Continuing to Matter: Keeping Psychotherapy in Perspective A Grounded Theory Study

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Abstract

Much is written about how psychotherapists work clinically, with ample reflection regarding the relationships between them and their clients. However, there is almost no enquiry into the psychotherapist's relationships with their significant others. This research aimed to redress this imbalance, at least partially, by asking 17 significant others (SOs) of psychotherapists in Aotearoa New Zealand how the training and practice impacts them. Twenty interviews were conducted and the data analysed using a constructivist grounded theory methodology. A substantive theory emerged, titled **Continuing to matter: Keeping the psychotherapeutic third in perspective.**

Findings showed relational and other contextual conditions played a vital role in how relationships between psychotherapists and SOs fared; however, central to all SOs' experiences was a desire to matter more to their related psychotherapist than psychotherapy. Psychotherapy and its constituent features of knowledge, skills, clients, training, the wider profession, and varying modalities came to form an impactful entity called the **psychotherapeutic third**. This third was found to play a dynamic role in the relationship between the psychotherapist and their SO, and formed one of two theoretical categories in the substantive theory. It is viewed through the lens of a second theoretical category, **engaging the mattering cycle**, whereby SOs move through a series of three processes; identifying a shift in the relationship attributed to the psychotherapeutic third, assessing its benefit and value, and recalibrating status and stasis within the relationship. The interrelationship of these two theoretical categories **perceiving a psychotherapeutic third** and **engaging the mattering cycle** informed the theory's core category, **mattering**.

Mattering is critical to well-being and relational health, informing our cognitive and affective sense of relatedness to people. This new theory builds on extant mattering theory, taking it in a new direction. Implications of these findings include inviting training programmes, psychotherapists, and other allied psychology professions to think creatively about the role of the psychotherapeutic third and how it enhances and diminishes mattering in relationships with SOs. Additionally, the theory generated has relevance for other occupational groups, particularly those working in caring professions or allied health, where the risk of work-life spillover may similarly impact. The research provides a tangible model for educators to reference when developing programme

curricula, addressing the risks and potential gains for trainees' relationships and the conditions under which they can thrive.

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Attestation of Authorship

I hereby declare that this submission is my own work and that, to the best of my knowledge and belief, it contains no material previously published or written by another person (except where explicitly defined in the acknowledgements), nor material which to a substantial extent has been submitted for the award of any other degree or diploma of a university or other institution of higher learning.

Signed: Elizabeth Jane Tuson

Date: 16 November 2023

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Chapter One: Introduction

"Everybody else needs mirrors to remind themselves who they are. You're no different." – Jonathan Nolan

Psychotherapists may be adept at mirroring the internal world of clients. However, with no intentional reciprocity in this act, it begs the question of who holds up the mirror to psychotherapists. Those who are perhaps most adept at mirroring psychotherapists' functioning are their significant others (SOs); yet, there is a striking scarcity of voices of SOs in psychotherapeutic literature.

In 2022 I attended a branch meeting of my professional association, the New Zealand Association of Psychotherapists (NZAP), where we listened to a recorded interview with Karen Maroda discussing her recently published book *The Analyst's Vulnerability* (Maroda, 2022). The room was full of psychotherapists, some of whom felt that Maroda's book was reductive or too formulaic. Others thought she invited a thinking and feeling into our own vulnerability as clinicians that was extremely useful. While at the meeting, and considering the diversity of opinions, my mind turned to how defensive, in my view, psychotherapists can be about the powerful position in which we find ourselves, especially in the clinical space. We are trained to think about the intrapsychic world of patients or clients, remaining curious with them about what informs their functioning; yet, I noted the struggle some of us experienced in that meeting to remain curious about our own functioning. My reverie extended to wondering how the power or powerlessness of the treatment room might spill over into our personal relationships. I wondered whether we hope to command the same reverence that we can experience from clients with our SOs. I contemplated whether, and especially if clients angrily reject and revile us, we unconsciously defend against powerlessness by making an unconscious power grab at home. I wanted to know if many of us fail to think about our hate or strong negative emotions or how lost and ineffectual we can feel. It seemed to me that there were none better to answer some of these questions than those who know us best, our Sos.

This thesis brings attention to this important group of people. I begin with a rationale for focusing on SOs, including my personal motivation for embarking on this research. I locate the research in the unique cultural context of Aotearoa New Zealand. I then elaborate on the focus of my research and reasons for centring my attention on psychotherapists' SOs. I outline my personal journey to my research question for perspective on where my interest lies and why. I discuss cultural partnership in the context

of psychotherapy in Aotearoa New Zealand and te Tiriti o Waitangi (Orange, 2004), and end with an explanation of conventions used throughout this thesis and the thesis' scope.

1.1 Focusing on Significant Others

Psychotherapists impact the lives and relationships of clients (Binder et al., 2010; de Smet et al., 2020), and the work that psychotherapists do affects their own lives (Hatcher et al., 2012; Rabu et al., 2016). However, little research has been conducted on how this important and demanding job affects the non-clinical relationships of psychotherapists. Authors have revealed that the quality of the psychotherapist's personal life has an impact on the therapy (Nissen-Lie et al., 2013; Schröder et al., 2009; Sherman & Thelen, 1998). Good relationships with family can also help reduce work family conflict and improve general life satisfaction for the psychotherapist (Rupert et al., 2012). What interested me is how both the work of psychotherapy and the preparation for the work – namely the training psychotherapists undertake, including their own personal therapy – reverberate through the lives of people close to psychotherapists. I wanted to know how these perceptions and experiences influence and shape the lives of their SOs. Additionally, and given there is little research into the Aotearoa New Zealand psychotherapy community, my hope is that findings from this research may be embraced by important stakeholders. These include regulating authorities, educators and trainers, ethics administrators, professional associations, psychotherapists, and supervisors, all of whom stand to benefit from a deeper understanding of the ways the training of psychotherapists ripples through communities for better or worse.

It is intriguing that psychotherapists listen sometimes for several hours each day to the issues and complexities related to other people's interpersonal world; and yet, the impact of how they work, the type of work, and their own interpersonal worlds remains largely unexamined to a significant degree in scholarly literature. Understanding the perspective of partners, children, parents, or other intimately connected people may be useful for pre-empting negative consequences in the work life of a therapist and those about whom they care – and who care for them.

1.2 Personal Motivation for the Research

I am a psychodynamic psychotherapist, a wife, mother, daughter, and sister. I began my training when my eldest child was 15 years and my youngest was 9 years. At that point, I had been with my husband for 16 years when I decided that this was the career pivot I wanted. I had been in weekly long-term therapy for 3 years and was inspired and encouraged by my then therapist to embark on psychotherapy training but without awareness as to how this path would change my life and relationships. I was warned by graduates of the particular programme to which I had applied that the training was a 'relationship breaker' but had no real concept of what was meant by this. Lecturers also intimated that the course could create challenges for interpersonal relationships but, again, this was not explored in any depth. At the end of the training I gave feedback to the programme that SOs are impacted by the training and are overlooked in the process. Although there was agreement with this observation, SOs remain an invisible part of an already full and demanding curriculum.

My marriage survived the training but not without impact. My career choice involved many sacrifices and adaptations from people closest to me to which I had not consciously paid attention. If I had been asked about the impact prior to this research, I would have replied that indeed the course was time-consuming, expensive, and profoundly transformative, and that, at times, this caused conflict. Having since engaged with SOs of psychotherapists, I have a greater appreciation of what I could have done to minimise the fallout and celebrate the gains; which includes taking greater responsibility for some of my own behaviours. Some of my failings as a parent and psychotherapist were brought to light when, in preparation for this research, I asked my now adult children how they experienced the training and what it meant for them to have a mother in this profession. The each wrote to me with a tender and, at times, confronting honesty. I had no idea at this point whether their experiences mirrored other SOs, but their responses only served to illustrate how important it is that psychotherapy trainees and clinicians understand they are not operating in a vacuum. The training is not just transforming and challenging them as trainees, it can have a significant impact on their SOs.

As I prepared for my research, I noticed that in therapeutic books that solicit the opinions of clinicians regarding what constitutes good practice, very few mentioned anything about taking care of our interpersonal relationships. I read articles and books where children who have trained to be psychotherapists, following a parent into the profession, share the experience of growing up with a psychotherapist. Lisa Firestone, a trainer and educator

in the field of violence and suicide, is the daughter of Robert Firestone who pioneered voice therapy in the United States. She followed her father into psychology because of a personal interest in the work she saw him doing. She reports that she did not feel pressured to have a similar career; and while she was not treated as though she was a client, could see that she was very much influenced by the depth of conversation she had with her father (Rosenthal, 2006). It is not unusual that a child will be influenced by interactions with a parent, but Lisa's experience and other readings intensified my interest in how psychotherapy training and work impact SOs in ways that are unique to the profession. For example, I wondered about the intersubjective intimacy generated in the clinical space and how it impacts relationships outside the room. I wanted to know if SOs feel they are the recipients of the same levels of interest and investment from their psychotherapist partner as clients, and if the carefully curated intimacy of the clinical space sated or, conversely, depleted the psychotherapist in their life. I wondered if SOs felt there was room inside the psychotherapist for everyone in their life. I know there are times when fatigue at the end of some workdays can mean I feel quite dismissive about the minutiae of my family's day. I know I am not alone with this when I read,

> Sometimes, if my husband starts to talk with me about something which interests him, I quickly lose interest in it... I recognize that I cannot bear to immerse myself in it. I become less interested in discussing commonalities, daily life problems. I am tired. (Rabu et al., 2016, p. 745)

I write more about my preconceptions connected to this research in the methodology and method chapters, because they are a critical part of a constructivist grounded theory (CGT) approach (Charmaz, 2014). In summary, I am reminded that our experiences within a profession may lead to us judging its efficacy, humanity, efficiency, and equity (Corbin & Strauss, 2008). I prepared for the possibility that SOs would reveal aspects of the training and practice of psychotherapy and psychotherapists that may be personally confronting and perhaps challenge my deep respect for the profession. However, I committed to bringing a greater understanding to an area of psychotherapy that has mostly remained in the shadows. I also understand that what I discover in this data is a point in time and findings will always be open to debate and amendment.

Having discussed my motivations, I now outline the contextual landscape for this research, beginning by introducing the cultural make up of Aotearoa New Zealand and the relevance of te Tiriti o Waitangi to the country and, in particular, this research.

1.3 The Cultural Make Up of Aotearoa New Zealand

This island nation deep in the Pacific was initially settled by Māori, the Indigenous population of Aotearoa New Zealand. Today, Aotearoa New Zealand is becoming increasingly ethnically diverse. It is predicted that by 2043 the population will have grown to more than 6 million people of whom more than a quarter will identify as Asian and approximately 21 percent will be Māori (Stats NZ, 2022a); significant growth in both these ethnic groups compared with the latest published census data as seen in Table 1.1.

Table 1.1

Six Major Ethnic Groups in Aotearoa New Zealand According to 2018 Census Data (Stats NZ, 2022a)

Ethnic group	**% 2018**
European	70.2
Māori	16.5
Asian	8.1
Pacific Peoples	15.1
Middle Eastern / Latin American / African	1.5
Other	1.2

*Multiple response variable is used in this table. Respondents may identify as belonging to more than one ethnicity.

Population growth, accompanied by increasing ethnic diversity in a post pandemic world where mental health issues and confirmed suicides are increasing (figure.nz, 2018; Stats NZ, 2022b), highlights the increased need for psychotherapy services that reflect the cultural complexities of Aotearoa New Zealand. As I prepared for this research, this view to the future was factored into choosing a methodology that foregrounds cultural context. These statistics also validated my interest in SOs of psychotherapists. As demand grows for mental health services, providers are placed under increased pressure which I hypothesise will reverberate through families. While there is increasing diversity in the country, the founding document governing the relationship between Māori and non-Māori is te Tiriti o Waitangi.

1.3.1 Te Tiriti o Waitangi (The Treaty of Waitangi)

Te Tiriti o Waitangi (1840) is a document signed in Aotearoa New Zealand in 1840 between the British Crown and approximately 40 Rangatira (chiefs) from iwi (tribal groups) along the length of the country. It was intended that power and responsibility be shared equally between Māori and the Crown ensuring the care and protection of all peoples of Aotearoa New Zealand (Orange, 2004).

The Treaty comprises three articles that relate to sovereignty, land, and the rights of the people, and a fourth oral clause that relates to religious freedom. However, there were two translations of this document, one in te reo Māori (Māori language), the other in English; and the discrepancies in translation have been the source of much discord in Aotearoa New Zealand (Orange, 2004).

In the English version of te Tiriti o Waitangi, Māori give the British Crown 'absolutely and without reservation all the rights and powers of Sovereignty' over their lands but are guaranteed 'undisturbed possession' of their lands, forests, fisheries, and other properties (Museum of New Zealand Te Papa Tongarewa, 2020). Māori are given protection from the Crown and have 'all the rights and duties of British subjects' (Salmond, 2020).

In the Māori version of te Tiriti o Waitangi, Māori give the Crown 'kawanatanga katoa' – complete governorship. However, Māori are guaranteed tino rangatiratanga or self-governance. For Māori this means "the unqualified exercise of chieftainship over their lands, dwelling places, and all other possessions" (Museum of New Zealand Te Papa Tongarewa, 2020).

These discrepancies in translation, breaches of te Tiriti by the Crown, and illegal confiscation of land, have led to considerable and enduring pain for Māori, inciting discord, and protest. As a result, the *Treaty of Waitangi Act 1975* was passed, and the Waitangi Tribunal formed to assess the impact of Treaty breaches. The tribunal was "tasked with determining the meaning and effect of the Treaty for the purposes of inquiring into Māori claims of breaches of the Treaty" (Neilson, 2020).

In 2018, the government of Aotearoa New Zealand launched the Ministry of Māori Crown Relations: Te Arawhiti (Te Arawhiti, 2018). The Ministry is intended to build on what was originally envisaged for te Tiriti o Waitangi, which was to use it as a blueprint for forging a bi-cultural relationship between Pākehā (people of European ancestry), tauiwi (other foreigners), and Māori as originally intended. As a psychotherapist and researcher,

te Tiriti o Waitangi requires of me to pay attention to its articles and holds me accountable as a Tiriti partner. In terms of psychotherapy practice, Woodward and O'Connor (2019) challenge psychotherapists in Aotearoa New Zealand to be aware of the Western paradigms that underpin their practice. They lay a wero (challenge) for Pākehā and tauiwi psychotherapists to avoid colluding with ideological views that oppress Māori and "begin forging pathways of understanding the complex dynamics contributing to contemporary constructions of self and society" (Woodward & O'Connor, 2019, p. 106). Doing so, demands a diligence concerning Treaty articles when engaging with Māori in the context of this research. There are many ways of demonstrating care and awareness. For example, article two of te Tiriti promises tino rangatiratanga (self-governance) which also includes research data (Kukutai et al., 2023). Māori language is considered a taonga (treasure); therefore, when using te reo Māori (Māori language) in this research I aim to be aware of using it accurately. I discuss further cultural considerations in the ethics section of Chapter Four.

In continuing to lay the ground for this research, I now give an overview of psychotherapy, the training, and some of the known risks to the health and well-being of practitioners.

1.4 Psychotherapy

The conduct of psychodynamic psychotherapy is an exploration of relationships with the self, others, and with the world around us (Bowden, 2018). It considers the social and cultural aspects of the client, acknowledging that processes that are both conscious and unconscious influence our way of being, thinking, and feeling (Bowden, 2018; Psychotherapy and Counselling Federation of Australia [PACFA], n.d.). It considers a multiplicity of theories to make sense of a person's mental, spiritual, emotional, and physical experience, acknowledging that past events and experiences can reverberate through current relationships (Bowden, 2018; PACFA, n.d.).

Confusion is common regarding the distinction between counselling, psychiatry, psychology, psychotherapy, as all are professions offering therapy and/or counselling treatment. There are many overlaps between the professional groupings in how they work and their professional values but there are also significant differences, particularly in the pathway to qualification and principles that guide their practice. The following is a brief overview of these synergistic professions.

Counsellors may work on a specific issue or help the client to adjust to life changes, while fostering the person's well-being. Counsellors are active in the therapy process using evidence-based interventions to bring about change and empowerment. Counsellors may do long- or short-term work attending to a range of issues. They rely on a trusted confidential relationship that is empathically attuned to the needs of the client (PACFA, n.d.).

There are many similarities between counselling and psychotherapy treatment practices. They both work to improve a person's self-worth and their capacity to cope with difficult feelings and situations. Both aim to increase self-understanding and improve functioning. Similarly, they do not tell a person what to do but work towards the client finding the solution within themselves. Both use a range of modalities and work with a wide range of issues that affect people of all ages (New Zealand Association of Counsellors [NZAC], 2022b; Psychotherapy and Counselling Federation of Australia, n.d.).

