with clients. A male therapist said: "I have a better sense of personal boundaries and blame myself less if things don't work out well." Another said: "When the session is over I can leave it there." This process of letting go of "over-responsibility" is likely a prerequisite for the regulation of emotions and attitude expressed when the

counselor/therapist is able to be totally absorbed in client work and then, when the session is over, is able within minutes to refocus attention and subsequently engage in work with another client. When this is successfully and ideally mastered, the counselor/therapist can end many workdays more refreshed and stimulated rather than exhausted and depleted.

Learning this skill, called in the description of master therapists as "boundaried generosity" (Skovholt, Jennings and Mullenback, in press, 2004) is very difficult, yet crucial for the long-term intimate involvement with human suffering that is central to the work of therapists. This description of boundary regulation fits some experienced informants better than others. Some reported considerable hardship and felt challenged also in the mature professional years. Also, burnout prevention is an issue at all experience levels (Skovholt, 2001).

International research on therapists in many countries can inform us about the baseline for therapists' involvement styles and ways of relating to clients (Orlinsky & Rønnestad, in press). This research may inform us about how well therapists regulate their emotions in their work. In this research, categories of practice patterns were identified from combinations of high and low scores on the dimensions of stressful and healing (therapeutic) involvement. Overall, as many as 1/3 of therapists reported stressful involvement with their clients, a result that was moderated by the fact that some of these therapists were also experiencing healing involvement. More reason for concern was the fact that 13% of therapists, including many who had practiced for decades, experienced "distressing practice."[9] From this international survey research, a conclusion is that a minority of therapists report rather substantial difficulties in their practice in combination with a sense of professional decline. In line with what we found in our qualitative interview study of 100 practitioners, the majority at the experienced professional phase, however, seem well able to regulate their emotions and handle the professional challenges that they encounter. The majority also feel they are growing professionally.

Paralleling improved regulation of professional boundaries, the experienced professional has learned how to separate the professional role from roles such as that of a friend, parent, or spouse. One female reflected back to her graduate school years when this was more of a problem. Laughing, she said that her daughter gave her useful feedback when she said: "Mother, will you quit being a damn social worker and just be my mother!"

Major sources of influence that we have found to influence profes-

sional development (theories/research, clients, professional elders [professor/supervisors/mentors/therapists], peers/colleagues, one's own personal life, and the social/cultural environment) continue to play an important role for the professional functioning and development of the experienced professional. As previously described, counselors/therapists report that interpersonal experiences impact them strongly throughout their career. With increasing experience, however, this is even more the case. Specifically, the experienced professional reports that much learning comes from their direct experience with clients and from their personal life. In addition, there is a broadening in what influences the more experienced professional. Some report that typical senior activities such as mentoring others in roles such as supervisor and teachers is a valuable source of learning. Increasingly, the experienced counselor/therapist reports understanding human behavior through professional literature in related fields such as anthropology or religion or through reading prose, poetry, biographies, or through movies, the theatre and other artistic expressions. We will briefly comment on this change in emphasis.

The experienced counselor/therapist learns primarily through reflecting upon interpersonal experiences in the professional and personal life domains. Theoretical/empirically based concepts serve an important but nonetheless secondary function in the sense that they are accepted or rejected depending on the degree to which they assist meaningful interpretation of experiences. Untested ideas are only useful when the individual approaches a new area where experience is lacking. Extensive and varied experience, generated through thousands of hours of client work and life experiences, described by an informant, as "I have lived through a lot of hell and lot of pleasures," have contributed to a contextual sensitivity in the process of abstracting or generalizing knowledge. We call this "contextually sensitive knowledge development" a central process toward the attainment of wisdom. We may express this by stating that the epistemological center for the experienced professional is experience based and contextually anchored generalizations. A therapist expressed it this way:

> With a new client I think about cases I've had. I think about how they have gone. Themes come in a case and this stimulates a memory in me. The memory is in the form of a collection of vignettes, stories and scripts. It isn't fully conscious but new cases do kick off the memory— the memory of how things went before provide a foundation to begin the current case. Interestingly, most of the stories come from the early days of my practice; they are the most embedded. Later cases don't stand out

as much except if I was proved wrong or something dramatic happened.
Then my thinking changes and my memory changes.

As suggested by the above quote, it is not every client, but clients who
have profound experiences and particularly successful or unsuccessful
counseling/therapy work that provide the most significant learning for
counselors/therapists at the experienced professional phase. Even quite
experienced counselors/therapists are typically deeply moved if one of
their clients experiences a profound event, either positive or negative,
when they are working together.

