HOW THE HEALER BECOMES: EXPERIENCED FEMALE PSYCHOTHERAPISTS'

DEVELOPMENT OF VOICE

by

HANNAH RAINE

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The following committee members attest to

the successful completion of this thesis

Janelle Kwee, PsyD.,   Thesis Supervisor

Hillary McBride, PhD.,   Second Reader

Judith Jordan, PhD.,   External Examiner

ABSTRACT

Research indicates that therapists' congruent presence impacts therapeutic alliance and outcomes, yet there remains a need for relational feminist understandings of therapist development of congruence. This study, grounded in a constructivist paradigm, seeks to further our understanding of this phenomenon utilizing the listening guide. Nine female psychotherapists participated in this study to answer the following research question, How do experienced female therapists experience their development of voice? Participants spoke in voices of connection, resistance, and disconnection. Three additional voices were identified regarding participants' views of their professional role. Five participants joined in a follow-up focus group. Being embodied served as a primary means through which all five participants connected to their voice as therapists. Voices of disconnection facilitated growth when participants connected with themselves relationally. Relationships that facilitate therapist development should be characterized by a relational openness to all voices within the developing therapist, which was associated with supervisors' embodied presence.

Key-words: self; women; psychotherapist development; congruence; presence; embodiment; relational theory

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CHAPTER 1: INTRODUCTION

Global trends in the field of psychology include the 'feminization' of psychology (Skinner & Louw, 2009; Olos & Hoff, 2006; Ostertag & McNamara, 1991) and increasing focus on feminist values and diversity in the field (Forrest & Campbell, 2012; Mays et al., 1996; Sexton & Hogan, 1992). There continues to be a distinction between the "masculine … 'hard'" approaches to psychology, characterized by objectivity and experimental research, and the "feminine … 'soft'" approaches that are characterized by subjectivity with a focus on clinical practice (Frosh, 1992, p. 154-156; Kite et al., 2001). The pursuit to prove the 'hardness' of psychology has historically perpetuated a marginalization of women (Rutherford, 2020) and the development of evidence-based practices that largely minimize the role more subjective ways of knowing have in the therapeutic process. This has resulted in further feminizing the practice of psychotherapy while research, training and intervention development remain largely focused on 'hard' ways of knowing grounded in the medical model, emphasizing efficiency and characterized by hierarchical relationships (Elkins, 2007; Frank et al., 2020; Nelson & Holloway, 1990; Rutherford, 2020).

With the increased feminization of the practice of counselling psychology, the role of the therapist has increasingly become characterized by 'feminine' attributes and feminist values (Gilligan, 1982/2003; Skinner & Louw, 2009; Rutherford et al., 2012). Feminist researchers have developed theories and methodologies that are more pluralistic, relationally-focused and arguably more inclusive (Finlay & Evans, 2009; Gilligan, 1982/2003; Kite et al., 2001; Rutherford et al., 2012). Psychotherapeutic interventions increasingly have a more relational focus, with the development and increasing popularity of approaches such as emotionally-focused therapy (EFT), accelerated experiential dynamic psychotherapy (AEDP), and relational-

cultural therapy (RCT; Fosha, 2002; Frey, 2013; Johnson, 2007; Jordan, 2000, 2017). In Euro-American gender narratives, women historically have been upheld as superior when it comes to nurturing and care (Balmer, 1994; Rutherford et al., 2017), placing an expectation on women in these cultures to fulfill nurturing and care-taking roles. Psychotherapy is therefore an increasingly relational, and arguably feminine task: psychotherapists fulfill a characteristically feminine role in the therapeutic alliance, one that inherently requires care for and focus on the other rather than the self.

Simultaneously, the concept of *person-of-the-therapist* and therapist congruence, or the integration of the personal and professional self of the therapist (Rogers, 1957, 1959; Young, 2013). Prior to the 1990s, perspectives of the therapist's role prioritized restricting the impact of the therapist's personal self and countertransference on the therapeutic process (Chodorow, 1986; Edwards & Bess, 1998; Wilkins, 1997). Research in the late 1990s and early 2000s pointed to the importance of the relationship between the therapist and client and emphasized the unique qualities of the therapist themselves and their presence as significantly more influential on therapeutic outcomes than skillset (Baldwin et al., 2007; Bennett-Levy, 2019; Del Re et al., 2012; Edwards & Bess, 1997; Gabbard & Ogden, 2009; Hillman & Rosenblatt, 2017; Simon, 2006; Wampold, 2001, as cited in Ahn & Wampold, 2001). This in turn seems to reveal the authority and power the person of the therapist has, while humanizing the therapist and arguably emphasizing the importance of existential and more feminine aspects of the therapist role such as *being with* rather than *doing* (Kass, 2014). This also runs counter to traditional narratives of the therapist as an expert or the "blank slate" approach to therapy that was popularized by early psychoanalytic work, instead emphasizing quality of relationship and authentic therapist presence.

Many research studies exhibit that one's personal growth and self-exploration is a vital aspect of their professional development as a therapist (e.g., Gabbard & Ogden, 2009; Kissil et al., 2018; Luke & Kiweewa, 2010; Rønnestand & Skovholt, 2003). However, many new therapists experience their training as a time characterized by self-silencing while they look to external sources of knowledge in lieu of their own sense of knowledge and wisdom (Gray et al., 2001; Murphy & Wright, 2005; Rønnestad & Skovholt, 2003; Stefano et al., 2017). This has been largely attributed to the hierarchical structure of the relationships within which therapists develop (Game, 2008; Nelson & Holloway, 1990). One's relationships and social context play a significant role in how they experience and understand their sense of self, as significant others inform a person of their worth and orientation in the world (Ainsworth, 1979; Ainsworth & Bowlby, 1991; Belenky et al., 1986/1997; Bowlby, 1982; Brown & Gilligan, 1993; Chodorow, 1986; Gilligan, 1982/2003; Jordan, 1997, 2017), and likewise, supervisors and trainers have a significant impact on students' internalization of their self as a therapist (Lysack, 2006; Mammen, 2020). According to relational-cultural theory (RCT, Jordan, 2017), relational experiences characterized by significant power imbalances can result in a significant disconnection from the self. This is detrimental in a field that is greatly influenced by the therapist's connection to and awareness of the self and one's presence in the therapy room.

Women in North America in particular have experienced both loss of self and cultivation of self within patriarchal social contexts while seeking to preserve relationship with others (Belenky et al., 1986/1997; Brown & Gilligan, 2003; Jordan, 2017). Counselling psychology is an increasingly relational field in which relational and traditionally feminine ways of being are found to be effective. Yet much of our understanding of how therapists develop a sense of self is grounded in research conducted on students, a time in development when therapists have little

power and experience significant incongruence (Rønnestand & Skovholt, 2003). It is integral to understand how therapists develop a congruent sense of self, utilizing their unique qualities while emphasizing care for the other, an experience which women can uniquely speak to.

Carl Rogers (1957, 1959) describes his process of professional development as a process of becoming a person and more of himself. While students experience disconnection from the self, their growth as therapists arguably involves an embracing of the self as a whole. Little research has explored the experience of cultivating congruence and the self, or voice, of the therapist (Hillman & Rosenblatt, 2017, Prelude), particularly after the therapist has left training and gained experience in the field. This is specifically important considering congruence between the personal and professional self of the therapist is viewed as a sign of maturity in the field (Moss et al., 2014; Rønnestad & Skovholt, 2003) and the finding that therapists' unique qualities that make them who they are significant impact therapeutic outcomes. Counselling psychology is a unique field in which the professional has a significant amount of power, but works effectively through feminine ways of being in relationship. To my knowledge, no research has explored therapist's experiences of development utilizing a methodology that provides space for the many relational aspects of the self that exist, an arguably necessary quality of research methodology when exploring therapist congruence. A relational feminist method of analysis like the listening guide is well-suited when examining female therapist experiences of development that entails an awareness and cultivation of the feminine within the self. From understanding how women experience the development of their own voice as therapists, we may greater understand how therapists of all presenting bodies may cultivate and experience a sense of self that is congruent and whole, embracing both the feminine and the masculine within the self.

CHAPTER 2: LITERATURE REVIEW

Fortunately, we are often guided in our professional roles more by our deep human responsiveness to people than by our theories. As a result, good things frequently happen. (Warner & Olson, 1981, p. 501)

The areas of professional- and personal-development in the field of psychotherapy are broad in scope and multifaceted. The purpose of this section is to provide an overview of relevant literature regarding (a) professional development of the psychotherapist and research in this area, as well as (b) identity development, one's sense of self, and feminist theory regarding women's identity development. Research on psychotherapists' professional development has found this to be a life-long process. The personal self and professional self are significantly interwoven in the field of counselling psychology, yet historically, much of therapist training has taken a "pathological" understanding of presence of the self (Timm & Blow, 1999, p. 332). One influences the other, and, as previously stated, congruence between the two is viewed as a sign of maturity (Moss et al., 2014; Rønnestad & Skovholt, 2003). Who the therapist is as a person is found to have a significantly greater impact on therapeutic outcomes than the skills they use (Baldwin et al., 2007; Del Re et al., 2012; Fife et al., 2014; Lum, 2002; Simon, 2006); therefore, exploration in this area is necessary in informing the training and development of therapists.

The Psychotherapist's Development

Over the last few decades, there has been increasing interest in the specific processes of professional development and how a therapist can become better at their work, in part due to the increasing emphasis placed on the therapeutic alliance and the significant role that therapist variability has in this alliance (Baldwin et al., 2007; Del Re et al., 2012). Research has explored development from a longitudinal standpoint, as well as how specific aspects of training facilitate

therapist development. Systematic inquiry into psychotherapists' development has found the developmental process to be life-long. Rønnestad and Skovholt's (2003) 15 year-long investigation concluded there were six phases to one's development as a therapist or counsellor, from the lay helper phase, characterized by one's experience prior to training, to the senior professional phase, characterized by having at least 20 years of experience in the field and a commitment to continual growth. Among other significant factors at play in a therapist's development, they found that higher congruence between the personal and professional self was a characteristic of higher professional developmental phases. They also found that interpersonal relationships played a greater role in the therapists' development than education they received. Topolinski and Hertel (2007) echo these results, additionally finding that one's training program had a significantly greater impact on the selection and development of theoretical orientation earlier in their career. As therapists develop, however, congruence between therapist personality and theoretical orientation increases, increasingly integrating personal factors like spirituality (Blair, 2015).

Congruence of the Therapist

Rogers defines congruence as how fully a person has integrated their experiences of the world with their experience of themselves and their personal values (Rogers, 1957, 1959; Rogers, 1961 as cited in Tudor & Worrall, 1994; Young, 2013). In this way, congruence is an integrated and authentic relationship within the self and one's experience and occurs when one is most fully, truly themselves and present with their experience (Rogers, 1957, 1959; Young, 2013). One may therefore know they are congruent when who they are as a therapist does not seem in conflict with their personal values, and their ability to be present with their clients does not require a disconnection or "shutting off" of one's personal experience. This requires a sense

of openness towards one's personal experiences, and has been tied in therapy to a therapist's presence with their client as well (Geller & Porges, 2014; Rogers, 1961), as to be present within the therapeutic alliance one must be aware of and present with themselves. If a clinician feels they need to block a part of themselves or leave an aspect of themselves out of the alliance, such as a personal experience, they may experience their work as incongruent with who they are. Researchers view congruence between the personal self and professional self to be necessary for cultivating therapeutic alliance (Fife et al., 2014; Simon, 2006), and therapeutic outcomes (Klein et al., 2001). Rogers (1957) clarifies that it is not necessary for the therapist to be in this state all the time, but that they are present as accurately and completely themselves with their clients for the hour they are in relationship with them. Rogers additionally emphasizes the importance of authenticity in therapeutic presence, including the presence of behaviours that do not necessarily contribute to therapeutic change, instead advocating for non-objectifying ways of being in relationship.

Fife et al. (2014) further describe how therapists present with clients as the therapist's *way of being*, or the in-the-moment attitude of the therapist towards a client. This requires a sense of relational obligation and connection to the other and ultimately a philosophy of care for the other and their well-being as a person. Buber (1928/1970) describes one's way of being taking place in one of two forms: (a) an *I-It* way of being, in which the individual views the other as an object or means to an end, or (b) an *I-Thou* way of being, in which the individual views the other as a whole person or an end in itself. A therapist who adopts an I-It way of being with their client may view them or their presenting concerns as a problem to be solved or a task to be completed. Conversely, a therapist who adopts an I-Thou stance views the client as a whole,

boundless person and an end in of itself, and is able to *be with*[1] the client in their suffering. The

therapist is not only empathic but also able to see the person as a whole (Buber, 1928/1970; Fife

et al., 2014), rather than strictly seeking a solution to their problem or viewing them as a problem

themselves.

Therapist presence and one's ability to *be with* their clients has been described as a

mechanism of change within the therapeutic alliance. The safe presence of an other is believed to

facilitate the qualities necessary for growth and development through engaging with one's

neurobiological defence system in a process called neuroception (Geller & Porges, 2014), which

ultimately impacts the therapist's presence and voice. Fife et al. (2014) and other authors explain

that maintaining an I-Thou way of being that is congruent with the self requires a significant

level of self-awareness in order to cultivate an alliance characterized by qualities such as

genuineness, warmth, and the self of the therapist (Greenberg & Geller, 2001). This sense of

presence entails the therapist to be grounded and in touch with one's integrated self and their

body, being open and receptive to what the other brings into the therapy room, as well as an

intention of *being with* and *for* the client in a genuine and authentic way (Geller & Porges, 2014).

Therapists bring their own personalities, worldviews, values, and life histories into the

room with their clients (Kernes & Kinnier, 2008; Pope & Tabachnick, 1994). While these aspects

of the self ultimately make the therapist a whole person, if left unexplored they run the risk of

imposing upon the therapist's ability to be with the client therapeutically (Fife et al., 2014).

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[1] Phenomenological writing concerned with existential issues can effectively use vocative text to emphasize a state of being or attitude over the more colloquial use of a verb (Adams & van Manen, 2017). For example, italics can be used in this context in order to promote this style of writing. Similarly, the listening guide is concerned with one's holistic, embodied and relational experiences (Finlay, 2012; Gilligan & Eddy, 2017). Thus the use of italics and other existential styles of writing are used throughout this paper when discussing therapists' presence in order to emphasize a holistic approach to research and the self.

Researchers advocate for the therapist to develop personal practices of self-reflection and personal development in order to reduce reactivity, such as engaging in therapy, journaling, and consultation (Bennett-Levy, 2019; Fife et al., 2014). This work ultimately supports the therapist in becoming more human and more present as themselves authentically and seeing others as more human as well. The complex and resource-consuming nature of this task provides some understanding as to why psychotherapist congruence takes place later on in one's career (Kolden et al., 2018; Rønnestad & Skovholt, 2003). Because of the powerful impact therapist presence and personality have on therapeutic outcomes, the therapist's task in developing is arguably the task of becoming more of themselves, increasingly owning all of the parts of themselves that make them who they are.

How The Person of the Therapist Develops

Despite findings that suggest a therapist's way of being and congruence between the personal and professional self develops later on in one's career, to my present knowledge much of the research on the person of the therapist and the interconnectedness of personal and professional domains has taken place while in training (Kissil et al., 2018; Luke & Kiweewa, 2010; Moss et al., 2014). This research has largely focused on the development of self-awareness within the context of the self-of-therapist or use-of-self in session. In the past, this work has often taken on a "pathological approach" (Timm & Blow, 1999, p. 332), viewing the self as something to overcome. Questions asked in order to facilitate self-awareness include what potential "blind spots" might exist, or how one's personal issues are "getting in the way" of the therapeutic work. However, Timm and Blow (1999) note a shift in tone regarding the *self-of-the-therapist* as one that places focus on the strengths and personal experiences of the individual as a therapist in order to facilitate therapeutic alliance. Therapists in training are encouraged to make connections

from the past to the present in order to understand their personal history and how it impacts their ability to work with clients. In this way, the self is used and viewed as a tool in order to facilitate authentic connection and healing for clients. These experiences in training arguably provide the foundation for the development of one's voice as a therapist later on in their careers.

The emphasis on use-of-self in training benefits trainees, as research has found it to facilitate self-awareness and personal growth. Kissil et al. (2018) found that students undergoing the Person-of-the-Therapist training model (POTT, Aponte & Kissil, 2016) experienced greater self-awareness which they perceived as having a positive impact on their development as a psychotherapist. Luke and Kiweewa (2010) explored the processes that influence trainees' development of personal growth and awareness in experiential groups, utilizing grounded theory to analyze journals submitted to professors. They found that both intra- and inter-personal factors, such as genuineness, authenticity, and immediacy, as well as safety, validation, sense of acceptance, and shared experiences, played significant roles in trainees' development of self-awareness and growth as clinicians. Regas et al. (2017) conducted a case study in which self-of-the-therapist training was utilized in a differentiation-based couple therapy course. Participants were asked to utilize differentiation-based techniques in their own personal lives and reflect on their experiences. Many students in this study noted greater self-awareness attained through this practice and how it aided in their integration of personal and professional self. They concluded that this process requires a level of differentiation or the ability to balance the need for both remaining in connection with others as well as engaging in self-regulating behaviours and maintaining autonomy.

The aforementioned research uses non-relational methods of analysis. To my knowledge, only a few studies have been conducted on the development of voice in the psychotherapist

specifically, two of which use methods of analysis that lend themselves to more contextualized, layered understandings of an individual's voice. Lysack (2006) utilizes a dialogic method of analysis to understand students' development of voice in training, developing a model of how a student internalizes an expert's voice into their internal voice in the classroom. She describes the process of developing one's voice as a therapist as essentially the appropriation of one's environment into their own discourse, inflecting it with their own manner of speaking. Schubert et al. (2020) introduced open dialogue to clinical psychologists in training in order to facilitate therapeutic alliance and outcomes. Open dialogue is a relationally-focused model of therapeutic intervention that emphasizes the client-therapist *sameness*, or points of connection, over an emphasis on therapist-as-an-expert. This approach's conceptualization of the therapeutic alliance is similar to what Rogers and others describe in which therapist congruence as well as relational congruence plays a significant role in therapeutic outcomes (Fife et al., 2014; Geller & Porges, 2014; Rogers, 1957, 1959). Using discourse analysis, researchers found this more relational modality to be both uncomfortable and transformative for the trainees, finding it facilitated a deeper, more embodied sense of self-reflection, and led to more authentic connection with clients.

These studies provide a sense of how relationship can actually provide a means of further developing the self in training through internalizing others' voices and capitalizing on the notion of the relational self in therapy. However, the scope of these studies is limited in that they only examine the internalizing and development of voice within the context of training. Additionally, Schubert et al.'s (2020) study highlights the discomfort of congruence in the early stages of a therapist's career, indicating an experience of vulnerability that is present particularly when one is new in the field.

Exploring students' development in training provides insight into a significant moment in time in a psychotherapist's development in which they have little control and seek external validation and expertise (Rønnestad & Skovholt, 2003). As congruence and integration between the personal and professional self is viewed as a sign of professional maturity, it is possible that there are some steps to this process that are being overlooked. Additionally, the use of student assignments in analysis may not provide an in-depth, accurate depiction of a students' experiences in training, particularly regarding their relationships with supervisors. Nelson and Holloway (1990) found that trainees, predominantly women, felt the power dynamics experienced within the supervisor relationship to be helpful at times, but could also hinder their development as a therapist with a unique approach to therapy. The hierarchical nature of these relationships has also been found to contribute to trainees' experiences of burnout (Clark et al., 2009) indicating feelings of isolation and decreased sense of efficacy (Herman, 1992/2015, Chapter 7; Sodeke-Gregson et al., 2013). Trainees additionally expressed feelings of not been heard by their supervisors, and thus experienced a sense of their personal views as not being of value or influence (Gray et al., 2001; Murphy & Wright, 2005; Stefano et al., 2017). Salter and Rhodes (2018) conducted a narrative analysis of clinical psychologists' personal and professional development throughout training and found most participants felt their professional training actually obstructed their personal development, often feeling they were "faking a persona" during this time.

Using assignments and data collected during coursework and training is arguably an unrepresentative depiction of the individual's growth as a therapist. Students may be less authentic in their reflections, knowing they would be receiving feedback on their assignments (as was the case in Kissil et al., 2018; Luke & Kiweewa, 2010). Understanding processes of

development later on in a therapist's career may provide a retrospective understanding of the role that training programs have in development, thus informing training programs moving forward. Additionally, by illuminating the developmental processes of female therapists who feel they have embodied their sense of self as a therapist, I hope to shed light on how female therapists have learned to become more of who they are and insolence themselves in a way that is supportive of others' growth and healing. It is possible that what leads to increased congruence between the personal and professional self of the therapist is not just experience alone, but also a deconstruction of patriarchal values and messages that are implicitly present, or at the very least unchallenged, within the power structures that train therapists.

Personal Accounts of Relationship and Therapist Presence

Rønnestad and Skovholt (2003) additionally found that one's interpersonal relationships, both within the therapeutic alliance and outside of it, had a significant impact on their development as therapists. This is perhaps not surprising, considering the interconnectedness between one's personal and professional self in development, and falls in line with interpersonal theories of the self, which will be explored in greater detail in the next section. Personal accounts and narratives of professional development provide an in-depth view of how relationship may play a role in psychotherapist's experiences of presence that systematic inquiry cannot always capture. Practitioners of more relational and humanistic models of therapy such as existential psychotherapy, relational-cultural therapy, Satir transformational systemic psychotherapy, and AEDP place particular emphasis on the therapist themselves embodying the qualities necessary for change. This arguably can be difficult to do when practicing therapy for a number of different persons, and requires extensive reflexivity and self-awareness on the therapist's part. This also requires active engagement from the therapist's perspective with their sense of self and well-

being. Rogers (1961/1995) provides his own journey of becoming as a psychotherapist, tying it

intimately with his own personal development in his book *On Becoming a Person*. He

emphasizes peoples' ability to become through relationship when he reflects on his own personal

experiences as well as the effectiveness of his use of authentic and genuine self in the therapeutic

alliance.

One way therapists experience themselves fully present in relationship is through the use

of self-disclosure. Prenn (2009) provides insight into the role her own use of self in therapy has

had on her development of self as a therapist and as a person. She describes the anxiety that

comes with disclosing the self to others as a therapist, noting the perceived more acceptable

emotions present as well as the less acceptable ones, including love and intimacy. She also

suggests that many therapists may perceive self-disclosure and the use-of-self in therapy as

taboo. Yet she has found in her own experience that her use of self and self-disclosure has only

enhanced the therapeutic relationship, increasing collaboration and reducing power differentials.

She echoes much of what Yalom (2002/2017) speaks of when discussing his use of self-

disclosure, as he states "it is counterproductive for the therapist to remain opaque and hidden

from the patient…. Yet whenever I begin to address therapists on this issue, I observe

considerable discomfort" (p. 83). Prenn describes the relief she has often felt in her own therapy

when her therapist is honest with her about their internal experiences, and notes the movement

into deeper therapeutic work when she is able to make effective use of self-disclosure as a

therapist.

Moments of self-disclosure and genuine therapeutic presence are experiences of bringing

more of the self as a therapist into the room, yet these are also vulnerable experiences that

subvert the intrinsic power structure that exists within the therapeutic relationship. This

subversion and reduction in power differences is much in line with feminist values and relational feminist ways of relating, as will be discussed in the next section. Exploring how therapists experience themselves as congruent and authentic in therapy provides unique insight into therapist development as a whole. By researchers predominantly focusing on students' experiences in training and professional relationships, much of what makes the therapist a person in development remains unknown and unexplored. Unique aspects of the person of the therapist are tied to therapeutic outcomes, particularly regarding the therapist's presence and congruence when with a client. Because this integration of the personal and professional self takes place later on in one's career with more experience, therapists actively practicing and those entering the field may both benefit from a greater awareness of what this process looks and feels like.

The Relational Self

Present-day Western and North American conceptions of the "self" as an independent entity are historically grounded in the work of Freud, who emphasized internal, biologically-based intrinsic drives that sought freedom from dependence on others (Jordan, 1997). Erikson (1963, as cited in Adams & Marshall, 1996; Erikson, 1980) expanded on this theory, positing that individuals develop a sense of ego-identity (or self, Jordan, 1997) across eight stages, emphasizing psychosocial influences at each stage and noting increased independence and autonomy as markers of maturity. Marcia's (1966) four statuses of identity development place identity-achievement as the primary goal of adolescence, defined by an individual's ability to explore options on their own and commit to an occupation and ideology. In Marcia's conceptualization of identity status, individuals who remain dependent on family members or have an inability to commit to an occupation and ideology unique to them fail to attain an

identity-achievement status. Marcia emphasizes the task of separation and autonomy as core to one's identity development.

Interpersonal conceptualizations of the self differ significantly from what Jordan (2017) describes as this "separate self," and view the self as intrinsically and inescapably interdependent on one's social and relational contexts. Chodorow (1986), a feminist object-relations theorist, views the self as constructed relationally. She notes that though one is born with inherent drives, the construction of these drives and the means through which they are expressed and fulfilled are relational. One's social contexts and relationships provide meaning, as well as the understanding of how one goes about fulfilling these drives. An individual's understanding of self is therefore inherently relational. This understanding of the self takes stock of the intersubjectivity of the self: There is no core sense of who one is that can stand alone without the context within which one develops, which always includes aspects of significant others within one's context (Fairbairn, 1946/1952, as cited in Jordan, 1997).

The concept of a relational individual is further supported by research conducted on attachment theory and interpersonal neurobiology which argues that individuals are intrinsically made for connection, from cradle to grave. Research built on Bowlby and Ainsworth's work has supported the notion that individuals construct internal working models of both their sense of self as well as others throughout the lifespan based on interactions with significant others who serve as attachment figures (Ainsworth, 1979; Ainsworth & Bowlby, 1991; Bowlby, 1982; Collins & Read, 1990; Hazan & Shaver, 1987; Waters et al., 2000). These frameworks, while flexible, do remain largely stable throughout the lifetime. Development of theory regarding emotions and emotional regulation (Greenberg, 2004; van der Kolk, 2002) which first takes place between an

infant and their primary caregiver, has furthered our understanding of how these processes take place and interact with one's neurobiology (Perry et al., 2000; Schore, 2001; Siegel, 2001).

Seigel (2001) further explains how the concept of self is itself relational, as one's sense of self is comprised of multiple selves. One's "self-knowledge" is developed overtime as a person explores themselves within relationship and their environments, and a core "proto-self" that exists in the present moment constructs an "auto-biographical self" grounded in this knowledge. One's ability to construct a coherent narrative of self is significantly influenced by their experiences in relationship. Through experiences of trauma or misattunements with attachment figures, a person may increasingly develop a negative perception of self grounded in self-knowledge comprised of negative messages regarding one's worth and value. Likewise, positive experiences within relationship where the person is seen in their fullness and attuned to emotionally facilitate one's sense of self and development, and the person increasingly believes all aspects of their sense of self are worthy and valuable.

The core self works diligently to develop a coherent sense of self, but for a person without experiences of attunement and acceptance in self-exploration, the development of an integrated and coherent sense of self becomes difficult (Siegel, 2001). When positive experiences in relationship are lacking and one continues to seek connection with others out of necessity, the development of an incoherent sense of self comprised of multiple autobiographical narratives of the self may develop which co-exist in conflict with one another rather than in congruence. Internalized messages of worthiness and positive views of the self increase a child's ability to self-soothe and regulate, thus having a more connected and compassionate relationship with the self and supporting differentiation and autonomy. This sense of self is able to process complexity both in one's environment and within one's sense of self. Internalized messages of worthlessness

and negative views of the self result in increasingly disconnected states that the self is unable to integrate and thus cultivate congruence (Siegel, 2001). This results in the self and its interconnected relationships being characterized on a relational spectrum of connection versus disconnection.

The Role of Gendered Narratives

The relational foundation of one's sense of self and identity results in one's perception of self being significantly shaped by social and cultural expectations, which allow a person to attribute meaning to life events (Chang & Jetten, 2015; Hamamura, 2017; Usborne & Taylor, 2001; Sabatier, 2008). Social and cultural expectations provide a "template" that a person references in order to organize their sense of self, which include gendered, racial, and socioeconomically-based expectations. These templates take the shape of narratives or "scripts" that drive our behaviours as well as expectations and beliefs (Somers, 1994). Gendered narratives are further facilitated through social and political institutions as well as cultural practices that make up our internal and external worlds (Somers, 1994).

Furthermore, a person's conceptualization of femininity and masculinity and their connection to the self is shaped by the cultural narratives within which they develop (Merrill et al., 2018; Williams & Best, 1994). In Western industrialized society, traditionally women are characterized as being more relational than males, more passive, agreeable, and concerned for others' welfare (Tolman et al., 2006), while men are characterized as independent, stronger, and more powerful. These gender narratives are perpetuated by social institutions such as education, media, as well as within families (McLean et al., 2017; Zaman & Fivush, 2011). Women are socialized to manage interpersonal issues such as their connection with others as well as others' needs and connectivity throughout their own identity development. This has historically left

them at a disadvantage in a society that values independence and individual achievement over

interpersonal connectivity (Gilligan, 1982/2003; Jordan, 2017). This disadvantage has infiltrated

identity development research, as the understanding of self as a separate entity that obtains

maturity through independence has been found to favour traditional male developmental scripts

over female developmental scripts (Brown & Gilligan, 1993; Gilligan, 1982/2003; Lytle et al.,

1997), thus contributing to a narrative of women as subordinate.

　　　Women's historical subordination has arguably also contributed to their socialization as

more relational beings, as men increasingly seek individual achievement over relational well-

being and care for the other, leaving these tasks to women (Rutherford et al., 2012). At the same

time, gender scripts have diminished men's propensity for relational ways of being (Somers,

1994) perpetuating the narrative that men are domineering and supposed to be aggressive, which

ultimately results in chronic disconnection. Both men and women have historically described

their relationships with women as being more emotionally supportive and therapeutic (Aukett et

al., 1988), and as previously stated, attributes such as empathic sharing and communion

characterize female friendships (Davidson & Packard, 1981). This speaks to relational needs that

may go unacknowledged within male relationships and masculine conceptualizations of the self,

and thus a need for accepting the person as a whole self regardless of gender. As described in

previous sections, the role of the therapist is inherently relational as is one's development, and

yet we know little regarding the relational aspects of therapist development. This lack of

exploration is possibly due to the ongoing devaluing of feminine, and ultimately relational, ways

of being and understandings of the self.

Women's Identity Development

Through understanding the developmentally supportive nature of relationships, as well as the research indicating women experience their self-development differently than men, feminist researchers began to construct more inclusive theories of identity development. Where many psychological theories of human development emphasized the task of separation and individuation in identity development, feminist scholars posited theories emphasizing the role of relationship in women's identity development (Gilligan, 1982/2003; Rutherford et al., 2017).

Many feminist theorists ground their understanding of the developmental path on gendered experiences early in infancy. Infants of both genders experience themselves in relationship, inseparable from their primary caregiver. The process of separation takes place gradually, and is enforced more quickly on boys than girls, who continue to identify with their primary attachment figure, their mother (Chodorow, 1986; Gilligan, 1982/2003). This process arguably results in gendered narratives of identity formation, leading women to experience themselves and cultivate their sense of self in relationship while men emphasize processes of separation and individuation. Miller (1986) emphasized the relational nature of the roles women are placed in by our culture in the 80s and 90s, particularly those that foster development such as caregiver and nurturer later on in life.