Counsellors often have a tertiary qualification but are not state regulated in Aotearoa New Zealand. NZAC does have a registration pathway that ensures their members have appropriate ethical and professional standards. Counsellors registered with NZAC must have either a bachelor's or master's counselling degree or equivalent. Members of NZAC must also commit to ongoing supervision and professional development (NZAC, 2022a).

Psychiatrists may be interested in broader treatment responses but their distinguishing skillset is that they are trained in the biological mechanisms associated with mental health issues and can prescribe medications in response to these. They have completed a medical degree, then a further 5-year specialism in mental illness. During the 5-years, candidates are expected to have experience in using psychotherapeutic techniques and write a 10,000-word psychotherapy case history. Psychiatrists must be registered with the New Zealand Medical Council.

Psychologists provide counselling and psychotherapy but often treat patients from a manualised treatment model. To become a psychologist, a person needs a minimum of a master's degree and to have completed 1500 hours of supervised practice. They must also be registered with the New Zealand Psychologists Board. A clinical psychologist requires a Master of Psychology degree, then a post graduate diploma in clinical psychology. An educational psychologist requires a master's degree in education, educational psychology, or psychology; followed by a post graduate diploma in educational psychology.

Neither psychologists nor psychiatrists are required to undertake personal therapy to qualify in their professions. I now return my focus to psychotherapy and psychotherapists.

1.4.1 Training to be a Psychotherapist

It is expensive and often arduous to train in psychotherapy (Adams, 2014; McBeath, 2019). McBeath (2019) quite rightly posed the question, "why would someone want to listen, as a job and with no certainty of success, to people with a wide range of causes for unhappiness, depression and, at times, despair?" (p. 377). There are few empirical studies on who becomes a psychotherapist (McBeath, 2019), with much more written about what attracts a person to this career (Barnett, 2007; Bugental, 1964; Farber et al., 2005; Guy, 1987; Marmor, 1953). Factors that attract people range from the hope of resolving unconscious intimacy issues (Bugental, 1964), the personality of the person (McBeath, 2019), to intellectual stimulation (Farber et al., 2005; Marmor, 1953). A frequently proffered reason given for embarking on this career path is captured in the concept of the wounded healer (Zur, 1994). This concept has links to a Greek myth in which Chiron, a centaur and half-brother to Zeus, sustained an incurable wound which moved him to heal others (McBeath, 2019). Making the link between this myth and the practice of psychotherapy conveys the idea that psychotherapists have often had adverse childhood experiences which they then seek to heal through psychotherapy. Their experience of healing and transformation through this process could be profound, leading to their interest in training in the field and offering an opportunity for transformation to others. Bugental (1964), Guy (1987), and Barnett (2007) have posited that psychotherapists use the work to resolve a complicated and potentially fearful relationship with intimacy. The clinical space may allow them to sate their need for closeness in a way that is controlled, one-way, and not at risk of overwhelming them (McBeath, 2019). However, few studies have systematically examined why people become therapists (McBeath, 2019), rendering these rationales putative at best. The psychotherapy profession would benefit from research into what attracts a person to the job and whether some of these oft cited motifs accurately represent the motivations of psychotherapy trainees and practitioners.

McBeath (2019) conducted one of the few enquiries into the motivations of psychotherapists. He surveyed 540 English psychotherapists and found that they showed a willingness to reflect on what attracted them to the profession, many stating that it is something that changes over time. Many of those surveyed agreed that there are likely unconscious motivators for becoming a therapist. Many agreed to the wounded healer

formulation but they also identified that they had personal attributes that made them effective in the job.

1.4.2 Impact of the Work on the Psychotherapist

It is not unusual for psychotherapy colleagues to mention their physical and/or emotional health, occasionally referencing insidious feelings of burnout, physical complaints such as back pain, compassion fatigue, or vicarious trauma. Several esteemed practitioners, writers, and theorists in the field have died relatively young (i.e., before they turned 70 years); for example, Eric Berne (1910-1970) died at age 60, R. D. Laing (1927-1989) died aged 61, Stephen Mitchell (1946-2000) died aged 54, Petruska Clarkson (1947-2006) died aged 58, Lewis Aron (1952-2019) died aged 64. By comparison, between 2015 and 2020, the average life expectancy at birth for Organization for Economic Cooperation and Development (OECD, 2017) men was 78.1 years and for women 83.4 years.

Researching the mental health of 240 Canadian psychotherapists, Laverdiere et al. (2018) found "that 20% of psychotherapists were emotionally exhausted and 10% were in a state of significant psychological distress" (p. 315). That 30% of the profession in Canada is under strain led me to contemplate the situation in Aotearoa New Zealand. I became curious about the professional blind spots relating to health and self-care. For example, preliminary reading identified that some of the risks associated with the job had been written about at length. There are many studies looking at issues such as burnout within the psychological professions (Finan et al., 2022; Laverdiere et al., 2018; Leiter & Maslach, 2016; Schaufeli et al., 2017) and vicarious traumatisation (Baird & Kracen, 2006; Turgoose & Maddox, 2017). There is a growing body of literature on the spillover effect of the work psychotherapists do (Rupert et al., 2009; Stevanovic & Rupert, 2004, 2009). Elevated levels of stress, burnout, depression, or reduced ability to effect good self-care could, indeed, be some of the factors that impact psychotherapists' capacity for intimate connection outside the clinical space. Posluns and Gall (2020) found in their literature review an awareness of risk factors in psychotherapeutic work, and that self-care should be paramount to protect both the therapist and the clients they serve. The risk factors outlined in this literature assisted in the formation of my research question as I considered whether factors that can make the psychotherapist vulnerable are felt in conscious and unconscious ways by their SOs.

Two phenomena are often referred to in relation to the impact of the job on the therapist: burnout and vicarious traumatisation. Notably, when these two phenomena are written

about (Davies et al., 2022) it is predominantly without any reference to their impact on families. Spending time with family and friends is extremely important to work-life balance and maintaining satisfaction with one's career, (Stevanovic & Rupert, 2004, 2009); therefore, understanding the ways that psychotherapists' work impacts relationships with SOs may allow the profession to mitigate some of the obstructions to work-life balance.

1.4.2.1 Impact of burnout and vicarious trauma on therapeutic work

Psychotherapy requires significant emotional involvement with patients and clients, making it one of the most emotionally demanding professions (Posluns & Gall, 2020). In a recent study (Simionato & Simpson, 2018) 50% of psychotherapists surveyed reported work-related distress. Work-related stress is a known contributor to burnout (Yang & Hayes, 2020). According to the World Health Organization (WHO, 2018) burnout results from chronic workplace stress that has not been well-managed. It is characterised by the following three dimensions:

> 1) feelings of energy depletion or exhaustion; 2) increased mental distance from one's job, or feelings of negativism or cynicism related to one's job; and 3) reduced professional efficacy. Burn-out refers specifically to phenomena in the occupational context and should not be applied to describe experiences in other areas of life. (WHO, 2018)

There are many associated risks with burnout such as the impact on the client; significant physical symptoms that can accompany it such as sleep deprivation, gut ill-health, anxiety; and, not least of all, ethical implications and interpersonal difficulties (Simionato et al., 2019). Rupert et al. (2009) found that family resources which include support from intimate relationships are important for maintaining therapist well-being. They help mitigate conflict both at home and at work, as well as avoid exhaustion and burnout. There was a reciprocal connection between the two milieus with inadequate resourcing at work impacting home and vice versa.

Another commonly cited impact of the work is vicarious traumatisation (Baird & Kracen, 2006; Turgoose & Maddox, 2017). Vicarious traumatisation is the cumulative effect of taking on the negative impact of listening to other people's traumatic experiences which leads to the inner world of the therapist being affected over time. It can also impact their personal relationships, their view of themselves, and how they live (Halevi & Idisis, 2018). Morgan-Jones (2009) looked specifically at the occupational risks associated with

psychotherapy and whether psychotherapists pay enough attention to what the work does to them, what they get caught up in, and the blind spots of the profession. For example, if psychotherapists do not look after the self, this can lead to the embodiment of an impaired 'container.' A furious wish to heal others may mean the therapist's narcissistic wounds are ignored. Morgan-Jones wrote "vicarious living through the patient can become a toxic drug to manage unconscious excitations" (p. 470). They also asserted that these blind spots may impinge on the quality of the psychotherapist's intimacy with others.

1.5 Psychotherapists' Relationships

Forming quality relationships is part of a psychotherapist's skillset with the potential to enhance both clinical and personal connections. Of course, the nature of these relationships may differ greatly, and success in one realm may not ensure success in the other. I now briefly discuss how contemplating clinical relationships deepened my curiosity about SOs. Following, I illustrate how some of the most revered psychotherapists in the profession have been unable to synchronise their apparent skill and success in the professional realm with their relationships with SOs.

1.5.1 Clinical

Psychotherapists are in unique relationships (Guy, 2000), drawing on skill to care for others through creating an alliance that is boundaried, empathic, and consistent (Skolvolt & Trotter-Mathison, 2011). Relationships with clients can be particularly emotionally draining where psychotherapists are variously idealised and depended on, hated, and rejected (Morgan-Jones, 2009).

Clients may share details of their lives that few people know about them, engendering, at times, a profound intimacy felt by both therapists and clients. For Heinonen and Orlinsky (2013), "psychotherapy may be a particularly alluring occupation in this sense, in that it seems to offer professionals exceptional emotional intimacy while protecting them from the emotional vicissitudes, vulnerability and risks involved in reciprocal sharing in personal relationships" (p. 728).

1.5.2 Familial / Personal

McKamy (2015) reflected that "[a]way from sedentary office hours I shed weight, literally and figuratively. Family, friends, and colleagues seem glad I am 'off the clock'

when we get together" (p. 743). This may be so, but an absence in the literature suggests psychotherapists may be assuming they know how they are perceived rather than authentically engaging with the perceptions of SOs.

On this note, Sandra Buechler (2014) asked Steven Kuchuck, a highly regarded New York psychoanalyst and psychotherapist, what he thought was missing from his newly published book.

> I would also try to add chapters that deal with the therapist's personal relationships, romance (or lack of), marriage, and child-rearing (or experiences of childlessness). Again though, it's always a challenge to find therapists who are willing to write about such personal matters, and I certainly understand and even share that concern. (Buechler, 2014, p. 207)

Unfortunately, I could not find any further writing from Kuchuck on personal matters. This may suggest that he, too, finds it too difficult to expose himself, and those close to him, in this way. It may be a vulnerable endeavour discussing personal relationships in a community where analysis of human functioning is *de rigueur*.

History informs that psychotherapeutic training does not guarantee harmonious relationships between parents and children. Biographical accounts of famous psychology professionals' relationships with their children, such as Sigmund Freud and Melanie Klein (Cohen, 2017), indicate there is no unambiguous vista of therapists and their intimate connections. The following examples illustrate the relational complexity between some of the most well-known therapists and their SOs. I cannot assert with certainty that the professional training is the sole catalyst for complicating these relationships. However, it does suggest that psychological training is not an antidote to negative fallout with SOs.

Sigmund Freud had an extremely close connection with his daughter Anna. Freud called his daughter 'Anna Antigone,' because, he said, she was so devoted to him. As Freud 'invented' or discovered the Oedipus complex, calling his daughter Antigone was hardly neutral. "In Greek mythology, Antigone was the daughter of Oedipus and Jocasta, the couple who committed incest without either knowing it" (Cohen, 2017, p. 46). Freud is said to have analysed two of his five children, Anna and Oliver. His relationship with the latter was troubled (Cohen, 2017). Unlike Anna, who was devoted to her father, Oliver moved to the United States, opting to become an engineer in a world far from psychoanalysis (Cohen, 2017).

Melitta Schmideberg and her famous psychoanalyst mother, Melanie Klein, reportedly had a fraught relationship (Cohen, 2017). Melitta and one of her brothers were also apparently analysed by their mother. Melitta resented it and came to detest her mother for several reasons; not least of all because she believed her brother Hans' death due to a climbing accident was suicide linked to his inability to express his anger towards their mother. She refuted many of her mother's theories and psychoanalytic practices. When her mother died, she refused to attend the funeral (Cohen, 2017).

Nathaniel Raskin, a student of Carl Rogers, the father of the person-centred approach to therapy, wrote a rare autobiographical account of his own personal vulnerabilities. He shared how he found it hard to show profound love to his children, and that intimate relationships could be challenging. He said it was easier to give of himself in the work context. "I am afraid of being hurt and I am afraid of hurting" (Raskin, 1978, p. 365). He explained, "I have this great respect for human experiencing, but I can apply it to others more easily than to myself, and also that I am more comfortable with positive than with negative feelings, both in myself and others" (Raskin, 1978, p. 367).

R. D. Laing, the influential Scottish psychiatrist and psychoanalyst in the mid to late 20th century, was viewed as an incredibly talented clinician and creative genius (Jones, 2010). However, he had many personal issues and mental health struggles (Jones, 2010) and could, purportedly, be quite cruel (Adams, 2014). His son, Adrian, was interviewed in the Guardian newspaper and was asked what it was like to be the son of such an influential psychotherapist. He replied, "It was ironic that my father became well-known as a family psychiatrist… when, in the meantime, he had nothing to do with his own family." The article gives a halting account of his parental failings—courting celebrity at the expense of his family, paying a minimum of child support, to name a few (Day & Keeley, 2008).

Scott Peck, a psychotherapist who wrote the international best seller, *The Road Less Travelled* (1978), had, according to some reports, appalling relationships with his wife and children. He is thought to have struggled with substance abuse and had extra marital affairs; yet, he wrote eloquently on the topic of how to face life's hardships, focusing on ways to achieve improved relationships and greater life satisfaction in a book that was devoured by millions (Adams, 2014).

If these reports are an accurate representation, they illustrate that a successful professional life and harmonious family relationships while not mutually exclusive cannot be assumed. But I also found myself wondering why it is easier to find negative narrative accounts of

psychotherapists' interpersonal relationships than illustrations of how positive and generative the work can be. I wondered about the unconscious motivations of the authors; asking myself if there was something salacious and satisfying in pointing out how flawed these 'experts' or leaders in the field could be.

As I contemplated all the aspects of psychotherapeutic work that might impact SOs, I was looking for ways that psychotherapy differentiated itself from other disciplines. Certainly a profession that is focused on human functioning and the workings of something so complex as the mind can invite projections from people. Anecdotally, I know psychotherapists are often asked if they are analysing people in social contexts. There is something about this type of knowledge that has the power to unsettle people including, perhaps, SOs. It occurred to me that how and where psychotherapists work may play a role in their close relationships. For example, it is not unusual for psychotherapists to work from home, meaning family domiciled in the house must work around the idiosyncrasies of therapeutic work. As Adams (2014) writes, there may be little space for spontaneity during clinical hours for those living with the psychotherapist. There is also the need to keep quiet or dodge strangers as they come and go to preserve confidentiality, to have no cooking smells, to keep young children quiet, and not to be using noisy appliances. In the post COVID-19 world there is likely to be more than one person trying to maintain a career from home. These were some aspects of being in relationship with a psychotherapist that I was interested in hearing about from SOs.

As this research is enquiring about the impact of training and practice, I now turn my attention to psychotherapy training. Training to become a psychotherapist is the inception of a transformative learning process and it may be where SOs also locate a significant turning point in their relationship with a related psychotherapist (RP). Hence its significance in laying the ground for this research.

1.6 The Training

Training to become a psychotherapist is a comprehensive commitment. A clear gap in my training was any meaningful discourse around how this new learning impacts significant relationships, despite there being studies that have found training to become a therapist can put strain on existing relationships (Rath, 2008; Truell, 2001). As I contemplated the research, I noted there were studies that showed a more positive impact from therapy training on relationships (MacKenzie & Hamilton, 2007; Sori et al., 1996). The

discrepancy between the experience of these two perspectives piqued my curiosity as a researcher. It mirrored what I had experienced in my own family. As I trained, my children resented any use of therapeutic concepts in relation to them but, equally, at times they would ask for psychotherapeutic advice. I wondered whether any other profession evoked such an emotive and dichotomous response in SOs. Reportedly, there are similarities between the armed services and clergy—"both are philosophical systems deeply concerned with the daily lives and social interactions of people; and in both cases their practitioners are expected, to a greater or lesser extent, to embody the principles they espouse" (Maeder, 1989, p. 49). Like children of clergy, children of psychotherapists may see the 'real' parent and know how flawed their parent is; yet, other people expect or need them to be living and breathing the principles associated with their profession (Maeder, 1989). However, there is a difference. The role of the psychotherapist is much more mysterious. Maeder (1989) writes that it is "inscrutable, wilfully hidden, and tinged with the forbidden. There are no tools and there is no product. There is no process that can be watched. The patients are supposed never to be seen or identified" (p. 51).