As we interviewed therapists/counselors with more experience, we
increasingly heard stories of the interrelationship between adult per-
sonal and professional life. Although some talked about how the fa-
tigue from overburdening work could negatively influence family life,
or how professional knowledge and competence could be transferred
into one's personal life, there were more tales of "traffic" in the other
direction, i.e., of how personal life was seen to influence professional
functioning. One said: "You learn a lot from your kids just like you
learn a lot from your clients." Another talked of her divorce being the
most difficult experience of her life. She found it forced her to see
herself as separate person and not a daughter or wife in relation to
others. She said: "It really shocked me to my core. I had to tap into
some dark places and look at things about me." The whole experience,
she said, increased her connections with human pain, made her more
intellectually curious, and ultimately helped her be a better therapist.
We heard many similar stories of the long term positive influence of
adverse experiences in therapists/counselors adult personal life.

The immediate influence of adverse personal experiences is often
negative. One senior therapist told us her story that moved us deeply.
She told that after losing her husband and her only daughter within
a two-year period, it took two years "before she could breathe again."
It was not until after a long period of intense grieving that she could
use the traumatic experience constructively in her work.

There were several stories of negative experiences in early child-
hood and family life exerting an adverse, and not positive, influence
on professional functioning (Rønnestad & Skovholt, 2001). This was
surprising as it runs counter to a common perception of "the wounded
healer" (Henry, 1966), where healed early wounds are understood to
contribute to the formation of a more effective helper. Early wounds
are not necessarily healed, and may find their expression in adult pro-
fessional functioning.[10] However, from our interviews, there were sev-

eral stories indicating that wounds acquired late (i.e., in adult life) can, if they are reflected upon, understood, and assimilated (see Stiles, 1997) contribute to more effective helping.

Emerging with more hours of practice at the experienced professional phase is a strongly felt belief that there is not much new in the field. One person said: "I've recently stopped going to workshops. They seemed to be geared to 'Freshman English' and to be old stuff. For example, assertiveness training was done long ago under a different label. I'm especially uninterested in workshops on new little techniques." This disinterest is contrasted with the continued influence of earlier role models, influences which for many have been internalized. One of our informants, for example, talked about John, his supervisor twenty years ago: "I have been running around in my mind words, phrases, quotes that I periodically pull back to . . . and sometimes I say to myself, how would John handle this situation." These "fantasy mentors" were often recalled with great fondness and appreciation.

Phase 6: The Senior Professional Phase

At this phase of professional development the practitioner is a well established professional who is regarded as a senior by others. Although some attain this senior status in mid-career, the modal senior professional has practiced for 20 to 25 years or more and many are approaching retirement.

The transition for the experienced counselor/therapist to become a guide for novices in the field was hesitantly welcomed by some and actively embraced by others. One male describing the transition to being seen differently by others, said: "Suddenly I was seen by others as a leader, but I didn't see it that way. I didn't feel I belonged." Another individual talked of the stimulation of interacting with younger colleagues. Talking about supervising younger interns, one said: "They get brighter all the time: I feel that I learn as much from the interns as I teach them. They have become my teacher."

The most experienced group in our sample, was on the average 64 years when we interviewed them the first time, and 74 when we interviewed them again.[11] This has provided us with a unique opportunity to learn about experiences and reflections of counselors/therapists in the very mature professional years. Some are similar to what we have just described for the experienced professional. Some are different, emerging from the reality of loss that is common for the senior professional phase. A few of our informants took early retirement and many

reported a gradual transition into retirement. Some continued to have a limited practice even long after formal retirement. We heard many reports of distress, sadness, and concern about failing health of self and family members, of reduced energy, limitations in activities and accomplishments. We heard objections to the glamorization of old age, such as one male therapist who said, "I think the golden age is not best by any means. As far as I can tell, being old and wise is not better than being young and innocent and energetic" (Rønnestad & Skovholt, 2001, p. 183). Some expressions of regret seemed to contain elements of "too soon old and too late smart," the anticipatory grief over future losses.

Many experience loss, not only anticipated ones, but also present and past ones. For example, their own professional elders are no longer alive and same age colleagues are generally no longer a strong source of influence. Divergent interests and values have often brought a separation. Loss of innocence is a term that can be used to indicate a sense of realism, the fading of illusions, and increased sense of reality in terms of what can be accomplished professionally. Also, there is a sense that there is and will not be any significant new knowledge in the field. One counselor/therapist expressed it this way:

> By the time a person reaches the end of one's work life, he/she has seen the wheel reinvented so many times, has seen fashions in therapy/counseling change back and forth. Old ideas emerge under new names and it can be frustrating to the senior therapist to see people make a big fuss about something he/she has known about for years. This contributes to cynicism for the person.