RCT, developed by theorists from the Stone Centre of Wellesley College (Jordan, 1997) is rooted in feminist and psychodynamic theory and provides a framework for women's identity development (Frey, 2013). RCT posits that the developmental path for women, and indeed persons in general, moves towards an increasing capacity for mutuality and empathic attunement, rather than the developmental trajectory commonly attributed to White Euro-centric male development of moving from dependence to independence and to increasingly abstract, logical

thought (Jordan, 2017). According to RCT, the true developmental pathway of the self is through intimate relationships characterized by mutual engagement and empathy, authenticity, empowerment, and the ability to express inner states. These four central characteristics result in an experience of connection that facilitates growth and differentiation, and when these four are not present, disconnection occurs (Jordan, 2010, as cited in Frey, 2013). When disconnection is experienced for a significant or chronic period of time, individuals learn to hide aspects of themselves away from others, including thoughts or feelings, in order to obtain safety and a means to survival. In this way, both men and women experience loss through their process of identity development: Many men, through an emphasis on autonomy and separation, experience a loss of relational skill development, while women may lose a sense of authenticity in order to maintain relationship.

The nature of these processes has been further substantiated through the work of other feminist theorists and researchers. Brown and Gilligan (1993) sought to understand adolescent girls' development of voice over a five-year span of time. Girls who were once unafraid and in touch with their sense of self would increasingly question their sense of self and reality upon entering adolescence, resulting in a loss of voice. In her book *In a Different Voice: Psychological Theory and Women's Development*, Gilligan (1982/2003) discusses gender differences in perceptions of relationship and moral dilemmas. Her research found that women felt safer in relationship than men, and that women considered relationship as imperative when discerning what was morally just and right. Belenky et al. (1986/1997) found in their research on women's development of knowledge that women cultivated an internal sense of knowledge and knowing, thus depending less on external authorities or sources of knowledge, through relationships that were symbiotic in nature. These relationships held the qualities that Jordan (1997, 2017) and

others found facilitated growth and development of self, including mutuality, equality, and reciprocity (Belenky et al., 1986/1997).

Foundational in RCT is the relational theory of self. Similarly to how Siegel (2003) describes the self, in this model the self is organized through relational movement: An individual still has a unique sense of who they are (Jordan, 1997), yet this sense of self always exists through dynamic interactions both internally and externally. Rather than the primary feature of one's development being separation and autonomy and a *power over* stance in relationship resulting in chronic disconnection, in this model, empathic responsiveness marks the developmental path characterized by a *power with* relational stance. Mutual empathy, or empathic attunement between people, provides the means through which individuals shape and interact with one another. When two people are emotionally attuned to one another, they engage in both knowing and being known, seeing and being seen. Each person helps the other in coming into a fuller embodiment of themselves, and thus each person helps the other in their becoming. In this understanding of the self, a greater sense of self-clarity and confidence in who one is develops out of relationship, rather than through separation from relationship.

Women's Development of Voice

Brown and Gilligan (1993) describe this relational sense of self as one's voice, referring to the ways in which a person may convey themselves to others as well as to how they relate with themselves. Though relationship and connection has been found to play a deeply foundational role in women's psychological development (Gilligan, 1982/2003; Jordan, 1997), as previously stated, women may also lose their sense of voice in relationship if there is disconnection (Brown & Gilligan, 1993). How one's voice takes shape in a particular moment in time is dependent on whether it is heard or not heard, understood or misunderstood, and through

this process one's voice can become more empowered and stable, or uncertain and silenced.

Jordan (2017) explains that the extent to which there are power imbalances dictates the extent to

which those with less power accommodate the demands of those in power and in essence lose

their voice. Those who have power define the rules and values by which a people group or

community ascribe, and those with less power whose experience of reality is deemed inferior,

learn to live inauthentically in order to avoid conflict and thus maintain connection and survival.

Belenky et al. (1986/1997) make explicit the impact gendered expectations of women have on

voice, stating "conventional feminine goodness means being voiceless as well as selfless" (p.

167). This and other experiences of disconnection result in a paradox women face regularly: to

lose oneself for the sake of connection, only to find that you are not truly connecting, to yourself

or to others. While relationship provides a means of developing one's self, one may also lose

their sense of self in relationship.

Certain relationships and family dynamics have been found to either facilitate the

development of voice in women, or inhibit it. Families with hierarchical structures characterized

by strict sex roles and poor communication were found to facilitate the development of *silent*

women, or women without an empowered voice (Belenky et al., 1986/1997). Women who grew

up in these families were able to develop their voice if they had relationships with others who

invested in and encouraged them. Belenky et al. found that an empowered sense of self was often

born out of the simultaneous experience of feeling disappointed with or harmed by authority

figures combined with mutually attuned and reciprocal relationships with others. These

relationships appear to foster a greater sense of self awareness and the realization that one can

have an impact on others and question authority figures. Increasingly, the more trust, attunement,

and investment a woman experiences within her relationships with both authority figures and

peers, the more a woman can trust both herself as well as the authority figures in her life, knowing if she disagrees she will be heard.

The concept of voice as the self also acknowledges the embodied nature of the self: that one is a body, and how one relates with and perceives their sense of self is inextricably linked with their body and vice versa. This echoes much of Geller and Porges's (2014) explanation of voice and how a therapist's presence is undifferentiated from their body and thus sense of self. Much of the therapist's work is done through the presence and absence of voice and one's physical presence, which is conveyed through the use of body language and posture. Geller and Porges (2014) argue additionally that voice is a powerful means through which safety is conveyed once cultivated within one's own body. They urge therapists to be present with their bodies and to utilize their bodies as sources of information and meaning in the therapy room.

Relating to self through body runs counter to traditional, more functional ways of relating with the body (Kiverstein, 2012), particularly regarding women's bodies. In Western society, women's relationships with their bodies has been a point of inquiry for many decades, and has been tied to women's psychological well-being (Muehlenkamp & Saris-Baglama, 2002), as well as sexual health, embodiment and one's sense of agency (Curtin et al., 2011). Western industrialized views of femininity and women arguably perpetuate both traditional feminine ideologies as well as the objectification of women's bodies, and women who hold traditional feminine ideologies have been found to be less comfortable with their bodies (Cash et al., 1997). One's connection to self as a therapist may inherently involve connection to one's body through non-objectifying and non-exploitive means, which may be experienced as liberating for women in these contexts. Examining one's sense of voice as a therapist will allow the researchers to

understand inherently how women experience their own development of self as therapists embodied.

Summary and Research Question

The work of the therapist is one of becoming more human, and in turn supporting others in this endeavour. Somers (1994) argues the continued dehumanization and devaluing of women ultimately stems from a lack of women's narratives being portrayed and explored in research, which in turn helps perpetuate a devaluing of the feminine aspects of being a person. Male-female distinctions of gendered norms and scripts also perpetuate a homogenous view within each gender (Rutherford et al., 2012). This results in women and men fulfilling these gender norms, thus highlighting a need for qualitative explorations within gendered groups regarding how a person becomes more themselves. Woman have the unique experience of both losing their voice as well as cultivating their voice in relationship in Western culture, as they experience both privilege and oppression, silencing and voice. A necessary step towards the acceptance and integration of the feminine that exists within all persons therefore involves researching how women navigate the cultivation of their sense of self, particularly in helping roles. The role of the therapist is particularly unique in that the person of the therapist plays a powerful role in the therapeutic outcomes, and therefore it is necessary to understand how women experience themselves and their development while still maintaining care for the other.

By understanding how women cultivate and experience a congruent sense of self as therapists, we may better understand how a person may become more themselves, regardless of their presenting gender or body. As previously stated, therapists carry with them their personalities, values and life experiences into the therapeutic encounter. Without acknowledging and accepting the feminine in the person, it is arguable there will continue to exist voices that are

dehumanized and objectified, both within the self and within our greater society as a whole. This is particularly important to consider within a North American context due to increasing globalization and Westernization (Omenugha et al., 2016; Suchday, 2015; Young et al., 2015). The values of North American and Western culture have a significant impact on how relationships take shape across the globe. North American culture describes a healthy person more by masculine qualities of independence and separation rather than traditional feminine qualities of interdependence, connection, and relational ways of being. Mental health concerns in this context are largely treated through the medical model which views persons as objects that clinicians act upon through therapeutic intervention (Elkins, 2007; Bergin, 1997). Because of the hierarchical nature of Western culture, therapists in North America are uniquely positioned in a role of expertise where we have access to information and skills regarding healing and development which our clients do not necessarily have. Dominant and masculine cultural understandings of self have the potential to perpetuate marginalization of people who do not fit into these conceptualizations of being a person. Because of this, we hold responsibility in helping deconstruct aspects of institutions that perpetuate separation and objectification when they need to foster healing and growth.

In their book *Voice of the Psychoanalyst: Narratives on Developing a Psychoanalytic Identity*, Hillman and Rosenblatt (2017, Prelude) express the need for more research investigating the processes through which psychoanalysts and therapists develop their professional voice. They state that this area has been largely overlooked, a notion that is echoed by others (Salter & Rhodes, 2018) with emphasis placed on using more relational methods of understanding the self (Kirschner, 2014, 2020). Voice is particularly relevant to study in the development of psychotherapists both in metaphorical sense as well as in the literal sense.

Hillman and Rosenblatt (2017, Prelude) describe the analyst's voice as the expression of their unique, empowered identity as a professional. This sense of professional identity is informed by the unique qualities of one's personal identity. When watching or listening to a therapist who has developed an embodied sense of self in their work, just as when reading a piece by a writer who has developed this sense of self in their work, one may observe identifiable qualities that mark their work as uniquely them. This unique quality of their work is informed by their past experiences and relationships, their education, and their thoughts and feelings. Additionally, and quite literally, much of the work is done through the presence and absence of speech, and thus exploring one's voice as a therapist not only sheds light on who they are as a person at a certain point in time, but also how they interact with clients in the therapeutic process.

Personal and professional congruence is not only viewed as a sign of professional maturity, but also associated with more positive therapeutic outcomes (Baldwin et al., 2007; Del Re et al., 2012; Edwards & Bess, 1997). Research that has explored psychotherapist development has predominantly focused on students' experiences in training and the impact of specific training models on their skillset or development of self-awareness, and there is a need for research to examine this process later on in one's career (Kissil et al., 2018; Moss et al., 2014). Both women and student therapists experience significant power imbalances that negatively impact their development of voice, and women in more experienced phases of professional development have experience with cultivating voice in relationship characterized by an ethic of care for the other. This study sought to gain a better understanding of how female psychotherapists who identify themselves as having experienced their voice view their development and training, thus shedding light on the experiences that are facilitative in helping a person become more themselves. A more contextualized understanding of these processes may

provide more insight into how training programs can equip students for their own unique

journeys of development, and help normalize professional development as life-long.

This research project was guided by the following question: How does the experienced

female psychotherapist experience their development of voice? If we become through being seen

and known by the other (Jordan, 1997), how does a "seer" become? Utilizing a relationally-

focused methodology such as the listening guide will further our understanding of the relational

processes through which a person develops and integrates their sense of self as a therapist, and

how they experience congruence in the therapy room.

CHAPTER 3: METHODOLOGY

This section provides an overview of the research paradigm in which this study is grounded, as well as the methodological approaches to the research question. I will then review the data analysis processes as well as considerations pertaining to ethics, rigour, and quality within a constructivist paradigm informed by relational feminist theory. This section concludes with anticipated outcomes, limitations and other considerations.

Research Paradigm and Design

Paradigms provide a researcher with the ability to reflect on their worldview and translate it into a means through which they may conduct research (Mertens, 2007, 2015). The current study adopts a social constructivist paradigm that is informed by relational feminist theory. Constructivists view reality as subjective and co-constructed, believing that there is not one true reality, but multiple realities that are constructed by both the individual and society. Meaning is interpretive (Mertens, 2015), and it is impossible to obtain postpositivist versions of objectivity due to our tendency to assimilate and adapt cognitive schemas (Chiari & Nuzzo, 1996). Life is inherently experienced subjectively, and thus seeking to understand a singular objective social reality is impossible, as it arguably does not exist. Reality and our understanding of it therefore develops and takes shape through a collaborative effort between ourselves and the social and natural worlds around us. Our sense of self and the world is intricately influenced by our culture and the relational context within which we develop. Just as it is impossible to take the self out of its context, it is impossible to separate 'reality' from the subjective experience of it.

Constructivist researchers seek to understand human experiences of reality and the meaning that develops as it is constructed by two or more people (Creswell, 2013). Within a constructivist paradigm, research processes including the construction of the research questions

and data analyses are viewed as interactive (Chiari & Nuzzo, 1996; Mertens, 2015). The researcher takes an active role in probing the participant and seeking to understand the phenomena or experience of interest, and in turn acknowledges that their own interpretation of the phenomenon is informed by their personal subjective experiences. In this way, the researcher is viewed as an active participant in the construction and understanding of a participant's experience and the phenomenon of interest. Trustworthiness and authenticity are therefore valued in constructivist research, in addition to beneficence, respect, and justice (Lincoln & Guba, 1986; Mertens, 2015). Qualitative methods are the preferred method of data collection and analysis within a constructivist paradigm, utilizing techniques such as unstructured or semi-structured interviews or observation in order to obtain in-depth, rich descriptions and understandings of experience.

This study is significantly informed by feminist theory, specifically relational-cultural theory, and uses the listening guide, a relational feminist method of analysis. Research with this lens values close examination of power differences within one's society, empowerment, reflexivity, and often seeks to promote social change (Allen & Piercy, 2005; Crawford, 2013; Jordan, 2017; Millen, 1997; Yost & Chmielewski, 2012). Like constructivists, many feminist researchers acknowledge that there are multiple lived realities that are co-constructed, but also note the importance of social constructions that impact multiple populations, some of which result in experiences of oppression or privilege. Feminist researchers ask questions regarding how reality is defined, whose realities are given privilege in which contexts, and who can be the knower (Doucet & Mauthner, 2008; Mertens, 2007). Epistemologically speaking, relational-cultural feminist researchers note the importance of historical and cultural context when considering the nature of truth and knowledge, as well as power dynamics (Jordan, 2017;

Mertens, 2007). Feminist researchers from this lens therefore place emphasis on the lived realities of those who historically have experienced oppression and marginalization while examining patterns of oppression and privilege that are held socially and culturally, which often result in harm to these individuals and communities (Mertens, 2007; Weaver & Olsen, 2005).

The central tenant of the transformative paradigms to which many feminists adhere to is that issues of power must be addressed at every stage of the research process (Mertens, 2007). In the present study I seek to challenge patriarchal power dynamics by highlighting women's experiences of development in a field historically dominated by men, particularly in which experiences in training often result in a loss of voice (Gray et al., 2001; Murphy & Wright, 2005; Rønnestad & Skovholt, 2003; Stefano et al., 2017). Therapists work in a particularly unique role in which they may often have to silence themselves in order to ensure their clients' voice is heard, and women in various phases in life silence themselves in order to ensure connection and relationship is maintained (Belenky et al., 1986/1997; Brown & Gilligan, 1993). The development of voice (or voices) in experienced women therapists may entail complex processes of silencing and unsilencing both the self and others. However, issues of power throughout the research process for this project are not as easily mediated, as will be discussed in more detail in subsequent sections. While female therapists' experiences specifically have not been explored to a great extent and arguably remain unacknowledged in the greater world of academia, it is arguable that by focusing on female therapists who likely have experienced a certain amount of privilege through education and other resources, we are ignoring the voices of many underprivileged people in research. This study therefore is built upon a constructivist paradigm as I acknowledge that by choosing a generally privileged community as the population of interest, I am not actively seeking to address issues of power and give voice to the most

marginalized at this stage of inquiry. By using a feminist method of data analysis such as the listening guide, I hope to make space available to hear the silencing and unsilencing that may take place in the development of voice in female therapists. It is my intention here to provide my reader with an understanding as to why a constructivist paradigm serves as the central paradigm informing this research, as compared to a transformative paradigm.

Methodology: The Listening Guide

The study of one's sense of self, particularly in historically oppressed groups, requires a methodology that can capture and elaborate meanings behind both presence and absence, silence and sound. Many oppressive societal and cultural messages may be internalized by persons and thus create both oppressed and privileged voices within one person. This is particularly true for individuals who may experience conflict between their own development and the needs of others, such as female therapists. Women may experience both a loss of voice and a finding or development of voice in relationship (Belenky et al., 1986/1997; Brown & Gilligan, 1993; Jordan, 2000). Many women experience messages that emphasize their *being with* or *being for* over their *being* or *becoming,* arguably resulting in an internalized I-It way of being with the self, and a woman's sense of morality places emphasis on their ability to be for and serve others (Gilligan, 1982/2003). The role of the therapist arguably further complicates this development of self as emphasis is also placed on feminine ways of *being with* and presence (Fife et al., 2014; Geller & Porges, 2014; Rogers, 1957, 1959), which entails a sense of self-awareness that many women in society are not encouraged to have. Additionally, the development of integration between the personal and professional self is often discussed in an abstract way, and few studies have examined this process. It may be difficult to capture the nuances of this developmental process in the experienced professional therapist.

Hillman and Rosenblatt (2017, Prelude) adopt a narrative approach to interpreting and analyzing psychoanalysts' development of voice and argue that a thematic analysis of participants' narratives provides the best means available for understanding this process. They reflect on how humans naturally seek cohesion and congruence, and narrative methods provide a means for participants to do just that. These authors note, however, that narrative can negate the presence of absence. While some inconsistencies and contradictions may be present in a final narrative obtained in research, many thoughts and expressions go unarticulated and therefore aspects of voice are missed. This is particularly important to consider when seeking to understand conflicting aspects of the self that inevitably take place in one's becoming and development, particularly in a role that is care- and other-focused.

Brown et al. (1989) sought to develop a framework that enabled a deeper understanding of the human experience based on two dimensions of morality and relationship that often characterize the role of the therapist: justice and care. They had found in previous research that individuals who shifted their focus from justice to care when faced with a moral dilemma experienced a shift in their conceptualization of morality, and thus experienced a shift in their understanding the particular situation. They describe how human relationships are painted by the dimensions of equality and attachment, and note how these two dimensions may conflict with one another at times, particularly when reflecting on the self and one's own needs and desires. Brown et al. therefore developed the listening guide originally to provide a method of reading and interpreting complex narratives of moral conflict and choice.

The listening guide has been further developed to become a contextualized, structured means of understanding one's sense of self in relationship, by identifying the presence and absence of voice and highlighting the relational qualities of the self (Brown & Gilligan, 1993;

Gilligan & Eddy, 2017). Voice can pertain to the individual, social, and cultural influences of the participant's sense of self, and through expression of voice an individual can hear themselves and reflect on what they heard, how it comes across and how others receive it. Multiple voices may therefore coexist, each telling different perspectives or narratives regarding a person's experience, making available to researchers a deeper understanding of the phenomenon in question. Within the analysis process there are four successive 'listenings' that guide the researcher into a deeper understanding of the nuances that exist in human experience, and thus make available experiential aspects that may otherwise go unheard.

A Series of Listenings

Listening One. Through the first listening of the participant's narrative, including the interview and transcription itself, the researchers listen for the story of the text, seeking to identify the plot as it unfolds for the participant. This process involves identifying the who, what, where, when, and why of the participant's narrative, identifying recurring themes or words as well as any contradictions or inconsistencies in style or emotion. Shifts in sound of voice or inflection, as well as narrative style (i.e. first-person, second-person, third-person) are also identified, and the researcher is to reflect on their role as a listener and how their own personal interpretations, emotions or understandings may influence their listening.

Listening Two. The second listening is referred to as listening for the "I" (Brown & Gilligan, 1993; Gilligan & Eddy, 2017), and is viewed as a crucial part of the listening process. Through this process the researchers identify the self in the transcript, thus coming into relationship with the "I" of the participant and exploring how she speaks about herself and her experiences. Through this process the researchers separate out each I phrase, made up of every time the participant states "I" followed by a subject or verb, and constructs an I poem from these

phrases using each I phrase as the start of a new line, and each shift in direction or pause in voice as the start of a new stanza. The researcher identifies each I phrase in the transcript and organizes I poems based on their order of appearance. I poems provide a unique, in vivo means of capturing the essence of a participant's voice or voices and therefore their experience, thus cultivating a deeper understanding and empathy for the participant.

Listening Three. The third listening is referred to as listening for contrapuntal voices. The purpose of this listening is to identify specifically the relational aspects of voice, and how these different voices interact with one another. The researcher or research team examines more closely how these voices contradict one another. For example, an individual may hold both anger and sadness regarding an experience with a client which later informed their practice as a therapist. Each of these emotions are taken to reflect a voice and would be tracked as they interact with one another and other voices. What this stage reveals is where certain thoughts or viewpoints are expressed differently, as well as when something goes unsaid or may be silenced. This listening also lends itself to exploring differences of privilege and power, noting which voices are silenced and why this may be so.

Listening Four. The fourth and final listening involves listening for themes across participants and identifying similarities and differences of voice between participants, and what this might mean for the development of a therapist and their experiences of congruence in their work. During this process, the entirety of the findings from previous listenings are synthesized, as well as any insights and reflections made by the researcher or research team. The research question is used as an anchor at this time, and the researchers ask questions such as if any "wow" moments occurred in either the interview or analysis processes, and if so, what about this was significant (Gilligan & Eddy, 2017). At this stage the researcher herself brings her own voice into

the analysis process and expresses her own experience within the data, distinguishing between the data and interpretations (Gilligan & Eddy, 2017).

For women, the choice to care for and focus on the self holds moral weight (Gilligan, 1982/2003). By using the listening guide as our method of analysis instead of narrative, we can track with more accuracy the ways in which women navigate the development of self as a therapist while considering the weight of their decisions. The development of self in women and other oppressed groups entails a level of unlearning oppressive perceptions of both the self and others, which ultimately results in an unsilencing of the self. It is vital to use a method of analysis that allows the researcher to shed light on the silence and absence of voice in order to fully honour the development of voice, and the person to whom it belongs. Additionally, the multiple listenings required within the listening guide provide multiple means of dwelling in the data and understanding the participants' experiences in diverse ways, which ultimately contributes to the rigour and quality of the analysis, the formulation of the results, and the overall contributions of the study.

Data Collection

This section discusses the means through which participants were recruited, how data was collected and analyzed, as well ethical considerations, rigour, and quality for feminist qualitative research. In constructivist and feminist qualitative research there is space for nuance and subjectivity, and we acknowledge that feminist researchers have their own biases that are explicitly stated. This form of research process, which emphasizes reflexivity and reduction in power differences (Mertens, 2007; Mertens & Ginsberg, 2008; Yost & Chmielewski, 2013) in and of itself serves the purpose of challenging existing hierarchies that perpetuate the silencing of others' ways of knowing.

Participant recruitment

In this study we are interested in experienced female therapists' journeys of integrating the personal with the professional self as a therapist. In order to examine therapists' development of voice, invitation emails (see Appendix A) included exclusion and inclusion criteria outlined in the next section. Because one's approach to therapy can be shaped by, but also shape, their sense of self as a person, these invitations were sent to a diverse selection of counselling agencies, private practices, professional networks including networks on social media, and professional associations in order to seek diversity in theoretical approaches to therapy. It was hoped this would provide an in-depth understanding of the ways in which one's approach to therapy may shift and be informed by their sense of self, as well as how one's approach to therapy may shape their sense of self. Emails invited therapists to nominate experienced professional therapists (see the next section for an in-depth description of this designation), including self-nominations, for participation in this study.

After agencies, networks, and practices were identified and invitation emails had been sent, purposeful sampling (Patton, 1999, 2002) was utilized to obtain a sufficient group of participants for the present research study using peer- and self-nomination processes. Purposeful sampling is used when seeking to obtain exemplary cases that are rich in information and experience relevant to the topic of interest, and studying them in-depth (Patton, 1999, 2002). This requires participants to self-identify with a set of previously determined inclusion criteria, outlined in the next section.

While accessing participants through nomination has its limitations in that it is impossible to ensure confidentiality or anonymity among participants, the use of peer- and self-nomination in sampling is well suited for the present study. Therapists may not as easily identify themselves

as having developed a unique style or voice as they may identify others. Conversely, the experience of being nominated by a colleague may not only further incline them to participate, but may also itself be an empowering experience. Additionally, purposeful sampling contributes to the rigour of the present study in that it requires thoughtful selection of cases that are congruent with the purpose of the study. Therapists may feel they are further along in their development than they are, or may not be aware of blind spots other colleagues may see clearly. Allowing space for colleagues to decide together if they meet criteria allows for further affirmation or guidance regarding whether to participate or not.

Ten interested candidates were selected based on their responses to the screening questions (see Appendix B for a screening interview script) and their self-identification of having experienced themselves as congruent as a therapist. These candidates were able to provide multiple examples of experiences of both congruence and incongruence as a therapist, and had described multiple ways they engaged in their ongoing development as therapists. Nine candidates accepted the invitation to participate and consented to their interviews being recorded, transcribed, and analyzed for the present research study. Participants in this study had a broad range of experiences in both agency and private practice sectors, and practiced from multiple different theoretical orientations and approaches to therapy. Participants were also from a diverse set of locations throughout North America, and ranged in age from early 30s to mid-60s. Table 1 provides an overview of the participants in this study.

Table 1

Demographics of Participants

Pseudonym	Years of Practice	Work Settings	Theoretical Orientation(s)/ Approaches
Rose	13	Private Practice, Mental Health Hospital Setting, Outpatient Hospital Setting, Nursing Home, and Vocational Rehabilitation Centre	Psychodynamic, empowerment
Marie	13	Community Agency, Telehealth private practice	Cognitive Behavioural Therapy (CBT), Motivational Interviewing, Strengths-based/ empowerment
Nomad	24.5	Private Practice, Supervision and Training Institution	Integrative and Inter-systemic, working with various systems around and within us
Bronwyn	16	Private Practice, Government Agency	Eclectic and Integrative, based in Dialectical Behavioural Therapy (DBT), CBT, person-centred and strengths-based, collaborative, directive
Chelsea	10	Adolescent Addiction Outreach Program, Government Agency, High School and College Counselling Services	Person-centred and flexible, eclectic, pluralistic

Pseudonym	Years of Practice	Work Settings	Theoretical Orientation(s)/ Approaches
Kate	15	University Counselling Services, Private Practice (owner of Group Practice)	Holistic bio-psycho-social, drawing from primarily CBT, narrative, feminist theory, and shame resiliency
Molly	11	Group Practice, Transition Home for Women, Private Practice	Ego-States, IFS, Emotionally-Focused Therapy, Mindful Self-Compassion, Trauma-Informed
Evan	21	Counselling Agency, Government Agency, University Counselling Services, Private Practice	Integrative approach primarily focused on experiential, body-based processing of emotion, sensorimotor psychotherapy, attachment short-term dynamic psychotherapy, integrating CBT and narrative
Lily	13	Counselling Agency, Private Practice, Government Agency, Group Practice (owner)	Satir Systemic Transformational Therapy, attachment-based, trauma-informed, adding in AEDP, EFT, EFFT, and experiential art and sand-tray work

Inclusion and Exclusion Criteria

Rønnestad and Skovholt's (2003) description of the experienced professional phase of

therapist development was used as an anchor for nomination requests, including self-

nominations, for therapists who have experienced their voice as a therapist. Therapists who are

nominated will be asked if they self-identify as fulfilling some of the characteristics of this phase, including having cultivated an approach to therapy in a way that is unique to them and feels congruent with who they feel they are. They are also described as valuing their own personal growth, boundaries, and well-being, and acknowledge that this is an ongoing process and priority for them. Therapists may differ in when they feel they have reached this phase of their careers. However, Rønnestad and Skovholt (2003) found that most therapists in the novice professional phase prior to the experienced professional phase had been working on average for five years, and those in the experienced professional phase had been working in the field on average for 15 years. In order to ensure participants have worked as a therapist for a sufficient amount of time to have developed a sense of themselves the way Rønnestad and Skovholt describe in the experienced professional phase without unnecessarily limiting our prospective participant pool, I sought to include therapists who have been practicing for at least 10 years.

In addition to identifying with the aforementioned aspects of the experienced professional phase, participants were also requested to self-identify as someone who feels that their work is an authentic expression of who they are, and that they feel personally fulfilled in their work as a therapist. This additional criterion places emphasis on the notion of congruence between the individual person and their values as a personal self with their professional self as a therapist, thus further delimiting our sample to individuals who feel their work is an authentic expression of who they are as a person. This self-identification combined with the option of peer nomination and the use of a screening interview (which will be further elaborated on in subsequent paragraphs) contributed to rigour and quality of the study. Using participants' self-identification with participation criteria acts to minimize power differences between myself and participants and is thus in line with feminist values (Creswell & Miller, 2000; Mertens & Ginsberg, 2008).

This practice further acknowledges the participant as the expert of their own reality and lived experience, rather than an external authority. With this, I also grounded myself in the aforementioned qualities of relationship as posited by relational-cultural theory when conducting the screening interviews. During these interviews I took notes regarding not only their answers to my questions but also their demeanour and presence with me in order to ensure we obtained participants who were mutually engaged with me, empathic and authentic. I consulted my supervisor and members of the research team in order to support reflexivity in this process as well.

Therapists have pointed to experiences in training and with clients as significant influences on their personal development (Orlinsky et al., 2001), while personal experiences and relationships play a significant role in development as a therapist (Rønnestad & Skovholt, 2003). Therefore in screening and recruitment we sought therapists who can point to specific moments or experiences they have had both inside and outside of their work as therapists that they believe have shaped them in their development of voice as a therapist. In using purposeful sampling, we sought participants who could provide rich detail as well as multiple examples of experiences to draw from in the interviews. In order to seek the most information-rich cases, I placed those interested in participating on a waitlist from which I drew in order to conduct screening interviews. Through the screening interview process I assessed which participants were best suited for the research study and their ability to speak to the research question based on the aforementioned criteria.

Generalizability is not a goal in qualitative feminist research (Mertens, 2015; Thorne, 2016, Chapter 5), and the listening guide specifically was developed for close examination of participants' in-depth, detailed experiences, and not for generalizing data to a broader population

(Brown, 1997). With this I must acknowledge that there will always be more voices and stories worthy of listening to in this study. I intended to obtain a sample large enough to be able to meaningfully convey an in-depth understanding of how women may experience their development of voice as therapists, with the hope that it ignites further interest in more holistic understandings of therapist development. For this reason I sought to obtain eight to 10 participants, knowing there will always be more we can know about women's becoming and voice within patriarchal societies. Nine female therapists were included as participants in this study. Those who were excluded or declined to participate were thanked for their interest and informed that they may inquire after the study's results in the future, if interested.

Therapists who expressed interest in participation were excluded if they had not been practicing as a therapist for at least 10 years. This was done in order to enhance the likelihood that participants in this study had a sufficient amount of experience and time to have cultivated a sense of self as a therapist. Participants had to be currently practicing as therapists and have obtained registration or certification with an overseeing professional body in their province of practice such as the College of Registered Psychotherapists of Ontario, BC Association of Clinical Counsellors, College of Psychologists of British Columbia, or Canadian Counselling and Psychotherapy Association (CCPA). This status was particularly important if they were to participate in the focus group that served as a member check later on in the study. Being accountable to an overseeing professional body helped to reduce differences in views on therapists' ethical responsibilities, and therefore contributed to a shared understanding of the role of the therapist among participants. Participants could also all speak to the experience of navigating their development while being accountable to professional organizations that hold

significant power regarding their abilities to practice and be as clinicians. Finally, participants

had to be proficiently fluent in English, as the study was conducted in English.