In summary, there is an apparent superficiality in what is known about the impact on relationships when one trains to become a psychotherapist, with some reporting benefits (MacKenzie & Hamilton, 2007; Sori et al., 1996) and others reporting the stress of its demands (Rath, 2008; Truell, 2001). Additionally there is nothing that attends to the unique cultural context of Aotearoa New Zealand where there is a variety of routes to becoming a psychotherapist.

1.7 Becoming a Psychotherapist

A practitioner can only refer to themselves as a 'psychotherapist' in Aotearoa New Zealand if they are registered with the Psychotherapy Board of Aotearoa New Zealand (PBANZ). This regulation came into effect in October 2007 when psychotherapy was included as a health profession under the *Health Practitioners Competence Assurance Act 2003* (HPCAA) (PBANZ, 2023).

Registration requires the psychotherapist to hold an annual practising certificate and documentation proving the completion one of the approved trainings (see below), and meet the relevant requirements of the HPCAA.

There have been several pathways to becoming a registered psychotherapist in Aotearoa New Zealand:

- Accredited Jungian Analysis Training and The Australian and New Zealand Society of Jungian Analysts full membership
- Accredited Psychoanalyst with the International Psychoanalytic Association
- Auckland University of Technology (AUT) Master of Psychotherapy Adult programme
- Auckland University of Technology (AUT) Master of Psychotherapy Child and Adolescent programme
- Psychodramatist certified by the Board of Examiners of the Australia and Aotearoa New Zealand Psychodrama Association (AANZPA)
- TA
- Certified Bioenergetic Therapist
- Ashburn Clinic Certificate in Psychotherapy training and the Advanced Theory of Psychotherapy
- NZAP Advanced Clinical Practice (ACP) certificate.
- Australia and New Zealand Association of Psychotherapy (ANZAP) Diploma of Adult Psychotherapy.

The above programmes are eligible for registration through a 'grandparenting' programme. Grandparenting requires graduates to show documentation proving they have completed an eligible training programme and have met all the requisite standards outlined in the HPCAA. Graduates of two other training programmes—gestalt psychotherapy and psychosynthesis—are eligible for registration through grandparenting, though these programmes are not currently offered in Aotearoa New Zealand. Graduates of the Hakomi training programme are not currently eligible for registration based on this training alone, but they are recognised by NZAP (further details on training programmes can be found in Appendix A).

As of December 31, 2024, grandparenting as a route to registration will be disestablished. Thereafter, only accredited training programmes will be eligible for registration. Consultation regarding accreditation began in 2011, and in 2021 agreed accreditation standards were published by PBANZ (2021). Several training programmes were then invited to be a part of an accreditation training pilot. On January 1, 2025, only graduates from accredited training programmes will be able to call themselves psychotherapists.

1.7.1 The Controversy of Registration

The decision to register the profession has been controversial for many (Tudor, 2017). According to Tudor (2017), concern about registration is linked to the following: statutory regulation of psychotherapists; the fact that there is no mention of te Tiriti o Waitangi in the HPCAA; that there are embedded assumptions concerning regulation that infer that it will protect the public; and the assumption that psychotherapy is best viewed as a health profession.

Those who practise psychotherapy, and for whom registration is a departure from their professional, personal, and/or cultural values, must refer to themselves as 'practising psychotherapy' rather than 'psychotherapists' to avoid facing significant fines and disciplinary procedures. However, they are not excluded from belonging to the main professional body, NZAP, which has its own constitution and code of ethics.

1.8 He Ara Māori Advanced Clinical Practice (HAMACP)

He Ara Māori is a clinical training pathway that specifically acknowledges a Māori worldview and knowledge base. It pays credence to the breadth of Māori experiences acknowledging their inherent heterogeneity. Full membership of NZAP through this route can take up to 5-years. This pathway has been a rigorous undertaking that has had several iterations and multiple assessment processes on its journey to becoming an important feature of clinical training in Aotearoa New Zealand (Poutu Morice et al., 2019). HAMACP intends to apply to become an accredited training programme once this route to registration is established.

1.9 NZAP

NZAP was established in 1947. It is an organisation that aims to connect the psychotherapy community, uphold professional standards, and facilitate ongoing professional development for psychotherapists in Aotearoa New Zealand. It also offers a pathway to registration via the Advanced Clinical Practice qualification (see Appendix A).

As of September 2023, there are 518 members of NZAP. Much of the work the association undertook between 1947 and 1988 was the establishment of ethical standards and a robust complaints procedure, the formation of supervision groups in each of the

regions, accreditation for supervision, and membership criteria. In 1984, at the annual general meeting, the topic of professional registration was discussed, and in 1985/1986 a proposal for registration was forwarded to the Ministry of Health (Manchester & Manchester, 1996).

In her report as outgoing president (1991), Ruth Manchester affirmed that "the Association does not see itself as a training organisation but nevertheless greatly emphasises supervision and high standards of practice" (Manchester & Manchester, 1996, p. 97). At the Council meeting (of 27th and 28th July, 1981) "it was established that [the] NZAP would not, as a matter of policy, endorse one training… but that "Graduates from all training programmes would be expected to meet the independent criteria for membership for NZAP" (Manchester & Manchester, 1996, pp. 97-98). In 1992, annual practising certificates were issued to members who had paid their subscription and upheld the membership's educational requirements. There was also a public register established of psychotherapists who had met the standards of the Association (Manchester & Manchester, 1996).

In 1994, Haare Williams, kaiārahi (mentor) to the association, met with NZAP to discuss how the council and association could improve their bi-cultural commitment. Haare felt it could be achieved by each of the regions generating activity to build bi-cultural awareness (Manchester & Manchester, 1996). In 1995, the Association's constitution was amended to include a clause that outlined an objective to explore how the articles and spirit of Te Tiriti o Waitangi could inform psychotherapy (Manchester & Manchester, 1996). Twelve years later, in 2007, several Māori psychotherapy practitioners met to discuss the formation of Waka Oranga, the rōpū (group) that is now the treaty partner of NZAP, a taonga (treasure) in the psychotherapy landscape of Aotearoa New Zealand.

1.10 Waka Oranga

In 2009, with Waka Oranga now an official treaty partner of NZAP, two seats were made available on the NZAP council for Waka Oranga members. The kaupapa (principles/foundational ideas) of Waka Oranga is to uphold Māori values and wisdom and to improve the health and quality of life for Māori (Mikahere-Hall et al., 2020), guided by principles of te Tiriti o Waitangi and six core values as summarised:

1) Wairuatanga – “acknowledges the spiritual essences of a person’s unique being and the source of all life form through atua (gods)” (Mikahere-Hall et al., 2020, p. 28).
2) Manaakitanga – “concerned with the enactment of beliefs through sets of behaviour which express concern, generosity, hospitality, mutual respect, equality, and humility” (Mikahere-Hall et al., 2020, p. 28).
3) Whanaungatanga – “the principle that binds individuals to the wider group and affirms the value of the collective” (Mikahere-Hall et al., 2020, p. 28).
4) Kaitiakitanga – “concerned with the responsibilities of actively exercising guardianship in a responsible manner to ensure sustainable futures and for the beneficial welfare of Māori Indigenous psychotherapy practitioners and the communities in which they work” (Mikahere-Hall et al., 2020, p. 29).
5) Rangatiratanga – words in Māori can have multiple meanings and this core value is nuanced; however, rangatiratanga

> recognises both an individual and the collective right to be self-determining in thought, feeling and behaviour, and to be liberated from injustices. Māori Indigenous psychotherapy practitioners are encouraged to support the principles of sovereignty and self-determination for all persons and peoples. (Mikahere-Hall et al., 2020, p. 29)

6) Kotahitanga – “articulates unification and togetherness. Kotahitanga is motivated by the collective power of people to be purpose driven and, within this, to be unified” (Mikahere-Hall et al., 2020, p. 29).

As the NZAP (2023b) puts it: “Māori psychotherapy practitioners hold that the needs and rights of individuals are indivisible from the needs and rights of whānau, hapū and iwi.” As such, members of this rōpū hold that a person’s internal world reflects the social world in which they live. The rōpū plays a valuable role in challenging the dominant paradigm of Western psychotherapeutic thought and the impact of colonisation on health and psychotherapy in Aotearoa New Zealand.

1.11 Research Question and Methodology

I have outlined the context for this research leading to the formulation of the following research question: How does the training and practice of psychotherapy impact the psychotherapist’s SOs? To answer this question, I engaged a social constructivist

epistemology using CGT, for which I interviewed 17 participants who shared their experience of living with a RP. I elaborate further on the methodology and method for this research in chapters three and four.

1.12 Conventions Used in the Thesis

The terms psychotherapist, therapist, and clinician are used interchangeably, reflecting the speaker's choice of terminology. Similarly, patient and client are used interchangeably depending on the speaker.

Māori words have the English translation bracketed directly after their use. A glossary of Māori terminology can be found on page 228.

Participant quotes are introduced with the pseudonym of the participant followed by their relationship to the psychotherapist. The content of the quote is italicised. Gender neutral pronouns have been used and all identifying information excluded to protect the identity of the participant.

Common terminology is introduced in full and abbreviated thereafter.

SOs, in the context of this research, refers to partners, children, and siblings.

To distinguish between the psychotherapist who is in relationship with the SO and the psychotherapist they may be seeing for personal therapy, the former is referred to as RP.

1.13 Summary

This chapter has laid the groundwork for the research. I have outlined why the research is important, both professionally and personally, detailing how I came to formulate my research question: how does the training and practice of psychotherapy impact the psychotherapist's SOs? I gave a brief overview of the cultural context of Aotearoa New Zealand, before introducing the profession of psychotherapy, describing possible motivations to train, and some of the occupational hazards. I outlined how the families of some of the most celebrated clinicians have not always fared well despite having a psychotherapist in their midst. I concluded by detailing training and registration in Aotearoa New Zealand.

With the scene set, and a lacuna in scholarly literature representing the experiences of the SOs of psychotherapists, there is fertile ground for bringing these important relationships into the foreground. In the following chapter I discuss engaging scholarly literature in a grounded theory (GT) analysis using a three-staged approach (Thornberg & Dunne, 2019) to introduce and discuss extant literature pertaining to the current research.

Chapter Two: Literature Review

2.1 Introduction

In this chapter, I outline the literature reviewed for this research. I begin by explaining the role of literature in a GT analysis. I then explain how I engaged with the literature in three stages (Thornberg & Dunne, 2019). The first stage was a scope of the literature in preparation for PhD candidature, presenting a cogent case for my research and to avoid replicating research already explored. The second stage outlines literature engaged during the analysis that facilitated theory development. The third and final stage was situating my theory in current literature, identifying where it aligned with extant theory and where it contributed a unique perspective in currently uncharted scholarly territory.

2.2 The Place of the Literature Review in GT

The place of the literature review in GT is disputed (Charmaz, 2014). It is one of the ways that the various iterations of GT differ. In classic GT (Glaser, 1978; Glaser & Strauss, 1967) it was recommended that the literature review be conducted after the analysis was completed to avoid imposing the ideas of others on one's own data or 'contaminating' the formation of any categories that may emerge (Birks et al., 2019; Glaser & Strauss, 1967; Ramalho et al., 2015). However, this stance assumes that the researcher cannot engage reflexively with current literature (Dunne, 2011) or that they will be unduly influenced by what they read (Charmaz, 2014).

Glaser and Strauss later had differing emphases concerning literature engagement. In his work with Corbin, Strauss maintained that providing the researcher maintained a sceptical stance towards existing literature and ensured it did not impose on the emerging theory, it could be a useful resource to identify what is important and what is not, when deciding what direction to head in (Corbin & Strauss, 2015; Strauss & Corbin, 1990). Charmaz (2014) thought it appropriate to engage with literature in all phases of the research. Rather than compromising the research, she argued it can augment it. This approach helps identify gaps in current theory and hones researcher awareness of how and where their data portray a different view to others. Birks and Mills (2023) also see literature as a valuable tool for enriching data analysis and theory construction.

Given that the epistemic stance of this research is constructivist, the theory developed is influenced by my subjectivity and the social and cultural context from which I emerge

(Ramalho et al., 2015). Charmaz (2014) pointed out that researchers have often consumed a significant amount of literature in their fields of interest, making it almost impossible to bracket it off in pursuit of becoming a tabula rasa. Moreover, many graduate students are required to view existing literature to convince universities and funders that the research is justified (Birks et al., 2019; Charmaz, 2014). Consequently, Charmaz (2006) recommended letting any previous reading "lie fallow" (p. 166) so that creativity and ideas can emerge.

Thornberg and Charmaz (2012) also urged constructivist grounded theorists to use the extant literature creatively and flexibly and, like other theorists (Charmaz, 2014; Turner & Astin, 2021), encouraged the researcher to remain critical of what they read, scrutinizing it carefully once their own analysis is completed. They can compare the literature to their own data analysis and explore whether it has any further utility for the research (Ramalho et al., 2015). Literature does not define the research but aids in facilitating a theoretical dialogue (Lempert, 2007). Embracing pragmatist and constructivist epistemology, I now explain the literature engaged during this research and my rationale for doing so. I was guided by the three stages of literature engagement as described by Thornberg and Dunne (2019): the initial phase, second phase, and third phase. "Each of the three phases is targeted and purposeful, yet each one fulfils a discrete and important function in the overall research process" (Thornberg & Dunne, 2019, p. 213).

Initial phase: occurs prior to data generation and locates the researcher within the subject terrain. It "helps establish *if, how, when, where, why, and by whom* a given topic has been studied (or not) to date" (Thornberg & Dunne, 2019, p. 212).

Second phase: is informed by the data that have emerged from the research. Empirical studies are identified that assist the researcher to elevate the level of abstraction of their GT (Thornberg & Dunne, 2019).

Third phase: serves to contextualise the theory within and across disciplines and emphasises how the new GT contributes to its field (Thornberg & Dunne, 2019).

2.3 Initial Phase Literature Review: Preparing the Ground

The purpose of the initial phase was to familiarise myself with the general area of interest, psychotherapists' SOs. Thornberg and Dunne (2019) argued this phase should empower

researchers as they gather certainty that their research question has value. Initial reading around the subject area of psychotherapists' SOs was useful for establishing context and justification for the current research (Birks & Mills, 2023; Charmaz, 2014; Thornberg & Dunne, 2019). The scope of data occurred prior to data collection, and its intention was to ensure the enquiry was valid and to garner a broad familiarity with the topic. Birks and Mills (2015) recommended memoing during this phase of the literature review and to compare the memos. As Dunne and Üstündag (2020) pointed out, it is important that the new theory is developed using raw data. Checking memos ensures reflexivity; that one is not being overly influenced by extant theory or a particular theoretical framework as one identifies the appropriateness of using the GT method. It also ensures one is not merely covering territory already researched. Martin (2006) encouraged researchers to be open to the literature; yet, critique its limitations.

2.3.1 Initial Search Terms

I began looking at the interpersonal relationships of those practising psychotherapy—counsellors, marriage and family therapists (MFTs), and counselling psychologists. I restricted the initial search to papers published since 2000, unless it was a seminal article on the topic. Due to the relatively small relevant return in academic search engines, I used related article searches and withdrew any date restriction. I left the search broad including all familial relationships, and those that looked at the personal relationships from the perspective of the therapist. The following databases were used: PEP, PsycINFO via Ovids, PsycARTICLES, PsycBOOKS, Google Scholar.

2.3.2 Keywords

- Psych* truncated to include psychotherapist (s); psychologists; psychoanalysts AND therapist AND counsellor
- "Intimate other" AND "significant other" AND partner AND wife AND husband AND child* AND daughter AND son AND mother AND father AND sibling AND famil*

2.3.4 Inclusions

Papers published in a peer-reviewed journal and books since 2000. I extended the search by carefully examining references embedded in articles of interest and by entering the same search terms into Google Scholar.

2.3.5 Exclusions

Articles not written in English and articles referring to non-counselling psychology professions, as well as articles in non-peer-reviewed fora.

PsychINFO returned the most relevant articles. Of those that discussed the impact of training on partners or spouses, several were linked to MFTs (Polson & Piercy, 1993; Sori et al., 1996; Tyskø & Loras, 2017). Many more viewed interpersonal relationships from the perspective of the clinician (Butler, 2014; Geller, 2014; Kennedy & Black, 2010; Murstein & Mink, 2004; Rabu et al., 2016; Ronnestad & Skovholt, 2001; Truell, 2001; Tyskø & Loras, 2017). Very few viewed the interpersonal relationships from the perspective of the SO (Dahl et al., 2010; Golden & Farber, 1998; Pack, 2010; Zur, 1994).