The seductions for professionals at the senior professional phase are the intellectual apathy and sense of boredom that can come from routine tasks completed over and over again, experiences which can reduce engagement in client work. Research of the ISDP suggests, however, that most therapists avoid this disengagement (Orlinsky & Rønnestad, in press). The general picture for therapists/counselors at the senior professional phase is one of continued commitment to grow professionally. They generally have a sense of self-acceptance and feel satisfied with their work. They feel competent but also more modest about what they can accomplish in their work. One of the senior counselors/therapists expressed it this way:

> With diminishing anxiety, I became less and less afraid of my client and with that came an ease for me in using my own wide repertoire of skills

and procedures. They became more available to me when I needed them. And during those moments it became remarkable to me that someone would have the willingness to share their private world with me and that my work with them would bring very positive results for them. This brought a sense of intense pleasure to me.

The above quote also illustrates the high work satisfaction that are typical not only for the senior professional, but for therapists/counselors at all phases of professional development.

Themes of Therapist/Counselor Development

As described in the introduction, in the reformulation of our results we condensed the 20 original themes to 14 themes.

Theme 1: Professional Development Involves an Increasing Higher Order Integration of the Professional Self and the Personal Self

There are two central expressions of this integration process. First, there is an increasing consistency between therapist's personality and theoretical/conceptual affinities. Second, there occurs a selection and formulation of professional roles in which the counselor /therapist can freely and naturally apply personally chosen techniques and methods in his/her work.

This integration process can be understood at the intrapersonal level and at the personal/environmental interactional level. Intrapersonally, it includes a movement from an unarticulated, pre-conceptual way of functioning to a mode of functioning which is founded on the individual's own integrated, experience-based generalizations or what we call Accumulated Wisdom. Generalizations are not regarded as being universally true, but limited by and constituted in various contexts. In its optimal expression, integration involves a process akin to Roger's (1957) concept of congruence, where experiences are consistent with the (professional) self-concept. It involves shedding values, beliefs, and use of methods which no longer fit the personality and the self of the therapist. Integration may also be understood in the framework of Donald Super, emphasizing vocational development as implementation of the self (Super, 1953, Super, Savickas & Super, 1996), and is consistent with counselors' identity development as formulated by Loganbill, Hardy and Delworth (1982).

At the personal/environmental interactional level, Holland's theory

of vocational development (1997), which emphasizes movement from activity, interests/preferences, competencies to personal dispositions as these evolve both in personal life and in the interaction with the work-environment, may illuminate this process.

We have observed numerous expressions of movements as described above. Examples include therapists/counselors who have changed their theoretical orientations due to lack of success with a chosen counseling method or due to significant and transforming events in their personal lives. We have heard moving reports of therapists/counselors who have reported dramatic change in therapist identity due to experiences in their personal life, experiences which have markedly changed how they see themselves and their work.

Paralleling the process of integration, two reciprocal movements occur: The therapist/counselor relates to clients with an increased ability to differentiate responsibilities and to know what oneself and the client contribute to the working relationship. Second, the therapist/counselor is progressively more able to relate in a professionally connected way to clients. This two-sided process is analogous to the work of Grotevant and Cooper's (1986) individuation process. Their definition includes both the "... qualities of individuality and connectedness" (p. 89).

Theme 2. The Focus of Functioning Shifts Dramatically Over Time. From Internal to External to Internal

It appears that the integration process we have described above may be differentiated into three distinct steps each characterized by a specific mode of functioning: the lay helper mode of the pre-training period, the external and rigid mode of the training period, and the loosening and internal mode of the post-training period. We will briefly describe each.

Pretraining: The conventional mode: During this period the individual operates from a common sense base of helping. Helping behavior is conventional as contrasted to professional. Behaviors and conceptions of helping reflects each individual's interpretation of effective ways of helping others, ways that are fuelled by both personal dispositions and cultural discourses on helping. As mentioned earlier under the phase descriptions, some characteristics of conventional helping in our culture are: to define the problem quickly, to provide strong emotional support, to provide sympathy as contrasted to empathy, and to give

advice based on own experience. As the individual is not socialized into the professional culture and is not guided by theory, concepts and principles of professional helping, we may say that the attentional focus is internal. There is a personal base of helping which contributes to helping being experienced as *authentic and natural*.

Training: The external and rigid mode: There occurs a distinctive shift in attentional focus and behavior when the lay helper enters professional training. Attention shifts towards the theoretical bodies of knowledge (e.g., developmental psychology, theories of disability and pathology, conceptions of counseling and therapy) and toward professionally-based conceptions of methods and techniques. Student functioning becomes increasingly more externally driven with the student suppressing characteristic ways of functioning. Behavior becomes less natural, loose and more rigid. The use of humor may be seen as an index of this movement from natural and loose/flexible in pre-training to non-natural and rigid during training and back to natural and flexible with more professional experience. Use of humor typically disappears for the student counselor/therapist to reappear with the professional self-confidence of the experienced counselor/therapists.