Data Collection

Therapists who expressed interest in participating in this study were contacted for an

initial interview over the phone or Zoom that lasted approximately 20 minutes. This process

offered an opportunity to clarify the study's purpose as well as determine if the participant is the

best possible fit to speak to the research question. Feminist research also seeks to privilege the

participant's voice within the research process, and therefore screening in this particular study

sought to provide participants with an opportunity to clarify their own goals and views for how

the research study should be conducted in order to establish a collaborative relationship between

myself as the researcher and participants.

For those who were included and agreed to participate in this study, demographic

information was then obtained (see Appendix C), as well as informed consent (see Appendix D).

In-depth, semi-structured interviews were conducted on a date set collaboratively by the

researcher and participant. Semi-structured interviews provide the researcher with an opportunity

to obtain a rich, detailed description of the participants' experience (Willsher & Goel, 2017).

These initial interviews took approximately 45 to 90 minutes, and recordings were encrypted and

stored under pseudonyms decided by the participants.

After the research team and I conducted data analyses on these interviews using the

listening guide, participants were provided a summary of their interview and the research

findings, as well as a sample of their I Poem generated from the second phase of analysis in the

listening guide. Participants and the research team then collaboratively set a time and date to

conduct the second interview in the form of a focus group. The use of a focus group not only

provides a sufficient means of conducting a member check (Morrow, 2005) where the

participants are provided a considerable amount of power over the researcher as there are more

of them, but in this particular study it also enhances the listening guide. RCT and research on

women's development of self has found that people develop a sense of self through experiences

in relationship, and that the sharing of inner experiences in an empathic and empowering

environment helps facilitate this. The listening guide is particularly suited for understanding the

complexity of self within relationship (Gilligan & Eddy, 2017). It is possible that within a focus

group the participants may experience the process of *becoming* described in RCT. As well, it was

hoped participants may experience what Belenky et al. (1986/1997) refer to as *connected*

knowledge, where through being seen by and listening to others share their experiences, a person

can come into a fuller awareness and embodiment of themselves. The focus group in this study

was recorded as well, and took approximately two hours.

The focus group served as both a form of data collection and a member check in this

particular study, and was an aspect of participation. However, participants were informed that if

after the initial interview they preferred to meet one-on-one for a member check, or if the date

scheduled for the focus group did not work with their schedule, one-on-one member checks

would be offered and arranged. Participants were also informed during informed consent that

they may discontinue their participation at any time. All participants expressed a desire to

participate in the focus group, though only five could actually attend the date scheduled. One-on-

one member checks were offered to the four remaining participants, three of which met via the

video platform Zoom to discuss the research findings and their interview summaries.

Interviews and the focus group were conducted and recorded over the internet video

platform Zoom due to the COVID-19 pandemic. Conducting interviews over an internet video

platform provided its own benefits and challenges (Hesse-Biber, 2011). This platform ensured

safety for all participants involved so that health is maintained during a precarious time. There is

a loss with using this medium of conducting interviews in that as a researcher, I may not catch all

the nuances and energy of the participant in much the same way as I would if we were in the

room together (Hesse-Biber, 2011). This form of communication additionally relies on access to

a private space and stable internet connection, both of which can be difficult to obtain. All

participants in this study engaged in their work throughout the COVID-19 pandemic and

therefore had some familiarity with this or similar platforms. They already had access to a

private location that ensured confidentiality and a stable internet connection, and were familiar

with discussing personal topics over video connections.

Data Analysis

Hesse-Biber (2011) describes the process of data analysis in qualitative research as

iterative, and indeed this study was no exception. Qualitative researchers interpret data as they

are collecting it, and therefore data analysis takes place simultaneously alongside data collection

and is a cyclical and ongoing process. I have personally experienced this cyclical process even as

I continued to write this thesis and the research findings. Throughout the data analysis process I

have made use of memoing and journaling frequently as Hesse-Biber (2011) suggests. This

enables the researcher to keep track of not only connections between data and any insights that

may occur but also to support the process of reflexivity. Journaling and keeping an audit trail is a

frequently used means of establishing validity in qualitative research (Creswell & Miller, 2000)

and ensured in-depth and ongoing engagement with the data.

The one-on-one interviews were transcribed verbatim, and once transcription was

completed, a research team and I followed with the four listening stages of the listening guide,

immersing ourselves in the data and using the research question as a means to anchor the

analysis process. The research team comprised of five fellow graduate students in Trinity

Western University's Master of Arts in Counselling Psychology who are familiar with and

trained in using the listening guide. Results of the analyses were discussed with the research

team until we reached consensus. The focus group following this initial analysis was also

recorded and transcribed verbatim, and the research team and I analyzed this transcript using an

adapted version of the listening guide, applying only the first two listenings and writing a final

summary. This adaptation was developed so that we could confirm the presence of the voices

already identified within the initial interviews, as well as illuminate further participants' firsthand

experiences of the self in relationship with other participants. Findings across all stages of the

study were synthesized and recorded in the fourth chapter of this study.

Member checking was used as an opportunity to ensure that my analysis accurately

reflected participants' experiences, and contributes to the rigour and quality of this project

(Creswell & Miller, 2000). Focus group participants received their interview summaries with a

sample of their I Poems, a summary of the research findings, as well as Gilligan and Eddy's

(2017) article outlining the listening guide ahead of time. The focus group was moderated by

myself and one other member of the research team. We first took time for introductions and

orienting to the dialogical nature of the focus group interview. Participants then engaged in a

group discussion regarding the overall themes identified in this study and offered feedback

regarding their interview summaries and the research findings. The use of a focus group for

member checking was offered in order to contribute to the potential transformative impact this

research may have on participants as it provided them with an opportunity to connect and discuss

their experiences together, cultivating community and further insight.

Rigour and Quality

Constructivist research is concerned with the criteria of authenticity and trustworthiness for rigour and quality (Lincoln & Guba, 1986). In research informed by relational feminist theory, issues of rigour and ethics pertain to issues of trustworthiness and power between persons and institutions (Mertens & Ginsberg, 2008; Willsher & Goel, 2017). The following sections discuss how this project addresses these issues in a way that supports social change and reduction of power differences throughout the research process.

Trustworthiness and Authenticity

In this study, Lincoln and Guba's (1986) assessment of rigour in qualitative research provided the foundation through which I sought to maintain trustworthiness and authenticity.

Trustworthiness. Trustworthiness was sought through prolonged engagement with both the participants as well as the data. Morrow (2005) suggests that interviews within qualitative research have fewer, more open-ended questions than is typical of structured interviews in order to elicit deeper, more reflective answers from the participants and thus contributes to rigour. Interviews in this study were be guided by two primary questions: First, tell me about your journey of becoming a therapist? Second, how do you experience the integration of your sense of self and your approach to therapy? (see Appendix E for the interview guide used in this study). Prompts followed each question in order to ensure the phenomenon of interest was captured in its entirety, though their use was flexible and was entirely dependent on the nature of the interviews themselves. The listening guide provides an extensive means of data analysis through its four listenings, each one focusing on a different aspect of the transcript (Brown et al., 1989; Brown & Gilligan, 1993; Gilligan & Eddy, 2017). In this same way the listening guide also provides a means of meeting Lincoln & Guba's (1986) criteria of persistent observation as well

as triangulation and thick descriptive data analyses. Peer debriefing, negative case analysis, and member checks were also significant parts of the data analysis process through the use of the aforementioned research team and focus group, and will be further described in the next section.

Authenticity. I sought to maintain authenticity through meeting Lincoln and Guba's (1986) suggestions pertaining to *fairness*, *ontological authentication*, *educative authentication*, *catalytic authentication*, and *tactical authentication*. It was my hope to maintain fairness in this project by sending invitations out to large professional organizations, such as the CCPA, in which many adopt diverse approaches to psychotherapy, and therefore hold differing views of their role and development as psychotherapists. This diversity of background and professional settings among participants may help involve professionals of diverse values and belief systems within this study's sample. There is also a range of belief systems and approaches to therapy within the research team that will be conducting analyses, thus contributing to fairness and justice in this study. Informed consent will be obtained prior to data collection, and member checking will help ensure participants feel their voices and experiences have been heard and accurately captured.

Ontological authenticity, or the assurance that improvement in the participants' conscious experience of the world, was sought through focusing on the participants' experiences of growth and development. This approach has the potential to frame experiences of challenge into experiences of growth. The central focus of this study is to understand how women develop an empowered sense of voice in their work, and it is possible they left our interviews together with a renewed sense of empowerment and passion for their work. Additionally, the use of a focus group as a means of member checking contributed to the improvement of the group's conscious experience as it connected participants to others who have had similar experiences to their own,

thus reducing feelings of isolation in a primarily isolating career (Hillman & Rosenblatt, 2017, Chapter 15).

Educative authenticity was obtained in this study through including participants who also work as professors and clinical supervisors and therefore are invested in the ongoing training and education of student psychotherapists. Participants in this study identified the research question as important in understanding how to better equip students and were invested in knowing the results of the research because of this. Additional stakeholders such as clinical supervisors not included as participants in the research study were consulted throughout the development of the study and data analysis process in order to discern if the research question and findings resonated with their experiences and perceived needs in the profession. Additionally, it is hoped through publication that *catalytic* and *tactical authentication* will take place as therapists may feel empowered to share their own experiences through connecting with others. This research has the potential to inspire beginner and novice therapists to take risks and explore diverse approaches to therapy in order to cultivate their own unique sense of self as a therapist, and change the narrative regarding what a therapist must look like or how they may behave in therapy.

Power and Other Ethical Considerations

Reducing power differences is a priority for feminist researchers at every stage of the research process, including within the relationship between the researcher and participant (Mertens, 2007; Mertens & Ginsberg, 2008; Yost & Chmielewski, 2013). In order to reduce power differences I sought to establish trusting, collaborative relationships with participants in order to ensure they felt their voice was heard throughout the process of data collection, analysis, and the overall project development. My intention with the initial screening interview was to aid in building rapport between myself and the participants through the use of self-disclosure and my

intentions with the study. Additionally, because interviews took place over Zoom, participants

were able to choose an environment in which they felt safe and secure, rather than potentially

meeting in a space that may be more familiar to me as the researcher. Additionally, several

therapists and therapists-in-training were consulted throughout the development of the interview

guide, screening interview, and the project itself in order to ensure aspects that therapists deem

important are included in a study about therapists. Finally, a pilot interview was conducted in

order to refine and finalize the interview questions, thus providing an opportunity for others to

voice which questions got to the heart of what they felt is important for therapists to express in

their experiences of development.

  It was hoped that by using an inclusive methodology like the listening guide that makes

available all aspects of the participants' experience, participants feel empowered and that their

experiences are heard and valued, thus reducing power differences between the researcher and

participants. This study seeks to recognize therapists as experts in their own experiences from the

beginning of their involvement and at multiple stages of the research process through relying on

their own judgment of whether or not they feel they have developed a sense of their own voice as

a therapist. Participant-involvement at multiple stages of the research process helps reduce power

differences between the researcher and participants (Creswell & Miller, 2000; Mertens &

Ginsberg, 2008), and is achieved in this study through aforementioned measures such as

purposive sampling and nomination as well as member checking. My role as a student therapist

additionally acts to reduce some of the power available or ascribed to other researchers, as I

spoke to therapists who have worked for a number of years and have experienced fulfillment and

achievement in their practice. It is likely that while they may have seen me as a researcher, they

may have also seen me as a developing therapist myself, and perhaps remember what it was like

for them when they were just beginning their careers. This familiarity of experience may have served to reduce power differences between myself and participants as well.

With the potential for this commonality between myself and participants comes a risk as well, in that participants may have felt required to answer questions in a way that would facilitate my own development as opposed to reflecting on their experiences and their own personal growth. It is important to state clearly here that my intentions are not to position participants in this study as responsible to me or for my own growth in any way. Constructivist research acknowledges that realities are co-constructed and subjective, and feminist theory identifies that these co-constructed realities often lead to privileged voices being positioned over oppressed voices. Reflexivity is therefore highly valued in constructivist and feminist research, and should take place at every stage of feminist research (Willsher & Goel, 2017). It is my role as the researcher to ensure that the participants' voices are privileged in this study and to ensure the practices in this study remain focused on the participants' experiences of growth and development, rather than on my own needs as a student therapist.

Reflexivity

According to Crawford (2013), self-reflexivity requires an ongoing engagement with reflecting on one's own epistemological assumptions, values, and motivations. This entails not only reflecting but also critically examining and questioning the nature of one's own lived experiences and social backgrounds that have led them to hold certain assumptions (Crawford, 2013; Hesse-Biber, 2011). It is possible that simply reflecting and explicating one's worldview in research may not be enough. A feminist researcher must critically examine her own assumptions and the differences that exist between herself and participants and acknowledge how these may negatively and positively impact the research process.

As previously stated, there are both similarities and differences between myself and the proposed research participant pool. We are similar in that we identify as female and are actively pursuing careers in psychotherapy. We are familiar with the ethical requirements of practicing therapy and therefore may share a common language surrounding the nature of therapy and well-being. We also face similar challenges as women in fields that are traditionally run by men and have historically focused on the male experience.

As a researcher, I hold a position of power in that it is the participants' experiences, not mine, that were analyzed. I requested that these participants not only reflect on their development as therapists but also divulge to me their moments of growth and change within their work as therapists. This can be a particularly vulnerable position to place therapists in as it is an experience that is not often discussed (Hillman & Rosenblatt, 2017, Chapter 15). It is also possible that my simultaneous position as a student therapist may have both helped and hindered the relational dynamic I had with my participants. As previously stated, my role as a student therapist reduces power as participants actually hold expertise in a field that I am just embarking on myself. This can also run the risk of changing the focus on what my needs might be in my own development as opposed to focusing on the participants' experiences of growth and congruence. Maintaining awareness of myself and the dynamics at play within the relationship between myself and my participants played an integral role throughout the data collection and analyses processes. In order to achieve this, I kept both an analytic journal in which I recorded my own interpretations and impressions of the data, as well as a self-reflective journal in which I described my personal experiences and feelings during the interview and analysis processes. Additionally, I kept memos of the phenomena under investigation as well as emerging themes.

These methods are recommended in feminist research and contribute to reflexivity and rigour (Hesse-Biber, 2011; Morrow, 2006).

Additionally, the use of a research team in data analysis aided in the process of reflexivity and is common in both constructivist and feminist research (Creswell & Miller, 2000; Lincoln & Guba, 1986; Mertens, 2015). This allows for the inclusion of diverse voices, thus ensuring one voice (i.e., the primary investigator) does not have too much authority over the interpretation of data. Member checks also contribute to reflexivity as a means of collaboratively determining if my summary and interpretation accurately reflects the participants' understanding of their experiences.

Researcher Position. Researchers working within a constructivist paradigm are viewed as integral "instruments" of the data collection and analysis process (Mertens, 2015), being active participants in the co-construction of the understanding of the phenomenon of interest. I must therefore make my own positioning and subjective experience of the phenomenon of interest explicit. This is a regular practice in interpretive, constructivist research (Thorne, 2016, Chapter 6) and supports researcher reflexivity by making my own voice apparent in the research, acknowledging that I enter the research process with my own biases and experiences that inform my understanding.

This project is deeply informed by my own personal experiences, both in developing as a human and as a therapist, and it is therefore integral that I remain reflexive regarding my own assumptions and biases. This has been an ongoing process that has run the entire course of this project. With every conversation about this project with my supervisors and research team, I have become increasingly aware of myself and how my whole self is present in this project even if I am not aware of it. I have realized throughout this process that I disregarded aspects of

myself as irrelevant or not worth mentioning, because I did not see how they fit with the project or the research question. I had conducted research before but from a different paradigm, and this integration of myself within the research felt foreign to me and ultimately took time for me to fully embrace, despite it deeply resonating with something within myself as well. When I was discussing the research findings with my supervisor and second reader, it became apparent that by not owning parts of my whole self in this work, I was actually missing parts of my participants' experiences. In constructivist research, it is understood that parts of the self of the researcher only disrupt the research process when they go unacknowledged because they are present regardless. This study and its process argues this same understanding of the self should be applied to therapists as well, and my experiences as a researcher only solidify the importance of this message. We cannot and should not ignore the self when pursuing roles and ways of knowing that are inherently relational.

I am an American born, Caucasian woman who immigrated to Canada when I was 12, and thus have lived in both Canada and America during significant points in my own development and becoming. These experiences have contributed to my increasing interest in how relationship and context shape one's development and becoming of self. My immediate family and I experienced significant separation of self when we experienced separation from family and friends who we saw regularly in Pennsylvania after moving to British Columbia, Canada. I have been fascinated by the question of how people develop a sense of self that feels congruent and whole ever since.

I also was raised in a Christian environment. During the few years preceding my graduate studies I moved through a process of deconstructing many of the messages I received from this upbringing regarding myself and others that I now view as harmful. This led me to be unsure of

my stance on Christianity despite feeling very much still like a spiritual person, and I questioned whether I even identified as Christian anymore. Upon entering into this research process in the Fall of 2020, I was also aware of how damaging imposing one's Christian beliefs upon others can be, and did not want to ascribe spirituality where it might not exist. Through not practicing reflexivity in this, I had made an unconscious decision that faith and spirituality would not be considered a primary aspect of the results.

The decision to ignore my own spirituality led me to miss how significant faith and spirituality was for many of the participants in this study, and ultimately how significant it still is in my own experience. To be fair, spirituality and faith did not explicitly surface as missing when conducting member checks. This may perhaps shed light on a disconnection the field of counselling psychology may collectively feel from the concept of spirituality and faith, particularly in the realm of research, which too points to an embracing that may need to happen in turn. I can now own that I view myself as a very spiritual person. Many of the participants spoke to a sense of wonder or their own personal faith and understanding of God as foundational to their understanding of their work, which resonated with my own experiences and how I view being a person. I believe we were created to belong to one another, to belong to and create something greater than ourselves, and research on interpersonal neuroscience and attachment supports our need for and development through relationship. I carry this understanding of belonging and wholeness into my own conceptualization of therapy and the self of my clients, seeking to help them belong to themselves and accept all parts that form a whole person. This is built on a foundational belief of mine that we were made to be whole, and that chronic disconnections both within the self and relationship can be experienced as trauma, which echoes much of what the participants in this study articulated so well.

Being a White woman in North American society, I have experienced both privilege and oppression that has shaped who I am as a person and how I enter into spaces. These experiences contribute to my ability as a researcher to understand in depth the nuance and richness of women's experiences of developing voice as a therapist, as I have navigated to some capacity within myself the balance between being privileged and oppressed, and seeking to cultivate my voice anyway. My experiences as a White woman make it more difficult for me as a researcher to grasp the nuance that exists within a participant's narrative if they are a person who society additionally marginalizes because of their skin colour. My intention with using a feminist method of analysis and a research team comprising of female therapists in training of diverse backgrounds and cultures has been to help minimize my own biases and ways I may overlook nuance when it is there.

I cannot say I have experienced developing my voice as a therapist yet. As I am currently in training, I am in the process of learning what a therapist's voice may sound like, much less knowing what my own voice sounds like as a therapist. My experiences in training have helped inform and shape the direction of this study, as I felt seen and empowered to be myself to a greater extent than ever before. With this, a bias I may have is to be partially inclined towards understanding therapists' experiences in training, or therapists' experiences in relationships with supervisors, as it is what I have known. However, this would fall much in line with what we already understand regarding therapist experience of development, and my intention with this project was to broaden our understanding of influences that shape the therapist's development of voice. Knowing experiences both in and out of training play a significant role in therapist development, I actively listened for therapists' experiences both inside and outside of training, rather than focusing on one or the other. Because the listening guide in particular brings to light

the many voices that exist within a participant's narrative, I was hopeful this would provide the

research team and myself with a means to understand multiple aspects of participants'

experiences.

Indeed many voices did emerge. The voices of the women in these interviews helped

broaden my own understanding and frame my own experiences within theirs. In many ways they

allowed me to see that I was right where I needed to be, and to allow myself to be in process. I

realized partway through my journey with this study that I was still trying to "have it all figured

out." As participants named this experience and described their journeys away from this feeling,

I realized my own asking of the research question was an attempt to understand the process

before I have experienced it. I think we are all guilty of this in many ways, perhaps researchers

most of all. Rather than live through experiences, it seems easier and smarter to just understand

them ahead of time and then go through them with as much ease as possible, no?

I feel I have been shaped by this study just as much as I had a hand in shaping it. This

study taught me that experience is the only way I will grow and change, and emphasized the

importance of remaining connected with myself through my experiences. As much as I would

like to have it all cognitively sorted, there is something about life that demands us to experience

it instead, to *feel* it. When I first began this project, I anticipated encountering professionals who

knew themselves, their limitations and boundaries, and would engage with themselves and others

with grace and compassion at all times. I pictured what I now know as an idealized feminine

person, ultimately disconnected from the self and reality. As I engaged with the data analysis

process and realized the presence of both disconnection as well as connection in the voices of the

participants, I realized I had also been holding an ideal that disconnections would somehow

reduce or cease to exist eventually. I noticed myself at times becoming disheartened by this

reality, but also came to realize these were sources of growth and our own humanity. I have noticed even as I have been writing this paper that I still long to have the fullness of this phenomenon articulated in its completion, an impossible task that comes from messaging I received that imperfection means there is something wrong. These realizations not only speak to the impact research can have on the researcher but also the value and effectiveness of continual reflexivity through the use of journaling, engagement with the research team, as well as the member checks that were conducted after the initial data analysis process.

Through this journey I also realized that my desire to have things sorted out in a logical and cognitive way was also negating large parts of my feminine self. I have learned to embrace my femininity with celebration because of this study, and allow myself to feel impacted by those around me, and to likewise allow myself to impact them back. Like many of the participants in this study as well as my colleagues, I have grown up in a disconnected culture that seeks to obtain *power over* rather than cultivate *power with*, and I have begun to understand how these dynamics take shape within myself and my relationships because of this project. I find myself hearing and identifying the many voices within myself and my clients, as well as my friends and family members. I know that this project, my participants and the research findings, will stay with me as I journey forward and continue to become.

CHAPTER FOUR: RESULTS

This chapter provides an overview of the data analysis results using the listening guide to answer the question: How does the experienced female psychotherapist experience their development of voice? Participants' narratives will be presented which will include some of the more prominent voices found within their narratives. A more in-depth description of all of the voices will follow. Finally, researchers conducted a focus group at the end of the data analysis process which served as a member check as well as an additional source of data to further understand how relationship may impact the development of one's experience of voice. Results from the focus group analysis will conclude this chapter.

Participants' Narratives

The fourth and final step of the listening guide requires the researchers to return to the participants' transcripts and develop an integrated summary of the voices within each participant narrative. Because voice takes shape within relationship and is impacted by both the self and other, each of the aforementioned voices takes on a new and unique quality within each of the participants' stories. This final step allows each participant's story to be understood as a whole, as well as how each voice shows itself within each participant's narrative. Excerpts from the interviews as well as each participant's I Poems will be included, as well as an example of each participant's *connected therapist voice*, or integrated self as therapist, as identified by the research team.

Rose

Rose's story is a story of connection and discovery, and throughout her journey of development she seems to balance an openness to experience with a groundedness in herself.

Rose began her journey pursuing a career in film. When working on a project that involved filming with refugees, she experiences an awakening within her, realizing she wants to be able to help in a more personal and relational way. Her internal desire for relationship and authentic connection carries throughout her journey and helps her discern what is best for her, and when something may not fit for her anymore.

Upon graduating from her master's degree in social work Rose entered a period of time where she pursued a number of different positions within the social-work and counselling realm. She speaks with comfort and ease when describing her journey, which exhibits her own openness to experience, as well as to herself. Rose comes to discern for herself through her journey that healing and her sense of purpose come from being in connection and relationship with others, and that her connection to her own sense of self is key in her discernment. It becomes clear that Rose holds a view of who she should be as a therapist that is in line with her own sense of who she feels she is at her core. Rose describes this self as a genuinely caring person, and she begins to notice that it is when she loses touch with this genuine care for others, whether it be through experiencing unjust workplaces or being triggered by clients themselves, that she would need to place a boundary. It seems as though she would notice herself becoming a person she did not want to be and would view this as an indication that something about her environment did not fit for her.

Throughout her journey Rose took on a number of roles in diverse settings, and at each place would almost go through a cycle where she would begin with openness, then experience a kind of disruption that typically involved her workplace being incongruent with her own sense of core values, she would discern this, and then leave. It struck the researchers throughout this time that she did not seem to question herself in order to listen to what others thought or valued — in

a sense she remained very much grounded in what she believed and felt was right for her, exhibiting a level of self-trust.

For Rose, being herself in therapy means being able to express herself emotionally, with humour, and being grounded in her body. With this, Rose particularly struggles when she experiences disconnection or an inability to be "genuinely caring" for the other, and we can observe the push and pull she feels when encountering this within relationship in the following I Poem:

I do get blocked

I feel

I feel

I don't mesh with

I struggle

I kind of struggle

I want to be so genuine

I do struggle

I think

I can't just be

I can't have

I can't think

I didn't answer

I definitely have struggled

Her I Poem captures her deep intention and almost grasping for connection within this experience, and how it can impact her sense of self when she faces this disconnection and how

difficult it is for her. These experiences of disconnection informed not only where she works but also who she is, and her strong identification with genuine caring and its connection to her sense of purpose and meaning. In a sense this desire to be genuinely caring is also an expectation she has for herself in line with her duty as a therapist as well as a woman, and exhibits the integration between her personal self and her sense of self as a therapist. This desire to be genuinely caring of another person is what seems to have attracted her to this work, and she speaks with purpose and fulfillment, indicating a voice of connection, when speaking about authentic and genuine connections in therapy.

Rose describes her development as a therapist as a shift from seeking to have the answers ahead of time to an openness to what could be. She connects the experience of voice in this process explicitly as she describes feeling as though she had no idea what she was doing because she "[didn't] know what to say." She states, "where's my manual of what I say to people when they say something, and then what do I say?" As she has developed, she states that this experience of *not-knowing* has now become something she enjoys about her career choice. For Rose, the moments that have contributed to this shift are the moments when she realizes the clients bring just as much to the therapeutic encounter as she does, particularly noting a time when she first started as an intern and had to run a therapy group. She speaks with the voices of *self-questioning* and *self-denial* as she describes trying to develop a structured curriculum that would lay out the entire therapeutic process. These voices shift to voices of connection and ultimately *self-knowing* when she realizes the clients come in with their own work. She also notes she experiences more of herself in the therapeutic process when she is able to bring her own sense of humour and emotion into the therapy room.

Another experience that she notes contributed to her shift towards embracing her not-knowing was when she was invited to teach in the program she graduated from. She entered into this role hoping to provide her students with an experience she felt she missed, which she states involved informing them of all they need to know to enter into this work confident and grounded in their innate abilities. Instead, she realizes that she had known all along what her role as a therapist entailed and how to be a therapist, she just had not gone through the experiences that would contextualize that information. In some ways we see glimpses of how she was still holding onto the *disconnected therapist voice*, believing that she had to have something significant to contribute if she is going to sufficiently help her students. However, she realizes there is little she can change for them other than continuing to be a supportive supervisor and mentor, concluding that it just takes time and experience. Rose captures the experience of connecting with another person while holding her own distinct perspective, and thus *resolve* and *connected therapist voice*, within this supportive role when she speaks of her understanding of her role as a therapist:

> We are there to…be with a person on their journey…and learn who they are and see
> things from their point of view and be able to validate and have some unconditional
> positive regard, which I'm a big believer in for people. But then also at the same time,
> our job is to kind of do a shift back, to see a picture that maybe they're not seeing…so it's
> kind of this almost shifting back and forth of like I'm with you, but then I'm also having
> my own perspective that I want to share with you.

When Rose speaks of noticing injustices in the workplace as well as when she speaks of not getting paid as much as she would like, the voices of *self-questioning* and *agency* are present. Particularly in her hesitations around mentioning that she felt she was not paid enough and

decided instead to pursue private practice, Rose's voice sheds light on how female therapists may experience seeking adequate compensation and ultimately their own well-being as difficult, perhaps even taboo. For many of the participants, making the choice to switch to private practice was often described with a subtle voice of self-questioning, characterized by a kind of hesitancy that asks, "can I really do this?" or an *empowered* voice that confidently states "I did that," indicating it was a process to get to this point that may have involved the experience of self-questioning. Rose captures this experience explicitly when she speaks of her first client coming to meet with her in her private practice:

> She came and sat down and she started talking and I was like, 'oh my god, why is she talking to me? This is crazy [laughs]. Like, I couldn't believe it was working, you know what I mean? And so I was like, this is gonna work. How is this occurring?

Rose describes this period of time as a time of evolution, where she finds she can explore with more freedom the type of clientele she would like to focus on as well as the type of therapist she would like to be. When she speaks of this experience of evolution, she speaks with self-knowing and empowerment. Through her experience of freedom to explore on her own she learns what she is capable of, and states this has allowed her to help her clients more effectively. While Rose does not explicitly describe any particular relationships as impactful in shaping her sense of self and voice, it is clear that a value of relationship plays an implicitly powerful role throughout her narrative. As she experiences different work environments and work with clients, she connects these experiences to her own experiences of self, and uses them to clarify her voice. By remaining connected to her desired embodiment of self and removing herself from oppressive environments, she is able to become the therapist she desires to be.

Marie

As a child, Marie characterizes herself as a compassionate little girl, often feeling overwhelmed by her care for people she saw in need. Adults in her life, particularly her parents and aunt, helped foster this care in ways that Marie experienced as both validating and grounding, and she decided at a young age that helping people was her calling. Throughout her journey of growth she has learned that being overcome by emotion is at times the least helpful thing she can do, and now views her work as a therapist as a way to channel her compassion into something beneficial for others. In this way, her work as a therapist has provided her with a pathway to become more herself, grounded in an integrated wisdom, rather than emotion alone. Relationships with supervisors who encouraged her to try the ideas she came to them with have additionally helped her get to this place within herself. The voices involved in these experiences of encouragement and connection include empowerment, *growth-drive* and then a settling into self-knowing, characterized by self-acceptance, self-trust, and a connection to purpose. At the end of describing these interactions she states there is a part of her that is a "natural teacher," exhibiting how experiencing encouragement in one's curiosity and exploration can lead to a cultivated sense of self-trust and knowing.

Not all of her experiences have been so encouraging, however, as she recalls experiences with different supervisors that were also silencing. She describes an experience where she approached a supervisor with the idea to bring art therapy into her work with a client. When her supervisor responds with stating "that's not what we do," the disconnected therapist voice speaks characterized by a disconnection from the participant's internal experience and who she is as a person. She experienced this as silencing and thus self-questioning at this time, yet she notes she had the ability to remain grounded within herself and was able to notice how unhelpful this

response was for her. She integrates both her sense of *therapist duty* with her own voice of self-knowing (and humour) when she says, "I could see if I was like, yeah, you're going to strip naked in the office and jiggle, like of course I'm not going to do that."