I have divided the findings of this initial phase literature review into four groups:

1) Relationships with therapists from the perspective of SOs
2) Interpersonal relationships from the therapist's perspective
3) Theses and dissertations
4) Research from other disciplines

2.3.6 Relationships with Therapists from the Perspective of Significant Others

As I searched the literature, I asked myself the question 'whose voices are absent and what knowledge gets to count in the field of psychotherapy?' The voices of psychotherapists' SOs are unquestionably scarce in scholarly literature. The date range was extended to late 20th century peer-reviewed work to find the very few papers that referenced views of SOs.

A 1987 journal published a collection of letters to Dr. Howard Strean. The authors were all SOs of therapists. One letter was written by Margot, the granddaughter of Alfred Adler a prominent psychotherapist and contemporary of Freud. Margot's father, Kurt, was also a psychotherapist. Margot shared that her parents tried to not use psychoanalytic language around her. She assessed that she was not pressured to embrace psychotherapy but she "internalised quite a bit" (Adler, 1987, p. 29). She also acknowledged people commented that her work was infused with the learning she had taken on board. She mentioned she never wanted to follow her father and grandfather into psychotherapy until she was about 40, when she began to consider a career change (Adler, 1987).

Zur (1994) discussed the advantages and disadvantages of having a psychotherapist family member. This study was based on Zur's clinical observations and a review of the

literature at the time. Unfortunately, there is very little information regarding his participants other than that the information was sourced from family members from a range of psychological professionals including psychiatrists, psychologists, social workers, and counsellors. In terms of the literature, he observed that few studies explored the interpersonal relationships of psychotherapists. Zur noted that family members were challenged by the abuse of knowledge or skills such as unwanted interpretations or therapeutic vernacular. Family members became irritated when therapists distanced themselves rather than explored their own vulnerability, and that family members could feel unsettled by the therapist client relationship. They saw fatigued clinicians at the end of the day who may sometimes talk in disparaging ways about clients, leaving the family to wonder if they too are thought of in this way. Zur reported that some family can worry about bumping into clients in social settings. He also explained that some family members described a way to get the therapist's attention was to create drama as they often respond well in a crisis.

The paper does speak to the positives of having a therapist in the family. Zur (1994) reported that some children felt it prepared them to be better parents and to attune to others. It developed the skill of thinking about their role in relationships. He also posited that some family relished the stories that their therapist parents told at the dinner table and that hearing about the work can instil hope and care in them helping to develop a greater awareness of their own pain.

Zur's (1994) paper attended to the positive and negative impact of having a therapist in the family and invited useful considerations for practitioners. Its weakness is in its lack of rigour and explanation regarding how the information was sourced. It did provide a useful overview of the literature (or lack of) at the time. Due to the paucity of discussion regarding impact on family members, Zur relied on literature that attended to the clinicians' experiences and the vulnerabilities of training and practising as a psychotherapist. He occasionally drew on an oft cited book by Thomas Maeder (1989) *Children of Psychiatrists and Other Psychotherapists*. Maeder was the child of a psychiatrist who appears intent on vilifying the profession based on his own troubled experiences. Zur (1998) declared it "a biased sample of hostile adult children of psychotherapists" (p. 73). Maeder admitted when interviewed for a Los Angeles Times review of his book (Japenga, 1989), that he had deliberately excluded interviews with any child who had had a positive experience living with a psychotherapist.

A study by Sori et al. (1996) included data from both trainee therapists and spouses. They researched the impact of marriage and family therapy training on trainees and their families. Many of the findings appeared to mirror anecdotal experiences of some Aotearoa New Zealand psychotherapy trainees. The researchers interviewed 145 couples in which one member was training to become a MFT. Sixty four percent of the trainee respondents were women. Of specific relevance to the current research were the findings related to spouses. Both cohorts felt like their time with their spouses was compromised, that they were time poor, and that the trainees' new learning created a divide that caused the partnership stress. However, there were also positive aspects to the training from the spouses' point of view. They felt that their partner became more aware of their role in conflict, dealt better with their families of origin, and were more aware of life cycle issues. There was overall agreement between spouses and trainees as to what caused their relationship stress; however, both parties agreed that the training was more relationship enhancing than depleting. In couples with children, there was a greater difference between the two cohorts. Spouses with children found the training more stressful than those without. This study is outdated as technology may have a significant impact on both cohorts' experience in 2023. Additionally the reach of the initial questionnaire was compromised by distributing it at the end of a semester and relying on a third party for distribution.

Golden and Farber (1998) conducted a small-scale study into the ways that children experience having a psychotherapist for a parent and found, expectedly, that the children expressed both negative and positive sentiments. They were able to describe with reasonable accuracy what their parents did and the attributes that a therapist needed such as empathy, listening skills, patience, problem-solving ability; but the study also exposed that being a therapist was no prophylactic against parental failure. That which can be communicated effectively with a client may be received very differently by one's own child:

> A therapist's ability to understand the experience of sibling rivalry or of adolescent rebelliousness may make a patient feel understood while making his or her child feel emotionally exposed and vulnerable, as if whatever the child does is "just a stage," all too predictable and expected to an "all-knowing" therapist parent. (Golden & Farber, 1998, p. 5)

Pack (2010) conducted a qualitative analysis looking at how trauma affects the SOs of sexual abuse therapists from a social work perspective. This research conducted in Aotearoa New Zealand examined the experiences of therapists' professional and personal SOs; albeit those working in the specific therapeutic context of sexual abuse. Unfortunately, there were several weaknesses in this research. The study interviewed 12 counsellor-participants who each nominated a personal SO and a professional SO who were also interviewed. Nomination by the counsellor-participants introduced a potential bias in favour of those relationships deemed suitable by the counsellors. Guidelines for nomination were vague, potentially leading to overlap in connection to the counsellor (e.g., 5 participants in the SO cohort fitted criteria for both professional and personal SO) and diluting findings, particularly when the researcher intended to get three distinct perspectives on the effects of vicarious trauma. Additionally, there was no clear identification of the trainings of the counsellor-participants. At times, participants were variously called psychotherapists, counsellors, and therapists. This could have significantly influenced results as in Aotearoa New Zealand psychotherapists are required to undertake their own therapy to complete their training, whereas this is not always the case in other disciplines. Presumably, completing one's own therapy could perceivably also impact personal relationships. While methodology and method were poorly outlined in the research, themes emerged from SOs that bear interest. Adult children described irritation at being counselled in the home environment by the therapist parent. Some worried about their mothers' workloads and could find their parent emotionally absent at times. Similarly, some husbands found the intimacy in the relationship negatively impacted them and that communication was sometimes difficult. One husband felt left behind due to their spouse's personal growth linked to their profession. Three of the long-term relationships between the therapist and a personal SO ended during the research.

Dahl et al. (2010) conducted a qualitative analysis of the spouses of 18 graduates from a Protestant seminary that trains family therapists. They reported a range of challenges such as time away, financial pressures, the experience that the spouse was growing in ways that they were not, and feeling left out. They also noted several positive effects of the training such as improved understanding of family issues and better communication, more breadth to the communication, an osmotic sharing of learning, and witnessing their spouses' personal growth. A limitation was the reporting on respondents who have trained in a seminary, so participants may have had a worldview that may not be generalisable to other populations.

2.3.7 Interpersonal Relationships from the Therapist's Perspective

Literature referencing psychotherapists' interpersonal relationships with any mention of SOs had references that were often oblique or secondary to the central objective of the research undertaken, illustrating the absence of voices of SOs in psychology literature. Farber (1983) conducted one of the earliest studies on the ways in which practicing psychotherapy impacted the psychotherapist. He acknowledged that up until the time of his research little had been written about the way the job impacted the psychotherapist. "Those few studies that have empirically investigated specific aspects of the therapist's work experience have, for the most part, concentrated on identifying personality changes in beginning therapists" (Farber, 1983, p. 2). His study focused on psychoanalytically trained therapists and confirmed that the work significantly impacted how the therapists behaved and related outside of work. He reported that therapists sometimes had difficulty turning off their therapeutic perspectives outside the office and may use their psychological skills in the home. "In short, therapists who are exponents of psychodynamic theory use these theoretical and therapeutic constructs to structure their views of self and others" (Farber, 1983, p. 181). Farber acknowledged that the job could deplete the therapist and impact relationships outside of work; however, there were several positive aspects such as "increased self-knowledge and sensitivity as well as heightened personal feelings of self-assurance, assertiveness, and self-reliance" (p. 181).

In another study, Farber (1989) looked at the ways psychological mindedness (the ability to reflect on the motivation and meaning of feelings, thoughts, behaviour in oneself and others), can impact a person. This study was not specifically related to psychotherapists but drew on 215 psychology and education graduate students from an American university. The results showed that a high degree of psychological mindedness did not necessarily equate to elevated levels of emotional expression. The capacity to feel emotion was not negatively impacted. The author found that highly psychologically minded people were more likely to process their emotional responses internally and not just react. Neither did higher levels of psychological mindedness positively correlate with self-esteem. This research piqued my interest based on the fact there is a possibility that psychotherapists who are highly psychologically minded may be found to not be emotionally expressive in their personal relationships.

Ronnestad and Skovholt (2001) interviewed 12 senior psychotherapists, all Caucasian, with a mean age of 74 years, about aspects of their practice that impacted their professional development. Four key learning domains emerged as potential areas of focus

for professional development: “early life experience, cumulative professional experience, interaction with professional elders, and experiences in adult personal life” (Ronnestad & Skovholt, 2001, p. 181). Little material reflected ways SOs might be impacted by the work; however, the research did show families can impact how psychotherapists work and the modality they choose. It also indicated some variability in how respondents perceived the quality of their relationships with spouses, from extremely positive to one that was extremely negative. One woman cited her husband as “the most important influence in my life” (Ronnestad & Skovholt, 2001, p. 184). Another respondent spoke about how her spouse’s emotional disorder gave her perspective in her work. Three participants were widowed and described the positive fallout of this loss, feeling it increased their competence and empathy when dealing with grief. At the less gratifying end of the spectrum was a male therapist who had been divorced three times and felt that in two of the relationships he had made career decisions in service of the partnership that he retrospectively regretted.

Truell (2001) interviewed six graduates from a UK university counselling programme. All participants reported the training had significantly impacted their interpersonal relationships. Participants noted having fewer friends and found they re-examined their relationship with family members. While five of the six reported marital stress, they also assessed an overall improvement in their relationships post training. These findings indicate that many interpersonal issues arose out of the therapists’ new knowledge leading them to think that they would be able to solve all relational issues with their new skills; sometimes trying out new knowledge and skills on spouses and having an expectation that spouses would keep abreast of the personal changes gained through the training. Participants also noted that the use of counselling jargon or techniques could be alienating for their spouses and that they, the participant, erroneously expected spouses to change at the same pace they were. Graduate participants commented on how they began examining in greater depth their relationship with other family members with mixed results. It could lead to feelings of guilt, distance, and discomfort. They could also be on the receiving end of mixed messages; for example, scepticism regarding their training or, conversely, being mined for their knowledge. Friendships were reported to have altered. “Five of them reported that they had become more selective and chosen to distance themselves from some friendships or seek new ones” (Truell, 2001, p. 79). This was not necessarily a negative outcome leading, in some instances, to deeper more intimate connection with

fewer people. Five participants stated that the changes in friendships were temporarily disruptive and difficult but could lead to greater satisfaction in the relationships.

Murstein and Mink (2004) conducted a comparative quantitative study looking at whether psychotherapists have better marriages than non-psychotherapists. Overall, they found minor difference in the two groups apart from a slightly higher marital satisfaction for males experienced in marital therapy and married to a non-therapist but nothing of statistical significance and no clear rationale as to why this would be the case. The sampling was questionable (e.g., the researchers initially sourced therapists known to the authors; thereby introducing a potential bias). Respondents lacked diversity in terms of sexual orientation or ethnicity. The therapists were asked to rate their own ability as family therapists which is a spurious method of assessing capability introducing greater subjectivity. There was perceived gender disparity in using this method with women less likely to generalise skills or ability across contexts (e.g., if I perceive I am a good marital therapist this does not necessarily equate to a happy marriage). Female therapists were less satisfied in their marriages whether or not they were married to a non-psychotherapist. In their discussion rationalising why "male therapist-female non-therapist marriage, both partners were the happiest of all groups" (p. 298), the authors hypothesised that it is because women cater to men's needs more readily and are more used to accommodating. This perspective is arguably dated and controversial; however, there is credible evidence illustrating men experience multiple benefits from marriage with improved physical and mental health (Simon, 2019). There was a small cohort of therapists married to other therapists in the study who were the least happy of all participants. I concur with the authors that further enquiry into dual therapist relationships could be an interesting area for future exploration.

Morgan-Jones (2009) looked specifically at the occupational risks associated with psychotherapy and whether psychotherapists pay enough attention to what the work does to them, what they get caught up in, and the blind spots of the profession. They asserted that these blind spots may impinge on the quality of the psychotherapist's intimacy with others.

A body of literature examines the impact of work-life spillover. Rupert et al. (2009) looked at whether work-family conflict contributed to burnout in psychologists. They surveyed 1,200 psychologists with 497 viable respondents and found there were no real gender differences as to whether people experienced greater burnout. "Although work-family conflict occurred more frequently than family-work conflict, both forms of conflict

were problematic in that both were associated with negative feelings about work" (Rupert et al., 2009, p. 60). It was evident to the authors that more integration between work and home could lead to an overall reduction in burnout.

Stevanovic and Rupert (2009) drew on data from 485 participants in the above survey to examine enhancers and stressors in the life of clinical psychologists. Enhancers were positively carried over aspects of work life and stressors the negative spillover from clinical work to the family context. The results of this quantitative study indicated that, overall, there were more enhancers in work-family spillover than stressors. Senior practitioners reported less negative spillover than younger practitioners leading the authors to hypothesise that with experience comes knowledge around how to manage professional stress. The most frequently occurring negative impact of the work was a paucity of time and energy available for family. The authors commented that negative spillover should be taken seriously as it can have a deleterious effect on life satisfaction and family support. Enhancers, such as owning one's part in conflict, better communication, appreciating positive attributes of the family, being sensitive to family members' needs, and being able to create intimate relationships, were all reported as being experienced more than once a week. "A greater sense of personal accomplishment at work was associated with increased family enhancers, or positive spillover, and that in turn was associated with greater life satisfaction and family support" (Stevanovic & Rupert, 2009, p. 67). Limitations to the study are that the respondents were predominantly white, clinical psychologists with doctoral degrees, reducing generalisability. It also drew on the responses of those who opted to participate which may have skewed results towards those happy with their work-home balance. It did not corroborate findings with family members. It would be interesting to know whether spouses and/or children agreed with the perception of the participants.

Kennedy and Black (2010) conducted a thematic analysis involving six counsellors with master's level qualifications. They examined life for the counsellors outside the 50-minute hour and found that their training and practice had a mostly positive impact on their lives: "More specifically, this investigation found that participants improved their patterns of communication, gained a better understanding of their immediate family members, felt an increased acceptance of others, and overall experienced a qualitative improvement in their interpersonal relationships" (Kennedy & Black, 2010, p. 432).

An essay by Pruitt (2014) discussed the impact of his theoretical orientation on himself. The work described how the training made him a better spouse, father, and friend. Trained

in cognitive behavioural therapy (CBT), mindfulness, and humanistic approaches, he reported using mindfulness in his parenting and unconditional positive regard with his spouse. He assessed that his training had made him less likely to give advice even if he saw solutions to problems and understood the importance of congruence in relationships.

Two further essays bookend the career lifespan of two psychotherapists—one written by doctoral student Meghan Butler (2014) of Marquette University; the other an essay written by clinician and academic Jesse Geller (2014) who was in his 70s and nearing the end of his career. Both reflected on challenges experienced in their respective roles and referenced ways in which the job has impacted their personal relationships.

Butler (2014) gave a vivid account of ways providing therapy has impacted her, and specifically addressed the impact on her personal relationships. She acknowledged that the job affects more people than just her and her clients. She wrote about how her role has inherently changed her and she cannot unlearn what she now knows. Butler wrote of specific vicissitudes of the therapeutic day, how it can leave a person walking a tightrope between wanting engagement with people that they care about but needing time out from people given how person-centric is the work. She talked of the difficulty connecting at the end of a day, complicated by the fact that psychotherapists are bound by confidentiality and cannot discuss the content of their work which can have the effect of leaving their loved ones feeling shut out. She has put strategies in place to try and counter this effect. Butler writes,

> To counter this challenge, I have had to make adjustments to make my personal relationships stronger, and so have my friends and family. I try not to make plans that would require me to engage with others for at least an hour after my last client. I know I am no good unless I have this time to decompress, and I can cause harm to my relationships if I do not give myself that time. (p. 728)

She has encouraged family and friends to communicate openly with her when they notice she is distant, and they need her.