Post-training/experienced: The internal and flexible mode: After training and with more professional experience, there is a gradual shift towards a renewed internal focus. This movement is propelled by the disillusionment with training after being confronted with the hardships and challenges of practice. Disillusionment may induce exploration into assets and strengths but also weaknesses and liabilities. As this internal renaissance of the post-graduate years is based not only on personal but also on professional experience, it can eventually manifest itself in more assured, confident and flexible professional functioning.

Theme 3. Continuous Reflection Is a Prerequisite for Optimal Learning and Professional Development at All Levels of Experience

Reflection is understood as a continuous and focused search for a more comprehensive, nuanced and in-depth understanding of oneself and others, and of the processes and phenomena that the practitioner meets in his/her work. As will be described in more detail later, the ability and willingness to reflect upon ones professional experiences in general and on challenges and hardships in particular, is a prereq-

uisite to avoid the stagnant process that ensue mismatch between competence and task. A stimulating and supportive work environment, including informal dialogues among colleagues and in formal supervision, impact the reflective capacity and adaptive handling of the challenges encountered. The concepts of scaffolding (Wood, Bruner & Ross, 1976) and proximal zone of development (Vygotsky, 1962, 1978) may inform us of the supportive and relational conditions that stimulate reflection, learning and development at all levels.

*Theme 4. An Intense Commitment to Learn Propels
the Developmental Process*

Most of our informants, whether students or practitioners, impressed us with an attitude of reflective awareness and an eagerness to learn and develop. Commitment to learn and willingness within ethical boundaries to take risks and to be open to new learning are building blocks of increased professional functioning. We learned of periods of moratorium that slowed the developmental process and also of stagnation and decline, but most reports conveyed a message of an urgency, commitment and intensity in motivation to develop professionally.

Research on master therapists (Skovholt & Jennings, in press, 2004) has shown this to be so for colleague-nominated experts. However, this does not only seem to be the case for this elite group. Research within the CRN (Orlinsky et al., 1999) has shown that therapists' sense of currently experienced professional growth did not decline as a function of years in practice. Survey responses of therapists with two or more decades of professional experience also reported a sense of growth characterized by experiences of improving, becoming skillful and feeling a growing sense of enthusiasm about doing therapy. The researcher interpretation of the results was that "... therapists' sense of currently experienced growth reflects a renewal of the morale and motivation needed to practice therapy, a replenishment of the energy and refreshing of the acumen demanded by therapeutic work" (p. 212).

*Theme 5. The Cognitive Map Changes: Beginning Practitioners
Rely on External Expertise, Seasoned Practitioners Rely
on Internal Expertise*

Consistent with what we have described earlier (Theme 1 and 2) the locus of practitioners' attentions changes from external to inter-

nal. Student demand for external expertise is demonstrated by the intense demand to observe models of professionally defined expert behavior and for favoring supervision which is instructive and didactic (Rønnestad & Skovholt, 1993). With increasing experience, there occurs a marked shift toward a self-directed preference for what to learn and how to learn. Experienced practitioners varied in preferences such as seeking stimulation from traditional professional sources of knowledge, such as a trusted mentor, use of peer group supervision, reading professional literature, or seeking stimulation in other knowledge domains such as studying psychological themes in movies, biographies, philosophy, anthropology. As mentioned in Theme 1, experience makes possible a shift towards contextually defined and contextually limited experienced-based generalizations.

Belenky et al. (1986) have formulated a model for understanding the evolution in knowledge development that we have observed. Anchoring their model in Perry's (1981) model of cognitive meaning and development, they described seven levels of ways of knowing. An early level, Received Knowledge, was described as follows: "While received knowers can be very open to take in what others have to offer, they have little confidence in their own ability to speak. Believing that truth comes from others, they still their own voices to hear the voices of others" (p. 37). This seems to fit only partly the experiences of the students that we interviewed. While some students expressed themselves with confidence, others did not. There was, however, substantial convergence among students in wanting to hear and observe what seasoned practitioners had to offer.

The highest level of Belenky's model, Constructed Knowledge, seemed to fit many of our experienced practitioners. They define it as:

> All knowledge is constructed, and the knower is a intimate part of the known (p. 137) . . . To see that all knowledge is a construction and that truth is a matter of the context in which it is embedded is to greatly expand the possibilities of how to think about anything (p. 138). . . . Theories become not truth but models for approximate experiences . . . (p. 138)

Without being identical, there is some similarity between this high level of knowledge and conceptions of wisdom such as that formulated by Baltes and Smith (1990). In their formulation, awareness of uncertainty in ways of helping is one criteria of wisdom and thus similar to Belenky's highest level of knowledge development. Both share a rejection of precisely defined realities in understanding matters of human interaction.