Marie's development as a therapist seems to have been a process of connecting with herself and her own perspective coupled with an integration of ethical and rational perspectives. Through her I Poem we may discern how her sense of self may even at times feel at odds with her sense of therapist duty. She speaks with agency when she seems to almost advocate for her sense of self as a therapist, one that is human and connected to her own emotions and perspective, then ending with a caveat:

I may want

I wrote

I want

I have

I'm like

I want

I'm like

I have

I have to

I want to

I want to

I can't

I'm going to

I'm like

I still have to be professional of course

Self-knowing for Marie comes from a felt sense of herself and her values. She exhibits self-acceptance by accepting the things about herself with lightheartedness that may otherwise be held against her in a patriarchal society (i.e., when she describes herself as "a 5'3" White girl" with humour while working in the juvenile detention centre). Like Rose, she seems to express herself through her sense of humour and care, and feels most connected when these two aspects of herself are in place. Throughout our interview her humour peppers our conversation and beckons for closeness; she states that it is through humour that she feels she can get closer to people, breaking the ice and ultimately for her, being more human. She shows how an integration of her sense of self-knowing and connected therapist voice can at times seem counter to a more perfectionistic disconnected therapist voice when she reflects on the question of whether there have been moments where she feels she needs to wear a mask as a therapist.

> I think most of the time, it's not like that feeling of wearing a mask. I mean, there are
>
> times when I have to be more professional, right? And there's also times where I'm
>
> working with people that I'm going to do the best I can to help them, of course. But
>
> there's, there are just some people, and I think it's just how it is in life that you're really
>
> connected with. And you really have a strong rapport with, and then there are people
>
> who, I mean, I don't dislike them. I just, we don't have that connection. So I feel like, and
>
> that's usually like, um, it's kind of like, what you see is what you get.

Within this passage we can hear the hesitation and vulnerability she shows by voicing as a therapist the very human reality that there are some clients one connects with better than others. This exhibits how the self-acceptance of a therapist and her groundedness in self-knowing can exist in response to a more idealistic and ultimately oppressive disconnected therapist voice

that asks for perfection and unconditional positive regard seemingly at all times. The admission seems to be made with some hesitancy, but she also exhibits trust in my understanding, and ultimately in her own understanding, of what can truly be expected of her. This shows how her sense of self-knowing may at times be facilitated by self-acceptance, cultivated through experiences of both disconnection but also connection with others. In this way one can see how being connected even to our disconnected experiences is required in cultivating voice.

As Marie has worked with her clients she has encountered new areas of growth within herself. She describes how her work focused on women's empowerment has challenged herself as she went through a period of time when her partner was working through his own trauma. She realized in working with her clients that she was not herself living into what she wanted for them. She thus felt she needed to find her own voice in her relationship with her husband in order to feel more congruent as a therapist. This shift took time but ultimately resulted in her learning to set boundaries and express her needs in her own romantic relationship. Her experience provides insight into how a therapist's work with clients can result in the therapist's own personal self-development, leading to a deeper experience of congruence and ability to work more effectively with clients.

One important aspect of Marie's journey of development and becoming as a therapist is her spirituality, which she seems to introduce hesitantly towards the end of the interview. This part of her transcript is characterized by both the voice of self-questioning as well as the voice of self-knowing, indicating the presence of *embodied-knowing*, and has come up in multiple transcripts where the participant expressed a sense of knowing something for certain, though experiencing some difficulty in articulating how or why they know what they know. For Marie, this sense of embodied-knowing told her she was pursuing the career she was meant to do, and

while she was uncertain of what she would call this "higher power," she knows it is what tells

her she is fulfilling her purpose. She has learned to listen to this embodied-knowing throughout

her experiences as a therapist, using each experience to clarify it further.

Nomad

Nomad decided to pursue becoming a psychotherapist in her 40s after a career as a

United Church minister. Growing up, she describes school as her safe space, one where she felt

trusted and valued, and she excelled in this environment. This seemed to deeply contrast with her

experience of her home life, stating her teachers likely saw her "high functioning veneer" and

thus valued her external presentation of self rather than the self that might have existed

underneath. Upon entering into her graduate program she describes a very different academic

experience, one filled with tension and oppression where she received messages that she couldn't

be herself in multiple ways and felt that her supervisors expected her to fail. She decided to

switch program tracks midway through her education, with a greater focus on systemic (and thus

contextual) approach to therapy. This shift seemed to open up a means of connecting with herself

and her worldview more as a therapist, thus being one of the first significant steps towards

finding her voice as a therapist.

Upon graduation she entered into private practice, a move she describes as uncommon,

and was offered leadership positions both as a supervisor and as a board member, both of which

she describes as accidents. This speaks to the experience that many other participants had within

their development, of feeling almost like a passive participant in some of their achievements

along their developmental journey. Nomad's description of "accidentally" becoming a board

member or supervisor not only speaks to the experience of an encounter with one's purpose

through external forces, but also exhibits how one may be seen more clearly by others than they

may see themselves, particularly when having experienced chronic disconnection from others in

the past (Jordan, 2017).

Nomad's time supervising and teaching students, as well as her work with clients seem to

be the moments when she feels most connected to her sense of self as a therapist. The moments

where she describes feeling most disconnected from herself seem to be when she experiences

disconnection from other professionals in the field. She states she is sometimes viewed as a

"disruptor," and during this point in our conversation she owns the title of 'iconoclast' with

almost a sense of enjoyment. In many ways this identification is counter-cultural to the scripts for

both women and therapists, and Nomad reveals here how owning a counter-cultural title can be a

means of gaining agency. Throughout her interview this identification seems to also be the result

of experiences of feeling unseen, unheard, or misunderstood within relationship with other

therapists. Through identifying as an iconoclast she is in some ways connecting with those who

disconnected from her, but in a way that resists the negative connotations of this identity and

serves to empower herself. Her I Poem at this point of the interview shows her journey as a

person taking ownership of her role as a therapist. This journey seems to begin with a process of

checking in with herself as she experiences self-questioning and disconnection from others. In

response to these voices of disconnection we hear voices of resistance, specifically agency and

resolve:

I'm so used to

I've had

I was

I think

I'm feeling

I interpret

I don't

I was

I don't stick around

I mean

I

I'm not

I will

I can

I'm in

I'm part

I will

This sheds light on how she may be experiencing her sense of self as a therapist as a kind of uphill battle of claiming who she is when others do not understand her or when she doesn't seem to 'fit the mold.' With this, it is almost as though because Nomad has felt disconnected from other therapists, she herself is sometimes surprised by her own capabilities and successes as a therapist and leader in the field. For Nomad, this seems to lead her to depend often on a sense of her own embodied-knowing, revealing how disconnection from others can facilitate a sense of embodied-knowing when one is able to connect with themselves as an act of resistance through an acceptance of one's self-questioning. In describing an early experience as a supervisor, she describes being connected with herself but not knowing how exactly she was able to do this successfully, stating:

It was just one of those things where I heard, I got on the right vein with this therapist, this young supervisee who was very defensive, because she'd been really traumatized in supervision. I heard the right things, asked the right questions, avoided the wrong questions…and so we really kind of bonded.

Nomad describes feeling mistrusted and unseen as a therapist in her early years of development. With this as her foundation for becoming a therapist, it is understandable that the voice of resolve is present throughout significant pieces of Nomad's journey. While messages told her she shouldn't be doing the work that she is, whether it be that she was 'too disruptive' or 'too open' or 'too forward,' she digs in her heals and claims this identity for herself, regardless of what others may think about it. This type of claiming feels like a resistance to the dehumanization that many women face, which tries to dictate how they should behave or look. Nomad advocates for herself, declares a firm "no" to these messages, and claims for herself who she is going to be within this identity. With this, throughout the analysis the researchers were also struck by a voice of self-questioning that seemed to pepper her interview, and its role in her cultivation of self-knowing and voice. She cites the famous fable The Emperor's New Clothes as a parable for this process, stating:

I think when I do something and I, I think I often have had this experience of, "am I crazy? Is there something strange going on here?" And then when I finally say, "no! I'm not crazy, this is…" you know, so over my life, I've come to realize…it doesn't matter what people are telling you, that's what's actually happening.

The development of Nomad's voice therefore seems to have entailed a process where she first experiences self-questioning due to an experience of disconnection, and then a connection with herself through a voice of resistance, and then finally her own sense of self-knowing. In the

moments where she feels grounded in her experience and knowing, the self-questioning voice

takes on the quality of embodied-knowing, a sense of knowing she states has been with her since

childhood. She describes this as a sense of "awe" that she has had all her life, one that she felt

disconnected from during moments of oppression. We see her connected therapist voice

integrated with her embodied-knowing when she describes her work:

> Still there's pieces of it, every now and then I'll sort of pull up and go, 'so what was that
>
> about?' You know?…And I, I've never not valued that, but I think that I….and I've
>
> always believed it was fundamental and foundational to being a good therapist was that,
>
> you know, you need to get so that you're kind of fearless in looking at stuff. And you're
>
> never fearless, right?…and I, I don't kind of know where that came from.

Attuning to herself and checking in with herself seems to have been the way she, like

many others, establishes a grounded sense of who she is and what she knows, rather than

listening to others as an authority. Nomad's I Poem captures how her internal growth drive is

embedded into this experience of connection with one's self, and the interactive relationship

between one's own intrinsic motivation for becoming and encounter with the world:

> I'm
>
> I'm digging
>
> > stretching
> >
> > reaching
>
> I'm inviting

Nomad's experience of development, like others whose stories will follow, sheds light on

the disconnection and rejection that can be felt upon entering into the field of psychotherapy if

they do not feel they fit who they 'should' be in order to succeed in this work. When describing a

group experience in her program, Nomad touches on some of the qualities she feels therapists are expected to not have, such as frankness and criticism, and how she experienced them as silencing. For Nomad, claiming her identity as a therapist very much felt like a desire for influence and control in her own life, and a determination to become who she believes she is and should be. Through sticking by herself and her own sense of what is right and wrong, Nomad also shares that she was able to connect to other therapists and colleagues who share similar perspectives. This sheds light on how she may have felt the institutions around her had too much power and control in her life, and how relationship has helped foster her sense of self through both connection and disconnection. Her positive connections with colleagues as well as her relationships with clients and supervisees reinforce for her what she's doing and why, and help foster a feeling of congruence in her embodied sense of knowing that she has had since she was young.

Bronwyn

Bronwyn knew from a young age she wanted to be a therapist and pursued the education for it directly after graduating high school. Unlike Nomad, she was encouraged by supervisors and professors from the beginning, having an experience while working in a crisis centre in high school where she was told that her sessions were the best of anyone's. These experiences helped facilitate a strong sense of self-trust as a therapist in Bronwyn when experiencing adversity and conflict. Throughout her journey, she recalls moments where clients did not appreciate her delivery or the things she has said in session, but she seems to always come back to herself knowing that she was doing the best she could. Like Nomad, her experiences seem shaped by experiences of disconnection and resolve as much as they have been by experiences of connection. For Bronwyn, her voice of resolve seems grounded in a deeply held understanding

that she cannot control how others view her, and that she can only control who she is and how she presents herself.

Like other participants in this study, learning more about particular therapeutic modalities has provided an additional way that Bronwyn has embodied her own personal self as a therapist, resonating in particular with dialectical behavioural therapy. She felt that the use of skills like irreverence gave her permission to use her own sense of humour and personality in the therapeutic relationship, and the practical application of skills resonated with her desire to provide clients with practical tools to walk away from session with. Even when she is questioned by colleagues, she trusts herself and her judgment, knowing she can use her skills effectively and appropriately. This seems in part possibly due to the models she had growing up in her father and mother. She cites the type of family she grew up in as an influence in her secure sense of self, as she states she did not want to change her last name when she got married because "when you have a good last name, you don't change it!"

Relationships have played a significant role in Bronwyn's development, though when it comes to professional relationships she describes experiences of disconnection more than ones of connection. Bronwyn describes herself as outspoken and unafraid of confrontation, and she prides herself on her abilities to own herself and her actions, pushing others to do the same. As she describes a time when a supervisor tells her that others on the team felt she was "overbearing," she begins the narrative with almost a sense of hesitation and self-questioning. However, a voice of agency speaks as she advocates for herself:

> I had a team leader…who told me one time that I was overbearing. And I [asked for some examples]. And he had no examples to give and he's just like "oh, just the team feels that way." And I said, "then who on the team has shared this with you?" [He replied,] "well,

no one really, it's just a feeling." And I was like, "exactly. You find me overbearing

because I'm smart and I'm articulate…And so I may be overwhelming to you, but that's

not overbearing."

Here she speaks out against narratives of how women should behave in order to belong

and remain connected, as well as speaking out against the disconnection that is happening for her

in real time. She seems to state with this example that she will not change for others in order to

be accepted, particularly if it comes at the cost of who she believes she is at her core. With this,

the sense that others are not following suit and owning themselves the way she strives to seems

to result in an experience of disconnection from others which leads to her voice of resolve, of

striving for her vision of the therapist regardless of what others are willing to do. She connects

this a couple times throughout the interview to a desire to see the profession have a good

reputation. As she relays experiences of speaking out against prejudice and racism, as well as her

relationship with her family, it seems that this desire for a good reputation for her profession is

grounded in a deeply-seated sense her family's values of altruism and volunteerism, a source of

connection and identity for Bronwyn.

Bronwyn places much emphasis and value on both the therapist's responsibility to live up

to the code of ethics, as well as their responsibility to own themselves. She speaks critically of

other therapists when she hears of them practicing beyond their capabilities or promising

therapeutic outcomes that are impossible to promise, tying this back to her value of integrity in

the profession and its reputation. With this, a sense of Bronwyn's idealism comes through as well

as resolve. She upholds high standards for herself as she self-identifies as a perfectionist, and the

voice of resolve seems to be present throughout her transcript as she speaks of colleagues she has

encountered behaving unprofessionally. The voice of resolve indicates feelings of disconnection

she may experience from others in the field, a disconnection which results in her connecting

more with her own sense of self and values. Her I-Poem captures the tension she feels when

hearing of unethical behaviours within the profession she loves and belongs to, and how this may

result in experiences of self-questioning, disappointment, and thus disconnection:

> I mean
>
> > who I am
>
> I think
>
> I'm so mindful of not wanting to obviously have a bad reputation
>
> I think
>
> > We're the face for it
>
> I guess
>
> I hear things that go in the face of that
>
> I always find that quite concerning

As a voice of self-questioning makes a brief appearance when she feels confronted with

these realities of the profession, another voice of connection characterized by acceptance and

compassion speaks up, as if to console her feelings of disconnection with other therapists. This

voice is brief and she quickly grounds herself in her high standards again, gently criticizing

others in the profession:

> I mean
>
> I guess another thing
>
> I guess upholding
>
> > we're all flawed humans just trying to do our best everyday too
>
> I just always find it quite comical

I think is really important

When asked if she could think of an experience where she did not trust her judgment or had made a mistake, she speaks of an incident early on in her career when a parent became upset when Bronwyn told their adolescent child that they didn't need to see her for therapy if they didn't feel she was a good fit for them. After receiving an upset voicemail from this parent, Bronwyn began to fear for her reputation and her connection with other clients. The voices of disconnection from others and self-questioning at this point in her transcript eventually shift to resolve and self-knowing, as well as her own connected therapist voice:

> We all know that the relationship is the greatest predictor of change, no matter what skill
> and tools I use. And no matter how many letters I have after my name….Even though
> [they] interpreted it as a really big mistake on my part, I didn't feel the same….I also
> realized then that, you know, people are gonna want me to say and do lots of things in
> therapy that aren't going to work for me…because that's not who I am, you know?

This highlights perhaps the necessity of resolve and thus differentiation at times in the role of the therapist. Therapists and counsellors are specialized in areas the public is often not privy to, and at times our work requires us to trust this knowledge over the judgments or preferences of others. Bronwyn recognizes the need for owning and trusting herself, because it is what she feels called to do in order to be the therapist she feels called to be. She additionally finds purpose in this role, and states she values being a person that others come to for help and assistance. This is something she notes is true in both her clients and in her personal relationships, something she describes as a sign of her own sense of congruence of voice.

With her views of who a therapist should be, throughout Bronwyn's transcript there appears a tension between her desire to hold high standards of practice while also grounding

herself in the truth that we are all human and capable of mistakes. One member of the research

team spoke of feeling "pushed and pulled" by Bronwyn, which seems to accurately describe this

tension that Bronwyn seems to exist within. This additionally speaks to her value of engaging

with dialectics and is perhaps an example of her living this value out. On one hand, Bronwyn

speaks very openly regarding the destructive nature placing professionals on pedestals creates,

stating "they are humans too." Yet she speaks passionately about the 'higher standard' to which

therapists should be held, speaking critically of the profession and others who she views as

working out of turn. Her criticism at its core seems grounded in a deep passion for social justice

and an ethic of care, seeds that were sown when she was a child with her parents' continual

commitment to volunteerism. She seems to resonate deeply with the ideals outlined in her

profession's ethics codes, explicitly speaking of her genuine value of integrity and the practice of

non-judgment. Like many of the other participants, she speaks of feeling encouraged by

supervisors who saw her potential, yet she is also similar to Nomad in experiencing

disconnection from others in the profession to which she belongs. She did not describe

colleagues in her workplace as significant sources of connection for her, instead finding deep

connection and purpose from experiences with clients, friendships, and the identity she was

given through family. She mentions a couple times that she is "lucky" to have the personality she

has, and she uses this privilege and her voice to advocate for what she believes is just: providing

clients with the best quality of care and maintaining therapists' standards of practice.

It is worth noting that Bronwyn was one of the few participants who did not identify with

the concept of being embodied, or viewing her body as a source of knowledge. Rather than

embodied-knowing, Bronwyn resonated with the concept of an intuitive-knowing that she

identified as being more in her mind. Indeed, the voice of embodied-knowing did not come up in

Bronwyn's transcript, and her growth-drive seemed characterized more by voices of disconnection and resistance rather than connection. She also resonated with traditional values of psychotherapy such as objectivity, while other participants spoke more of authenticity and cultivating wholeness. In this way within this sample, Bronwyn at times felt more disconnected than other participants. This could speak to the impact the values that the research team and myself carry throughout the data analysis process, as well as the rest of the participants. Bronwyn's experiences provide valuable insight into the experience of congruence as a woman, how it may be experienced as either connected or disconnected by others, and the relational quality congruence and presence truly has. Bronwyn's voice ultimately runs counter to the narrative that connectivity and relational being are inherently female traits, and reveals how women may cultivate voice that they experience as authentic through disconnection as well as connection.

Chelsea

Chelsea pursued a career as a pastor with a heart for troubled youth but quickly realized finding a job would be difficult in the middle of a recession. With some unexpected time on her hands she decided to enrol in some counselling courses in order to contribute to her overall experience and resumé. During this time she realized parts of herself she had never known before, and that she actually could love school and work in a deeper way than she had ever known. These experiences paired with affirmation from her professors and supervisors additionally instilled within her a sense that counselling is what she was meant to do with her life. She feels in the last four or five years she has really begun to explore and understand what it means to be a therapist as herself.

At the beginning of her education and training, Chelsea remembers feeling as though she couldn't be herself as a therapist, receiving messages from professors she respects to this day that she must "sit still" in order to be a therapist, having a presence that did not come naturally to her as a person with ADHD. Additionally, she remembers feeling extremely out of place in her master's program, training to be a marriage and family therapist as a person "without a family." She had no marriage or children, and was significantly younger than many people in her cohort. These aspects of her experience left her questioning her capabilities as a therapist and also framed the therapist as someone who should have personal life experience that would be considered beneficial to their clients. Many of the messages Chelsea felt confronted with in her early years of development reiterated a narrative that other participants spoke to, that a therapist must have answers to the problems their clients face, and have significant life experience. Chelsea was often questioned about her age when starting her career, and while she states her age became a strength as she was not perceived as threatening to clients, this also caused her to question herself. In her I Poem during this stage in her development we can feel this sense of self-questioning and disconnection from herself and others:

I'm a marriage and family therapist

I'm not married

I don't have

I felt

I don't fit

I'm like

I'm out of place

I'm the only one

I was

I'm not married

I don't have

I don't have

I don't have kids

Her voices quickly change to voices of empowerment and self-knowing when she

realizes that her youth could be a good thing in her work, and when she receives encouragement

from her supervisors in this new role:

I saw

I was

I was

I was always

I was

I was always

I was

I was

I oversaw

I was

I always

I needed

I was always

I get

I maybe

I think

I feel comfortable to be me

A theme that jumps out in Chelsea's experience, particularly early in her development, is the importance of having diverse representation in the classroom of who a therapist can be, and what therapy can look like. A memory that sticks out to Chelsea as one that shaped her was being shown a video of a therapist playing frisbee with a youth client. This struck her as the first time she saw herself in someone else doing therapy. She was inspired particularly because this example was one that was considered good: For the first time she learned it could be good for her to be herself. She speaks in the voices of empowerment and connection as she describes a time this message was reiterated to her by a supervisor who told her that she was a better therapist when she was herself. For her, this resulted in a shift away from believing the "black-and-white thinking" she felt she had in the beginning of her training towards more openness and self-acceptance. This message has stayed with her as she has practiced throughout the years. She brings this attitude into her work as a supervisor now with students learning for themselves who they are as therapists, providing them with opportunities to explore for themselves what good therapy looks and feels like.

Chelsea also spoke to the issue of oppressive workspaces and their impact both on herself as well as on clients. She worked in an agency for 10 years, during which she often felt silenced, dismissed, and negated as a person. Here the disconnected therapist voice informed her that the only things that mattered in her work were whether she executed a skill correctly, how large a caseload she was able to carry, and that her sense of self not take up any space, in any room. This was particularly difficult due to the highly demanding nature of her work, carrying a large caseload of at-risk clients, many of whom dealt with suicidal ideation. Chelsea recalls the second

time one of her clients died by suicide. She started crying in the room with her supervisor, and

her supervisor ignored this response and instead changed the topic of conversation. The voices of

disconnection from others and self-denial are present as she speaks of how this impacted her.

Chelsea additionally experienced a number of incidences in this worksite that were not only

silencing for her, but exploitative of clients and their trauma, and she eventually realized that

who she was as a person and a therapist was at stake if she were to remain in this environment

any longer.

When asked what she felt contributed to the type of work environment that was

experienced as silencing and oppressive, Chelsea does not hesitate and speaks from a grounded

place of self-knowing when she states "people were burnt out." Her own sense of knowing what

is right and just as well as what is needed to remain a human in the therapist profession is strong

as she elaborates on her experiences of feeling unsupported, gaslit, and questioned when

expressing a need for help in this work environment. Her I Poem during these experiences

highlights her feelings of disconnection from both the self and other, as well as self-questioning

during this time. Believing that what she was doing was not enough for her clients, and that she

needed to become a different person in order to stay in this work environment to serve clients she

genuinely loved, she states, "I changed."

I'm like

I'm sitting

I'm hurting

I'm asking

I start to cry

I changed

These voices of disconnection and self-questioning transform into connection, agency and self-knowing when she describes the collegial support she had outside of this work environment, as well as having the opportunity to work under a different supervisor. These experiences eventually empowered her to listen to her own sense of internal knowing enough to speak up for herself and leave. After leaving for a time, she attempted to come back in order to change what she had seen as very wrong and unsustainable, but she only lasted a month and discerned for herself that she needed to place her own needs at the fore in order to survive and maintain her sense of self as a therapist. Her I Poem during this time in the interview allows us to get a sense of the closeness to her own lived experience she is able to have after making this decision:

I spent 10 years

I just

I couldn't be me

I had after

I started to cry

I actually think

I think

I don't think

I live

I actually feel

I get to be

Through these connections and support from her colleagues she realizes she is not alone, and not only is she allowed to feel, she actually could be herself. She started working in a college

providing counselling and supervision, and had a supervisor who she felt allowed her to be herself. When asked what it was that this supervisor did that helped her feel safe to become herself as a therapist, Chelsea describes an attuned other, one who cried when she cried, and one who was interested in Chelsea as a person and her experiences in the room with her clients. She has also been able to integrate much of what she had experienced in her old workplace into a voice of advocacy, and identifies embodying client care in a new way. Through witnessing and personally experiencing for herself systemic oppression, paired with experiences of connection and empowerment afterwards, this new voice of agency and advocacy takes shape in her narrative as she speaks against systems' abuses of power. This provides insight into the experience Belenky et al. (1986/1997) describe of women finding their own sense of voice after experiencing oppression paired with experiences of connection. While her experience in this work environment was deeply painful, oppressive and dehumanizing, Chelsea has been able to integrate these experiences into her own sense of knowing as a therapist and as a person through safe and emotionally-attuned relationships:

> 'Cause I think…we should talk about ethics all the time. Like, hypothetical or not, let's talk about those things and learn what it means to like actually consult and look at your code and all of those things…like I give space at the beginning to be like…How are you doing? Like, especially in COVID like, how are you and your family managing this? Like giving some space to like say, you know what…I'm missing my grandma….And just like acknowledging that, that we bring ourselves into the room….whether you acknowledge it or not. So how are you gonna work with that? Right? And like, maybe we should just embrace it and it's there.

Kate

Kate grew up in a household where she was encouraged to discover and explore different parts of herself, which allowed her to embrace early on the complexity of what it means to be human. She first pursued a degree in business but while working with students in a learning-abroad program she was encouraged to pursue counselling instead. She had no framework for this career path and decided to take a few psychology courses, subsequently falling in love with the coursework. A professor then suggested she pursue a master's degree at a nearby Christian college. Kate at first fought this idea, being drawn to more prestigious institutions, but identified that bringing her faith into her development as a therapist was important for her. For Kate, this program allowed her to explore who she could be as a therapist through the diverse instructors that were on faculty, who she feels allowed her to understand on a deeper level God's love for her and what it means to be a person as a therapist. She identifies that not only was it the instructor's ethnicity, gender, and approach to therapy that was diverse but also their presence as their full human selves in the classroom.

This value of seeing the "full range of humanness" seems to follow and shape Kate intimately in how she relates with herself as well as with others. She tracks experiences of disconnection with others as attributable to seeing a lack of "humanness" in them, which she further clarifies as being a full range of emotional expression, and an ability to be honest in one's experiences. This has also taken shape in her relationship with herself through understanding her personality type in a deeper level. Through engaging with various personality and self-development tools, she felt confronted with parts of herself that have caused her shame in the past, and remembers silencing herself during this time. She experienced significant self-questioning as she no longer trusted her motivations for her behaviours or opportunities she took.

In this we can see how in some ways, self-questioning can be done from a place of knowing within a person, as Kate discerns if who she is is truly who she wants to be. Still, in her I-poem during this time we can get the sense of how silencing and truly paralyzing this experience was for her, and how every action is followed by a voice of self-questioning.

I stopped speaking

I stopped

I stopped

I didn't trust myself

I was like

I don't know

I'm doing this

I don't know

I'm doing this

I don't know

I could be doing

We see her shift towards reassurance as a voice of agency tries to speak up, as though to advocate for herself. The voices of self-questioning and self-advocacy dialogue back and forth as she struggles with this identity crisis. Later we see her come to a place of self-knowing characterized by wisdom and self-compassion, being grounded in her sense of self through coming back to the simplest form of the self: the "I."

I like

I know

I have

I was like

I ca-

I don't want to

I did

I was like

I

I

I know a bit more

I feel

I was doing

I know

I didn't like

I didn't

I had been

I didn't like

I now looking back

I couldn't have

I had to present

I knew

Research has additionally played a formative role in Kate's development of self, and like

many other women in this study, she notes that the research and theory she found most influential

was the research that also felt true to her own experiences. While speaking about a time when

she was hired to teach in her program, she recalls going through a period of significant self-

questioning, calling herself a "huge imposter" and deciding to read as much as she could on

teaching adults. At this time she was also started to conduct her own research on shame, and read

about the necessity of safety for adults to learn. She connects this to her own personal

experience, stating the following:

> That felt so true to me. Like if I don't feel safe because if…if you're afraid to say you
>
> don't know something or you don't, if you're afraid to look stupid…to look and feel
>
> vulnerable, you can't experience things that will help you develop, and then you can't
>
> learn.

She makes explicit the role her own experiences in relationship have had on her own

ability of cultivating safety. Relationships where she felt safe were also ones where she could

experience their full range of humaneness that she spoke of before, as well as ones in which she

felt as though she did not need to "have it all together." This seems in response to a patriarchal

narrative that women and therapists both must be an expert in order to have a voice, and that the

experience of not-knowing discredits one's value or worth. Here, Kate instead speaks to the

contrasting message that experiences of vulnerability and self-questioning within safe

relationship can lead to growth and greater competence. This speaks to RCT's proposal of how

safety in relationship can allow a person become more fully themselves, and how this can serve

as an act of resistance to societal norms and images we have of both women and therapists.

Kate's interview allows us to understand how our relationships with others and others'

perspectives of us can both negatively and positively impact our experience with our core sense

of self, particularly as women who are high achievers. Developing self-trust has been a journey

for Kate as it was for many participants. When asked if there were any experiences she can point

to that have really helped her develop self-trust, she speaks of a moment when a colleague

accused her of something she knew she didn't do. During this experience of disconnection she

speaks in the voices of self-questioning and self-denial as she recalls experiencing an embodied

threat response, feeling herself going into a state of panic and self-questioning. During this time

she also recalls coaching herself through the experience, a voice of agency seemingly connected

to an idealized view of who she feels she needs to be: "I'm going to take the high road. I'm

going to Michelle Obama this. I'm going to be…take the high road."

Layers of disconnection, self-questioning, as well as connection, agency, and an idealized

voice of self-denial come through in this moment, resulting in a chorus of voices in moments of

disconnection and shame. She notes how she also experienced this time as an experience of

disembodiment, feeling overwhelmed on a physical level. In hindsight she is able to identify that

while what this colleague said was in fact not true, it seemed to touch on a fear she had within

her that part of it was true. It is almost as though she felt that this woman truly was seeing

something in her that nobody else but her had seen, which caused a disruption in her sense of self

and embodied-knowing. Her husband and close friends were constant sources of support in this

moment, providing their voices in conflict with these voice of disconnection, and Kate was also

able to identify her own relationship with herself as a valuable resource at this time. She reflects

that this experience deeply shaped her trust in herself because she survived it through relying on

her own voice and the voices of those she trusts. In the darkest moments of this experience she

viewed this woman's view of her as evidence that she should not be a leader, and not be brave

and vulnerable. She comes out of this experience with a renewed sense of trust in herself because

she survived and therefore is "fireproof."

As Kate comes to accept the various parts of herself through embodied experiences in

relationship, she seeks to provide her clients with similar experiences. She values the complexity

of being human and rejects the notion that a therapist should behave a certain way. She speaks against other therapist's fears of causing damage to clients by bringing themselves into the room, thus speaking against the idea that the therapist should be a blank slate and therefore not be a person. She listens to her body when in therapy and emphasizes the importance of modelling self-attunement and self-care to clients rather than disconnecting from herself, dismissing the disconnected therapist voice that states being for the other means forsaking the self:

> I'm…still 100% telehealth right now…I've told my clients that even in the middle of a session all day, I gotta stand and I'll just pick up my laptop and I'll stand instead of what I used to do was go like [to myself], okay man, hey, you can make it 20 more minutes and then you can move. But instead of ignoring my body and again, dissociating in a way like, "just power through" I'll just be like, no, there's no reason why I can't just get up now and move. And every time I do something like that…I think it underlines respect and compassion. Self-respect and self-compassion. That every time I do something that small it's like saying to myself, no, you have worth and value to do this small thing for yourself. Which means that every time I didn't or every time I don't, it means the opposite message, 'ignore yourself, forsake yourself for the sake of the person…I can do both things.