Butler commented that at times she did not really know who she should be in certain contexts. Friends and family can make use of therapists seeking advice but, at the same time, resent the training, which she assessed as being confusing. The difficulty being SOs cannot always separate out the person from the therapist and vice versa which can be disturbing; as Butler articulated, psychotherapists can be on the end of barbs such as ‘don’t therapise me’ when they simply offer an opinion.

Geller (2014) was asked to author an essay about the ways he felt psychotherapy affected him as a therapist. He acknowledged he was used to examining the ways psychotherapy impacts the lives of patients but seldom wondered how being a psychotherapist impacts his own development. He wrote,

> In my 70s, I have arrived at the conviction that my experiences as a psychotherapy patient, psychotherapist, and psychotherapy supervisor have pervasively and positively influenced who "I am" (Erikson, 1964) and what I am "becoming" (Allport, 1955) as a husband, father, brother, friend, and citizen in a pluralistic democratic society. (Geller, 2014, p. 768)

Geller referenced how his training was transformative, giving voice to characteristics of his personality and encouraging a creativity that some modalities would have frowned upon. This paper seeded my wondering how the modality psychotherapists train in may impact their relationships with SOs. Geller assessed that taking responsibility for failures and mistakes in his clinical realm has grown his capacity to do the same in intimate relationships.

> I believe that learning how to view human relationships from multiple, even contradictory psychological perspectives, as a neophyte therapist set in motion constructive changes in my relationships with myself and loved ones. I think that my wife would agree that the aforementioned lessons prepared me for marriage and parenthood. (Geller, 2014, p. 771)

Geller felt that friends, however, saw his psychological mind as a potentially limiting influence as they felt it narrowed his capacity to look at complex worldly issues through anything other than a psychological lens.

Tyksø and Loras (2017) conducted an interpretative qualitative analysis using semi-structured interviews with four Norwegian family therapists. There were aspects of the therapists' identity that felt confused at times; that it was hard to know where their professional selves began and ended. However, all agreed that their training meant that they used their professional skills in their personal lives (e.g., in conflict resolution). There were times when their skills were called on outside of work by friends or acquaintances and it could be challenging to know how to boundary these situations. A second finding was that they often identified with problems clients bring in. This resonance could be helpful in a clinical sense; however, there were times when they could not resolve challenges successfully in their personal life and these induced feelings of

shame due to an expectation that they should know how to deal with conflict. Experiences with clients could be illuminating and they could draw on what they had learned in the therapeutic context to solve issues at home. The third main finding was related to challenges surrounding confidentiality and working in a small community where dual relationships can exist, or they could be the recipients of projections that may or may not be accurate. The work could be demanding and infecting which could alter how present they were to family and friends.

Kissil et al. (2018) reviewed a specific training called Person of the Therapist Training (POTT), where the therapist is trained to use awareness of their own process and personal issues and consider how these elements impact the therapy with clients. The paper was of interest as it presented the findings of a study that had looked at the interface between the therapists' personal and professional lives. It asked the question "Can we train the professional self without creating personal changes? If our trainees report increased self-awareness, self-acceptance, and compassion, can they leave it all in the therapy room when they go back home at the end of the day?" (Kissil et al., 2018, p. 5). They found that skills learnt during training expanded to their personal lives. They noted an improved ability to manage emotions, to be vulnerable with others, and express needs and feelings which, overall, led to more relational authenticity.

2.3.8 Theses and Dissertations

It was not initially my intention to include theses and dissertations in the review of literature; however, due to the relative absence of SOs in the peer-reviewed literature, a summary of two post-graduate research theses was deemed justified. It also supported my own investigation into the published literature, that there is truly little historical interest in this area of psychotherapeutic practice.

As part of his doctoral research, Mather (2002) conducted a quantitative analysis of the experiences of adult children of female psychotherapists. His objective was to investigate whether the 33 participants were more narcissistically impaired than the 51 respondents who were children of other female professionals. Using three measures, a 96-item questionnaire designed specifically for the study, the O'Brien Multiphasic Narcissism Inventory (OMNI), and the Eysenck Personality Inventory (EPI), the author found there was no notable difference between the groups on the EPI or the OMNI. There were other findings of interest. The children of psychotherapists reported some different experiences to their peers, which Mather thought were mostly positive. Notably they found it more

difficult to dismiss their mother's opinions of them and their friends. Mather commented that this may make it harder for them to individuate successfully and may feel intrusive leading to the sense that one cannot make one's own mind up or feeling uncertain about one's own evaluations of self and other. He also found that "unlike other professions, psychotherapy and its skills easily infiltrate the relationships between a therapist and others, including family relationships" (Mather, 2002, p. 71). The children of psychotherapists felt that their mothers valued insight and encouraged their ability to understand their behavioural motives, but they did not view themselves as having more insight about themselves than others or valuing self-examination to a greater degree than their peers. The children of psychotherapists felt their mothers managed negative emotions well, particularly feelings of doubt and inadequacy. They also reported a belief that their mother's professional growth impacted how she parented and the relationship they had with her, acknowledging that they had slightly higher expectations of her because of her profession. The children of therapists viewed themselves as good listeners and were slightly more likely than their peers to have considered following their mother into a therapy career. The children of psychotherapists were less likely to view their mothers as troubled by negative emotions or emotionally fragile and saw them as comfortable with their parental authority. However, they felt their mothers had slightly higher expectations of themselves as parents than their non-therapist counterparts, and they were more likely to concur that their mother's psychotherapeutic knowledge had impacted their life negatively and a different professional choice would have been better. Compared to the children of non-therapists, idealisation of the maternal figure waned, which Mather hypothesised could be due to several factors including a potential sign of maturation and growth in the child.

The study was limited by its self-selecting sample which Mather (2002) attributed to the challenges of finding children of psychotherapists, and may have skewed results in favour of those who felt comfortable with the relationship with their psychotherapist mother and the comparison group which, according to the author, was not well matched. Regardless, Mather's research exposed interesting relational nuances between psychotherapist mothers and their children, that despite the passing of more than 20 years, remain uninvestigated.

McGinnis (2007), as part of her master's thesis, interviewed six therapists and their partners. She was interested in the impact of the therapist's job on the relationship from the therapist and their partner's perspective. The thesis was scant in detail regarding

methodology and method, but a mixed method approach appears to have been engaged, using content analysis of the transcribed narratives, where various themes were identified. Overall, the findings lacked depth. In summary, McGinnis found there was mutual agreement between therapists and partners that the therapist's ability to self-reflect was helpful when conflict arose. There was mutual agreement that therapists could be called on by extended family members to assist during conflict or to give advice on child-rearing. Some therapist participants alluded to it being a double-edged sword and that their skillset was only valued when it was invited. One therapist in the study was aware of the potential to weaponise the knowledge under some circumstances. Both partners and therapists agreed the therapist needs time after work to unwind and that the work can impair the desire to communicate at that time. Several partners in the study felt the therapist's skills enhanced them and their relationship.

2.3.9 Research From Other Disciplines

Charmaz (2014) evaluated a good literature review as one that examines other disciplines. Due to the relative lack of research on the families of psychotherapists, I opted to examine research on the families of medical professionals. While there is no research that compares the work-life spillover of psychotherapists and doctors, I perceive doctors to have many of the same stressors as allied health professionals, such as an expectation that a clinician will positively impact patient wellness. In both professions there is a requirement to maintain skills and professional development, along with a legal and ethical requirement concerning record-keeping. On a more esoteric note, there may also be a sense that the clinician can never fully step away from a skillset as they are the recipient of other people's projections and perceptions. It is for these reasons that I chose to look at the research on families of medics. Much of the research showed that there were many synergistic experiences.

Shanafelt et al. (2013) researched medical marriages, surveying 891 spouses of physicians in the US. Like the psychotherapy profession, the authors pointed out that there was research on physicians but not their spouses. In an earlier study (Shanafelt et al., 2012), physicians had been asked to complete a survey where the final question asked them to include the email of their partner or spouse who may be willing to participate in a survey that was concerned with their experience of being in relationship with a physician. Of the 6,377-participating physicians, 1,644 provided email addresses for partners. Of the 1,644 contacted, responses from 891 were received. The survey addressed issues such as quality time together, relationship satisfaction, stress caused by the

professional demands of the physician, and whether they experienced the job as impinging or preoccupying their physician partner. A Likert scale was used to record responses. These results were then subjected to statistical, multivariate analysis that considered demographic information, employment, specific characteristics of their physician partners, time demands, and how much time they got to spend together.

Results indicated that 86.5% of respondents were satisfied with their relationship. Only 12.4% had considered divorce in the 12-months prior to the survey. The authors also found hours worked by the physician, number of hours on call, and time spent together strongly correlated to relationship satisfaction. More than 34% reported that their partner returned home from work irritable several times per week. This contributed to the greatest stressor in the relationship which was work impinging on time for family activities, followed by the physician's fatigue and work preoccupation when at home. The analysis showed that low levels of time together was the factor most likely to lead to a spouse considering divorce. Couples that did not have children and the number of nights on call were also factors leading to divorce or separation being considered. These results may have some resonance with partners of psychotherapists; however, a limitation of the study was having physicians influence the sample group from the outset. The authors defended this limitation by saying that the demographics of the spousal sample and their partner characteristics were representative of the original physician sample. I still question whether a person who has a less satisfying relationship with their spouse would be likely to include their email address on the original physician survey. As the authors conceded, knowing the sexual identity of the participants would have been an interesting and potentially influential feature of these relationships, and to compare the results with spouses at earlier stages of their relationships.

Emmett et al. (2013) conducted qualitative research interviewing the spouses of 10 Aotearoa New Zealand paediatricians. Data were analysed using a line-by-line thematic approach investigating how spouses and their families were impacted by their partners' on-call work. As the authors pointed out, on-call work can require sacrifices from spouses who must work around the demands of the job, picking up extra family and domestic responsibilities, sometimes changing their own careers in service of the paediatrician's career requirements. In terms of sampling, one of the researchers approached paediatricians in a variety of locations in Aotearoa New Zealand, inviting them to introduce the research to their spouses. Another researcher sent the consent form and information about the research to the spouses. Of 13 people approached, 10 agreed to

participate. There was a significant gender bias with 9 participants being female. Interview guides were prepared after consulting with general practitioners, literature, and practising paediatricians. Questions centred on the relationship, how children were impacted, the impact on sleep, the ways that lifestyle and career may be impacted, and physical and emotional effects.

Isaac et al. (2013) conducted a thematic analysis with male spouses of female physicians. They saw this as an important inquiry given that almost 50% of medical students were female. They noted that historically little attention had been paid to spouses in medical marriages; and when there had been inquiry, it tended to focus on a more traditional male doctor, female spouse dyad. Like the above research, the researchers used a sample group of physicians who had participated in an earlier study, inviting them to ask spouses if they were willing to be interviewed for research on families in the medical profession. Of the 48 physicians contacted, 11 spouses, nine male and two female, agreed to be interviewed. As the focus was on male spouses, the final sample group was nine participants, three of whom were also physicians. It was the first marriage for all participants, seven of whom had children, and the length of marriage ranged from 4 to 35 years.

Many of the husbands commented that a perceived advantage was access to the knowledge of the physician partner. They appreciated the security and status of their partner's job but the greatest challenge was negotiating time due to the privileging of patient needs, impinging schedules, and long hours. One spouse said that they thought the physician always had the "moral high ground" (Isaac et al., 2013, p. 5) and that their needs were always trumped by patient needs. Spouses who were physicians themselves had greater empathy to the demands on their partners.

The spouses of early career physicians were less supportive than those who were further into their careers. They appeared more resentful of the sacrifices they had to make and the adaptations that were required concerning their own careers due to the lack of flexibility. The spouses of physicians who were further into their careers demonstrated a more protective stance regarding supporting their partners domestically which suggests that time together may be a mitigating factor. Six of the non-physician spouses felt they had made career sacrifices but having the ability to make a choice regarding their life and career made a positive difference, as did sharing in decision making. This study was limited by the very small sample, lack of participant diversity, and that no divorced partners had been interviewed. The latter is likely connected to the sampling strategy where physicians asked their spouses if they were willing to respond. It is of interest that

there were significant synergies between partners of psychotherapists and physicians. They both reported challenges concerning the privileging of client/patient needs, feeling protective of their partners, outlining the benefits of effective communication and shared decision making, and the mitigating impact of length of time together and stage of career.

Finzi-Dottan and Berckovitch Kormosh (2018) looked at specific factors affecting marital quality of social workers in Israel. There are many synergies between social workers and psychotherapists: both professions are involved in working with seriously traumatised client groups and both groups are vulnerable to compassion fatigue (Finzi-Dottan & Berckovitch Kormosh, 2018). Two hundred and two social workers completed seven self-reporting questionnaires. They found compassion satisfaction (satisfaction derived from easing a client's distress) and high professional self-esteem were important factors in the marital quality of participants. More particularly, it was self-differentiation that moderated secondary trauma, and professional self-esteem played an important role in reducing burnout. Of interest was the recommendation to run workshops building boundarying skills between work and family. The authors also highlighted the important role of compassion satisfaction and suggested that more research be done to understand how this can be enhanced in training programmes.

The first phase of this literature review has introduced the scarce scholarly literature that reflects the voice of psychotherapists' SOs and outlined literature that attends to interpersonal relationships from the therapists' point of view. Finally, it gave a comparative analysis of literature from professions that may have comparable features. The second phase of this literature review outlines literature that facilitated and deepened the analysis.

2.4 Second Phase Literature Review

Thornberg and Dunne (2019) recommended returning to the literature during data collection to explore themes and ideas emerging from the analysis. This is in line with the iterative nature of GT construction. Glaser and Strauss (1967) themselves condoned examining extant literature once categories were formed. Exploring concepts and theories at this stage of the analysis assists with abstraction and ensures a robust and focused GT (Thornberg & Dunne, 2019). At this phase, I had tentative categories that I wanted to explore. I was particularly interested in the impact of a third entity in relationships as I developed a nascent theoretical category of the psychotherapeutic third (PT; see Chapter 5).

2.4.1 The Third in Psychoanalytic Literature

According to Coelho (2016), "In psychoanalysis, there is the third that separates, but also the third that reconnects; the third that generates distance, but also the third that brings closer what was irredeemably separated" (p. 1107). When beginning this research, I did not realise that the concept of a 'third' would have such prominence in the data and the construction of the theory. I initially read about the third after coding several interviews, based on the idea that I was engaging with complementary principles when using CGT. There is the participant, the researcher, and a third that is co-created by our meeting; the place where our histories and minds intersect in a way that uniquely belongs to this dyad. It is a creative space where trains of thought travel in directions that can neither be predicted nor exactly replicated.

Many early psychoanalytic writers developed conceptualisations of a 'third' element in the intersubjective space whether it is in an analytic context or in relationships in general. Freud (1910) wrote about the Oedipus complex; Winnicott (1971) spoke of a transitional object as a third that symbolised or represented an abandoned object; Klein (1975) wrote about the third represented by the depressive position; and Lacan (2007) introduced the third in the 'name of the father.' With that in mind, I give a brief overview of the theorists who influenced my thinking on the third in the context of the current research through developing my theoretical sensitivity and deepening reflexivity. They are Freud's (1910) Oedipus complex, Bowen's (1978) concept of triangling, Aron's (1999) concept of the intersubjective third, and Ogden's (2004) analytic third.

One of the earliest theories involving triadic relationships in psychoanalysis, is Freud's Oedipus complex (Stefana et al., 2021). Freud derived this theory based on what he felt were a son's erotic feelings towards his mother, accompanied by hostile feelings of rivalry towards the father, during the phallic phase of the young boy's psychosexual development. Freud felt if the young boy cannot resolve these rivalrous feelings by identifying with the father figure, then his development is compromised (American Psychological Association, n.d). The equivalent phenomenon in females is referred to as the Electra complex, a term coined in 1913 by Carl Jung (Khan & Haider, 2015). The Oedipus complex has been critiqued over the years, particularly from an anthropological point of view, as it does not have cultural universality (Stefana et al., 2021). It has been noted that references to the Oedipal complex within psychoanalytic literature have been waning since the 1990s (Knafo et al., 2022).