Theme 6. Professional Development Is a Long, Slow, Continuous Process That Can Also Be Erratic

Professional development is generally experienced as a continual increase in a sense of competence and mastery. Reports indicate that this process may at any point in time be barely noticeable, but appear retrospectively as substantial. Conversely, over the course of the career, some may experience the developmental process as an intense change process, perhaps initiated by a specific critical incidence (Skovholt & McCarthy, 1988) or by transforming life events or epiphanies (Denzin, 1989; Miller & C'de Baca, 2001) possibly followed by a period of slow change. Changes may be conceptualized as recycling loops in which themes such as lack of confidence in one's ability may emerge repeatedly in one's career as new challenges are encountered. Development may be conceptualized as repeated cycles of enthusiasm/experienced hardship, self-doubt, anxiety, dejection, exploration/processing (new learning), and integration (mastery) (Rønnestad, 1985).

Theme 7. Professional Development Is a Life-Long Process

Most models of development within the counseling and therapy professions are in fact models of student development. "Little is known about the postgraduate counselor. . . . Such studies are necessary for a complete understanding of counselor development across the professional life span" (Border, 1989, p. 21). Interviews with postgraduates informed us of major changes in many aspects of work and the professional self during the postgraduate years. Examples are an increased sense of competence, improved ability to handle challenges and more skill in regulating responsibilities. Also, the involvement of oneself as a professional elder in the capacity of mentor, supervisor, teacher, or consultant provides for experiences that fuel professional growth. Our senior informants helped us understand that there is commitment to grow and develop also in the senior years.

Theme 8. Many Beginning Practitioners Experience Much Anxiety in Their Professional Work. Over Time, Anxiety Is Mastered by Most

Much is at stake when students meet their first clients. High standards of performance, unrealistic expectations, the achievement orientation of academia, fear of being unsuited for counseling/therapy work, and lacking professional knowledge and competence are elements which

combine to create an evaluative focus and pervasive anxiety for many beginning students. As one student said after having seen a client: "I was so scared, I barely heard what the client was saying." The anxiety of the beginner has been discussed by many authors since Robinson's description of social work trainees in 1936 (cited by Gysbers & Rønnestad, 1974), e.g., Dodge, 1982; Grater, 1985; Loganbill et al., 1982; Stoltenberg and Delworth, 1987.

Many beginning therapists of various professions report lacking professional self-confidence, feeling challenged and having high levels of anxiety (Orlinsky & Rønnestad, in press). With increasing experience and an accompanying sense of mastery and expertise, anxiety levels diminish markedly. As one greatly respected senior informant told us in the research interview: "In time you are no longer afraid of your clients."

Theme 9. Clients Serve as a Major Source of Influence and Serve as Primary Teachers[12]

Counselors/therapists at all levels of education and experience expressed in a unison voice that interacting with clients is a powerful source of learning and development. By disclosing their distress, their developmental histories, and ways of managing and coping with their problems of living, clients inform counselors/therapists of causes and solutions to human distress. The knowledge thus attained not only supplements and expands, but also brings depth and intensity to the theoretical knowledge obtained in formal schooling.

The counseling/therapy room is a laboratory for both client and counselor/therapist learning. Client reactions to counselor/therapist behaviors and attitude continually influence the practitioner. Through the close interpersonal contact between client and counselor/therapist, the feedback provided by the client to counselor/therapist interventions, add intensity to the learning process. Negative client feedback can be a major impetus for shifts in theoretical orientation. Although clients provide valuable feedback for practitioners at all levels of experience, we had many reports indicating that inexperienced practitioners are particularly receptive and often vulnerable to client feedback. Lack of positive client feedback is typically experienced as threatening and sometimes traumatic for the student therapist, a finding which is consistent with the high level of anxiety experienced by many students.

A survey investigation of psychotherapists from 20 countries sup-

ports the paramount impact of clients for professional learning and development (Orlinsky, Botermans & Rønnestad, 2001). In this study, more than 4,000 psychotherapists assessed the importance of various sources of influence for their overall professional development. No other category matched "Experience in therapy with clients" as most important across professions (psychologists, psychiatrists, others), nationalities, and theoretical orientations.

Theme 10. Personal Life Influences Professional Functioning and Development Throughout the Professional Life Span

During our initial interviews of counselor/therapist at all education and experience levels, we were informed of the many ways that experiences in childhood, adolescence, and adulthood impacted professional functioning and development. Family interactional patterns, sibling and peer relationships, one's own parenting experiences, disability in family members, other crises in the family, personal trauma and so on influenced current practice and more long term development in both positive and adverse ways.