With this, she notes the importance of mistakes along the developmental pathway of the therapist, and of normalizing mistakes within therapist's professional relationships, because, as Lily notes, "if you aren't making mistakes you aren't taking risks." Kate ties this to therapist duty stating that by playing it safe out of a fear of making mistakes, the therapist likely isn't going deep enough with their clients either. This points out a tension that new therapists and experienced therapists alike navigate that Evan also speaks to dealing with in the present, the

continual discerning question of, "is being authentic in this moment going to serve my client, or only me?" Kate reflects on how our ethics codes in North America place primary emphasis on the duty to do no harm, and yet this duty may turn into a double edged sword when combined with the moral narrative that women harm others when they connect with and care for the self (Gilligan, 1982/2003). These two narratives arguably result in what Kate speaks of when supervisees come to her and state that they feel ineffective and that they aren't going deep enough with their clients. Kate responds, "yeah. It's because you're not….you need to learn how to handle mistakes…this is happening all the time, people just aren't talking about it. No one's a perfect counsellor. That's not a thing." Kate's own relationship with herself and her feelings of shame have helped ground her in prioritizing what she knows to be best for clients: real, authentic connection and an embracing of our full humanness.

Molly

Molly decided she would be a therapist shortly after graduating high school and pursued the education with her eyes set of private practice. After graduating she worked with a number of clinical groups but primarily had her own practice within these collectives. At the beginning she felt she wanted to do more than just listen; she felt pulled to help and support people in what they are struggling with in deeper ways. Like many others in this study, trainings and theory that were most influential for Molly were ones that were congruent with her own experiences of herself and the world. Trainings that particularly stuck with her seemed to coincide greatly with who she is as a visual and embodied person, and were ones that she experienced as nonjudgmental and non-pathologizing. These trainings helped her relate to herself in a different, more accepting way, particularly because they integrated the body into therapeutic practice. She feels she has always had a sense of knowing right and wrong within her from a young age. Similarly for other

participants, this embodied-knowing seems to have an elusive quality to it, but has stayed with her throughout her life. Molly identifies that it is through relationships she has been able to more fully embrace and know her own sense of voice, and understand more in-depth what it means to be vulnerable and authentic. Molly brings her intuitive knowing into her work as a therapist to ground herself now, and uses it to help discern the right moves for her and her clients.

For Molly, a significant aspect of her becoming was influenced by relationships that showed her she did not need to merge with them in order to remain in relationship. Molly learns to attune to her own sense of voice and knowing through relationships even when it is difficult and when it involves disappointing people. She speaks to the experience women have of denying themselves in relationship for the sake of remaining connected, and how when she experienced a friend doing the opposite of this, it was actually empowering for her. Observing others voicing their needs and prioritizing them empowered Molly to do the same as she realizes that people can be different but still remain in relationship. This voice of connected differentiation was prominent and distinctive in Molly's transcript, and Molly was only one of two women who spoke explicitly to this experience, though it is likely to have been experienced by many others. These relationships helped her explore for herself who she is and her own sense of knowing. Molly describes an example of this in her relationship with her best friend in graduate school where she asked for her help with something, and her friend responded apologetically, stating that she actually couldn't help. Rather than feeling hurt by this denial of help, Molly felt inspired and empowered through it, as she states:

> I was like, 'what? That's amazing!' Because I don't want to put that on you if you're not
> in a place that you can handle it, right? And then my expectations are that you're going to

handle it…. I think the first time that I felt like, like a person, a friend like responded so

vulnerably and honest and, to me, it was just wonderful

She describes a similar experience with her husband where they realized they held

different religious beliefs early on in their marriage. She remembers going to a therapist and

realizing that this disconnection from him did not mean disconnection from the relationship

altogether. The traditional heteronormative marriage script of "two become one" (thus partners

should merge together) was no longer actually true or sustainable for them, and in fact their

relationship could be strong enough to embrace these differences. This realization empowered

Molly further into being her own person and knowing she can have her own feelings without it

damaging her relationship with her partner. In Molly's I Poem the voices of empowerment and

agency take shape as she realizes this, and lead to her to her own sense of self-knowing:

I was able to

I probably had

I'm okay over here

I can

I

I spoke

I had my own

I get it

I'm allowed to be angry

I can have

I would have

I yelled

I was talking

I found

I said

I was not

I knew

Despite the voice of connected differentiation only being explicitly spoken to within two participants' narratives, the impact of this voice was significant for us to note and perhaps could serve as a catalyst for further investigation in women's relationships. For Molly, these moments lead her closer to herself. This also seemed to empower Molly to make the choice of when to connect and share parts of herself, and when it was not necessary or helpful. There were moments in our interview where it was clear Molly had not expressed certain parts of herself to loved ones (i.e., when she states "if I told [my parents] what I believe now…"), yet she feels grounded in this choice and it is very much a choice for her, rather than done out of necessity in order to maintain connection. We see this play out in her role as a therapist when Molly speaks of her experiences sitting with clients while also attuning to herself:

> I can clearly remember there is a situation…a client was coming in with a particular piece
> and I could have taken it personally because I was experiencing my own stuff that could
> be related to that…I very clearly remember having this little part in the back of my head
> and it was, it was just going off. It was having its own little party back there and just
> yelling and screaming. But I could notice it so I can still, I've learnt how to sit with a
> client but also notice that I have that part that's not helpful for the session, and I can deal
> with that part when I get out of the session…I can do what I need to do to connect with it.

Molly is connected with herself enough to know her limits and know what she can handle, and she knows she can follow through with what she needs for herself as well. Her self-trust is a key component in how she practices and works with clients even in her discernment of who she should take on as a client. She speaks against the disconnected therapist voice that many new therapists internalize, placing pressure on them to "take on everyone." Through her experiences she feels she has come to a place where she no longer feels that pressure, and instead uses this as an opportunity to connect with herself and use her embodied-knowing to help her discern for herself who is a good fit for her. She integrates this with her own value for client care, stating in her own connected therapist voice:

> If a client knew that I was finding it difficult, or I didn't really want to be there, that's not really great client care. At least I wouldn't want my therapist thinking that about me…and I do try to have a phone conversation or at least an email with potential clients just to see how I feel about [it], 'cause there's some times someone called and I'm like, 'oh, there's something here that just doesn't feel quite right for me'….and sometimes I don't always know, but I can speak to it. Like I can say I have this feeling, but I don't know what that feeling is, but at least I'm verbalizing that.

Additionally, negative experiences with supervisors were also a source of learning and development for Molly in finding her own sense of voice. She describes experiences where supervisors pushed her to ignore her own boundaries and limitations, both in relational and physical ways, as ones that were disruptive and potentially silencing. With this, she identifies that these experiences also prompted her to attune to her own sense of voice in the role of the therapist and discern what was actually right for her. She describes leaning on her husband at these times as well, bringing him into her experience and involving him in her decision-making.

She identified that his support for her and her actions was especially beneficial as he could

provide a perspective that could be more objective due to its disconnection from the

circumstances, providing insight into how being connected to people outside of the profession is

beneficial to therapist holistic self-care (Posluns & Gall, 2020).

Evan

Evan started off as an undergraduate student uncertain of what her direction would be,

but as she moved through her education it seemed to ignite a confirmation within her that

counselling psychology was the path for her. She was always fascinated by how things worked

and the process of counselling in general, and centred her research on this process. She was

provided opportunities early on to teach and run undergraduate and graduate programs, which

she states further contributed to her feeling of congruence as a therapist. She prioritizes openness

and congruence in her work which allows for her to bring her authentic self into the therapy

room, making it clear from the beginning that the client is empowered to let her know if there is

something she does that has a negative impact on them. She learned early on that to do therapy

the way she desired to, she needed to be attuning to herself and her own internal and embodied

messages, grounding herself in the belief that we cannot fully understand and overcome a

problem until it is experienced in the body. She brings this emphasis on the body into her work

as a therapist, taking a more process-oriented approach and viewing an authentic and caring

relationship between client and therapist as the tool for change in therapy. She describes this as a

process of making the implicit explicit, stating:

> The experience I'm having with you in this moment and bringing that forward and
>
> finding out how that works, right? Seeing the responses and having so much feedback. So

many times when I do that, it's helpful when I do that, it's effective when I do that, something moves forward.

Her own experiences as a client shape and contribute to her ability to be congruent in therapy, as well as feedback from supervisors that left her confident but challenged. Feedback in relationship in general plays a significant role in how Evan learns and grows, including learning how she is viewed by others and experienced by her clients. With her process-oriented approach she notes the importance of recognizing that she is a self, she is in the room, and she is impacted by her clients just as she impacts them. Her openness and value of the therapeutic relationship requires her to be vulnerable and open to feedback, and thus she notes the courage this takes. She admits even currently that gaining this courage is a process, but she states that doing this over time has only lead to further congruence and "feel[ing] harmonious inside." Through this mechanism she is able to bring her whole self into the therapy room, normalizing having internal experiences with clients and thus reducing shame clients may have about being human. Evan's voices of growth-drive and self-knowing integrate with her sense of self as a therapist when she speaks of this:

> I guess I've learned that from being a client too…I'm always wanting to pay a lot of
> attention. So it's always attending to the response, attending to what comes back from
> that. And I guess maybe that matches with what I said about reinforcement because…I'm
> looking at, okay, I'll put that out. What's the response? Verbally, non-verbally like the
> whole response, you know? And then also it's a lot of modelling, right? Like we're
> allowed to have an internal experience. We're allowed to notice that, we're allowed to be
> met as part of a conversation, you're allowed to impact me. It's really important that you

see that you impact me. I'm a human, you're a human…you need to see that you impact

me.

Evan connects this with an experience she had where she asked at the end of a session, as

she does every session, what was helpful and what was unhelpful for the client, and the client

stated they noticed that she tried to hide two yawns during the session. While this practice in

therapy leaves her vulnerable to what others may view as criticism, she understands that this

client needs to know that they are not boring her, that they have an influence on her, and that this

is an important aspect of therapy and of being a person in relationship.

Evan describes her professional journey as consisting of experiences where she was

"pulled," "gravitated toward," and also a process of "seeking out." Evan engages with the world

and the people who surround her while seeking to maintain a sense of openness in order to

continue her process of becoming. The process of her attuning to her own self-knowing in

therapy is a complex process of checking in with herself, discerning what may be true and good,

acting on it, and analyzing how it is received and the feedback she receives from others. Along

the way she remains self-aware and checks in with trusted colleagues for consultation. We see

this process unfold in her I Poem as she oscillates between the voices of self-questioning and

self-knowing as she discerns for herself who she is and can provide.

I think

I will say

I was working with

I said, well

I said, well

I said

I don't know

I do know

I do

I can't promise

I won't have

I have

I don't know

I guess

I mean

I went back

I wouldn't have

I would have

How do I be?

Evan's growth therefore comes from her deep engagement with her experiences, both internally and externally. This reciprocal relationship with her sense of purpose and process of becoming could be understood as an act of resistance from the notion that Kate and others spoke of, that we must "have it all figured out." She disregards many of the messages North Americans are bombarded with that place emphasis on the person as a separate entity that should know where they stand at all times. Instead, she embraces the truth that we are perpetually seen and shaped by others, just as we have the ability to see and shape others. She humbly notes that what is true for her may not be true for others, but she knows herself and trusts that if someone provides her with feedback that conflicts with her view of herself, she will eventually come to know what is true in time, through connection. She grounds herself in her embodied experience

first and foremost, as this is how she has found she not only can be most effective, but also live

most fully. Evan speaks of her passion and interest in exploring existential ideas but notes that

thinking through these big questions never produced the answers she wanted. Instead, coming

back to her body and her own embodied experiences have been most fruitful for her, grounded in

how she feels pulled to live. We hear her openness to herself and her journey over time in her I

Poem:

> I think for me
>
> I can go
>
> I can be hurt or be sad
>
>> Whatever I am
>
> I noticed over time
>
> I increased my capacity
>
> I think that's reinforcing
>
> I
>
> I think it's still happening

She seems to view all feedback from relationships in her life as feedback for her to grow

and build upon, noting that she has always had "this drive for self-improvement." Through her

own embodiment and therapeutic work she has come to a place of deeply knowing herself, and

works at cultivating the ability to hold feedback from others at arm's length long enough for her

to examine it and discern if it is true for her, or based in a misunderstanding or response from the

other. She notes that this in part comes from the training she received that placed emphasis and

value on the self of the therapist and self-awareness. As previously stated, supervisory

relationships that she found helpful were ones where she received feedback on ways she could

improve, but also left her feeling confident in her capabilities. This speaks to the importance of differentiation in supervisory relationships and relationships in general; if we are to be truly seen by trusted others, this may entail speaking honestly and openly with how we experience one another.

Evan's transcript sheds light on the truth that we have a relational self regardless of what our boundaries are, and how we view others' opinions. She connects to her sense of self through means much similar to others, through her body, and yet she maintains an openness to feedback from others to give her glimpses of how she is perceived and who she is becoming. Where other participants at times close themselves off from perspectives others may have, Evan seeks to remain open, acknowledging that people are fallible, but that they have something to offer. This seems to be the foundation for Evan's "drive for self-improvement," and even as Evan notes that she does have a critical voice and perfectionistic tendencies, she accepts these as parts of herself that she engages with, and realities of the work of the therapist. In her moments of feeling more deeply connected, her growth-drive seems to be characterized by a desire for authentic connection and courage to act on this. In her narrative we can see how growth-drive can at times take on a disconnected quality, characterized by her self-proclaimed perfectionism and self-denial voice. This combination of voices takes shape and interacts contrapuntally when she speaks of a time when a client told her that something she had done in therapy was neutral, meaning neither helpful nor unhelpful:

> So what did I miss in the moment to moment of the session, as I was blabbing on about whatever that I missed in her cues or her process? That's not helpful because not only was it not helpful, then [it] completely derailed us, right? Out of her experience, because now she could have politely listened to this story that she politely called neutral.

Even in her voice of self-denial, Evan is speaking out against the narratives that people, and particularly women, should be polite, implying she would instead prefer to authentically connect. This seems to be what drives her towards in-depth self-exploration, and her self as a therapist. She is always striving for better, and in this way idealism may play a significant role in women's growth drives at times. For Evan, this seems to be predominantly grounded in a deep desire for what she feels is true and helpful for clients and humans overall.

Lily

Lily's story begins with trauma, as she states that she was "born to save [her] parent's marriage," and various experiences led her to a therapist's office at the age of 11 with suicidal ideation. She experienced this encounter as harmful, yet also was the catalyst for her journey in many ways. She states in the voices of resolve and agency that she vowed to become a therapist at this point in time in order to help children like her. She pursued a master's degree in family therapy and was hired out of her first practicum, working with children, youth and families while also obtaining a supervisory position within her program. She experienced healing through various trainings including Satir transformational systemic psychotherapy and EFT, as well as experiences in her own personal yoga and therapeutic work. She states these experiences have pulled her towards her current circumstances, with her own integrative therapeutic practice that incorporates the body, with a focus on trauma.

Like other participants in this study, Lily remembers at the beginning of her work feeling as though she needed to have a plan and know where it was she is heading. As she gained more experience, both through personal healing and professional practice, she began to feel more open to her own personal journey of becoming, and what might change in the future. She describes this as a shift from striving for worthiness through her work, to being grounded in her own

worthiness, embodied and healing. Similarly to others in this study, she attributes a lot of this shift to her own embodiment practices, and realizing that negative experiences she had throughout her life do not have to be "thought through" in order to heal, but can be worked through within the body and bodily sensations. She speaks to new therapists with self-knowing and empowerment when she states:

> I think the biggest shift there is, like I've said this hustling for worthiness piece….I think that as that is, as I've been in process around that, there's just more space to not have it all figured out and to allow for expansion and evolution….I don't have to have it all figured out in my head. I can work with the feeling memory sensation in my body, and then I don't have to spin around in the same story.

Rather than being stuck "spin[ning] around the same story," Lily realizes she can embrace not having all the answers figured out, and in fact this was never something that should have been expected of her. Another piece she attributes her experiences of personal growth to are the relationships in her life who were supportive and allowed her to have needs and make mistakes. She identifies a close colleague who she can go to when she's having a "shitty therapist day," and instead of criticizing her, offers love and support. She speaks to both the necessity for embracing imperfections as well as authentic connection within professional relationships in this moment when she states:

> She was just able to validate that….I haven't really had that in my life, like ever. I think what's made…it's that slow process…over the years it's vulnerable. Like you reach out and say, "I'm having a shitty therapist day" when really you're like, "oh my god, I can't believe I said that out loud. Like, I'm not supposed to tell anybody that I feel that way"… that is what I needed…I'm going to risk again.

A significant theme observed in Lily's story was a requirement to connect with the self in order to connect with others. She spoke of two different experiences in her work as a therapist that portrayed what happens when we are able to connect with ourselves, and what may happen when we are disconnected as well. Lily recalls working early on with a child client and feeling exhausted from the day that was already well underway. Her internalized sense of therapist duty told her this client needed her to be present, and she connects with her body through holding her fingertips together and feeling her pulse through her fingertips. She recalls how this engaged the rest of her body and enabled her to feel more present in her body, which resulted in her feeling more present with her client. Her I Poem at this point in her narrative captures her journey from disconnection to connection and self-knowing:

I just was not fully there

I couldn't

I became aware

I was like

I don't

I don't remember

I just remember

I think

I remember

I started

I

I started to feel my pulse

I came back

I have continued

I go to now

I start feeling

I just bring myself back

I think

I mean

I remember

I think

I am a human with a body with a pulse

On the other side of this, Lily recalls another experience where she disconnected from herself, stating that after a difficult morning, "I probably should have cancelled my day….it was a part of me that stepped in and was like, 'and now I just plow through, this is what I do.'" Despite something in her knowing she was disconnected that day, she continued with her schedule as the disconnected therapist voice encourages her to maintain a sense of productivity and care through self-sacrifice. She had a session with a client who later informed her she would no longer be attending counselling due to an interaction they had in session that day. Lily notes how this experience, while perceived as a 'mistake,' was really a disconnection from the self for the sake of the other which ironically resulted in an inability to be with the other therapeutically. Lily uses this as an opportunity to provide a corrective emotional experience for the client when she owns her mistake and supports the client in caring for themselves.

Personal relationships were another source of healing and growth for Lily, as she describes her relationship with her husband in which she feels safe to ask for her needs, and reflects back to her who she truly is. She recalls feeling drawn to her husband through an

embodied sense of knowing, and through this relationship she has been able to find safety and thrive. This highlights an inherent truth that Lily holds as at the core of her practice, that "we have our own innate healing wisdom." She describes the human capacity for growth and healing like a river, and views her role as a therapist's as the banks of this river, providing containment and removing rocks or other obstructions that "block" our innate capacity to heal.

A final significant piece to Lily's growth as a therapist are the births of her children and her experience raising little humans. She connects the births of her two first children with the unlocking of some early childhood trauma, resulting in an experience of significant dissonance between the experience of birthing humans as powerful and positive, and the devastating pain of not feeling as though she can trust her body. As she journeys forward through her own healing, she experiences the birth of her third child very differently, stating in a connected therapist voice integrated with self-knowing and empowerment:

> I had [this] redemptive experience. I remember that when he was born, I looked at my husband like very shortly after he was born. And I just said, 'oh my god…this is the experience I have in the therapy room. There's no difference between this energy of new life and the new life that I get to experience with clients…it's the same transformative energy that we get to experience and tap into.

Her role as a mother and model is another source of growth as a therapist as she recalls once observing one of her children engaging in critical self-talk that reminded her of aspects of her own self-talk. She realizes that as much as she tries to teach her children self-compassion and acceptance, she ultimately desires to live this personally for herself in order to model this for them. This experience sheds light on perhaps a common catalyst for self-attunement for many women, and what Gilligan (1982/2003) describes as the transitional shift of including the self in

one's responsibility of care. Lily realizes that she cannot care for those she longs to unless she is

caring for herself first. Through turning towards herself, Lily enables herself to care for others

better. It may be that caring for the self out of obligation in order to care for others may be a step

in the process of grounding oneself in their own inherent worth, thus deepening the way one

approaches their therapeutic practice. Gilligan states this transition seems to result in the

dissipation of the perceived disparity between selfishness and responsibility, thus reducing the

distinction between care-of-self and care-of-other.

Lily's experiences of healing and growth through connection deeply inform how she

approaches therapy and what she focuses on. She now runs an integrative therapeutic collective

that offers trauma-informed yoga and body-based trauma therapy. She has a renewed passion for

providing therapy for women who are in the prenatal and postpartum stages of childbirth, and

ties her therapeutic practice to an ongoing practice of self-compassion. She speaks out with

agency, self-knowing, and empowerment against the narratives that women must be perfect to be

worthy, and that the therapist should be the person that cares for everyone that crosses their path,

stating:

> When we don't make mistakes, we're not taking risks…the risk of not having it all
>
> together. Mistakes offer an opportunity for self-compassion and compassion for others,
>
> and that's one of the greatest ingredients of healing, is self-compassion and compassion
>
> for others.…I think for a long time I really thought my job as a therapist was to be a good
>
> enough therapist for every single client that ever walks in my door.…That's a hell of a lot
>
> of pressure, like that's a really difficult way to live. And it started moving me towards
>
> burnout.…We have to be able to be human. We can't have, we can't put it on ourselves to
>
> be inhuman in the room.

Voices

Throughout the data analysis process many voices were identified within the participants' narratives which told the researchers what it was like for these participants to experience themselves as well as their connections with others. In order to be included in the results, voices had to speak specifically to the research question, be present in more than one participants' experience, be affirmed as significant by the research team, and finally be affirmed as applicable to their experiences by the participants themselves during the member check. Three categories of voices emerged which epitomized various aspects of the participant's experience of development of self as a therapist: voices of connection, voices of resistance, and voices of disconnection. These voices were identified as existing on a spectrum of relational voice (i.e., disconnected versus connected) that was congruent with relational-cultural theory's separate versus relational self.

Three additional voices emerged that specifically described the participants' relation with their role as a therapist: the connected therapist voice, the disconnected therapist voice, and the therapist duty voice. Many of these voices overlapped with one another, conflicted with one another, and existed alongside one another. Our task as researchers was to convey an overview of the voices that may exist within a woman's experiences as a developing therapist, and therefore some voices were identified but not deemed prominent enough to be categorized as a separate voice based on their frequency of appearance in the interview transcripts. When it was found that two voices were commonly present with one another and not in conflict, one voice would be subsumed within a more prominent thematic voice and the categories were collapsed. For example, the voices of self-knowing, self-awareness and self-acceptance were found to be commonly present with one another. The researchers discerned in this sense that self-knowing

may require an experience of self-awareness and self-acceptance in order to be self-knowing, and

therefore these voices were categorized as indicators of the presence of the voice of self-

knowing.

We also found through our analysis that participants could relate with the various voices

within their narratives through either a connected stance characterized by curiosity, openness and

a groundedness in one's purpose, or through a disconnected stance characterized by a holding

onto perfectionistic and idealistic views as well as self-criticism. When participants engaged

from their voices of disconnection from a connected stance, the voices of disconnection could

facilitate growth towards self-knowing and connected therapist voice. A primary means through

which participants experienced their development of voice was through connecting with their

whole selves, including their bodies and emotional experiences. Participants in the focus group

articulated that their cultivation of self has involved connecting with their body, and thus their

experience of the voices of disconnection were ultimately experiences of disembodiment. This

further exemplified for the researchers the need for inclusion of the body in our practice's ways

of knowing, and the benefit of using a more contextual, relational method of analysis like the

listening guide. By articulating the multiple aspects of one's experience of self as voice, the body

is acknowledged as a powerful means through which a person is present and engages in

relationship.

Voices of Connection

The voices of connection found in this study were present when the participant was

presenting characteristically similar to what Jordan (2017) describes as the relational self. When

participants spoke from a place of connection, they spoke with empowerment, awareness,

acceptance, and compassion. When speaking from a connected sense of self participants

acknowledged the presence of the disconnected voices, noting the importance of not only the cultivation of the voices of connection but also an awareness and acceptance of the disconnected voices. Voices of connection were identified when the speaker felt connected with themselves or connected with others, as well as when they seemed connected with the researcher. The voice of *connection* specifically was used to make note of any time the speaker was connecting with others in interactions that were characterized by the qualities of relationship Jordan (2017) and others describe as required for growth-oriented relationship according to RCT. These relationships were found to play an integral role in the participants' narratives to varying capacities. Speakers' connection with themselves was differentiated into three categories: self-knowing, growth-drive, and empowerment. These voices involved a turning towards the self and what the self valued, desired, needed, or was capable of.

Self-Knowing. Participants spoke in the voice of self-knowing when speaking from a place of experience and wisdom cultivated over time. From this voice, the participant spoke in a way that seemed deeply connected to their own sense of values and purpose in what they find meaningful, and was characterized by a trust in self. This voice required the participant to be engaged with and aware of the self from a connected and compassionate posture, and was most similar to Belenky et al.'s (1986/1997) *connected knowing*. A combination of three voices in particular seemed to often lead to the voice of self-knowing: the voice of disconnection, identified when the participant was describing an experience of disconnection with either themselves or with others, followed by either the voice of resistance in the face of oppression, or the voices of empowerment when experiencing encouragement, validation and connection with another person.

Throughout each interview every participant spoke in this voice. Statements in the I

Poems that were indicative of this voice included "I know," "I have found," and "I still am," as

well as discussing their own and others' fallibility and humanity with compassion and

acceptance. These messages carried with them an acceptance of the participant's ongoing

development along with a trust in their experience and competence as a professional that they

have gained over time. Many participants noted that the cultivation of their sense of self-

knowing came from an active engagement with their bodily and emotional responses, both inside

and outside of their role as a therapist. Some participants, such as Molly and Nomad, identified

as always having had this voice, stating it has developed to become more clear over time. Molly

stated since high school she had found that if she listened to herself over what others wanted she

would hold fewer regrets, while Nomad identified this as a sense of awe and wonder she has

embodied since childhood. Nomad notes explicitly the impact oppression and disconnection can

have on her relationship with this sense of voice as she states "I didn't always value that [sense

of knowing]…I think when I would go through one of these periods where I would feel kind of

oppressed…and that wasn't valued…that was harder." Others, like Chelsea, noted that this voice

took time to cultivate, particularly as they developed as therapists. The presence of this voice

when combined with discussion of therapist duty often resulted in the presence of the *connected*

therapist voice, which will be described in more detail in a subsequent section. From this voice,

participants seemed grounded in their boundaries, sense of self-worth, and exhibited self-

awareness. In essence, they knew themselves as empowered and connected beings, speaking of

themselves and their bodies with compassion and acceptance. They also spoke with compassion

for humans in general from their own value of connection and compassion, indicating a presence

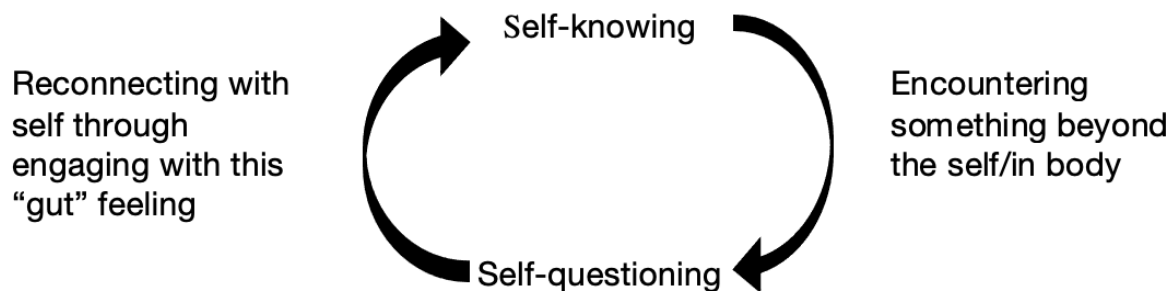of Jordan's (2017) *power with* way of being in relationship.

At times during the interviews, the participants would speak in both the voice of self-knowing as well as the voice of *self-questioning* simultaneously, and gave the researchers the sense that the participant had an awareness of something that they could not quite articulate yet. This dynamic came to be identified as an *embodied-knowing*, and coincides with much of what Belenky et al. (1986/1997) describe as *subjective knowing*. Subjective knowing is characterized as an attunement to one's embodied 'inner voice' that informs them what is right or wrong specifically for them, being open to different truths for others simultaneously. Molly made explicit how her connection to the body helps cultivate her sense of self-knowing when she states:

> I think obviously over time, you know, I take in the skill…meditation and self-compassion, like, I take those and I practice them. So I have gotten to be really aware of how I respond…and my patterns of behaviour and what my body does. And sometimes I don't always know, but I can speak to it. Like I say, I have this feeling, but I don't know what that feeling is, but at least I'm verbalizing that, like, this is a new feeling.

As participants spoke of their sense of self-awareness and knowledge, many of them connected this with their engagement with their body as a source of information about themselves in relationship. By identifying with their body as a source of information they broaden their awareness of their own needs and values, but also the needs of their clients in moments of authentic connection in therapy. Kate provides an example of this as she describes conducting virtual sessions and encouraging her clients to get up and move as she does in session, because she feels she and her clients both need this act of compassion. This embodied aspect of self-knowing also sheds light on one of the multiple ways one's openness and connection with their own self-questioning and ultimately their limitations can be a means

through which they make themselves available to be encountered by something beyond their

cognitive selves. This process of embodied knowing can be understood as an interaction between

self-knowing and self-questioning voices, as exhibited in Figure 1.

Figure 1. *Process of Embodied Knowing*

Self-knowing

Reconnecting with
self through
engaging with this
"gut" feeling

Encountering
something beyond
the self/in body

Self-questioning

Growth-drive. This voice was characterized by the participant exhibiting a sense of

desire for more for themselves or an experience of growth or transition that helped facilitate their

voice as a therapist. All participants spoke in the growth-drive voice when speaking of seeking

out opportunities in workspaces or in pursuing degrees and training. One's growth drive could

also be characterized as a push-pull experience with a deeper sense of purpose and meaning, or

one's sense of knowing. This could at times be identified as an interactive engagement with an

external force (for some referred to as a 'higher power') that meets them in their sense of

purpose, as depicted in Lily's I-Poem below:

I went through

I just kept walking

I mean

I was very

I grew up

I thought

I need

I pursued

I'd started

I transferred

I was lucky

Researchers identified this as the interactive, relational quality that therapists'

developmental journeys take. All of the participants exhibited an internal growth-drive, a drive to

grow and become, yet there were also moments where something external from them seemed to

encroach upon their process of development. At times these encounters took on a passive quality

where they were described as accidents or "ending up" somewhere that fit the participant's goals

and gifts. Many described experiencing their achievements or transitions in work as "being

drawn to" or "pulled towards," as when Evan describes her theoretical interests stating, "I don't

really know what it was. I know…what attracted me to that, I think that always felt more real

somehow. I'm not sure why I was pulled to that." In this segment we can also hear the voice of

embodied-knowing, shedding light on how one's embodied-knowing can be a point of

connection from which one's growth-drive is enacted as well.