Murray Bowen (1978), the developer of Bowen family systems theory (BFST), thought it useful to think of relationships in triadic terms. He observed that when there is tension or anxiety between two people, there can be a tendency to draw a third party in to manage the conflict. This "triangling" (Brown, 1999, p. 95) is a means of rerouting the anxiety or conflict. Bowen thought that it was easiest to see these triangles or third entities in relationships when the dyad is under stress, and it can be problematic if this third entity gets in the way of the dyad sorting out their relationship issues. As Brown (1999) explained, "If a third party is drawn in, the focus shifts to criticising or worrying about the new outsider, which in turn prevents the original complainants from resolving their tension" (p. 96). They can feel powerless and isolated by the third (Smith, 1989). This perspective on a third entity would later become a profoundly useful tool for understanding the relationship SOs had to psychotherapy which I elaborate on in Chapter Five.

Aron (1999) also developed thinking about the intersubjective third. He saw the third as the space in between two people, where they work to create a sense of mutuality through being willing and able to identify with the position of the other without letting go of their own perspective. Aron said this space allows us "to move beyond submission and negation, thus reopening intersubjective space" (p. 351). Aron developed his thinking in conjunction with Jessica Benjamin (2004) who had written about a doer-done to experience of complementarity. Aron brings Benjamin's thinking to life using the analogy of a seesaw or a straight line between two fixed positions. If we get stuck in opposition to a person on a seesaw there is only the option of moving towards them or away from them, shifting the power each of them has on the fulcrum of the seesaw. They can swap ends or both move towards the middle, which may appear more equitable, but maintains a stuckness. Aron writes that thinking beyond the straight line by stepping off the seesaw metaphorically, creating a "transitional space" (p. 355) introduces spontaneity and freedom into the relationship.

In Ogden's (2004) view, the psychoanalyst and analysand are inextricably linked. They are not subjects viewing the other as an object. There is an interdependence between the two and they generate something uniquely theirs in the third (Coelho, 2016). The meeting of two individual subjectivities creates a combined third unconscious subjectivity unique to the dyad (Ogden, 2004). Ogden's thinking of an analytic third was influenced by the early writings of Freud, Klein, Lacan, Winnicott, and Baranger (Coelho, 2016; Ogden, 2004). He also referred to Andre Green's concept of an analytic object (Coelho, 2016).

Each of these theorists give credence to a third subjectivity that has psychic import to an individual. Ogden saw histories and personal views of the world emerging in response to each individual intersubjective experience. "All aspects of the experience are transformed by the analyst's reverie so as to become a manifestation of the unconscious interplay of analytical subjects" (Bohleber, 2013, p. 804). By reverie, Ogden meant daydreams, bodily sensations, ordinary thoughts, rumination and he saw the 'unconscious interplay' as the intersubjective analytical third. Odgen highlighted generativity in this third through mechanisms such as projective identification whereby each member of the dyad is given a felt experience of the other's self-experience to create greater understanding between the two. If this cannot, or does not, occur, and there is no awareness of the other's experience, then there is a deadness in the in-between spaces (Bohleber, 2013; Ogden, 2004).

In summary, in the context of this research, 'the third' became a useful means of conceptualising the SO's perception of, and relationship with, psychotherapy. Elements connected to psychotherapy (knowledge and skills, modalities, trainers, other psychotherapists, clients), and how they impacted SOs was 'the third' in question. As per Coelho's (2016) statement, this third has the potential to separate, reconnect, invite in, or distance.

Throughout the research I intermittently returned to scholarly databases to look for emergent material referencing psychotherapists' SOs. There was little new material to supplement my thinking. I turned my attention to non-peer-reviewed material to ensure that I was not overlooking other useful material that may reference these relationships.

2.4.2 Non-peer-reviewed Material That Stimulated Thinking

Adams (2014), in her book *The Myth of the Untroubled Therapist*, has two chapters, borne out of her doctoral research, that refer to the personal lives of psychotherapists. She writes that children of psychiatrists are often viewed as 'being nuts' by virtue of their parents' profession. She reports of speaking to her stepdaughter whose father was an educational psychologist and mother a psychotherapist. She asked what it was like having a therapist parent and the daughter replied that when she was younger, she hated her mother's ability to cut straight to the nub of an issue and ask just the right question. She assessed that as she matured, she began to appreciate this skill. The daughter now views her mother as a resource with her own child-rearing and said it was easier to appreciate her mother when she was not living with her. She also shared that friends would want to know what her

father would think about issues and that they liked talking to her mother. She references some of the literature covered in this research such as Golden and Farber (1998) and Maeder (1989).

Adams also writes about the therapist who works from home and how challenging it is for family having to accommodate that; trying to keep young children quiet or having to stay out of rooms that are near the treatment room. “It can be difficult to shed the comforting cloak of professional perspective at the door of the therapy room and re-enter family life. We are far less likely to be idealised at home” (Adams, 2014, p. 33). She also reminds psychotherapists that they are not omnipotent and should view being human as a strength rather than a failing.

In summary, the second phase of the literature review played a critical role in developing my thinking and emergent ideas, particularly as I considered the concept of a PT. Not only did it assist with developing theoretical concepts but both Aron and Ogden’s conceptualising of the third were useful mechanisms for deepening reflexivity and exploring constructivist ways of knowing. I now transition to the third phase of the literature review where I position the developed theory in the context of extant literature.

2.5 Third Phase Literature Review

The final phase of the literature review occurred near the end of the research. According to Thornberg and Dunne (2019), “the researcher seeks to contextualize the constructed grounded theory in relation to established theoretical ideas and identify theoretical reference points against which to compare and contrast the data” (p. 8). They recommended the researcher situates the theory within extant theoretical ideas and highlight how the theory contributes, in this case, to the field of psychotherapy.

After a long iterative journey, **continuing to matter** was abstracted from the data as having the greatest explanatory power to theoretically describe the impact of psychotherapy training and practice on the SOs of psychotherapists. It led to an exploration of extant literature on mattering as a means of locating my CGT within current ideas on the subject. This final stage was essential for identifying how the new theory might contribute to current mattering theory and illustrate its relevance to the relational well-being of psychotherapists and their SOs. The following is a selection of articles on mattering theory considered most salient to the current research.

I begin with Rosenberg and McCullough (1981) who applied a theoretical replication strategy to four large scale surveys distributed to several thousand adolescents in the US between 1960 and 1968. Replication confronts existing theoretical understanding with new evidence to advance theory (Nosek & Errington, 2020). This foundational research posited that mattering was linked directly to mental health of the adolescents surveyed because it affected self-esteem. They made the important distinction that whether the child believes they matter is not related to a positive or negative parental view of them, but more about whether the child feels that their parents care about their welfare and take an active interest in them. They also posited that the child who feels they do not matter to parents is more likely to suffer from mental health issues such as depression and anxiety. They claimed mattering to another person is linked to receiving attention from them, feeling as though one is important to them and that one is depended on.

In recent years, Prilleltensky (2020) has advanced mattering theory, examining its significant role in philosophy, psychology, and politics. In doing so, he broadens the scope of mattering to the collective and looks at its impact on society. He argued that neoliberal foci have meant that mattering can be intrinsically linked to status leading to some marginalised groups turning to populism to recapture a sense of mattering; and that for mattering to be equitable, we should be looking at what is happening in society and at a policy level. Prilleltensky argued that mattering is "a fundamental psychological need" (p. 2). It is pan-cultural and requires the presence of moral values. He draws on the research of Rosenberg and McCullough (1981), and many other notable researchers in this domain (Elliott et al., 2004; Flett, 2018; France & Finney, 2009; Shaver & Mikulincer, 2012), to build his case for its import. He links the attachment needs of an infant as a developmental keystone for healthy development and fundamental to mattering:

> The need to feel valued derives from three motives: *survival, social,* and *existential* ... the attachment of a newborn to his caregivers is very much a survival need. Without the love and care of her parents, a baby cannot survive. The social need is expressed in the desire to belong to a group and to derive relational value from associations with friends and family. Finally, the existential motive operates through dignity and fairness. These three sets of motives are separate but complementary. (Prilleltensky, 2020, p. 17)

Attachment insecurity can have grave consequences for mattering which, in turn, ripples through societies. It is important to reach an equilibrium, neither mattering too much nor

not enough, and for societies to look for ways to bridge the divide between groups so all people feel like they matter (Prilleltensky, 2020). He explained that secure attachment fuels the healthy functioning of the infant and individuals go on to seek a sense of belonging to a collective based on these attachments. Belonging to a collective provides a protective function at a societal level which is why people expend a lot of effort to establish social bonds.

> The negative consequences of exclusion and loneliness extend to the physical realm; so much so that mortality rates are higher for divorced, single, or widowed individuals. Fatal heart attacks are more common among lonely people, as are tuberculosis and cancer. (Prilleltensky, 2020, p. 18)

He lists many other physical and emotional impacts of loneliness and exclusion. Prilleltensky also pointed out that an essential feature of mattering is an existential experience of dignity. He related dignity to feeling equal, being recognised and respected. It is a sense of fairness and worth in our relationships knowing when we are being dismissed or being valued.

Flett (2022) continued the exploration of mattering, stressing its importance as a vital aspect of being human. It is a great buffer against stressful life events; and for those who feel they matter unconditionally to SOs, it facilitates their flourishing and thriving. Flett sees mattering as different to other constructs in psychology but one that has been mostly ignored. He argued that it is a powerful mechanism for transforming not only people's lives but the institutions we operate in. This paper is an excellent overview of mattering theory and its importance in several contexts. It points out that mattering connects many different areas of psychology, from social, sports, school, to industrial. It also plays a role in suicide prevention. Flett encouraged more research on mattering given that it improves resilience and has the capacity to be highly modifiable. It is a universal experience that resonates with everyone. It is often how people define themselves and "it has the power to change lives" (Flett, 2022, p. 5). He posited, "mattering merits more attention in terms of its role in job processes and outcomes for workers and adaptation to retirement for those people who are no longer working" (Flett, 2022, p. 7).

2.6 Summary

This literature review, presented in three phases, illustrates how extant theory was engaged throughout the entire research process. It began with ensuring there was a place for the current study and that GT was an appropriate methodology for the enquiry given

the absence of the voices of SOs of psychotherapists in current scholarly literature. The second phase supported the enquiry and development of the emerging theory, bringing insight and stimulating thinking regarding the appropriateness and acuity of categories. The purpose of the final phase was to justify the new theory's rightful place within the canon of current mattering theory.

The following chapter discusses the methodology underpinning the current research. It introduces GT, giving an historical overview before attending to the axiological, ontological, and epistemological position of the researcher. GT is introduced as a methodology and CGT outlined as the version of GT chosen to answer the research question.

Chapter Three: Methodology

This chapter explains the methodological approach used to conduct the research. I begin by explaining the reasons for choosing an interpretative qualitative paradigm. I then introduce GT and give a brief historical overview of the methodology. This is followed by an overview of CGT. I conclude by outlining my ontological, epistemological, and axiological position for conducting this research.

3.1 Choosing an Interpretative Paradigm

As the focus is on the subjective experience of psychotherapists' SOs, a qualitative methodological paradigm is an appropriate starting point for this enquiry (Morse & Field, 1995; Strauss & Corbin, 1998). It is the most purposeful paradigm for facilitating enquiry into subjective experience and the meaning attributed to it (Bradbury-Jones et al., 2017).

Given the impact of psychotherapy training on the lives of psychotherapists' SOs is context dependent, I considered using interpretative qualitative methods. The interpretative paradigm is underpinned by the desire to understand what it means to be a human being in a specific context and the nature of this reality (Grant & Giddings, 2002). Thematic analysis, GT, and interpretative phenomenology are three qualitative research approaches that would facilitate enquiry in this manner. All can be conducted online should participants wish, or circumstances necessitate. They can also involve face-to-face connection with participants and deep consideration of material that emerges (Starks & Trinidad, 2007). According to Creswell (2007), they share many similarities but have emerged from differing backgrounds. GT emanates from sociology (Creswell, 2007; Strauss & Corbin, 1998); interpretative phenomenology from philosophy, psychology, and education (Cresswell, 2007). Thematic analysis can be applied across a variety of ontological and epistemological positions. It involves coding and the systematic organisation of data into patterns or themes. These themes are then analysed and interpreted to provide insight into the area being studied (Braun & Clarke, 2006).

Having used thematic analysis in another context, I was aware it could bring valuable insight into the lives of SOs; however, in the interest of trying something new, I narrowed my consideration to interpretative phenomenology and GT. I eventually concluded that I was less interested in meanings that SOs attributed to their lived experience (interpretive phenomenology) and more interested in the processes that SOs use to navigate, adapt, engage with phenomena (Burns et al., 2022). Using my research question as a guide, and

with the knowledge that I wanted to develop a theory from the ground up reflecting the experiences and social world of SOs, that may be useful to the broader psychotherapeutic community, I ascertained that GT was a congruent fit given these intentions. In particular relativism, social constructivism and pragmatism ontologically and epistemologically reflected my worldview. As with phenomenological methods, GT explains the phenomenon being studied. However, it differs from phenomenology in that "the strategies used in data collection and analysis result in the generation of theory that explicates a phenomenon from the perspective and in the context of those who experience it" (Birks & Mills, 2011, p. 16). With my methodology chosen, I now outline in greater detail GT, discussing the historical antecedents to CGT before explaining in depth why it resonated as a methodology.

3.2 Methodological Positioning of GT

As a methodology, GT is systematic but allows for flexibility (Charmaz, 2014; Corbin & Strauss, 2015). The methods used are inductive and iterative as the researcher goes back and forth between the data and analysis (Birks & Mills, 2023; Charmaz, 2014). It pays credence to the social conditions under which the enquiry occurs, seeing them as critical influences in theory development (Birks & Mills, 2023; Charmaz, 2009). Charmaz (2009) saw GT as a valuable tool for "informing policy and practice" (p. 127); therefore, the evolved theory may assist educators and trainers of psychotherapy in any psychotherapeutic training programme to influence better outcomes for the interpersonal relationships of psychotherapists. Additionally, this theory may be the catalyst for further research. The acknowledgment of social conditions and the potential to generate a theory that could influence policy or curricula and deepen understanding of the relational world of psychotherapists were significant catalysts for choosing GT. Additionally, it would be gratifying to have this research find utility beyond the field of psychotherapy. GT as a methodology has credibility in many disciplinary fields (Day, 2023); thus, choosing GT methodology may facilitate dialogue between psychotherapy and other disciplines, helping build its recognition as a valuable field of study with sufficient credibility to influence public health policy (Day, 2023). I now give a background to GT before explaining in more detail CGT, the iteration chosen as best fit for the research.

3.2.1 History of GT

GT is based on the seminal work of Barney Glaser and Anslem Strauss (1967). It is borne out of two differing analytic traditions. Glaser's background was in sociological research

at Columbia University using largely quantitative survey methods (Stern & Porr, 2011). Anselm Strauss emanated from Chicago University's symbolic interactionist approach to qualitative research (Dey, 1999). According to Dey (1999), bringing these two traditions together "was intended to harness the logic and rigor of quantitative methods to the rich interpretative insights of the symbolic interactionist tradition" (p. 25). Glaser had studied literature in Paris after completing his sociology degree. "He became interested in how careful reading of text (explication de text) and line-by-line comparisons could enable abstraction and emergence of concepts. It was there that he honed the method of constant comparative data analysis" (Stern & Porr, 2011, p. 26).

Both Glaser and Strauss were engaged in a study *Awareness of Dying* (1965). They became disenchanted with the fixation in quantitative research circles of verifying theory that had been "logically deduced from a priori assumptions" (Glaser & Strauss, 1967, p. 6). Their interest was in creating new theory grounded in social research. In their view, generating and then verifying a theory should receive equal attention in social research (Kenny & Fourie, 2014). This innovative perspective led to Glaser and Strauss publishing their ground-breaking work, *The Discovery of Grounded Theory* (1967). They developed this original GT method to be deliberately different from other research approaches in that it explains the phenomenon being studied. Strategies used in data collection and analysis result in the generation of a theory that explicates a phenomenon from the perspective, and in the context, of those who experience it (Birks & Mills, 2011). The theory is grounded in the data and is, therefore, an inductive rather than a deductive theory built on testing prior assumptions (Chen & Boore, 2009).

Furthermore, GT, rooted in the interpretivist tradition, was developed in response to Glaser and Strauss' desire to understand the meanings of social behaviours, which could be achieved by talking directly and intimately with participants. Intimacy, then, is extended to the data through the care, attentiveness, and respect the researcher applies when examining the data. The intimacy lies in not making assumptions but looking intently for genuine meaning in what the participant has said, uncovering their concerns and motivations which, in turn, deepens an understanding of the question being asked. A theory is then generated (Stern & Porr, 2011).