As we interviewed the more experienced therapists, there were more reports of this connection. This was confirmed in our follow-up interviews of our most senior therapists who were, on the average, 64 years old when we first interviewed them. Eleven years later, when they were on average 75 (Mdn)/74 (Mode) years old, two of the learning arenas that we identified and described were in personal life domains. They were: "Profound impact of early life experience," and "Profound personal experiences in adult life" (Rønnestad & Skovholt, 2001).[13]

During the second round of the senior interviews, eight of the senior informants that we interviewed told us how early family experiences had impacted them as professionals. It surprised us that for six of them the stories were primarily negative. The main family themes were psychological abandonment, a demanding achievement orientation in the family of origin, rigid and restraining child rearing practices, receiving conditional love from parents, and growing up in a family with a rule of no emotions. These experiences were seen as influencing professional life and functioning in various ways, such as selection of work role and theoretical orientation, therapeutic style and focus, attitude toward colleagues, experienced hardships, and ways of coping in practice.

The general flavor of the reports indicated that early negative expe-

riences continued to influence work in adult professional years, which may question the universal validity of the wounded healer perspective (Henry, 1966) when wounds are afflicted early. However, low N's in this subgroup warrant considerable caution when interpreting results. Many clinical reports are contrary to this. Also, research within the International Study of the Development of Psychotherapists (ISDP) project, has shown some relationship between self reported quality of early care and later professional functioning, but that this relationship is moderated by therapists' personal therapy (Orlinsky & Rønnestad, in press; Orlinsky et al., in press).

Adversities and crises in *adult* personal life were seen to exert an immediate negative influence on professional functioning, yet, often the long term consequences were positive. This is consistent with the discourse of the interconnectedness of suffering and wisdom which we find in many cultures, which is also implied in Nietzsche's formulation that "the easy life teaches nothing." Examples of intense personal experiences that in the long run were instructive include: death of spouse and children, physical disability, or severe psychological impairment of members of family. Examples of positive consequences were: increased ability to understand and relate to clients, increased tolerance and patience, hightened credibility as model and greater awareness of what is effective helping.

Marriage was often described as highly sustaining with supportive and caring spouses convincingly portrayed as impactful. The close relationship between personal and professional functioning was also shown in the ISDP project. Measures of life and marital satisfaction were significantly associated with the way therapists related to clients (ibid.).

Theme 11. Interpersonal Sources of Influence Propel Professional Development More Than 'Impersonal' Sources of Influence

Our informants told us convincingly that meaningful contact with people was the catalyst for growth. People most often mentioned were clients, professional elders (i.e., supervisors, personal therapists, professors, mentors), professional peers, friends, family members, and, later in one's career, younger colleagues.

There is striking similarity between these findings and what emerged in one of the studies within the ISDP project (Orlinsky, Botermans & Rønnestad, 2001). As described earlier, therapists generally rated interacting with clients as most impactful for their professional

development. Furthermore, supervision and personal therapy were rated 2nd and 3rd, and personal life was frequently ranked 4th. For the most experienced group of therapists, giving supervision or consultation to others was ranked 4th. Less but still moderately important as a sources of influence were: "Having informal case discussion with colleagues," "Taking courses or seminars," and "Reading books or journals relevant to your practice."

Even though there is a convergence in the value ascribed to interpersonal experiences in our qualitative study of 100 therapists and the ISDP project, this is not an argument for deemphasizing traditional academic training such as coursework that include reading books and journals and understanding theory and empirical research. The ratings of these activities in the ISDP were moderate, not low.[14] An explanation for these findings is that counselors/therapists according to Holland's (1997) vocational developmental theory are Social types. This means their interpersonal orientation and interests are likely expressed in a learning preference that is interpersonal. Also, the dichotomy between interpersonal sources of influence and theory/empirical research may be artificial as theory and research are often mediated by respected peers or seasoned practitioners (e.g. professors, supervisors).

Theme 12. New Members of the Field View Professional Elders and Graduate Training with Strong Affective Reactions

The interpersonal orientation of the counseling and therapy professions finds its expression in students continually scrutinizing and evaluating professors, teachers and supervisors. Students want to learn from and model seniors they see as competent. By possessing the key for entry into the profession, professors and supervisors have the power to close the gate to student continuation in or graduation from the training program. The power differential probably intensifies the affective engagement by which students view their seniors and contributes to the tendencies to either idealize or devalue them. Strong admiration is expressed for those more advanced in the profession who possess behaviors or personal characteristics that are perceived as highly positive, such as intellectual brilliance, strong therapeutic skills, outstanding supervision ability, unusual emotional support for beginners, and the modeling of professional values in personal life.

The interviewees informed us that that negative reactions to professional elders were just as common and just as intense. Devaluation

seems to occur at the same intensity level as idealization. Being in a dependent and relatively low power position is the fuel that propels the sometimes strong reaction. Professional elders are devalued if they possess behaviors perceived as highly negative. These include individuals such as a supervisor who is perceived as unfairly critical or a professor who teaches counseling but seems unable to practice it.