One's growth-drive seemed to be further characterized by the relational nature of

experiences that lead to the growth, which could be either connected or disconnected.

Participants seemed to speak in the voice of growth-drive after experiencing empowerment or

connection with others, but could also develop from the experience of a disconnected voice such

as self-questioning or self-denial. Kate provides an example of both the connected and

disconnected postures in relation to growth-drive. She describes an encounter with a colleague

early in her academic career who encouraged her to pursue counselling, which resulted in her

pursuing an undergraduate degree in psychology and then a graduate degree in counselling psychology. She provides an experience of the disconnected growth-drive when she describes obtaining a position teaching adults and experiences immediate self-questioning, then self-denial as she states "why did they hire me? I don't know what I'm doing!" This experience catalyzes her growth-drive voice from a disconnected relational posture as she researches and reads in preparation for her teaching role. This dynamic shed light for the researchers on how one's way of relating with themselves impacts the presence of voices within a given experience, and how these voices exist on a spectrum between connected versus disconnected. The specific process of disconnection leading to growth-drive is described in more detail within the self-denial voice section.

Empowerment. Researchers identified the voice of empowerment when participants spoke of coming to a place of knowing what they were capable of or what they can do through being seen or encouraged in relationship. This voice was often present when participants spoke with growth-drive, however it was distinct in that it explicitly came from connection within relationship that was experienced as encouraging, validating and a certainty that one is on the right path or can achieve what they set out to do. Through this experience of connection, the speaker realizes their own personal needs and values more explicitly and feels empowered to act from a place grounded in honouring them. The voice of empowerment therefore was often present alongside the voices of growth-drive and connected differentiation. It is also worth noting that participants spoke in this voice when speaking to the researcher at times, as they expressed validation and affirmation for the researcher and her project. Through connecting with each other over the shared interest in therapist self-development and voice, both the researcher

and participant experienced empowerment that seemed to also result in an increase in hope and purpose, and the values that ground them in their work.

It is worth noting here the critical feminist's critique of the term *empowerment*, and how the experience of empowerment relies on the absence of structural oppression or oppositions and an access to resources that many do not necessarily have. Rutherford (2018) makes explicit the concept of empowerment's connection to colonialism and neoliberalism, and how female empowerment has been usurped by capitalism in order to promote a Euro-centric and individualistic way of being. It is for this reason the voice of empowerment here is not considered a voice of resistance, but a voice of connection. Women's experiences of empowerment in this study always came from an experience of connection from others that left them feeling competent and capable in supporting their clients and living into their values. In this way empowerment in this study also speaks more to a relational meaning of empowerment (i.e., power with) rather than a disconnected individualistic meaning of empowerment (i.e., power over).

Voices of Resistance

The voices of resistance indicate parts of the speaker's experience that go against common narratives of both women and therapists. These voices are characterized by moments when the speaker felt their sense of self emerge through experiences of disconnection from others or in the face of oppression or injustice. These voices speak out specifically against the narratives that women must remain submissive, silent, or undifferentiated from others in order to remain in relationship, worthy, or develop an empowered, competent self. These voices can also be considered voices of relationship when experiencing a conflict or incongruence, both internally and externally, and ultimately work to reconnect the person with their sense of self.

Ideals and values seem to implicitly influence the presence of these voices as well. For example, when a participant spoke in the voice of agency it was indicative of their own personal values not being prioritized or present in their external environment. One's values and the role they have on the presence of voice will be discussed further within each voice description.

Agency. The voice of agency is an action-oriented voice characterized by the speaker taking action or advocating for themselves or others in response to injustice or silencing in the workplace, within relationship, or within themselves. This voice was spoken by all participants in moments where the speaker attuned to the self and realized something did not align with their own values. In the context of an internal response we hear the voice of agency when Kate advocates for herself while describing an experience of internal silencing due to learning more about herself through reading about her personality type, as she states "I was like, 'stop it all, cancel everything'…And I did that for like two years…I hear the lie even when I say that." Rose speaks in the voice of agency when she decides to leave a workplace in response to a misalignment between her own personal values and her workplace, stating:

> All of a sudden everything was very much about numbers, right? We're going to get more people in the program and we're going to have three groups instead of two…I'm gonna start my own private practice…I figured it out all on my own.

Finally, Chelsea provides an example of how the voice of agency can be integrated into her voice of self-knowing and connected therapist voice. She advocates for both the well-being of the self of the therapist as well as for clients and those who are marginalized while describing her experiences working with an agency she did not agree with. She states, "It's not supposed to be like this…I felt like we were feeding the cops with information…that's the wrong system! We're a system…it just goes so far against what I believe as a therapist and as a human." This

voice could also be present with the voice of empowerment if disconnection and connection are experienced simultaneously within different relationships, as with Chelsea's experience of speaking against the oppression she experienced in her workplace as well as the circle of colleagues who empowered her to leave.

Connected Differentiation. The voice of connected differentiation characterized moments in relationship where a loved one differentiates from the speaker while still remaining in relationship, or encourages the speaker to care for themselves seemingly at the expense of the other. For the speakers in this study, experiencing someone else model and encourage boundaries and self-care was empowering, as they were faced with individuality and separateness within relationship but realized that this separation was safe and did not equate to disconnection. This experience seemed to result in the speaker realizing they can develop their own sense of self differentiated from the other, but still remain connected in relationship. This voice only came up explicitly in two transcripts, but was alluded to within others' narratives, such as when Marie is encouraged to care for herself in her role as a therapist when hitting a personal breaking point. It was additionally experienced as impactful by multiple members of the research team due to its novelty as an experience, and exemplified a place members of the research team would like to reach at some point in their own developmental paths. This voice captured an experience in women's developmental trajectory Gilligan (1982/2003) describes in Chapter 2 of *In A Different Voice*, where women learn to include themselves within their own networks of connection, and that separation can be protective.

This voice is distinct from the two other voices of resistance in that the other is not experienced as oppressive or silencing; in fact, the other encourages the speaker to be themselves *with them*. Molly speaks of this experience when she asks for support from a colleague who is

also a close friend. This friend instead drew a boundary in order to care for themselves before supporting Molly, which Molly experienced as empowering and an act of authentic love. Chelsea describes how her supervisor encouraged Chelsea to be herself through owning her own differences while still remaining in connection through empathic attunement. In these examples the researchers observed how the other exhibiting the voice of *resolve* (description to follow) actually encourages connected differentiation, if connection is maintained. In both of these examples participants spoke of professional relationships. Molly also speaks in connected differentiation when she describes realizing in her own therapy that she and her husband can remain married and connected even while holding different views regarding their faith. The nature of these relationships sheds light on how connected differentiation can be a significant source of empowerment and development of voice in both personal and professional relationships.

Resolve. Participants spoke in the voice of resolve when relaying experiences of moments when they decided to remain on their own path regardless of what others may think or value. This voice was first identifiable when a participant was describing an experience of oppression or invalidation from others, but researchers came to find this did not necessarily require explicit oppression or a negative interaction to be present. Rather, this voice could be a voice of resistance from a general narrative of oppression that seemed to state the speaker may not know what they are talking about. This voice is similar to agency in that that an experience of disconnection is present or possible that threatens the participant to deny a core part of themselves. Yet when speaking in the voice of resolve the participant does not change course in some way as they do with the voice of agency, such as a career change or leaving a work-setting. This voice was characterized by the presence of determination, endurance, and resilience, as

participants decided to remain with the sense of self and values they held originally, rather than accommodating their environment or the relationships they were (or are) surrounded by. For two of the participants, Nomad and Bronwyn, this voice also often was paired with a sense of humour which was at times self-deprecating or deprecating of others, as when Bronwyn describes others' professional behaviours as "comical" or when Nomad owns the title of "iconoclast" with a sense of humour and enjoyment, despite it seemingly resulting from experiences of disconnection.

This voice is distinct from *connected differentiation* in that there is seemingly an assumption from an external source (typically a colleague) that the participant deny who they are in order to remain connected, and the participant refuses. When speaking in the voice of resolve, participants also seemed to connect with a sense of their own self-knowing. Nomad speaks in this voice when she describes her experiences in her training program as she remains determined to pursue a career that seemingly does not want her to be herself. Bronwyn speaks in this voice as she describes an interaction with a colleague, stating:

> I don't like it when people project feedback onto me, then I'm supposed to take as my own because I'm very much about owning what belongs to us and not owning what doesn't belong to us…I know when I see that lack of accountability how infuriating I find it.

Her resolve to this value of owning and knowing the self seems at times to result in some experiences of disconnection, but ultimately so that she can continue living into the values she holds for herself. Evan provides another experience of this voice from a connected stance when she is describing coming to the realization that change, for her in her work, must come from a place that is embodied. She states, "I think it's just over time and time again, and watching people wrestle with change, and until it is experienced in the body, I don't think they change. I

just don't." She goes on to explain that this may not be true for everyone, but that this is a

foundational piece to her work that she maintains. Evan's example provides insight into the voice

of resolve not necessarily requiring the other (in this case, perhaps clients' or other colleagues'

perceptions of change) to be experienced as oppressive, but it would mean denying the self to go

against a core value or belief. Her maintaining her resolve to her perspective of therapy in this

way allows others to have differing opinions, also leading potentially to an experience of

connected differentiation for the other. A therapist's sense of resolve in session with a client may

serve as a kind of catalyst for a client's growth-drive and empowerment as they exhibit to the

client connected differentiation. In resolve, the permission to be authentic comes from within the

participant as a need, whereas with connected differentiation, the permission to be authentic

comes from the other.

Voices of Disconnection

The voices of disconnection are characterized by moments when the speaker felt

disconnection from others or from themselves. Two voices indicated a disconnection from self,

including self-questioning and self-denial. These voices could be perceived as coming from an

oppressive source or an internally-oppressive reaction to experiencing a limitation, and often

there was a sense among the researchers that participants wanted to reduce their experience of

these voices. However, when engaged from a connected posture of curiosity these voices could

be viewed as an indication of one's own humanness, their limitations or an experience of need.

Self-questioning. The self-questioning voice in this study is characterized by the speaker

expressing uncertainty of what they are capable of, as well as second-guessing themselves or

their judgment. Implicit in the experience of self-questioning is also the experience of *not-*

knowing, and of encountering one's limitations. Many participants spoke in this voice when

describing early experiences, such as when Marie describes her first counselling experiences, stating, "no one's going to let me near a client! Like come on, I don't have any experience!" This voice was also present as they sought for the right words to describe certain experiences they have had in the past, such as when Molly and Lily state many of their experiences are difficult to articulate or explain, as well as when the speaker was encountering a limit of their understanding or awareness, such as when Molly states "I don't know how the other counsellors in the office responded." Marie also spoke in this voice when adding that her spirituality has been a big part of her journey of development, stating,

> I don't even know if this is even, you know, I just, when I think about spirituality…I
>
> don't know what a higher power has planned or doesn't have planned, you know? I have
>
> no idea. But I do feel a part of…when I was thinking about [this study], I just feel for me,
>
> like there's some higher power or whatever, and I don't know what it is.

In this way, the voice of self-questioning was indicative of the person's human limitations as well as awareness of something existing beyond themselves, whether it be more experience, more research, or a 'higher power.' The voice of self-questioning seemed to be a catalyst for participants' development of their voice, and was viewed at times as an invitation to engage with something beyond themselves. How participants engaged with the voice of self-questioning seemed to be indicative of whether they would go on one of two pathways of developing voice which seemed to coincide with Jordan's (2017) description of cultivating a perceived separate self characterized by a *power over* relational way of being or the relational self characterized by *power with* relational way of being. Those who participated in the focus group identified their experience of connection and acceptance of not-knowing and self-questioning were significant steps in their journeys of development. When encountered from a relational *power with* way of

being, participants could cultivate their own sense of self- and embodied knowing. When encountered from a disconnected relational *power over* way of being, the voice of self-questioning seemed to lead to a voice of self-denial.

Self-Denial. Participants spoke in the voice of self-denial when speaking of experiences where they felt parts of themselves could not be present as a therapist, but also at times when who they felt they are fully was not congruent with ideals they held as a therapist or person. This voice is a voice of internalized oppression, characterized by the presence of dismissing one's own needs, self-criticism, shame, feelings of guilt, as well as perfectionism. The voice of self-denial was most noticeable in the interviews when participants spoke of past experiences in new work environments or training programs. For example, Chelsea speaks in the voice of self-denial when she describes her time in her training program when she didn't see herself within her cohort or professors.

While the voice of self-denial seemed most prevalent when participants spoke of early experiences of professional development, those who participated in the focus group also noted that these voices are very much still present for them now. This voice specifically was found to be a significant part of their experience of the disconnected therapist voice, further described below. The voice of self-denial was also present at times when participants encountered parts of themselves they did not recognize or had perhaps hoped to disconnect from. Lily provides an example of this during the focus group when she describes feeling judgment towards herself with some surprise and curiosity as she read her I Poem developed through the data analysis process. Evan provides an example of this when she describes being told by a colleague that she wasn't being completely honest during a meeting; she had not realized she was being incongruent but engaged with this feedback with curiosity and openness and realized this was perhaps true in that

instance. It appears when the voice of self-denial is engaged with from a connected relational

posture it was found to have the potential to cultivate an experience of re-connection with the

self as well as a broadening of one's sense of self, ultimately leading to the voice of self-

knowing.

As briefly discussed in the growth-drive description, the voice of self-denial also seemed

to catalyze a person's growth-drive. As one's perfectionism or sense of ideals can result in a

disconnection from the self, self-criticism and perfectionism, this voice could motivate the

participant to engage in more research, training or experience thus resulting in an eventual

deepening of self-knowing once one has encountered something beyond themselves (whether it

be data, additional experience which informed them of who they are as a therapist and person, or

burnout), thus reconnecting the speaker to their sense of self-knowing. This reveals how

ultimately one's sense of self-denial may be in response to the experience of self-questioning or

disconnection from others, as the participant views the self as not enough or lacking in some

significant way. Bronwyn specifically identifies as a perfectionist, attributing her drive for

perfection as a motivation to become a better therapist. Within Nomad's and Bronwyn's voices

of resolve when they speak of disconnection from colleagues there seems to also appear at times

a layer of self-denial in order to maintain this resolve, possibly dismissing or minimizing the

impact these disconnections have on them. Because a person experiences their limitations in self-

questioning, if one holds a separate sense of self, their response to their own self-questioning

may be viewed as a weakness. The separate, disconnected self would see the voice of self-

questioning as a voice that must dominated over, whereas within a more connected, relational

self, these voices encounter one another and can work in connection cultivated through curiosity.

Disconnection from Others. Participants spoke in the voice of disconnection from others when describing moments characterized by others dismissing or not seeing the needs of the speaker. The speaker experienced the other to be telling them who they should be in a way that is different from who they are, which often resulted in the voice of self-questioning or self-denial, and then attunement to the self later on. When participants experienced this within professional relationships, as when Molly and Bronwyn both experienced this in relation to supervisors, it clarified their own values and the participant responded in a voice of resistance. Nomad and Bronwyn provide examples of how disconnection from colleagues can lead to the voice of resolve, while Chelsea provides an example of how disconnection within her relationships with classmates and professors resulted in a time of self-questioning and silencing. These experiences therefore often seemed to result in a disconnection from self (i.e., self-denial), though at times this was brief as the participant moved to a voice of resistance or empowerment through connection with others.

When experienced while connected to one's body and self, disconnection from others seemed to also result in a clarification and thus deepening of one's self-knowing voice. Kate experiences this during her interview when she describes a friend who she has never felt connected with, pointing to this person's lack of "humanness" and emotional authenticity as the source of the disconnection. Evan's brief experience of self-denial through the experience of a colleague describing her in a way that she did not initially recognize results in a deepening of her own sense of self-knowing as she engages with herself and the feedback from this relationship with awareness and self-compassion. The voices of disconnection could be a source of information about the speaker and bring them into a deepened sense of self knowing. While one's experiences of disconnection in relationship could lead to disconnection within the self, we

found that over time and through experiences of connection, these experiences of disconnection

could lead to a deeper sense of self-knowing and ultimately voice. See Figure 2 for an example

of this process.

Figure 2. *Example of Connected Stance versus Disconnected Stance with Self*
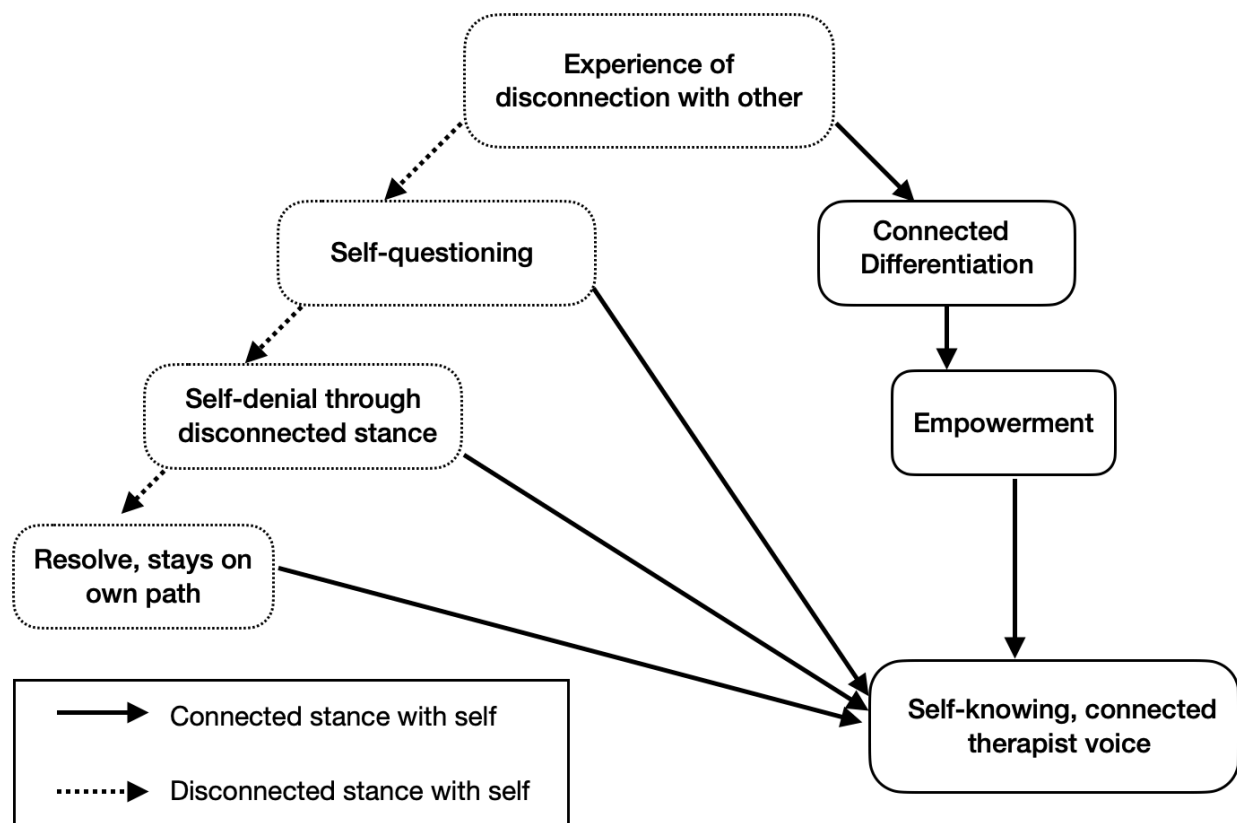
Therapist Voices

I kind of get triggered like [a] scared little girl

I mean

I'm a scared little girl

I'm not a therapist

I have found

I feel

I kind of

'okay, what would a therapist say?'

This I Poem from Rose's interview portrays how one's sense of self as a person can at times feel conflictual with the therapist self, and many of the participants in this study spoke of reminding themselves of what a therapist would or should say, whether explicitly in the interview itself or in hindsight when reflecting on an interaction within relationship. The therapist voices were identified when the aforementioned voices were present while participants discussed their role or duty as a therapist, and thus also existed on the spectrum of connected versus disconnected. Often, early in the transcripts as participants relayed early experiences in development, this voice tended to present as disconnected, characterized by self-questioning and self-denial. As the participants' narratives moved forward in their journeys of development, the voice seemed increasingly more connected as participants integrated more of their own experience, their relationship with their bodies, and their own sense of self as a whole.

The values and ideals that underlie participants' voices, and how they related with these voices, seemed to provide an additional layer of nuance in the understanding of the therapist voices. When one's therapist duty voice seemed connected to the participant's personal ideals and values, this could be a source of grounding, connection, and motivation for growth for the therapist, thus resulting in the connected therapist voice taking shape. Conversely, at times these ideals also led to experiences of disconnection. Kate speaks of "Michelle Obama-[ing]" during a conflict with a colleague, seeking to maintain a professional and therapeutic posture that in reality was disconnected from the internal turmoil she was experiencing, resulting in self-denial.

Lily offers a more connected perspective on this experience and shows how one's ideals can serve as an anchor to ground oneself when they are met with conflict or disconnection in the

therapeutic relationship. She describes a time when a client expresses being hurt by something she stated in session and informed Lily that she wanted to end their work together. Lily experiences this disconnection and her own limitations, stating she "felt bad" and "should have been more attuned." She then connects with herself, and after attuning to her internal experience with compassion, stating, "I was really trying to embrace my humanity…I had done the best I could that day." She then shifts towards the connected therapist voice that states "I have a chance to give her a different experience" as she decides to take responsibility for her mistake in the relationship. This example conveys how the strongly-held beliefs of what a therapist 'should be' can provide an anchor to guide the therapist as she engages in decision-making. Lily and others explain that realizing they have the capacity to do this *and* attend to their internal experiences when safe was a marker of finding their voice as a therapist. This reflects Rogers' (cite) description of congruence being the experience of remaining connected to both the therapist's internal world as well as external experiences within relationship.

 Disconnected Therapist. Participants spoke in this voice when discussing messages about the role as a therapist that required the speaker to disconnect from themselves, their needs or their personality. These messages were typically characterized by perfectionism and denial of the self for the sake of the other, perpetuating the diminishment of women's sense of self and an idealized femininity spoken of in Belenky et al.'s work (1986/1997; Tolman et al., 2006). Messages held within this voice included clients' needs override the therapist's personal needs, that they must be able to meet their client's needs in ways that ultimately deny client autonomy and empowerment, or that the speaker's personal needs be forfeited so that the organization for which they worked could continue serving clients within the pre-existing structures.

During the initial interviews participants spoke in this voice when describing experiences they had with other professionals in the field, giving the indication that this was a voice that came from largely external sources. However, during the focus group, participants identified that this was also an internal voice of self-denial that many of them still wrestle with. This voice was found in every participant's transcript regardless of if they had experiences of oppression in a work or training institution or not, and seemed to come from elusive rules they took in "by osmosis" without notice. Rose provides an example of when the voice can come from one's own internalized voice of oppression when she describes feeling like she needed to have all the answers for her clients right out of graduate school. Seemingly harmless rules such as how a therapist should sit or how long a client's session should be were also identified as being attributed to the disconnected therapist voice, indicating much of the confines within which therapists operate may feel disconnected and perhaps stifling to the person of the therapist at times.

The messages held within the disconnected therapist voice took the *human* out of the therapist, demanding that the person take on larger caseloads than sustainable or come in even when sick or overworked, in the name of serving clientele. Nomad conveys how silencing this voice can be when describing messages she received during a group counselling class during her training, stating "don't be frank, don't be yourself, don't be critical, don't raise-, don't be threatening…so I just basically shut up, you know?" In the cases where this voice was received from supervisors or in oppressive workspaces such as Chelsea's experience, a voice of resistance such as agency or resolve would speak shortly thereafter, advocating for the self and the needs of the speaker such as connection, meaning, and authenticity. Participants in these circumstances

left these work environments if possible as an act of agency, and became critical of the ways

these institutions operated, advocating for change.

        Therapist Duty. The therapist duty voice seems to exist in the space between the

disconnected therapist voice and the connected therapist voice. This voice first became noticed in

moments when the speaker seemingly interrupted themselves to make clear that they would "still

[be] professional of course" or when speaking on the therapist's role as prescribed by ethical

codes. This voice seemed to be both disconnected from an embodied knowing but also connected

to one's sense of wisdom cultivated through experience, perhaps exhibiting a point where the self

and the profession meet. During moments when the therapist duty voice embodied the

profession's ethical obligations and ideals, therapists spoke of "leaving [their] personal stuff out

of the room," or of maintaining professional boundaries. At times this voice would seemingly

interject when the participant was speaking from a more connected therapist voice characterized

by the presence of empowerment or self-knowing as well as idealism, as though to clarify and

state, "let's not get too carried away with ourselves." In a way this voice seemed in opposition

with who the therapist feels they are as a person, but was held with acceptance. Nomad provides

an example of this when she describes a close relationship with a client, stating "I would literally

say he knew I loved him, right? And it was, you know, that's not very technical language, but he

knew he was safe with me because of what I was asking and I'm very real with him." This voice

therefore seems to modulate the more idealistic and potentially unrealistic, but also arguably

more human, relational and connected, views therapists may hold within the field.

        The therapist duty voice also at times echoed the ethical codes therapists are required to

uphold. An encounter with this voice often indicated the speaker was adding a caveat to what

they were saying previously. However, an internalization of therapist duty through experience

could also result in the participant speaking from a *connected therapist voice*, which will be further described in the next section. Chelsea's experiences provide insight into this dynamic as she describes how her experiences within an oppressive workplace that failed to uphold its ethical codes have resulted in her integrating professional ethical codes more than before. This has resulted in her intentionally creating space for open discussions with colleagues about hypothetical ethical dilemmas, stating, "I'm beyond sensitive to some of those same things… anything borderline [un]ethical…we had lots of cool discussions as a team around ethics because I think [we] should talk about ethics all the time."

Connected Therapist. Participants spoke in the connected therapist voice when describing their role as a therapist that felt deeply integrated with their own sense of self-knowing or connection in relationship. This voice seemed to emerge after stories where disconnection experienced with a client or colleague, or self-questioning was followed by connection with others and ultimately a connection with the self in the therapist role. We observe this when Kate is speaking of the friend who she feels unable to be close with. She questions herself as to why this is and then identifies that it seems to comes from experiencing a lack of emotional depth and breadth within this relationship. She connects this to her own work and her desire to be authentic in the therapeutic process, stating that this is how people experience safety. Often, experiences of personal healing through one's own therapeutic work or experiences in relationship resulted in the connected therapist voice. These experiences seemed to teach the speaker the universals of humanity and how change, growth, and healing occur. Lily provides an example of this when she describes how her own personal journey of healing through trauma processing and yoga have led her to develop an integrated group practice focused on trauma. Experiences of resistance that brought the speaker closer to who they truly feel they are as a

therapist now, such as in the aforementioned case with Chelsea, also seemed to lead the speaker to their connected therapist voice.

As Rose and many other participants gained experience throughout their careers, they realized that they are not expected to have all the answers, nor should they. They found that connecting to their bodies and emotional experiences unlocked their ability to do this work in a more authentic way, discovering a sense of freedom and confidence in their presence as therapists. When their own experiences are supported by research and trainings and as they expanded their own knowledge, this resulted in a deeper groundedness in their own experience and voice. This seems to result in the connected therapist voice as being an integration of the participant's sense of self-knowing and trust with their duty as a therapist, characterized by a virtue ethics with an awareness and prioritization of the participant's own need for care and differentiation. Marie provides an example of the dance and integration of the therapist duty and connected therapist voices when she responds to the question of if she experiences the feeling of wearing a mask when practicing therapy.

> I feel like that's a majority of my time spent with clients is just being in it with them, like walking down the road with them, walking through those feelings, whatever they are. And so then I don't feel like I have a mask on at all. It's just like, hey, this is me and whatever we need in this moment, whether it's, and of course, if someone is, you know, doing whatever in some kind of place where they're real upset…I'm not gonna crack a joke, but just being present with them, having that compassion, that empathy, that feels just the most like me.

Participants spoke in this voice when describing the ideals they hold about themselves and their work, as well as their beliefs about humans, how change occurs, and was deeply

connected to the values they carry personally within the profession. This sheds light on the

necessity of the presence of self in the therapist's journey of development. Chelsea describes the

difference between the disconnected and connected therapist voices and their relations with the

self when she states:

> I think we were basically told to like, get ourselves out of the room in [agency] and here [in
>
> new worksite]…you're in the room, whether you acknowledge it or not. So how are you
>
> gonna work with that? Right? And maybe we should just embrace it and it's there. So how
>
> do we use that well then, if it's there?

Focus Group Member Check and Analysis

Five of the nine participants were available to participate in the focus group that served as

a member check. This focus group not only provided participants with the opportunity to give the

researchers feedback on the research findings, but also served as data for further analysis to

understand how women experience themselves through relationship. The researcher co-

facilitated the focus group with another member of the research team, and began the focus group

with a disclaimer regarding the nature of congruence in order to ground the discussion with

openness and acceptance. The focus group began with introductions, where the researchers first

introduced themselves followed by each of the members, and then a discussion of the interview

summaries (see Appendix G for focus group questions). Themes that were identified during the

focus group will be discussed further in Chapter Five.

Throughout the focus group all of the aforementioned voices could be identified, though

some voices did not appear as frequently as others nor did they all appear within every

participant (as was the case throughout the entire data analysis). As the conversation unfolded,

multiple members spoke of experiencing a process in which they read their transcript and

experienced disconnection from the descriptions of themselves, followed by a moment of self-discovery within the interview summary which then resulted in a re-connection with themselves as seen through the transcript summary. In this way, the focus group provided insight into the process of being seen and becoming in relationship as it unfolded. This experience was characterized first by the presence of the voices of self-questioning and self-denial. For some of the participants these experiences resulted in feelings of defensiveness and self-judgment, but ultimately were followed by an experience of connection with the self through the description as the reader found details that could only belong to them. This facilitated an experience of connection with the researcher, and finally an experience of self-knowing as they recognized themselves while also acknowledging that they felt they had grown even since the interview. This process was seen explicitly within all participants but one present in the focus group. The one who it was not seen in was unable to open the document in order to read her summary at the time of the focus group.   Rose's I-Poem exhibits the process in full at this time:

I was like

Did I say all this?

I'd also forgotten

I chose

I was like

was that me?

I was like

oh yeah, that sounds like me

I had chosen

I was like

I'm sure

The participants could read the summaries of interviews with their past selves and discern which aspects fit and which aspects were no longer relevant, connecting them more deeply with who they are in that moment. This sheds light on not only the process through which people become through relationship but also the lifelong journey of becoming for a person. The theme of connecting to one's sense of self-knowing through relationship carried through as participants noted things others said and built upon them, experiencing a sense of self-knowing as they resonated with one another. This process was seen through multiple participants, which Rose's I-Poem portrays below:

I'm over here

I second guess myself

I like the thing

I think you're right

I think it

> we're a blank space

> we actually want to bring ourselves back into our body

I can be

I can be nonjudgmental

I can be all those good things

> we are

I don't have to be

Through the focus group we could also observe a process by which the disconnected voices of self-questioning and self-denial in fact catalyzed the person's experience of growth

drive, where they would then encounter something beyond themselves whether it be through data

or personal experience which would thus reconnect the self with one's sense of embodied- and

self-knowing. This was specifically observed in both Kate's and Rose's transcripts and was

brought up again within the focus group, depicted by Kate's I Poem below:

I was teaching

I was like

I don't

     why did they hire me?