In developing GT, Glaser and Strauss were refocusing the value of theorising in social science research; "in their view, a good theory must be put to work and should work in the sense of predicting future phenomena" (Timonen et al., 2018, p. 2). Their original stance was underpinned by objectivism and, according to social scientist Adele Clarke

(2014), this early version of GT had the least rigour or clarity concerning how it should be conducted. Others, such as Kenny and Fourie (2014), have disagreed pointing out that the GT Glaser and Strauss developed, used methodological techniques that remain consistent across all variants of GT. "They stipulated that data collection and analysis occur simultaneously and should be conducted through specific procedures of *theoretical sampling, coding, constant comparison, saturation, and memo-writing*" (Kenny & Fourie, 2014, p. 2).

Despite this ground-breaking development in qualitative research, it took time to gain respect amongst researchers. For 20-years after the publication of their book, many still felt that qualitative research lacked the rigour of quantitative research (Kenny & Fourie, 2014; Strauss & Corbin, 1994). However, as more publications about GT portrayed it as rigorous and accessible, it gained traction as a credible methodology (Kenny & Fourie, 2014).

Both Glaser (1978) and Strauss (1987) further developed their own versions of their original GT. Strauss joined forces with Juliet Corbin and produced *The Basics of Qualitative Research* (1990). This was a move away from the principal theme of Glaser and Strauss' earlier approach of exploring the data to generate a theory. Their interpretation of GT was incredibly detailed in terms of procedure. This new approach had "a more fully structured coding, memoing and analysis which describe the procedures of open, axial and selected coding" (Chen & Boore, 2009, p. 2252). The procedural and methodological coherence is born out of the method's pragmatic philosophical roots (Salvini, 2019) and that of symbolic interactionism (SI) (Kenny & Fourie, 2014). Strauss and Corbin also contested the need to abstain from reading literature before beginning the study (Kenny & Fourie, 2014; Strauss and Corbin, 1990). While imbued with the positivist and objectivist underpinnings of the original GT method (Guba & Lincoln, 1994), Strauss and Corbin (1990) gave voice to the participant, portraying them as accurately as possible, outlining how their view of reality differs from their own; thus, moving the method into the post-positivist territory.

Glaser, who was responsible for systematising GT using the skills he had developed through quantitative analysis, vehemently disagreed with the approach of Strauss and Corbin (Kenny & Fourie, 2014). "He stated that grounded theory simply codes for categories and properties and lets theoretical codes emerge where they may, and the analyst cannot code for preconceived theoretical codes and does not link properties and categories" (Chen & Boore, 2009, p. 2252). Glaser felt that their interpretation of the

method was, in fact, 'forcing the data' (Chen & Boore, 2009). He wrote to Strauss accusing him of abandoning most of the important tenets of the method and demanding he withdraw his book co-written with Juliet Corbin (Kenny & Fourie, 2014). Strauss and Corbin forged ahead with the publication of their book and dedicated the book to Glaser in appreciation of his contribution to GT. This did not salve Glaser's rankling, who called their book immoral (Corbin & Strauss, 2008; Glaser, 1992).

The second edition of Strauss and Corbin's book *Basics of Qualitative Research: Grounded Theory Procedures and Techniques* was released in 1998, and a third edition in 2008. Anselm Strauss had died before the second edition was published, but Juliet Corbin acknowledged that it was the product of their combined work (Corbin & Strauss, 2015). Glaser continued to purport that only his version of GT was authentic. He published many articles and books defending his position against the direction in which Strauss and Corbin took GT. He also disagreed with later evolved versions, including CGT fashioned by Cathy Charmaz, a former student of Anselm Strauss (Kenny & Fourie, 2014).

There is now a range of GT frameworks from which a researcher can choose, as the methodology has been developed and extended over the years (Belgrave & Seide, 2019; Timonen et al., 2018). In 2003, Adele Clark developed another widely adopted version of GT, Situational Analysis. Schatzman, a colleague of Strauss, developed Dimensional Analysis. These other versions of GT were seen as being "the result of maturation of the classical approach" (Chen & Boore, 2009, p. 2252). Birks and Mills (2015, 2023) have continued to develop the methodology producing several useful texts for researchers.

There continue to be well-documented tensions between some of the iterations of the methodology (Belgrave & Seide, 2019). Some say these tensions are compounded by researchers not distinguishing GT as either an analytic framework or a methodology and the antipathies between positivists', post-positivists', and constructivists' ways of thinking (Belgrave & Seide, 2019; Nagel et al., 2015). Belgrave and Seide (2019) pointed out the debates are often linked to varying claims over key features of the method, and conflict over validity and what is an authentic GT. Many others have critiqued and commented on the evolution of the methodology (Annells, 1997; Stern, 1994; Timonen et al., 2018). Such scrutiny and debate will hopefully ensure GT continues to develop as a credible and respected methodology in social sciences, given its utility and explanatory power. Chen and Boore (2009) posited that the method does not belong to anyone. They encourage researchers to be guided by their particular study and to synthesise techniques

from a variety of iterations. They see this as congruent with Glaser's (1992) idea of emergence from the data.

3.2.2 Core Tenets of GT Research

Each GT variation has its own characteristics that reflect its epistemological standpoint (Mills et al., 2006). Regardless of the GT version used, there is general agreement that the following features are core tenets of a GT study (Birks & Mills, 2023; Charmaz, 2014; Day, 2023; Glaser, 1978; Glaser & Strauss, 1967; Strauss, 1987):

- Initial coding and category construction
- Simultaneous data collection and analysis
- Memoing
- Constant comparison using induction and abduction
- Theoretical sensitivity
- Intermediate coding
- Selecting a core category
- Theoretical saturation or sufficiency
- Theoretical integration

I define and elaborate on the application of each of these features when describing the method in Chapter Four.

In summary, GT is a flexible methodology used to develop a theory that is grounded in data. "The form of grounded theory followed depends on a clarification of the nature of the relationship between the researcher and participant, and on an explication of the field of what can be known" (Mills et al., 2006, p. 26). To that end, I now introduce the version of GT that best fits the ontologic, epistemic, and axiologic foundations of this research: CGT.

3.2.3 CGT

Glaser and Strauss, in their book *The Discovery of Grounded Theory* (1967), invited researchers to use the method flexibly (Charmaz, 2006). Charmaz took them at their word and set about revising Glaser and Strauss' "classic grounded theory" (Charmaz, 2009, p. 129). She translated the original tenets of induction, constant comparison, emergence, and an open-ended approach into a contemporary constructivist paradigm "to forge a distinctly CGT" (Kenny & Fourie, 2014, p.6). She refashioned many of the original

version's directives and principles, rejecting "Glaser's underlying philosophy of *discovering* an implicit theory" (Kenny & Fourie, 2014, p. 6) in favour of the idea that grounded theories are constructed through engagement with others' perspectives, and by considering ways in which researchers choose to conduct the research. It was here that she laid the path from the positivist antecedents to the postmodern iteration (Charmaz, 2003). Charmaz saw this as the way to bring qualitative research into the 21st century. The researcher does not make assumptions about what will be found as they are usually applying the methodology to something about which little is known. "Therefore, results of initial analyses originate from the data through inductive inference. However, as soon as information about a topic is gathered, construction of ideas begins" (Ward et al., 2017, p. 6). The researcher and participants both construct and interpret reality, resulting in the development of a theory that reflects the interpretation of these realities (Charmaz, 2014). The researcher is not a neutral observer but very much part of the analysis. CGT also pays attention to culture, context, time, and place when analysing the data (Charmaz, 2014).

"Constructivists study how, and sometimes why, participants construct meanings and actions in specific situations" (Charmaz, 2014, p. 239). There is no requirement to separate out values from facts as a positivist researcher may do. Values of both participant and researcher are a crucial factor in what is co-constructed in the interviews. It is part of the process in CGT to grapple with empirical issues. Social constructions are the foundations of knowledge. For example, researchers build research processes but these processes occur under conditions that are pre-existing, emergent and shaped by the researcher who brings their privilege, perspectives, personal histories, and places they emerge from to each research context and these all shape what is considered knowledge (Charmaz, 2009).

3.2.3.1 Abduction and CGT

For Charmaz (2014), abduction is a distinguishing feature of CGT, building on the problem-solving tradition of pragmatism and playing an important role in theory development (Birks & Mills, 2023; Charmaz, 2014). Theories are borne out of the data as the result of a distinct process. Concepts are iteratively identified and increasingly elevated from the data using induction. These ideas are then tested, modified, rejected, or refined using deduction, or the ideas are reconstituted in new and creative ways using abduction. Charles S. Peirce conceptualised abduction in the late 19th century. He saw abduction as fostering the probe for new theoretical explanations of unexpected data (Charmaz, 2014). Abduction is where one cannot immediately explain a phenomenon in

the research, so an inference is made that will cover all the possible explanations for the phenomenon observed. For example, in the current study I was surprised by the esteem some SOs held for supervisors. I initially hypothesised that this was because they were perceived as an ally in preserving the relationship between the RP and SO, which was subsequently confirmed by another participant. I then inferred that the role of the supervisor ally was integral to the SO continuing to matter.

CGT also uses abductive reasoning as a crucial next step where every explanation for a phenomenon is considered. Abduction does not abandon logic, but it does encourage iterative, creative, and imaginative thinking as the researcher moves back and forth from the data testing conjecture and inferences with the objective of developing a credible theory that explains experience (Charmaz, 2009).

3.2.3.2 Critique of CGT

Glaser posited that interpretation in the interviewing is restricted to the interviewee telling the interviewer how they view a particular process. He considers it "an unwarranted intrusion of the researcher" (Glaser, 2002, p. 3) if the interviewer adds any of their own thoughts to this narrative. He critiqued Charmaz's (2000) concept of mutual interpretation, regarding it as merely Charmaz's way of dealing with her need for depth and accuracy. For Glaser, a GT is not the mutual creation of knowledge by the researcher and researched. He sees the participant as the driving force, expressing what goes on in a situation and how the researcher should view it (Glaser, 2002).

Glaser viewed the CGT interviewer as forcing the data through their questioning, and this is where he sees the data as being 'constructed' to an unreasonable degree. He favoured non-structured interviewing: "With the passive, non-structured interviewing or listening of the GT interview-observation method, constructivism is held to a minimum" (Glaser, 2002, p. 3). He agreed that researchers inevitably reify data to some degree when they symbolise it during collection, coding, and reporting, and this is constructivist; but he thinks that patterns that become categories can be thought of as objective if one carefully compares data from enough participants (Glaser, 2002). Glaser (2002) argued, "personal input by a researcher soon drops out as eccentric and the data become objectivist not constructionist" (p. 6). While his specific context and disciplinary training may make sense of his wish to reduce unnecessary additions to the data, I disagree with this position based on my epistemological stance that every interaction, formulation, and interpretation is impacted by the personal histories and perspectives of the people involved. Entirely excising a researcher's influence seems improbable. The way we view any situation

influences how we respond in the present and how we view our future and our past. It is dynamic and unique to each person. Additionally, it is the researcher who symbolises the data using language that has a particular meaning to them, albeit with the intention of congruently representing the participants' perspective. Objectivity remains elusive no matter how many participants one draws on because there is no way of accounting for myriad conscious and unconscious influences underpinning the construction or co-construction of meaning. The critical element, as Charmaz (2009) pointed out, is that the researcher explains how they have made decisions during the analysis. I concur that Charmaz (2009) is realistic when she writes "the analysis is conditional, contingent and partial" (p. 140).

3.2.3.3 Evaluating CGT

It is essential that researchers hold in mind and monitor the credibility of their process for the duration of the research. There are frameworks for doing so, such as those outlined by Charmaz (2014) and Glaser (1978, 1998). Charmaz cautioned researchers to be clear when describing the journey they take to develop their theory. She explained that they are often so immersed in the process that its development is clear to them but not the reader. She advised keeping Glaser's framework of "fit, work, relevance, and modifiability" (Charmaz, 2014, p. 337) in mind but from a constructivist perspective, one particularly attends to the credibility, originality, resonance, and usefulness of the theory. Credibility is achieved if an independent audience can make their own assessment of the claims made and agree with the researcher's findings. The researcher should be systematic in their comparison of observations and categories, and ensure there is logic between the data and analysis. Originality means a fresh portrayal of the data and that there are new insights. It means that the theory developed has relevance on a social and theoretical level, and could potentially develop or challenge current thinking in the relevant field of enquiry. Resonance requires the researcher to reveal any meanings embedded in the data that may be taken for granted, ensuring the categories represent the fullness of participants' experience. She also suggested checking that the GT resonates with participants and adds insight for them to ponder. Embracing its pragmatist underpinnings, the theory should be useful in practical terms. The researcher should look to see where the theory can contribute to knowledge bases or provide the catalyst for further enquiry. To this end, the researcher considers whether the theory can "contribute to making a better world" (Charmaz, 2014, p. 338).

The following is an overview of why GT and CGT aligned with my ontological, epistemological, and axiological position. It is essential to explicate these standpoints before commencing the study (Mills et al., 2006) as they are the lens through which the researcher looks when gathering, analysing, and interpreting data (Creswell, 2008).

3.3 Ontology

Ontology is the study of 'being,' or the form or nature of our existence. It elucidates what can be known about reality (Guba & Lincoln, 1994). In assuming an ontological position in line with many qualitative studies, I assert there are multiple realities in any given social situation that are based on the subjectivity of the participant and the researcher. Crotty (1998) argued that aligning with an ontological position is the business of coming to grips with 'what is' and, in some ways, it informs our epistemology or how we come to know things (Crotty, 1998). Ontologically I find resonance with relativism, that reality is duly informed by our experience of it. I also assert it is shaped by the use we make of constructs we believe in. This is where pragmatism infuses my relativist views on the nature of being. A radical relativist would say no interpretation can be proven and, therefore, nothing is certain; whereas a pragmatist would say something is true for now and may be proven wrong later (Corbin & Strauss, 2008). Pragmatism also pays attention to culture in the sense that it is a part of the way an individual is socialised and, therefore, informs their being (Corbin & Strauss, 2008). As Blaikie (2007) reminded us, "there is no culturally neutral position from which any human being can make objective judgements about anything, let alone about another culture" (p. 50).

Morgan (2013) posited that "in contrast to philosophies that emphasize the nature of reality, pragmatists emphasize the nature of experience" (p. 14). It gives credence to the ways humans examine the practical implications of their actions to form their sense of reality and this leads to a constant adaptation. It is guided by principles that are intended to improve the human condition and shows concern for the practical outcomes of social research (Baronov, 2012).

Finding an ontological position that completely explicates 'being' and the nature of reality is complex. Williams (2016) insisted a researcher should be clear about their relativist views understanding what it means to take a moral or cultural relativist stance, questioning how far they take this view. He pointed out that a moral relativist would not privilege any moral stance; for example, this would mean the equal sanctioning of liberal

social views and totalitarianism. Therefore, as I declare my relativist ontology, I do so in the context of the research. This is where the theoretical perspective of pragmatism augmented my view of reality as I contemplated what processes worked or did not work for the SOs of psychotherapists. It assisted with evaluating the consequences of any theory development. Above all, I wanted this enquiry to be of use to the broader psychotherapeutic community in Aotearoa New Zealand and their SOs. Charmaz encouraged the researcher to use their ontological positioning innovatively within the research context, while examining closely the role of their perspectives and practices (Goulding, 2017). A pragmatist might ask the question 'what would happen if I believed this?' They would see everything open to change depending on context. Pragmatism also acknowledges the relationship with the self (intrapersonal) the relationship with the other (interpersonal) and the wider collective (society).

Building on the ontological positioning where reality is perceived as indeterminate and fluid, and acknowledging that ways of being are inextricably linked to ways of knowing (Crotty, 1998; Saven-Baden & Howell Major, 2013), pragmatism also infuses the epistemology of GT, recognising there are many different perspectives that can evolve from the actions people employ to problem solve in their day-to-day life (Charmaz, 2009). I wished to discover what was real for the SOs of psychotherapists and how they act on this reality (Charmaz, 2006). Charmaz (2014) recommended walking in the shoes of participants to become familiarised with their experience. In doing this, I sought to understand how the SOs of psychotherapists acted and interacted with their RP. Using the principal tenets of pragmatism (Charon, 2007) I looked to see how SOs interpreted their environment. I looked at what SOs found useful in varying situations and what actions they took in response to this. I was interested in their beliefs and the ways they constructed meaning about experiences. This led to an epistemological position that was underpinned by principles of pragmatism, SI, and constructivism.

3.4 Epistemology

Epistemology explains how we know what we know. Saldana (2015) used a camera analogy, where the lenses, filters, and angles can be changed to view and reproduce an image. These factors are consciously and subconsciously connected to the person holding the camera. Epistemology outlines the relationship between the knower and the known. It explains the connection between the researcher and participants, and outlines *how* they

interact (Creswell, 1998). I begin by giving a background to my epistemology and how two important theoretical perspectives, pragmatism and SI, underscore the epistemological stance of constructivism.