The student counselor/therapist in time, usually years later, often goes through normative transitions in the way most regard parents: from idealizing the parent as a child, through devaluating/criticizing parents as an adolescent, to seeing the parent as a person with all the ordinary humanness of people in general. Beyond graduate school, professional elders are idealized and devalued less and their humanness (ordinariness, strengths/weaknesses, uniqueness) is seen more clearly.

Most therapists and counselors experience some disillusionment regarding their graduate education and training. Participants report a strong expectation to be taught specifically and concretely how to do counseling and therapy, an expectation which is often not met. A common question by students across training programs is: "Why didn't they train us better for this." Asking questions is often perceived as more valuable by the faculty than providing narrow answers. Good supervision seems to buffer against the student confusion and stress.

Theme 13. Extensive Experience with Suffering Contributes to Heightened Recognition, Acceptance and Appreciation of Human Variability

There seems to be a parallel and interactive development of wisdom and aging. Contributing to both is awareness of the unpredictability of life, uncertainties as to the best way to handle difficult life situations (Baltes & Smith, 1990), and increased tolerance for human variability. Research on the development of wisdom suggest that the self-evaluation and self-acceptance that follow the inner-directed life review process contribute to wisdom (Hartmann, 2001). Interviews with our informants suggest that insight, introspection and reflection contribute to the development of wisdom and its elements of social judgment and integrity as conceptualized by Erickson (1950). Our informants tell us of the varieties of personal and professional experiences which have combined to influence them in unique and diverse ways (Rønnestad & Skovholt, 2001).

*Theme 14. For the Practitioner There Is a Realignment from Self
as Hero to Client as Hero*

Increased experience with a large variety of clients and experiences
of failures and success over the years contribute to a gradual shift in
understanding the change process. This change can be formulated as
a movement from therapist/counselor power to client power. This shift
in attitude parallels the recent emphasis of contemporary psychother-
apy literature such as formulated as the heroic client by Duncan and
Miller (2000). At the same time, as practitioners feel more confident
and assured as professionals with the passing of time, also they gener-
ally see more clearly the limitations in what they can accomplish. Fuel-
ing this process of increased realism are the "series of humiliations"
which therapists experience over time. If these "blows to the ego" are
processed and integrated into the therapists' self-experience, they may
contribute to the paradox of increased sense of confidence and compe-
tence while also feeling more humble and less powerful as a therapist.
This general movement is similar to how Skovholt and Jennings (in
press, 2004) describe master therapists.

Some Final Comments on Professional Development
and Stagnation

We want to conclude this article by sharing some thoughts that are
extensions of previously described Theme 3, which states that contin-
uous reflection is a prerequisite for optimal learning and professional
development at all levels of experience. It is our understanding that
the ability and willingness to continually reflect upon professional ex-
periences in general and difficulties and challenges in particular, are
prerequisites for optimal development. As described, we see reflection
as a continuous and focused search for a more comprehensive, nuanced
and in-depth understanding of oneself and others, and of the processes
and phenomena that the practitioner meets in his/her work. We be-
lieve that stagnant or deteriorating processes (negative development)
may occur if the counselor/therapist for some reason is not engaging
in this reflective process.

An attitude of openness to new learning is demonstrated as a cen-
tral element for professional development (Orlinsky & Rønnestad, in
press) and master therapist functioning (Skovholt, Jennings, & Mul-
lenbach, in press, 2004). An attitude of respect for the complexity of

counseling/therapy work lies at the base of ethical practice and also for a constructive professional developmental process. We have formulated this as an awareness of complexity which is a precondition for maintaining constructive professional development. Simplistic and reductionistic conceptions of the human condition in general and of the counseling/therapeutic endeavor in particular (expressed for example by the true-believer position as previously described) are the antithesis of this position. The discourse of wisdom in our culture also seen to contain some similar elements, such as that formulated by Baltes and Smith who see "Uncertainty" as one of five criteria of Wisdom[15] (Baltes & Smith, l990). They see uncertainty as "knowledge about the relative indeterminacy and unpredictability of life and ways to manage."

The relationship between counselor/therapist skill and the nature of the challenge impacts the professional's attitude and emotionality. This conception is well formulated by Csikszentmihalyi (1997), who has suggested three emotional states (flow, boredom, and challenge) which result primarily from match/mismatch between competence and difficulty level of the task to be mastered. Optimal experience, or flow, is likely if both skill level and challenge is high.