I don't know

     what I'm doing

I was like Googling

I didn't even know

I remember

I wish

I could cite

I thought about

I taught

I thought about

I was like

     if we don't have an inner world that's safe

I have to check it for myself

     when I make a mistake

I forget something

I do something

I can create an unsafe inner world for myself

Kate's I Poem here allowed the researchers to gain insight into how the disconnected

voices can serve as a catalyst to enact one's growth-drive which can lead to self-knowing when

they can be noticed, reflected upon and accepted with compassion and curiosity. The

disconnected voices can in this way help facilitate our own experiences of self-knowing by

driving us to grow and achieve more. These voices are not just the voices of disconnection, but

the voices of our own imperfection that we try to avoid and disconnect from further. Yet when

we disconnect from these and leave them unacknowledged, we lose the wisdom that can be held

within their tone, their need, and their lack. This sheds light on how the experience of

congruence does not necessarily require us to be healthy, but rather to be connected, even with

these voices of disconnection.

The conversation shifted from the data itself to the nature of therapist development and

training. When speaking of criticisms they had regarding the way therapists are trained or the

disconnected quality of the institutions in which we develop as people, at times participants

spoke in the voice of embodied knowing through hearing others speak. This is captured in Kate's

I Poem as she critiques the enduring narrative of the "blank slate therapist:"

I feel like

I keep coming back to

I'm listening

I'm noticing

I keep coming back

I've been training

what I learned

I think

I'm alluding to

when I first heard

Participants during this discussion acknowledged at this time that the notion of the "blank slate therapist," while noted as a concept of the past, still very much endures as a disconnected therapist voice for them.

Finally, it is also notable the amount of times participants spoke in a collective "we" voice when speaking of their experiences as therapists. As the focus group continued in dialogue there were more references to "we" followed by a singular noun, indicating participants experienced a deepening of connection with one another, and a reduction in feelings of isolation or singularity. This dynamic is captured towards the end of the interview as Evan discusses the risks that comes from working in such an isolating field that is inherently relational and requires self-awareness:

There's lots of ways we can rationalize in our mind, keeping that focus external on other people and make that sound really good, right? The vulnerable piece of really looking, how are we talking to ourself? What are we doing inside there? Okay. We can avoid that. We can slip away from that.

These moments particularly came up when speaking about the disconnected voices and the disconnected therapist voice, which the focus group also identified as coming from a more internal place than any external source such as a supervisor or workplace. Participants identified specifically the self-criticism and perfectionism that characterized the self-denial voice. When

participants became aware of these voices the voice of self-knowing was cultivated, as captured

in Evan's I-Poem:

> I think about
>
> I don't know if
>
>> we somehow take in by osmosis
>>
>> we carry them around
>
> I think those probably get in my way more
>
> I wonder
>
>> we ended up disconnecting from even our own intuition
>>
>> we've somehow learned

The focus group allowed the researchers to deepen our understanding of how women

experience themselves in relationship, and how relationships can help facilitate one's

understanding and experience of themselves. Participants in the focus group not only saw

themselves in each other, but also saw their growth from their past selves within the transcript

summaries. An increase in connectivity between group members was observed over time as

participants increasingly referred to themselves as "we" and identified as having similar

experiences. This elucidates both the inter- and intrapersonal aspects of becoming as a person,

and the themes discussed within the group also shed light on some of the barriers therapists

experience from coming home within themselves. These themes will be discussed more in-depth

in the next chapter and will shed light on future directions for both training and supervision as

well as research on therapist development and the journey of becoming.

CHAPTER FIVE: DISCUSSION

This study was designed to answer the following research question: How do experienced female therapists experience their development of voice? By asking this question, we hoped to develop an understanding of how women as therapists experience their development of self in relationship. By understanding how women experience their development as therapists, we hope to shed light on how a person can become more themselves while working within a role that is focused on care for the other. Through utilizing the listening guide and operating from a relational feminist theoretical lens, the research team was able encounter each participant as a unique person while also developing a more complete narrative of women's experiences of development as a whole. Several voices emerged as well as patterns of relationship through this process, which provide us with insight regarding what it is like to become congruent as a person. This chapter will orient these voices within several broader themes in light of the relevant literature. From these themes we may better understand implications for future research and professional training and development of psychotherapists. A discussion of the strengths and limitations of this project will follow, concluding with future directions in research that may be considered.

Contributions to the Literature

The major themes identified in this study confirmed and deepened our understanding of what it means to be a more fully self-aware and connected person, and the role that relationships, particularly those within the psychotherapist profession, may have in both cultivating and silencing the self of the therapist. Participants' experiences in relationship as well as within themselves, both of connection and disconnection, shed light on a number of aspects of their development that were experienced as facilitative or disruptive in their development of voice.

Ultimately, the themes identified in this study speak to the experience of being human and the importance of feeling acceptable as a whole person while being a developing therapist. The findings in this study also reiterate the importance of viewing the therapist as a person first, who carries with them their past experiences in relationship and experiences that cannot always be captured using quantitative measures. We can gather some professional and training implications from these themes which will be outlined in the next section.

Therapist's Personal and Professional Relationships

Participants' experiences in relationship, both within the profession as well as personal relationships, deepened our understanding of how relationship impacts one's sense of self as a therapist and was congruent with RCT (Comstock et al., 2008; Jordan, 2000, 2017). Much in line with what Rønnestad and Skovholt (2003) found, none of the participants in this study pointed to specific courses in their training as being particularly influential, and all acknowledged that congruence took time and experience in the field. When participants discussed their experiences in their graduate programs they spoke of relationships and interactions they had with colleagues, supervisors, and professors. The voices present within these relationships indicated that experiences within empowering and emotionally-attuned relationships, both personal and professional, helped cultivate their sense of voice and self.

Six of the nine participants pointed to specific research, trainings, or books they had read after graduating as being significantly influential, and they articulated these resources impacted them because they resonated with their own experiences. Voices of connection, specifically empowerment, were present during these descriptions as well, indicating a connection with the self and one's abilities as a therapist. Another member, Marie, noted how her own work seeking to empower clients caused her to reflect on her own need for empowerment in her personal life,

shedding light on how clients themselves can impact the self of the therapist as well. When discussing moments of significant self-questioning or feeling out of place as a therapist, all participants spoke of experiences in relationship with either colleagues, supervisors, or clients. These findings shed light on the interactive quality that personal and professional development of the person has, as well as how one's experience of voice is shaped through relationship.

All participants spoke of experiencing negative interactions with others in their field as facilitative in cultivating their own sense of self as therapists, despite experiencing them as silencing at the time, due to their ability to connect with themselves and others after these experiences. Professional relationships were discussed more frequently than experiences with clients when asked the question "are there any moments that stick out to you where you felt you needed to wear a mask?" This sheds light on how therapists may experience themselves as a therapist outside of the therapeutic alliance, and how interactions with colleagues may have a significant impact on how therapists experience their professional selves. Psychotherapists' presence in relationships outside of the therapeutic alliance is an area that, to my knowledge, has not been significantly explored. Exploring how psychotherapists embody themselves as therapists outside of their work may shed light on additional factors that influence their experience of self.

Negative professional experiences took place within relationships with both colleagues and supervisors and took place throughout the therapist's career. These interactions were experienced as silencing and denied the importance of the speaker's personality, needs or values within relationship. Consistent with the literature regarding the role supervisory relationships have on the self of the therapist, all participants alluded to having positive experiences with either supervisors or colleagues. However, some participants did not speak specifically of having

emotionally-attuned experiences within professional relationships. These participants primarily spoke of experiences of disconnection in relationship with other counselling professionals. When this was the case, these participants spoke of personal relationships as well as relationships with clients as being empowering and affirming. Alternatively, if the participant was able to connect with other colleagues in an emotionally-attuned and accepting way, these relationships were experienced as empowering, leading to more self-trust as a therapist, alongside relationships with spouses or family.

Finally, participants emphasized the empowerment they experienced from being exposed to diversity and representation within their training. Kate provides an example of seeing diversity represented within her program in ethnicity, gender and theoretical orientation, and notes that seeing different embodiments of what the therapist can look like helped broaden her own horizons of who she can acceptably be. Similarly, Evan speaks to the value of engaging with diverse perspectives in her graduate training, identifying that this too allowed her to explore for herself what would fit for her. A number of participants spoke to the impact of lack of diversity and representation and how this was experienced as silencing and often resulted in the experience of self-questioning. This aspect of professional relationship sheds light on the positive impact diversity and representation can have for the self of the therapist, the implications of which will be further elaborated on in the next section.

Therapist's Connection to Whole Self

Participants in this study both explicitly and implicitly revealed the importance of openness and connection with the self, and shed light on how disconnection with the self is experienced and what it is like to work against this disconnection. When participants could engage with themselves and their experiences of disconnection relationally through a connected

stance, they were able to cultivate more self-awareness and self-compassion. Participants in the focus group stated this explicitly enabled them to be present more authentically with their clients and facilitate safety within the therapeutic relationship. They noted that this relational way of being with the self ultimately cultivated an "inner world of safety" that they could carry forth within relationship. This echoes much of what Geller and Porges (2014) and others state as integral to cultivating safety and supporting therapeutic alliance (Fife et al., 2014). In this study, we found participants' connection to their bodies, their voices of disconnection, as well as their spirituality played an impactful role in one's experience of self. These are areas of the self that are also perhaps under-explored during one's training, the implications of which will be discussed in a subsequent section.

      Connection to the body. Most of the participants in this study identified connecting with their bodies and emotions as a primary means of connecting to their sense of voice, and clarifying for themselves what is right for them, both in and outside of their roles as therapists. Rather than something to overcome, these participants viewed their emotions and body as conduits to a more grounded sense of self-knowing and cultivation of voice. Evan and Lily specifically speak to this as a discovery that one does not need to "think things through" in order to grow or shift in a significantly meaningful way. Instead, these participants and others found that exploring their own internal experiences within their bodies and reflecting on their emotional responses resulted in a deeper sense of self-awareness and knowing themselves, which in turn helped them engage with clients in an authentic and grounded way. Most participants used their sense of embodied selves in the therapeutic process, either to ground themselves, to model self-compassion, as well as to increase authentic connection and convey empathy. Despite one's sense of embodiment playing an important role in therapist presence (Bernhardt et al., 2021;

Geller & Porges, 2014) many participants note this was not a part of their training as therapists,

but rather something they became aware of through additional training after graduation. It is

important to note that not all participants felt this way. Bronwyn did not view her body as a

significant source of information about her experiences, which may reveal a need for increased

education and awareness on connection between mind and body, as well as an ongoing

acceptance of different ways of knowing.

   Connection to voices of disconnection. The experience of connection and attunement

from a safe other is thought to be integral in experiences of growth, empowerment, and change

(Geller & Porges, 2014; Jordan, 2017; Schore, 2001, 2009; Siegel, 2001). In order to cultivate

this sense of safety, the therapist must be attuned to themselves as well as their clients. This

requires a connected stance within the therapist to all voices present in their experience, one

characterized with compassion and acceptance, which ultimately entails a connection to one's

body. This emphasis on being with the self echoes much of how Rogers (1957) and Geller and

Porges (2014) describe congruence and therapeutic presence: the process of being with one's

own experiences in the present moment. From a relational perspective, this entails *being with* the

voices we do not want to hear, those that feel counter-productive or even harmful, as well as our

bodies. As Rogers states, it may not be necessary to be this way all the time in order to cultivate

congruence as a therapist. This study revealed how even when speaking on congruence as

therapists who have experienced growth and increasing congruence, there are many different

voices within one's sense of self that still contradict and hold onto old, dehumanizing narratives.

Messages that prioritized perfectionism and expertise were identified in the focus group as some

of the most hindering to participants' experience of congruence, and participants connected this

to patriarchal Western values of individualism, competition and hierarchy.

Yet the presence of the voices of disconnection also pointed to the person's own humanness and limitations, values and boundaries, as well as ultimately their need for connection. Without these voices' presence it is unclear if the connected therapist voice or the voices of self- and embodied-knowing could be cultivated, as these voices were characterized by an acceptance of one's own limitations and imperfections. During the initial interviews many of the voices of disconnection, particularly the disconnected therapist voice, seemed to be an experience of the past, yet those who participated in the focus group made clear these voices were very much present for them today. This may implicate an impact that my role as a student therapist may have had on the data, as participants may have wanted to silence these voices in order to present as more congruent for me. This dynamic possibly indicates a marginalization of these voices within the therapist role as Western culture thinks it "should be." From a traditionally patriarchal viewpoint, it may be tempting to dismiss the voices of disconnection within the therapist as weakness and focus instead on cultivating the connected voices in order to increase their dominance within the self. While these marginalized voices resulted in feelings of disconnection and isolation, they could be identified and engaged with from a connected stance through practicing self-awareness and compassion that led to the therapist's deepening of self-knowing and connected therapist voice. Without this connection to an experience of limitation, we negate the truths that are held within the voices of disconnection — voices that lack in relationship and connection, and therefore are in need of relationship and connection.

Connection to spirituality. A number of participants in this study spoke, either explicitly or implicitly, to their experiences of spirituality in their understanding of self and development of voice as a therapist. Kate speaks of an explicit connection between her beliefs and her loci of self as a therapist. Nomad and Marie speak to a sense of wonder and belief in a higher power that

helped cultivate their sense of self-knowing and voice. Lily, Molly, and Chelsea speak to the integration of their work as therapists with personal self as they describe how their work shifted their belief systems to more flexible and open-minded understandings of people and spirituality. These conversations were often characterized by the presence of embodied knowing, indicating an openness to self-questioning and uncertainty that actually amplified their sense of inner wisdom and knowing. These moments were also characterized by the presence of the *passive* growth-drive voice, indicating an interaction with something beyond themselves that pulled them toward a deeper sense of meaning and purpose. For most of the participants, this sense of something beyond themselves was foundational to their understanding of their role as a therapist, thus pointing to the necessity for exploring spiritual themes in the therapist.

The therapist's spirituality and religious affiliations have been found to be associated with their therapeutic orientation as well as relational approach to therapy (Bilgrave & Deputy, 1998; Propst et al., 1992). Blair (2015) sought to understand how therapist's spirituality impacted their work with clients using a grounded theory method of analysis. They found that participants brought with them much of their personal selves into the therapeutic relationship, including their views on spirituality and attitudes towards clients' ability to explore spirituality in session. They describe a complex and uncertain path therapists take of integrating their sense of spirituality within their therapeutic practice, one that is often "self-led" and requires a flexibility that "'goes against' one's training and theoretical orientation" (Blair, 2015, p. 168).

Spirituality failed to come up as a particularly significant theme through the member checks and consultation with the research team, and was only identified after consulting with supervision and revisiting the data. Because my hope for this study was to shed light on the silenced aspects of self of the therapist, I am including this theme to counter the silencing that

may have resulted within the research process itself. Despite participants speaking with me about their spirituality in the initial interviews with varying levels of comfort, participants in the focus group may not have felt comfortable sharing this part of themselves in a bigger group of therapists. This may be a residual effect of spirituality being viewed as a taboo subject within psychotherapy (Anderson & Worthen, 1997), perpetuating a disconnection from this part of self. Blair (2015) emphasizes the danger that comes with leaving one's spirituality unexplored in training, potentially resulting in therapists working ineffectively or even harmfully with clients regarding their spritually. This echoes much of what we know regarding the person of the therapist and how one's unaccepted and unexplored areas of self may actually negatively impact the therapeutic process. Blair asserts, much in line with this study, that a therapist's ability to support their clients therapeutically requires them to identify and own their whole self, which arguably requires a training environment where the whole of a person feels accepted.

Limitations of the Therapist

Participants in this study experienced limitations to what they are capable of throughout their development, which came from both internal and external sources. How therapists experience these types of limitations impacted their sense of voice, and these experiences provide insight into aspects of the profession that may run counter to who the therapist feels they are as a person. While one's personal limitations could help the participant engage with themselves compassionately and accept themselves more fully, professional limitations were acknowledged in the focus group as unspoken rules that at times seemed to disrupt the therapist's ability to be present as fully themselves.

Personal limitations of the therapist. One's experiences of self-questioning and personal limitation, and how they responded to these experiences, seemed to significantly shape

one's experience of voice. It seemed as though how participants interacted with their own voice

of self-questioning was an indication of their posture within themselves and therefore the quality

of relationship they had with themselves. When participants engaged with their own self-

questioning with qualities that exemplified connection over disconnection, this seemed to

facilitate their own experiences of self-acceptance and ultimately self-knowing. While the

literature on therapist development has found therapists increasingly know their professional

boundaries and limits (Rønnestad & Skovholt, 2003), to my present knowledge little research has

explored specifically how therapists experiences of limitation, making mistakes, or self-

questioning may be helpful in their development.

The experience of self-questioning is inevitable within anyone's path of becoming,

because to become is to do things that one has never done before. Participants' voices

illuminated that it is the acceptance of not-knowing that gives space for something else to beckon

and deepen our sense of self. In this study, there often seemed to be self-questioning intrinsic in

an experience of limitation, and yet if we can encounter this with acceptance and compassion, we

can learn that there is a deeper wisdom at work that is informing us of something more, and

something beyond ourselves that can also help facilitate growth. As participants moved through

their journeys of development, many of them learned to embrace their limitations and thus

ongoing growth, which some explicitly noted as a source of joy and excitement in their work.

Learning to embrace one's not-knowing may support therapist ongoing growth and even career

pursuits, such as opening a private practice.

Mistakes, misattunements, and misunderstandings within relationships with clients and

supervisees were viewed by a number of participants as significant sources of information about

themselves, as well as opportunities for growth. Intrinsic to the experience of making mistakes is

our own experience of limitations, and participants identified these as moments to engage with

the self with self-compassion and care. Ruptures in the therapeutic alliance are viewed as a

critical point in therapy which requires the therapist to be open and willing to discuss their role in

the rupture (Friedlander, 2015). This takes a non-defensive presence on the part of the therapist, a

skill that researchers note is difficult for even experienced therapists to master (Safran et al.,

2011). Researchers emphasize the importance of responsiveness on the therapist's part as well as

openness to clients' negative feelings about them (Friedlander, 2015; Safran et al., 2001), which

echoes the importance of one's connection with their body and the therapist committing to their

own therapeutic work (Bennett-Levy, 2019; Bernhardt et al., 2021; Fife et al., 2014). Participants

in the focus group noted the vulnerability one feels in these moments and shared that learning

about the process of therapeutic repair specifically was lacking in their own training. To my

current knowledge, no research has explored therapist's experiences during these encounters

utilizing a relational methodology, which may illuminate experiences of silencing and how to

mitigate them in order to provide a genuinely caring presence in these moments.

      Professional limitations of the therapist. Participants throughout their interviews spoke

of experiences that seemed to disrupt their ability to be completely honest with themselves as

well as with me regarding their role and how they perceive it. This came to be known as the

therapist duty voice, which seemed to interject when participants were speaking of their

connections with clients and their view of the therapeutic role. Those who participated in the

focus group specifically articulated that the silencing present within the therapist duty and

disconnected therapist voices stem from internalized narratives regarding what the therapist

should look or act like. They note that these narratives, from the "therapist as a blank slate" to

the "rule" of the 50-minute session, were hardly ever explicitly told to them, but were

internalized as Evan says "by osmosis" from a greater cultural context defined by separation and

hierarchy. The presence of these voices shed light on how therapists may experience a tension

between their professional role and personal selves even after years of experience.

The presence of this voice additionally begs the question why is it here, and does it have

to be? Can the therapist role as it is known in the greater cultural context come to look more like

the people who are fulfilling it, and by doing this can this perhaps facilitate an earlier experience

of congruence as a therapist? As described in Chapter 1, the role of the therapist is becoming

increasingly characterized by feminist values and increasingly relational theories. The greater

contexts within which the therapist develops and is defined, specifically within graduate

programs and our professional ethical codes, are largely shaped by a separate understanding of

the self. In the next section, I will discuss possible implications of the presence of the therapist

duty and disconnected therapist voices and how we may perhaps seek congruence between the

role of the therapist and the therapist themselves.

Implications of the Research

Training and Professional Implications

Training programs and supervisors in particular play a pivotal role in therapist

development, as it is within one's experiences in training that they learn what a therapist is and

the values of the profession. Students thus learn how to be a therapist in their graduate programs.

The Canadian Psychological Association (CPA) and Canadian Counselling and Psychotherapy

Association (CCPA) emphasize engaging in one's ongoing development and seeking

consultation, therapy, supervision, and supporting self-care. Yet training programs tend to

emphasize accruing knowledge of theory and clinical skills (Bennett-Levy, 2019) and the

responsibility to pursue supervision and self-care afterwards is left up to the individual.

Participants in this study spoke to a number of themes which ultimately shed light on the need

for more relational ways of being with the entirety of who the therapist is. Training programs

should integrate more relational and experiential ways of knowing and being in order to provide

new therapists with the foundation to engage with their own ongoing development. This section

explores potential areas of growth and inclusion for the field of counselling psychology.

Embodiment of the therapist. Seven of the nine participants in this study spoke

explicitly of the necessity for embodiment practices in facilitating congruence as therapists.

Those who spoke of connecting to their bodies spoke of learning about and integrating their

body's responses after their graduate training, despite the importance of therapist's connection to

their body and their therapeutic presence and voice (Geller and Porges, 2014). According to

polyvagal theory (Geller & Porges, 2014; Porges, 2007, 2009; Porges & Furman, 2011), humans

seek safety in relationship when possible, and have the ability to discern safety in relationship

through their bodily responses to one another. Therapists encounter a number of dysregulated

bodies throughout their workday, which impacts the therapist's body as subcortical processes

seek to minimize interactions with unsafe bodies (Geller & Porges, 2014; Schore, 2009). The

therapist's embodiment and their ability to be grounded in their own past experiences has been

found to be a significant factor in facilitating experiences of therapeutic change (Bernhardt et al.,

2021). By becoming aware of and increasingly regulating these internal responses through

embodiment practices such as yoga and meditation, therapists can increase their ability to remain

regulated and in turn facilitate safety for their clients.

Just as social context and meaning shape one's sense of self, so are our perceptions of our

body and the meaning one's body holds. Body-enactivism, or the understanding of one's body as

a source of information and meaning (Kiverstein, 2012), accounts for not only the body's impact

on meaning and experience, but also how one's emotions shape perception and judgment. Geller

and Porges (2014) make explicit the intrinsic connection one's body as a therapist has with their

sense of presence in the therapeutic alliance, and it is arguably integral to the work of the

therapist that they pay attention to their body as a source of information. Much of the literature

regarding therapist development includes suggestions such as practicing mindfulness meditations

as well as self-reflection through journaling and therapy (see Bressi & Vader, 2017; Pieterse et

al., 2013; Posluns & Gall, 2020), without the importance of one's connection with their body as a

therapist being made explicit.

By not making explicit the importance of connecting to one's body and supporting

experiential practice in training, training programs arguably perpetuate an objectifying

relationship with the body rather than a relational one. Additionally, by emphasizing theory and

skill over personal exploration, therapists may struggle to know how to engage in self-

development further after leaving their training. Programs that wish to support trainees in

cultivating their own voice and presence as therapists may benefit from integrating embodiment

practices and making explicit the importance of one's body in their sense of presence within the

therapeutic process. The connection to one's body specifically, and in particular the quality of

one's connection with their body, may need to be emphasized to a greater extent in order to

cultivate increased self-awareness in trainees in a way that sufficiently facilitates safety in

relationship for clients. By integrating embodiment as a practice and therapeutic skill in training,

new therapists will also likely increase their own experiences of healing and connection within

their training programs while they are still under supervision.

Therapist self-care. While much of the therapist's training emphasizes self-awareness,

self exploration, and encourages self-care, few programs provide in-depth understandings of

what it means to engage in self-care (Bamonti et al., 2014; Zahniser et al., 2017). Additionally, much of the self-care literature that informs clinicians and supervisors alike assumes the self to be one distinct entity (Bressi & Vaden, 2017), thus ignoring the relational nature of the self despite terms like self-care being inherently relational. It is also unclear if there is much emphasis placed on the quality of the therapist's relationship with others as well as themselves. Participants who were present in the focus group made explicit the importance of connectivity and safety within the self of the supervisor and therapist. Additionally, this study revealed how having a connected stance with one's voices of disconnection can actually facilitate one's self-knowing and voice. Yet the safety required to engage in this type of self-work may be difficult to cultivate if the professional relationships one is surrounded by perpetuate disconnection from the self, and treat stress and burnout as an individual problem (Bressi & Vaden, 2017). This study shed light on the impact a therapist's quality of relationship with themselves has on their own experience of congruence and voice as a therapist, and how this self could be characterized as either connected or disconnected.

When discussing the importance of self-care within training programs, it may therefore be more important to emphasize the quality of relationship with one's self and body in addition to particular behaviours or activities that have been found to reduce emotional distress. It may be additionally important to explore the quality of relationships the therapist is surrounded by, both personally but also professionally. Within the current self-care literature there seems to be little emphasis placed on relational aspects of therapist well-being, particularly considering feelings of isolation and lack of support are significant indicators of the experience of burnout (Sodeke-Gregson et al., 2013). This may be important to emphasize in training as most experiences of burnout take place in clinicians who are young and inexperienced (Simionato & Simpson, 2018).

Diversity in professional training and development. Diversity, both in therapist's way of practicing as well as ethnic and gender representation, was noted as being valuable to participants' development and acceptance of self as therapists. The value of diversity and representation can perhaps be attributed to diversity of thought and representation's positive relationship with student learning and developmental outcomes (Astin, 1993; Denson & Chang, 2009; Nelson Laird, 2005), as well as reduction in racial and gender bias (Fan et al., 2019). Astin (1993) found that institutions that held policies that valued multiculturalism and diversity as well as student engagement with diversity through coursework and with peers was associated with significant benefits for students' cognitive and affective development. Nelson Laird sought to understand how the quality of experience with diversity is association with students' perceptions of the self, using a control group of students who did not engage with diversity through coursework or peers. They found that those who had positive experiences in diversity courses experienced themselves as more academically competent as well as held more confidence in their critical thinking abilities, and that those who took at least one diversity course scored consistently higher on all self measures as opposed to those who did not take any diversity courses. They conclude there may be a strong connection between one's experiences with diversity and their confidence in academic and critical thinking skills, as well as their ability to take action in society.

Pertaining to psychotherapist and counselling training and development, it is less clear what role diversity may explicitly play in therapist development outside of reducing bias and supporting cultural humility. Representation specifically in the upper echelons of academia has been found to be particularly beneficial for female scientists (Lockwood, 2006; Murphy et al., 2014). From what I was able to find, when diversity is mentioned as beneficial in therapist

development, it is often framed as beneficial in preparing the therapist to work with a broad

scope of clientele (see Comas-Diaz, 2014; Heppner et al., 2012), rather than emphasis on its

personal benefits to the therapist themselves. Participants in this study, all White or White-

passing, shed light on how representation and diversity was personally beneficial in their ability

to see and explore themselves with more freedom. All of the participants in this study attended

training institutions at least 10 years ago, and the field of counselling psychology has become

increasingly feminized and theoretically inclusive over the last few decades. However, there still

exists a "cultural deprivation" (Rot, 2018, p. 45) within the field of counselling psychology.

Students of counselling psychology have much to gain from increased inclusivity and reduction

in homogeneity within the counselling psychology profession. Research should continue to

explore the role diversity and representation has on the self of the therapist, as well as amplify

marginalized ways of knowing.

Professional culture and a relational ethic. How therapists relate with one another

plays a significant role in how they experience themselves and move forward in their growth and

development as therapists. Much of what Jordan (2017) and others write as necessary aspects of

relationship for growth were present in relationships that participants identified as helpful in

cultivating their voice. These relationships were specifically found to be characterized by

emotional attunement, empowerment, and the ability to express inner states, and played a

significant role in most participants' development. Therapists who experienced isolation within

professional relationships spoke more with the voices of disconnection both with self and other,

resolve, and agency. Nomad provides an example of the silencing and disconnection from self

that can be experienced in professional contexts when she describes taking a group counselling

course. She lists a number of characteristics that she was implicitly told not to be, such as being

frank, critical, and threatening, and states this caused her to "just shut up, basically." Bronwyn's experiences of advocating for herself as a "smart and articulate" woman in her workplace additionally sheds light on how emphasis on more traditionally feminine tasks such as silencing and minimizing the self may actually be perpetuated within the counselling field. By deeming these qualities as unacceptable in the therapist, we may actually be perpetuating a culture of silencing and disconnection from the self.

According to the Canadian Counselling and Psychotherapy Association (CCPA, 2020), counsellors and psychotherapists are encouraged to seek support through relationship such as consultation, supervision, and their own psychotherapy in order to support self-awareness. However, the nature and quality of these relationships is not explicitly described, and the onus is placed on the individual to seek this support out for themselves, arguably perpetuating a more individualistic understanding of the therapist. Additionally, the notion that ethical behaviour be expected "at all times" (CCPA, 2020, p. 5) may contribute to a culture of silence around mistakes or ethical uncertainties, as well as the disconnection that Nomad and others experienced. Many professionals do not seek consultation, supervision, or psychotherapy when needed (Barnett et al., 2007; Bearse et al., 2013; Guy et al., 1989; Sherman, 1996) thus increasing feelings of isolation and contributing to experiences of burnout and malpractice. RCT posits that humans require empathically-attuned and authentic relationships that make space for one's internal experiences in order to grow. It appears many therapists do not commonly experience these types of relationships within the field.

Accepting the whole person of the student therapist may in turn support more congruence in the therapist overall, and doing so early in one's professional development may support open and authentic relationships within the profession. The therapist duty voice was heard in all the

participants' narratives, and indicated an experience of pulling away from the self in order to

acknowledge and maintain the rules or ethical codes that therapists are expected to uphold.

Certainly therapists need to meet ethical standards, yet these standards also outline the way one

should be as a therapist without much acknowledgment of context or the person of the therapist.

Many of the aforementioned themes regarding connection with the whole self such as body and

spirituality are also aspects of the self that are often not explored in-depth while in training

(Blair, 2015). By understanding how the systems that develop therapists actually perpetuate

silencing, particularly around personal experiences of pain, disconnection, or meaning, we may

better understand how one may come to engage with their clients both ethically and unethically.

Brabek & Ting (2000) outline how feminist ethics are not only congruent with much of the

traditional ethical standards, but actually go beyond these standards to emphasize an ethic of care

and awareness of the impact of one's context on whole self. This places onus on not only the

person but also the relationships and context that surround them. It is possible some of the

barriers to congruence are held within the systems responsible for therapist development

themselves.

Supervisory relationships play a significant role in shaping how a supervisee perceives

the therapist role. Game (2008) argues that because of the asymmetric distribution of power in

the supervisor-supervisee relationship, these relationships mimic the secure base function and

power distribution of the parent-child relationship in significant ways. Research has additionally

found that significant non-romantic relationships such as that of a mentor-mentee follow

predictable patterns of trust and relationship expectations, such as that of parent-child attachment

relationships (Baldwin et al., 1996; La Guardia et al., 2000). Mammen (2020) provides insight

into how this phenomenon is experienced by the trainee as he describes his personal experiences

with supervisors. He concludes, much like many of the participants in this study, that supervisors who paid attention to his own internal experiences helped cultivate an 'inner voice' that guides his practice now and supports his ability to engage in self-care.