The moments of truth in the individual's development is how the counselor/therapist processes the difficulties/challenges that are encountered. Stagnation will ensue if the counselor/therapist engages in the "distortive" process which we call *premature closure*. It is defined as a pre- or unconscious defensive process, characterized by misattribution, distortion, or dysfunctional reduction of phenomena encountered, and is applied when the counselor/therapist is unable to master the challenges of work. Schema-avoidance, schema-compensation, countertransference, or application of rigid projections are similar concepts within various theories. This conception highlights both the cognitive reflective capacity and the affective competence and engagement of the counselor/therapist. The cognitive reflective capacity and affective competence and engagement impacts the quality of therapists' involvements with clients.

There are many expression of premature closure. We will mention some examples that may accrue from an inability to adaptively process challenges encountered: choosing to work with one limited counseling or therapeutic method only, working with one age group or clients group only (maybe the very young or the very old, or other client groups erroneously interpreted to represent less of a professional challenge), or emphasizing only one aspect of one's professional role, for example, moving part or all of one's professional efforts into a re-

search, teaching, or administration. However, moves such as these may be conceptualized as development if they are based on continuous professional reflection, i.e., after careful processing of and insight into ones capacities and limitations. Only if these moves are based on premature closure are they part of a stagnation scenario.

We have previously referred to findings which support openness to experiences as a key characteristic propelling professional development. The results and interpretations of the survey research of the ISDP study and our qualitative study converge in a picture where most counselors and therapists at all phases of their professional life are strongly engaged in their work and are invested in and committed to their professional growth. We would like to conclude our article by pointing to a parallel between outcome research and research on professional development. Research on counseling/therapy has informed us of how important the quality of the client/helper relationship is for outcome. Research on professional development also supports a close and reciprocal relationship between how counselors/therapists handle challenges and difficulties in the client relationship *and* experiences of professional growth or stagnation. So, just like studies of counseling/ therapy outcome will profit from including relationship measures in their inquiry, future studies of professional development would benefit from a continued focus on the helper/client relationship.

Endnotes

1. For a more detailed description of method, the reader is referred to: Skovholt, T. M. & Rønnestad, M. H. (1992/1995). *The evolving professional self: Stages and themes in therapist and counselor development*. Chichester: Wiley.
2. We are fully aware that this is not possible to do, as our foreknowledge (Gadamer/ Heidegger) will necessarily constitute a horizon which influences our perception.
3. The stage concept denotes an invariant ordering of universal changes. It entails a hierarchical, sequential and invariant ordering of qualitatively different functioning/structures (Lerner, 1986). We discussed replacing the concept of stage with the concept of level (Libella, diminutive of libra, meaning 'in balance'; Oxford English Dictionary, 1997), but finally chose the concept of phase, thus emphasizing the gradual and continuous nature of changes therapists go through. However, as previously described, some changes may appear as discontinuous, particularly those occurring after critical incidences in counselor/therapists' lives.
4. In the reformulation for this paper, Stage 1 is renamed the Lay Helper phase; Stage 2 and 3 have been collapsed and renamed The Beginning Student phase; Stage 4 is renamed the Advanced Student stage; Stage 5 is renamed the Novice Professional phase; Stages 5, 6, and 7 are collapsed and renamed the Experienced Professional phase; Stage 8 is renamed the Senior Professional phase.
5. Informant quotes are taken from the following source unless otherwise noted: Skov-

holt, T. M. & Rønnestad, M. H. (1992/1995). The evolving professional self: Stages and themes in therapist and counselor development. Chichester, England: Wiley.

6. The Development of Psychotherapy Common Core Questionnaire, contains 21 items of currently experienced difficulties in therapeutic practice. Mean scores for seven of these 21 items were significantly different across therapist experience levels (ANOVA).

7. The ISDP is run by the Collborative Research Network of the Society for Psychotherapy Research. The network consists of psychotherapy researchers from all continents. So far, data from more than 5000 psychotherapists from more than 20 countries of various professions have been collected.

8. Negative involvement style (called stressful involvement) and positive involvement style (called healing involvement) were constructed through 1st and 2nd order factor analyses of items on psychotherapeutic competence, difficulties experienced in sessions, coping style used in therapy, interpersonal styles and 'feelings-in-session.'

9. Distressing practice was operationally defined as a combination of "more than a little" stressful involvement in combination with not much healing (or therapeutic) involvement.

10. Research within the ISDP has shown that the relationship between early family experiences and later therapeutic functioning is positively moderated by therapists' personal therapy (Orlinsky et al., in press).

11. Most seniors were either in private practice or were associated with a university. Some did both.

12. The term 'source of influence' does not refer to causality in a traditional positivist sense, but rather to how therapists retrospectively construct their distant and close past.

13. The two other primary learning arenas were: "Profound cumulative influence of professional experience" and "Profound influence of professional elders."

14. Approximately 1,6–1,7 on a scale from 0 (not important) to 3 (very important).

15. The others are: Rich factual knowledge, Rich procedural knowledge, Life span contextualism, Relativism and Uncertainty.

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