Relational feminist perspectives of ethics emphasize an ethic of care and an understanding of the impact power and context has on meaning and one's behaviour. Because supervisors and trainers play such a significant role in how student therapists construct their own understanding of the profession, the quality and nature of the supervisory relationship should be considered when examining the development and competence of therapists in subordinate positions (Belenky et al., 1986/1997; Rot, 2018). Relational feminist approaches to training introduce a more empowering experience for the trainee, shifting the role of 'expert' from the supervisor to the student and empowering the student to develop and use their own perspective (Belenky et al., 1986/1997). This approach requires the supervisor to have a level of comfort with the supervisee's voices of disconnection in a field that emphasizes and values connection and care for the other. This comfort is perhaps in opposition with the inherently hierarchical nature of therapist's training and assessment, where rules of how a therapist "should be" may be emphasized more than relational qualities.

Training institutions and the greater structures that hold mental health professions accountable may therefore benefit from integrating more relational and feminist approaches to ethics and education. It may be beneficial for trainers to increasingly emphasize the ongoing processes of development and self-exploration in relationship, supporting the notion that one's development is life-long. This may help cultivate a culture of attuning to the self and accepting one's own limitations further. Belenky et al. (1986/1997) and Gergen (2015) suggest more relational approaches to education and supervision that make space for multiple ways of

knowing and reduction in hierarchy within training relationships. Belenky et al. (1986/1997) describe teachers within relational approaches as midwives, seeing the knowledge and wisdom existing in the student already and moving through a process of confirmation, evocation, and then confirmation again of the student's knowledge. Gergen (2015) echoes what Brabek & Ting (2000) note, that seeking to place one perspective in power over another only perpetuates a hierarchical way of relating. Instead, we need to be comfortable entering into a dialogue regarding how we teach and train therapists, one that is more open and accepting of historically marginalized perspectives. Gergen finishes stating that therapists are uniquely positioned to explore relational ways of being and share these with the public, contributing to our ethical call to seek the wellbeing of greater society.

Strengths

This study is about therapist development and in part seeks to change the narrative of the therapeutic alliance by shifting focus from clients' experiences in therapy towards therapists' experiences of development. This project also seeks to address a paradoxical, dehumanizing view of the therapist as an expert or as an individual who holds no biases in the therapy room, yet is required to engage in one of the most human acts as a therapist: to *be with* the other and use the self in this intimate interaction. This project seeks to contribute to the growing literature that acknowledges that the therapist is a person first, and that one's personal development and relationships are inextricably tied to their development as a therapist. One of the strengths of using the listening guide is that it provides space for the diverse aspects of the self to be considered that inevitably exist within everyone, thus helping to reveal an ever-expanding horizon for what development of a therapist may look like. Particularly because an aspect of this study is exploring one's background and relational aspects of their sense of self and

development, this study allows for the consideration of how social factors such as gender identity and socio-economic status can shape a therapist's sense of self congruence. As is the case with all qualitative research, this study does not seek to be representative of all experiences of development of voice. Rather, it seeks to give voice to a range of what these experiences may be like.

It was my intention that psychotherapists who volunteered to participate in this research felt they were given the opportunity to give voice to experiences that they are otherwise often not able to discuss — moments of second-guessing the self, of feeling insincere or not present, of being seen and known by others in a way they are asked to see their clients. By talking about experiences of how they have grown and developed as people and as therapists, it was hoped that participants may walk away feeling empowered and inspired by their work and their own experiences. During the focus group, a number of participants spoke to the value they received from participating in this study, and the empowerment and connection they felt from discussing the study's themes. Many additionally expressed feeling touched by their I Poems and the data analysis process. A number of participants spoke to not recognizing themselves in the research summaries, but also experienced this as a catalyst for self-reflection. The focus group itself additionally provides a strength of this study as it served a number of valuable purposes, including member checking, providing further insight into how the self emerges through relationship, as well as reducing power differences between the researchers and the participants.

Additionally, by shedding light on the intimate and little-researched area of therapist congruence and self development later on in their careers, it is hoped that this project will help inform existing programs on how they may take more holistic approaches to counsellor training and education. The use of the listening guide was specifically well-suited for this purpose, as it

revealed how therapists experience their roles and sense of self within the systems that may perpetuate disconnection rather than connection. By focusing heavily on theory, clinical skills and self-awareness, we provide students with the first building blocks to therapist development, yet there appears to be a need for a greater understanding of what development looks like as a therapist throughout the lifespan. An aspect of what this project sought to do is articulate how becoming, both as a person and as a therapist, takes place as a life-long process. By preparing students with the awareness of what this process looks and feels like, perhaps we can encourage students to engage in this process more gently and with more acceptance, rather than striving for perfection or dismissing the process altogether. It is hoped these findings reduce any expectations students have for "having it all together" early on in their careers. Individuals who seek graduate education are likely achievement-focused, and it may be important to emphasize practices of *being* as opposed to doing, *working towards* or achieving.

Limitations

As with most research, this study is not without its limitations. Most prominent is the limitation of language, particularly when attempting to describe abstract processes such as becoming through relationship. Much of what was experienced by both myself as the researcher and by the participants has ultimately remained difficult to articulate. The limitation of language and more cognitive mediums of understanding and knowing in research arguably perpetuates a devaluing of more diverse ways of knowing. The listening guide provides space to understand the complexities and silences that exist within a participants' narrative. However, an integration of more embodied ways of knowing may be beneficial within the analysis and interview processes. Feminist researchers using the listening guide may choose to engage with their participants in a sculpt used frequently in Satir Transformational Systems Therapy. Specifically,

researchers may consider having participants sculpt the researcher either during the interview or in a member check when discussing the different voices found in their transcripts. This practice would enable the researchers to further understand the embodied experience of different voices. This would not only allow for more diverse ways of knowing to be utilized, thus supporting authenticity of the research, but also continues to reduce power differences within the researcher-researched relationship.

Other limitations we encountered were the limitations of time and participant demographic, ultimately contributing to a limitation in our ability to understand the phenomenon in its fullness. A disconnected researcher in me would like to continue analyzing the data endlessly, and yet because we conducted this study as a masters thesis there was an end date to work with. I could arguably continue to analyze and re-analyze this data, as well as interview more participants, and still not understand the process of development in its fullness. What this project humbly offers is a glimpse at what the experience of becoming congruent as a therapist is like for women, and there is additionally much more to be known. Particularly, all of the participants were cisgendered and White or White-passing, and therefore this study does not provide insight into experiences of other societally-oppressed people as therapists. Experiences of empowerment and agency often relied on the participants having access to resources such as caring colleagues and friends or financial security that allowed them to leave their jobs and seek out more appropriate options. It is hoped that this study inspires others to explore how the development of voice takes place in other contexts.

This study offered the opportunity for peer-nomination. However, all of the participants in the present study were self-nominated, and those who were nominated by others or encouraged to reach out declined participation. One participant, Evan, spoke to how her decision

to participate was an act of ownership, describing participation as an intentional "stepping-into" while also acknowledging it felt quite foreign for her. Evan's comments and many of the others expressed during the focus group supported participation in this study as one that was empowering for them, yet we seemed to miss out on participants' experiences who feel actively engaged in their construction of self despite being experienced as congruent by others. This particular limitation may shed light on how the experience of "finding one's voice" and embodying the self as a therapist needs to be experienced and not just seen by others. Perhaps it is not enough to be told of the potential one has or what a person means to others; the therapist may need to own it for themselves. This further sheds light on the complexity of the process of developing in relationship. We originally thought that the experience of hearing that others view one as someone who is congruent as a therapist would be enough to encourage those who would otherwise not respond to participate. This appears to not be the case, at least in this particular study, and also aligns with relational understandings of meaning. This is not to say that participants were not told by others that they should participate; multiple participants were sent the ad for the study and told they should reach out. It seems that participation came from those who saw themselves in the description and felt empowered enough to reach out to participate.

This study is additionally limited in that it only seeks to explore women's experiences as therapists. This study left open the possibility of exploring women who identify as transgender, yet excludes the experiences of male- or non-female identifying persons. Women were chosen specifically because of their experiences with loss and cultivation of self within relationships characterized by care for the other. By understanding how women cultivate and experience a congruent sense of self in these types of relationship, we may further understand how embracing and cultivating the feminine aspects of self is not only counter to development of self, but helps

facilitates it. This has additionally been done in part to focus on one type of experience (i.e., woman or women-identifying people), and thus reduces the diversity of experiences that inevitably shape the development of voice in a therapist as a whole. Focusing on women's experiences also counters the decades of research that has explored only male experiences. My hope for this research is that it promotes more inclusive approaches to research in general, and that future research continues the work of inclusivity by exploring diverse gender identities and how this relates to one's experience of embracing the self as a whole.

Finally, this study is further limited by my role as a student therapist and the impact this may have had on participants throughout the interview process. Many of the participants in this study also worked as supervisors or professors in training programs in addition to their role as therapists, which is arguably a strength as they are actively invested in the process of therapist professional development. Yet they may have also felt pressure to live up to what they perceived to be an expectation from myself, or may have been motivated to instil within me their deepest values as therapists. It was previously noted that the disconnected therapist voice seemed to be identified as internally held only during the member check, which indicates that the participants may have not wanted to acknowledge or focus on these experiences much in their initial interviews with myself. A number of participants also described a desire to be helpful for me during the interviews. This speaks to a possible desire to "perform well" or be perceived a certain way in order to inspire those just beginning in this field, and also possibly exhibits an ongoing struggle therapists have against the narrative that the therapist must "have it all together" to varying degrees. While my role as a student researcher and therapist served to reduce the power differences inherent in the researcher-researched relationship, future research into therapist experiences may benefit from being conducted by peers within the field. Participants may feel

more comfortable speaking candidly about their experiences of perfectionism or self-criticism

with someone they perceive as having engaged with these voices for a number of years in the

field themselves.

Future Directions for Research

It is hoped that this project will be submitted for publication and thus will reach a wider

scope of institutions training counsellors and therapists, providing the opportunity for further

development of educational programs. Additionally, more research is required in order to

understand in-depth the processes through which therapists manage and grow through

experiences of incongruence and congruence in the therapy room, particularly using

methodologies that shed light on the complex and silenced aspects of the self. This project seeks

to inspire other researchers in examining the person and personal development of the therapist in

all phases of the career, and open up dialogue regarding what these experiences are like for

therapists. This research may in turn humanize therapists to potential clients, who may be

hesitant to reach out to a therapist or seek different types of therapy. Rutherford (2020) explains

that psychology as a field has historically sought to be viewed similarly to the medical and other

scientific communities as a 'hard science' through increased manualization and experimentation.

It is possible that laypeople new to the therapeutic process may expect a systematized and

manualized experience when attending counselling for the first time, when this is often not the

case. Research that further contributes to the humanization of therapists and the awareness that

who they are as people impacts the therapeutic process may help normalize clients' negative

therapeutic experiences as well as the need to explore different therapists and types of therapy.

Through the sampling process there was intention placed on obtaining a sample of

participants who practiced from different theoretical orientations and approaches to therapy in

order to emphasize person of the therapist rather than theoretical orientation. With this intention, researchers obtained a sample that was broad in theoretical perspective and thus provided insight into similarities across theoretical orientations. Therapists in this study valued different aspects of the therapist's work, and research supports the interconnectivity of theoretical orientation with personal beliefs, needs and personality, particularly later on in one's career (Blair, 2015; Topolinski & Hertel, 2007). Researchers may seek to explore the research question within specific types of therapeutic orientations as well which may shed light on therapist's experience of self within theoretical orientations. This may be particularly relevant to those that practice from theoretical orientations that place explicit emphasis on the self of the therapist as a tool for change, such as Existential-Humanistic models of psychotherapy, AEDP, Satir Transformational Systemic Psychotherapy, and RCT.

Only two participants in this study have been in the field for more than 20 years. Researchers may consider exploring the research question in participants who have been in the field for 20 or more years. Rønnestad & Skovholt (2001) note the commitment to ongoing personal development professionals have at this stage, and increased feelings of congruence and competence. Many participants in the focus group noted how they had changed since the initial interview, and thus researchers may additionally request participants come back for a second interview and conduct analysis at the member check in order to explore how voices change throughout therapist development.

It was also noted that while experiences with diversity throughout their development and training was identified as helpful for many participants in cultivating their own voice as therapists, little is known regarding the role experiences of diversity have on therapist development as a whole. Researchers may seek to understand explicitly how experiences with

diverse instructors and supervisors as well as different therapists' styles may help one cultivate

their voice as a therapist. Finally, with the increased feminization of counselling psychology,

researchers may be interested in understanding how male psychotherapists experience their

development of voice, particularly during this time of transition and subversion of power

hierarchies. While it may be possible the increased feminization of the field has resulted in more

relational approaches to being, it is also possible that because training largely continues to take

place in institutions that reinforce hierarchical ways of being in relationship, male

psychotherapists in particular may experience oppression in different ways.

Conclusion

In this study I hoped to shed light on the complexity that exists within relationships and

within the self for women, and how these two facets of life interact with one another. Relational

feminist views of the self had yet to be broadly integrated into research on the self of the

therapist, particularly pertaining to women's experiences of becoming as therapists. Because the

role of the therapist is increasingly feminized, research and training programs alike will benefit

from more in-depth understandings of how women and therapists experience their development

of self in these helping roles. Additionally, understanding how women become more themselves

as therapists provides insight into how the therapist can become as a person, thus informing how

we engage and relate with new therapists. A constructivist paradigm was particularly well suited

for researching the complexity of the self and the existence of multiple realities as it considers

not only the influence that individuals have on one another in development, but also the influence

that I may have on a participant, and their influence on me.

A relational method of analysis informed by feminist theory like the listening guide

provided the researchers with the ability to observe all aspects of self as voice, both conflicting

and in harmony with one another, while also exploring the silencing and privileging of voice within a woman's development. Women in this study provided rich insight into what it is like to develop as a therapist, which entailed experiences marked by voices of disconnection, connection, and resistance. The experience of developing as a therapist involves encountering one's own limitations and fallibility, and how the presence of voice is inevitable. This sheds light on the reality that Evan and Chelsea speak explicitly to: that as a therapist, you are a person in the room with an other. Regardless of whether it is acknowledged or not, parts of the self will be present at times when they feel most inconvenient, and we are shaped by those we are with. Connecting to these voices within the self in the present moment seems to result in experiences of safety and connection with the therapist and allows them to become more fully themselves, which arguably can be used to facilitate safety in relationship with the client. This connectivity was marked by curiosity and openness to the self with a grounding in one's purpose.

The values we teach and train therapists from are carried into the therapeutic relationship. Elkins (2007) notes that the continuing emphasis placed on the medical model in training and practice is not just a scientific dispute within the field of psychotherapy, but a political issue as well. He recounts psychology's history echoed by Rutherford (2020) as psychologists and therapists sought to gain validity through developing more effective and efficient methods of intervention in order to reduce costs. Wampold (2001, as cited in Ahn & Wampold 2001; Elkins, 2007) and many others have found that contextual factors like therapeutic alliance and therapist's personality play a greater role in therapeutic outcomes than interventions fitting the medical model. Yet evidence-based treatments grounded in a separate understanding of the self still persist as a primary means through which community mental health settings provide treatment and care, as well as training for therapists. Mental health professionals report experiencing an

"identity crisis" (Rosen et al., 2020, p. 375), advocating for more contextualized treatments particularly in community mental health settings due to significant gaps existing in care. This ultimately speaks to a disconnection in values among mental health professionals, which sheds light on a need for dialogue and greater acceptance of the historically marginalized views within our profession itself. By integrating more feminine and ultimately relational ways of being that address the person as a whole within therapist training, we may hope to provide more holistic care to our communities that maintain effectiveness and value the person as a whole.

In a culture that has historically and continues to objectify the other and separate the self from both body and relationship, it is indeed an act of resistance for those in roles of care for others to engage in connecting with themselves in more holistic ways. It is also an act of resistance to refute the idea of complete separateness and independence altogether, instead acknowledging the powerful role others have on one's sense of self, and the relational connectivity of the many voices that exist within the self. Through increasing connectivity within the self of the therapist, the therapist may also become more congruent and therefore connect more authentically with others, facilitating growth and becoming through relationship. Mental health providers and clinicians are responsible for the care and healing of others, and we often hear the most vulnerable, marginalized voices in our therapy rooms. In order to support our therapeutic being, our training and practice should arguably embody the qualities that facilitate growth and change. This may require therapist education to ultimately become a process of deconstructing internalized beliefs of a separate self, and a reconstruction of an awareness and connection with the relational self.

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APPENDIX A: Invitation Email

Hi (insert name here),

My name is Hannah Raine and I am a Counselling Psychology student at Trinity Western University. I am conducting a research study exploring the development of the self as a therapist in women therapists. As part of the study, I am interested in interviewing women who have been practicing therapy for at least 10 years, and feel that through their work as therapists they are fulfilling what they are meant to do with their lives. Congruence between one's personal self and professional self as a therapist is viewed as a sign of maturity in the literature, and is viewed as playing a significant role in the therapeutic alliance and therapeutic outcomes. The purpose of this study is to gain a greater understanding of how women navigate their development later on in their careers as psychotherapists, and how integration and congruence of the personal self with the professional self takes place.

I am writing to you today to see if you know anyone who might be interested in participating in this study. Specifically, I am looking for women with the following characteristics:

- Is actively practicing therapy and has been for at least 10 years, in line with Rønnestad & Skovholt's (2003) description of the experienced professional phase of therapist career development
- Be currently registered or licensed as part of an overseeing professional body in the United States of America or in Canada, such as BCACC, CRPO, CPBC, or CCPA
- Identify themselves as having cultivated an approach to therapy that is personalized and congruent with who they are outside of therapy
- Feel that their work is an authentic expression of who they are and the values they hold personally
- Must be proficiently fluent in English, as interviews will be conducted in English

If you or someone you know has these qualities and might be interested in participating in this research study, please pass along the information and have them contact me, either by phone at (insert phone number here) or email at (insert email address here).

Thank you,

Hannah Raine

APPENDIX B: Screening Interview Script

Hello, my name is Hannah Raine, and I am a Counselling Psychology student at Trinity Western University. I'm the principle researcher of the study on female therapist's development of voice, and the role relationships play in this development. Thank you for expressing interest in participating in my thesis project.

My research question explores how therapists develop an integrated and congruent sense of self as therapists in their work, and what has helped facilitate this development. As part of this study, I'm interested in exploring how experienced professional therapists have developed their sense of self over time, beyond their experiences in formal training and education. As psychotherapy is a field that is very 'other' focused, I'm interested in understanding how a person who is both professionally and traditionally viewed as 'other-focused' (i.e. female therapists) develop a sense of self in the midst of their relationships and work. The purpose of this study is to gain a greater understanding in how therapists develop holistically and maintain this sense of self.

If you choose to participate, in addition to this screening interview, you will be asked to participate in two subsequent interviews, one of which may be a focus group if you feel comfortable participating. The first interview will last approximately 1.5 to 2 hours in which I will ask a couple of open-ended questions regarding your journey to becoming a therapist, how you experience yourself as a therapist, and how your journey to developing a sense of self as a therapist has coincided with your journey of self development as a whole. The second interview will act as a member check in which I go over the results of the study with you either one-on-one, or as part of a focus group in which those who volunteer to participate in the study have the option of meeting with other participants and reviewing the study's findings together. Member

checking interviews will take approximately one hour, with the focus group taking

approximately two hours. Your participation in all aspects of this study are entirely voluntary,

and you are welcome at any time to withdraw your participation without penalty.

I'd like to use this time to get to know a little bit about you and your story to ensure that

you meet the criteria to be eligible for this research. I'm going to ask a few questions, and please

feel free to go into as much detail as you feel comfortable with.

- How long have you been practicing therapy?

- Which professional regulatory body or organization are you a part of or licensed

  through?

- Tell me a bit about why you chose to go into practicing therapy

- Tell me a bit about your work, and how you feel you are authentically yourself with your

  clients

If you are still interested in participating in this study, I will send over a brief

demographic questionnaire for you to fill out and email back to me at your earliest convenience.

If you are eligible to continue in the study, we will call you back to see if you would like to set

up a time for the first interview. The interview will take place via Zoom in order to ensure each

participant's and researcher's safety and health during the COVID-19 pandemic. Interviews will

be recorded and transcribed. Your anonymity is assured and all identifying information will

remain confidential unless required by law. Before the interview, I will ask you to read and sign a

consent form. The consent form covers information such as the nature of the project,

confidentiality, risks and benefits, etc. Then we will proceed with the interview. A few months

after our first interview together, I will send you a summary of that interview for you to review

and we will set up a time for the second interview that will serve as an opportunity for you to

voice any changes, concerns, or affirmation of the summary I have developed. At the end of the

second interview, there will be a short debriefing during which you can ask me any questions you

may have or voice any concerns. If you are interested in the results of the research once it is

finished, please don't hesitate to get in touch and I will send them to you.

Do you have any questions at this time? If you want to participate, I will provide you

with the demographic questionnaire at this time. Once you have completed the questionnaire, if

you are eligible for the study I will contact you to set up a time for the first interview. Please let

me know if you have any difficulty with accessing the questionnaire or would prefer to have it

provided to you through a different means.

Thank you for your time. I will leave you my contact information again in case you need

it.

APPENDIX C: Demographic Information

Participant Information

1. **Name*** _____

2. **Gender*** (   ) Male   (   ) Female   (   ) Other

3. **Current Age** _____

4. **Ethnic Background**

   _____

5. **Highest level of education completed**

( ) Some High School
( ) Completed High School
( ) Some University or Post-Secondary
( ) Completed Diploma or Trade Certificate
( ) Completed Bachelors Degree
( ) Some Graduate School
( ) Completed Graduate Degree
( ) Other: _____

6. **Professional Body of registration or licensing**

_____   **License/Registration #** _____

7. **Number of years working as a psychotherapist or counsellor**

   _____

8. **Briefly describe the theoretical orientation from which you practice, or your approach**

   to therapy

   _____

   _____

   _____

   _____

9. **Describe your history of work environments as a psychotherapist or counsellor, including the primary clientele you worked with and the environment within which you worked. You do not need to disclose the name(s) of organizations or agencies.**

Description of Environment (agency, private practice, transition home, etc.)	Clientele Type	Years Worked

APPENDIX D: Letter of Consent

How The Healer Becomes: Exemplary Female Psychotherapist's Development of Voice

Principle Investigator: Hannah Raine, MA Counselling Psychology Student
                                     Department of Counselling Psychology, Trinity Western University

Faculty Supervisor: Dr. Janelle Kwee, R. Psych, Associate Professor
                                     Department of Counselling Psychology, Trinity Western University

Purpose: You are invited to participate in a research study exploring how experienced female psychotherapists and counsellors develop a congruent sense of self as a therapist later on in their careers. You were invited to participate because your peer(s) and/or colleague(s) have identified you as someone who exemplifies what it means to embody your work as a therapist, and who is congruent in their work. Congruence is viewed in the literature as an integral aspect of therapist presence, the therapeutic alliance, and thus therapeutic outcomes. The purpose of this study is to understand how women navigate their development of congruence throughout their careers as psychotherapists, and the role relationships play in this development.

Study Procedures: As a participant, you will be asked to participate in two interviews total, both of which will take place over the video meeting platform Zoom and will be recorded. The first interview will take approximately 90 minutes, during which you will be asked to share how your journey to developing as a therapist has taken place, and how relationships have played a role in this journey. Following the end of this interview you will be able to choose a pseudonym you feel comfortable with in order to ensure anonymity. This pseudonym will be used instead of your real name and any identifying information will be removed. The second interview will serve as a member check during which you will have the opportunity to go over a summary of your transcript and engage in the interpretive process of data analysis. The researcher will ask for your input at this time, with the goal of ensuring the findings reflect your experiences accurately.

Potential Risks and Discomforts: Risks associated with this research are minimal but may include discomfort from discussing personal views and experiences of development and growth with an unfamiliar person. If at any point you feel uncomfortable or distressed, the interview will stop and you will be able to choose to continue when you feel ready or end your participation.

Confidentiality: Any information that is obtained in connection with this study that can be identified with you will remain confidential and will be disclosed only with your permission or as required by law. You will be asked to choose a pseudonym which will be used to represent you in all documents related to your interview. Both interviews will be video and audio recorded and stored on a password protected computer and/or encrypted and password protected drive. Interview transcripts will not include any identifying information. Documents relating to interviews will be kept on a password-protected storage device and only members of the research team will have access to these documents. No person except the principle researcher will view the video recordings, and all audio-visual recordings will be destroyed once the project is completed, while interview transcripts will be kept for future research. Upon your request, a copy of the final study results will be provided to you.

Contact for information about the study: If you have any questions or desire more information with respect to this study, you may contact the principle researcher, Hannah Raine by phone at

604-378-0606 or by email at hannah.raine@mytwu.ca, or the faculty supervisor, Dr. Janelle Kwee by phone at 604-513-2121, ext. 3870 or by email at janelle.Kwee@twu.ca.

Contact for concerns about the rights of the research participants: if you have any concerns about your treatment or rights as a research participant, you may contact Elizabeth Kreiter in the Office of Research, Trinity Western University by phone at 604-513-2167 or by email at researchethicsboard@twu.ca.

Consent: Your participation in this study is voluntary and you have the right to refuse your participation or choose to withdraw from the study at any time through communication over the phone, email, or in person. Refusing to participate or choosing to withdraw from this study will not affect your relations with the researcher or research team negatively. Please note that withdrawal from the research will not be possible after the researcher has included your information into the dataset, however, your identity will be protected throughout the research process through the use of your selected pseudonym.

Signatures: Your signature below indicates that you understand the above information and are satisfied with the answers to any questions you may have and that you have received a copy of this consent form. Your signature also indicates that you consent to participate in this study and that your responses may be used and kept for further use after completion of the study.

_____   _____

       Research Participant Signature   Date

_____

Printed Name of Research Participant

APPENDIX E: Interview Guide

Using the listening guide to analyze the research question, "how do experienced female therapists experience their development of voice?" Or, "What is it like to find your voice as a therapist?"

1. Tell me about your journey of development, and of finding your voice, as a therapist (i.e. what is the story of your career as a therapist? Beginning, middle, and end)

   a. How would you have described yourself as a therapist at the beginning of your development, and how is that different to how you would describe yourself now?

      (i) What were some messages you believed about therapists when you were just starting out?

      (ii) What have been the most formative influences on these changes? What do you think it was about these influences/experiences that affected you this way?

2. How do you experience the integration/coming together of your sense of self & your approach to therapy?

   a. How women navigate their sense of professionalism without losing their sense of self

      (i) Do any moments stick out to you as moments of finding your voice and of losing your voice? Experiences where you didn't feel fully yourself, or felt like a part of you wasn't there? Or when it felt like too much of you was there? (power differentials, silencing, experiences of misfits with population served, lacking personal connection with self or personal development) and what was their impact on you?

      (ii) how have your personal values and personal self shaped your approach to therapy?

   b. What has brought your personal self with your professional self together?

(i) Have there been personal experiences where it became clear to you that being a

therapist had to be you? Times of personal/professional growth or suffering?

APPENDIX F: Follow-Up One-on-One Interview Prompts

Thank you for meeting for our final interview. During this interview, we will review the

summary you received of your first interview to check that you feel it is accurate and reflects the

content we covered, as well as your I poem generated from the data analysis process. I will also

ask you a few questions and offer you an opportunity to debrief and ask me any questions.

Questions:

1. After reading through the summary of your first interview, do you feel it is accurate and

    reflective of the content we covered?

    a. What stands out to you?

    b. Is there anything you would like to change or clarify?

    c. Is there anything that surprises you?

2. What have you discovered or have you had any greater insights through this process?

3. What has this process led you to reflect on, if anything?

4. Is there anything that has not been talked about that you would like to include in your

    interview?

5. Do you have any questions for me?

6. What are you taking away from participating in this process?

APPENDIX G: Follow-Up Focus Group Interview Prompts

Thank you all for meeting for our final interview. This focus group is intended to be an opportunity to not only go over the results of your individual interviews and determine if you feel they are an accurate reflection of your experiences, but to also hear from others and their own experiences of development and their work as therapists. It is hoped that through this process, you may each walk away from this study with a sense of community, and feeling more empowered in your work as therapists. We will first do introductions in which each person here will say their name and a little about themselves. We will then review the study's results, as well as the summary you received of your first interview to check that you feel it is accurate and reflects the content we covered. During this time you will each be given a copy of your I poems generated from the data analysis process. I will also ask you a few questions and offer you an opportunity to debrief and ask me any questions.

Questions:

1. After reading through the summary of your first interview, do you feel it is accurate and reflective of the content we covered?

    a. What stands out to you?

    b. Is there anything you would like to change or clarify?

    c. Is there anything that surprises you?

2. What have you discovered or have you had any greater insights through this process?

3. What has this process led you to reflect on, if anything?

4. Is there anything that has not been talked about that you would like to include in your interview?

5. Do you have any questions for me?

6.   What are you taking away from participating in this process?

APPENDIX H: Data Analyst Confidentiality Agreement

As a member of the team using the listening guide to analyze transcripts, you will be in possession of personal, and at times sensitive, information about individuals, possibly including their identities, locations, as well as their study transcripts. You are expected to keep all information confidential, and dispose of all materials appropriately and in a timely manner.

I, _____, agree to maintain full confidentiality in regard to any and all recordings and documentation received from Hannah Raine related to her project on exemplary female therapists' development. Furthermore, I agree:

- To hold in the strictest confidence the identification of any individual that may be inadvertently revealed during the transcription or recorded interviews, or in any associated documents;

- To not make copies of any recordings or computerized files of the transcribed interview texts, unless specifically requested to do so by Hannah Raine;

- To store all study related recordings and materials in a safe, secure location as long as they are in my possession;

- To return all recordings and study related documents to Hannah Raine in a complete and timely manner;

- To delete all electronic files containing study-related documents from my computer hard drive and any backup devices.

I am aware that I can be held legally liable for any breach of this confidentiality agreement, and for any harm incurred by individuals if I disclose identifiable information contained in the recordings and/or files to which I will have access.

_____   _____   _____
Signature   Printed Name   Date

APPENDIX I: Confidentiality Agreement for Transcriptionist

This form may be used for individuals hired to conduct specific research tasks, e.g., recording or editing image or sound data, transcribing, interpreting, translating, entering data, destroying data.

I, _____, am a transcriber.

I agree to:

- Keep all the research information shared with me confidential by not discussing or sharing the research information in any form or format (e.g., USB sticks, printed material, transcripts) with anyone other than Hannah Raine;

- Keep all research information in any form or format (e.g., USB sticks, printed materials, transcripts) secure while it is in my possession;

- Return all research information in any form or format (e.g., USB sticks, printed material, transcripts) to Hannah Raine when I have completed the research tasks;

- After consulting with Hannah Raine, erase or destroy all research information in any form or format regarding this research project that is not returnable to the researcher (e.g., information stored on computer hard drive).

- Other (please specify): _____

_____   _____ _____
Signature   Printed Name   Date