According to Strauss and Corbin (1998), GT's epistemology evolved out of Chicago interactionism and, particularly, the pragmatism of Dewey and Mead. They argued that even as GT evolves, it draws implicitly from these foundations. During the 1990s, some grounded theorists moved away from its original positivist leanings but, like Charmaz (2014), remain aligned with pragmatism and SI. As such, I now briefly outline the theoretical perspective of pragmatism and SI, illustrating how they implicitly and explicitly connect to my epistemological stance of constructivism.

3.4.1 Pragmatism

Charmaz (2017) was very clear that her constructivist approach to GT has pragmatist roots and, as such, it permeates the epistemology in a variety of ways. Pragmatism holds the view that there are many different perspectives that can evolve from the actions people employ to problem solve in their day-to-day life. In the pragmatist tradition, facts and values are merged. Truth is "conditional and subject to revision" (Charmaz, 2009, p. 128).

Developed during the early 20th century, pragmatism has four central protagonists, with strong links to the University of Chicago, who evolved this epistemological thinking in social sciences. They were Charles Peirce and William James, who both had a background in the physical sciences and, therefore, had a strong grounding in logical positivism influencing their pragmatist interpretations; and John Dewey and George Herbert Mead. Dewey and Mead, building on the foundational work of Peirce and James (Baronov, 2012; Corbin & Strauss, 2008), shared a background in social philosophy and played significant roles in bringing pragmatist perspectives to both social sciences and education (Baronov, 2012).

Peirce introduced pragmatism to the world of philosophy in the 19th century. He valued debating philosophical beliefs and ideas, particularly if it led to a practical outcome or provided some idea of what action to take next. As Stern and Porr (2011) explained, it was Peirce who rationalised that "An idea's truthfulness, and what the idea really means, is contingent on what becomes of it, what people do because of it" (p. 28). Peirce was a major influence for Dewey and James, although he would later critique the direction they both took pragmatism, claiming it was less critical than his own approach. He thus

renamed his approach pragmatacism to distinguish it from the stance of Dewey and James (Crotty, 2010). Dewey turned to pragmatism after an extended period of attempting to find reconciliation between empirical science and idealism (King, 2004). Dewey argued that there was a symbiosis between knowledge and action: "Knowledge leads to useful action, and action sets problems to be thought about, resolved, and thus is converted into new knowledge" (Corbin & Strauss, 2008, p. 5). He developed a version of pragmatism called instrumentalism where ideas and judgments are neither true nor false but are evaluated based on whether they are effective or ineffective (Kelly & Cordeiro, 2020; King, 2004).

James and Peirce extended their influence to Mead. Although, according to Lewis (1976), Mead's view of pragmatism was ultimately more closely aligned with that of Peirce, and Dewey arguably more aligned with James. Nonetheless, it was Mead's view of pragmatism and action that laid the foundations for Blumer and the development of SI. According to Mead, analysis starts with action (Charon, 2007). A person imagines the potential role and response of the other while interacting (Charmaz, 2014). An important contribution was the way he viewed present reality. He saw the present being different to the past from which it emerged. Hence, the concept of emergence is a feature of GT (Charmaz, 2014). "Novel aspects of present experience give rise to new interpretations and actions. This view of emergence can sensitize researchers to study change in new ways and GT methods can give them the tools to do so" (Charmaz, 2014, p. 265).

Strauss was particularly interested in pragmatism after being captivated by the writings of Peirce, Mead, and Dewey. He saw people forever changing their responses according to the problematic situations they found themselves in and was fascinated by the ideas and beliefs that underpinned these responses (Stern & Porr, 2011).

Charmaz saw pragmatism (and SI) as underpinning all GT and, specifically, CGT (Charmaz, 2014). Pragmatism acknowledges the outside world and invites us to think about how we engage and navigate this world. We take action based on what we have inferred or judged about our social worlds. As humans we change over time, based on the knowledge we have collected and our thoughts and interactions with others. Given that reality is contextual and may have multiple interpretations (Baronov, 2012), pragmatism does not view scientific research as neutral; rather, imbued with the beliefs and values of the researcher and the wider research community (Baronov, 2012). It is sceptical about the idea that social knowledge can be generated with total certainty. Pragmatism concerns itself with the practical application and consequence of social research. It values how we

experience and understand the world we live in (Baronov, 2012). There are multiple realities that SOs of psychotherapists could experience. The way to explore these was to inquire directly about their experience, while remaining open to the fact that nothing at all may be generalisable. In pragmatist terms, for the theory developed to have value it must have practical application. This leads to new meanings emerging through action and a deeper understanding of the world (Charmaz, 2014).

3.4.2 SI

Philosophically, SI also underpins CGT (Charmaz, 2014) as it pays attention to the gestures and symbols used to make meaning (Blumer, 1969; Charmaz, 2014). It is a way of understanding how, through social interaction, people make sense of themselves, society, and reality (Charmaz, 2014). Herbert Blumer is widely considered to be the founder of SI, significantly influenced by the teaching of George Herbert Mead (Crotty, 1998). According to Blumer (1969), SI is based on three basic premises. The first is that we interact with things in our world based on the meaning we attribute to them. These 'things' are everything in our world, objects, people, institutions, values, rules, anything at all we encounter in our day-to-day life.

The second premise is that any meaning we assign to these 'things' is derived from social interactions with other human beings (Blumer, 1969). The meaning we assign to any object is especially important and, according to Blumer (1969), should not be ignored. This highlights the third premise; SI is an interpretative process used by individuals as we interact with the elements we encounter in our world (Blumer, 1969).

However, Blumer (1969) saw reality as not just found in the minds and imaginations of people but able to be challenged and resisted by empiricism. Blumer viewed this type of resistance as giving the empirical world or reality an obdurate quality. Charmaz reinterpreted this view; rather than conceiving a 'real world' waiting to be discovered, a person can think of the world as something that can be made real through interacting with others and the utilisation of actions and words (Birks & Mills, 2011; Charmaz 2000). We are continuously interacting with others, constructing our realities using the symbols around us. It is not a static but a dynamic process. Charmaz (2006) referred to SI as both an abstract framework and theoretical perspective for understanding the realities people construct. "This perspective gives you a way of knowing—a way of growing—that opens your views of meanings, actions, and events in the worlds you study" (Charmaz, 2014, p.

262). We are constantly interpreting and reformulating our view of the world, negotiating and renegotiating meaning as we interact (Morse & Field, 1995). The interpretations we make are communicated through words that describe our knowledge of the world. The words are subjective, chosen to represent *a* reality, never neutral, but situated within the cultures within which we live (Hewitt et al., 2022).

We respond to elements around us not because they have an intrinsic meaning but according to the meaning we attribute to them, and this meaning is derived from our interaction with others. We share a language and way of communicating about objects or events that are dynamic and can be continually revised over time. Accordingly, symbolic interactionists recognise that the researcher cannot be separated from the researched when interpreting data (Birks & Mills, 2015). This view is shared by constructivist grounded theorists and requires the researcher to reflexively examine the ways in which their own experience and presuppositions may influence their interpretations of meaning. I elaborate on the principle of reflexivity in discussion of the key tenets of GT and their application in Chapter Four.

As I collected and analysed the data, I was aware that participants were 'enacting responses' related to living with a psychotherapist. They assumed roles in relation to the psychotherapist they referenced, and to me as researcher. Thinking about 'roles' helped me make sense of SI. I understood that they were playing a role and acting towards objects, actions, people (including me), and society according to the meaning they ascribed to them. By stepping into their shoes, I interacted with their role—a symbolic act. "This role taking is an *interaction.* It is symbolic interaction, for it is possible only because of the 'significant symbols'— that is, language and other symbolic tools—that we humans share and through which we communicate" (Crotty, 1998, p. 75). Hearing about their experiences, I learnt about changes over time, and explored why and how aspects of their life changed. I was interested in the meanings attributed, with the view that we would co-construct an interpretative theory that is strongly influenced by the intersection of our values. It was to be emergent, representing a plurality of truths. Participants interpreted my actions and the meanings I attributed to objects, actions, and people, just as I interpreted theirs.

In summary, Charmaz (2009) argued it is not mandatory to take a symbolic interactionist position, stating that CGT can commence inquiry from a multitude of epistemological standpoints. She conceded, however, that GT and SI make a potent coupling (Charmaz, 2014) with their shared emphasis on action and process. Charmaz (2003) noted that SI

brings many features such as a focus on meaning and emergence that complement GT and it offers a valuable range of concepts that sensitise the researcher to what is going on in the data (Charmaz, 2003). SI principles inform those of constructivism. Both provide context for understanding and detailing social and political contexts. They can inform many different methodologies and explain the assumptions that are inherent in each of them. For example, I am conducting research using interviews. This involves intersubjective connection using verbal and non-verbal symbols to communicate with my participants. The analysis of processes and action are a fundamental part of the research; therefore, pragmatist principles underpinning SI explain *how* I view the world of the participants and constructivism explains how I co-construct a theory with my participants.

3.4.3 Constructivism

CGT, as its moniker suggests, is epistemologically underpinned by constructivism, predicated on the belief that reality cannot be 'known'' but is created through an interplay of ideas and constructs (Charmaz, 2014). Constructs are formed to make meaning of the world. As Gibbs (2018) noted, it is a constructivist researcher's responsibility to reflect the participants' world as accurately as possible but without assuming that the reality they describe is shared. A constructivist acknowledges that there is an interplay between the researcher and participant, full of their prejudices, preconceptions, and individual constructions (Gibbs, 2018).

Charmaz was critical of classic and some evolved GT methods that ignore the role of the researcher in the process of theory construction (Goulding, 2017), becoming dissatisfied with researchers who conducted analyses of a participant's world believing they were producing an accurate rendering of these worlds (Charmaz, 2014). She believed they were overlooking the fact that these were constructions of the participants' world. Additionally, they excluded their own processes and impact on the research, failing to employ reflexivity and account for the myriad ways in which their own subjectivities would have influenced the analysis. Thus, Charmaz aligned herself with the social constructivists of the time, including Vygotsky (1962) and Lincoln (2013), who both "stress social contexts, interaction, sharing viewpoints, and interpretative understandings" (Charmaz, 2014, p. 14).

3.4.3.1 Constructivism and social constructionism

Young and Collin (2004) write that constructivism and social constructionism are often encompassed by the general term 'constructivism.' In fact, many people use the terms

constructivism and constructionism interchangeably, including Charmaz (2009, 2014; Young & Collin, 2004), which can lead to ambiguity and confusion (Young & Collin, 2004). Charmaz (2014) argued that there are scenarios where she uses the terms interchangeably depending on the context of a discussion; whereas Crotty (1998) argued there is a distinct difference between constructivism that focuses on how an individual makes sense of the world and social constructionism that considers the impact of culture on how people interpret their world and the ways they make meaning. Social constructionism examines how there can be a collective transmission of meaning.

We do not just create meaning in our minds and then impose it on the world (subjectivism). Objects exist in the world and can have myriad potential meanings. An object's meaning is created when we engage our consciousness about that object. To clarify my position, I consider constructivism inextricably linked to constructionism or social constructionism. How participants and I create meaning fits into the social world that we participate in. As such, the term social constructivism is used to encompass both individual experience and the social context it occurs in. For example, this research is particularly interested in the unique experiences of SOs. It aims to generate a contextual understanding of their accounts, which requires attention to what is co-constructed in the interviewing process and ensuing analysis. The SOs in this research were related to psychotherapists from different psychotherapy modalities (see Chapter 4, Table 4.2), including Hakomi, integrative play therapy, psychoanalytic psychotherapy, psychodynamic psychotherapy, sex therapy, and TA. How they perceive psychotherapy would be contextually linked to the training of their psychotherapist partner. I could not assume that 'psychotherapy' would be conceptualised in the same way for all participants. Moreover, interviewing can occur in multiple contexts. This too could impact how participants shared information. How we come to know and learn is through our social interactions which, it could be argued, is remarkably like a social constructionist viewpoint that would also say that knowledge is created through an interchange between people. Charmaz (2014) posited quite clearly that for her, "subjectivity is inseparable from social existence" (p. 14).

I looked at the events in SOs' lives and how they made meaning out of them. I wanted to understand, from a constructivist point of view, the meaning they gave these experiences and how meaning was influenced by their personal biographies, culture, gender, political beliefs, the place and time in which they live. As Corbin and Strauss (2008) posited:

> concepts and theories are constructed by researchers out of stories that are constructed by research participants who are trying to explain and make sense out of their experiences and/or lives, both to the researcher and themselves. Out of these multiple constructions, analysts construct something that they call knowledge. (p. 10)

I could have reported what I observed with a participant and claimed that this was objective data; but how I interpreted, what I elicited, observed, heard, and felt while generating data is based on the unique chemistry of phenomena, co-created by the participant and me. As a social constructivist, I acknowledge the relativity of the data and that its collection and analysis is inevitably impacted by subjectivity (Charmaz, 2009).

In summary, responses shared by participants represent many truths, not fixed in perpetuity but strongly linked to time, context, culture, and the rapport we created in the space of 90 minutes. My ontological stance is that I cannot establish an absolute truth; thus, I acknowledge the socially constructed nature of my findings, that they are a snapshot of reality, located in a specific context and time. These considerations are the basis of my epistemological formulation.

3.4.4 Other Important Influences

Birks and Mills (2011) stressed the importance of delving into the ways researchers self-define before embarking on research. They encourage the researcher to ask, 'what roles do I engage in daily?' My response, pertinent to this research, is that I am a daughter, sister, partner, and mother. There is no shortage of experiences that will inform and influence how I express myself in this research. The role that is most complex and that needs to be thought about carefully is that I am a researcher who is also a psychotherapist interviewing the SOs of psychotherapists. I arrive at this research with preconceptions, an important starting point that I elaborate on in Chapter Four where I explain the application of the methodology.

Just as there are several iterations of GT with which a researcher could align themselves, there is a multiplicity of modalities in psychotherapy, each with their own epistemological standpoint. There are synergies between the way I practise as a psychotherapist and my epistemological positioning of this research. I deliberately sought a research methodology that acknowledges and embraced my role in the process. There are several epistemological reasons for this decision, not least that I was far from a blank slate when

it came to psychotherapy and psychotherapists, and this experience/set of assumptions needed to be engaged with continuously as I interpreted the data.

As a psychotherapist, I am drawn to relational and intersubjective theorists who see the therapeutic relationship as an important co-created and contextually important aspect of the work. This epistemology drew me to Charmaz's CGT that philosophically mirrors a stance where context and researcher are acknowledged as key influences in the study (Timonen et al., 2018).

3.4.4.1 Relational psychotherapy

In this section I introduce relational psychotherapy, referring specifically to relationality as it pertains to concepts emerging from psychoanalysis, given this was the modality in which I was trained. I wish to acknowledge that relationality is not unique to or emerging solely from psychoanalysis. Other modalities (e.g., Gestalt) and other social theorists were also developing their epistemological thinking using its precepts (Stawman, 2008). Within the psychoanalytically influenced modalities, relational psychotherapy developed across the 20th century (CE) from a range of disciplinary influences and modalities of psychotherapy. It particularly represents the integration of two early schools of psychoanalytic thinking—the interpersonalists who prioritised the exploration of interpersonal experiences; and analysts in the British Object Relations school who focus on the relationships we internalise in our lifetime and the ways they impact our functioning. Relational approaches to psychotherapy date back to early theorists such as Otto Rank (1884-1939) in the 1930s, Jessie Taft (1882-1960) who was influenced by Rank (Mertens, 2012), and Harry Stack Sullivan (1892-1949).

Stack Sullivan began to explore the idea that the therapist in psychotherapy was "both an observer and unwitting participant in the dyad" (Curtis & Hirsch, 2005, p. 69). Others joined Sullivan in the exploration of the therapeutic relationship being mutually constructed, including, in Italy, Sandor Ferenczi (1873-1933). Simultaneously, in Britain, W. R. D Fairbairn (1889-1964) was arguing that a primary motivation for people is seeking other people (Fairbairn, 1952). Other theorists, such as Melanie Klein (1882-1960) and Michael Balint (1896-1970), were looking closely at the interaction of the subject (person) and the object (those with whom one interacts) and developing object relations theory. Jay Greenberg (1942-) and Stephen Mitchell (1946-2000), building on the work of object relations, noted "a paradigm shift which meant that "relations with others constitutes the fundamental building blocks of mental life in contrast to Freud's emphasis on the biologically based, prewired, psychosexual stages of development"

(Curtis & Hirsch, 2005, p. 71). The work of other important theorists such as D. W. Winnicott (1896-1971) and Heinz Kohut (1913-1981) all contributed to the relational psychotherapeutic position that "the presence of the other is inescapable in both human development and in the therapeutic relationship (Curtis & Hirsch, 2005, p. 71). In relational psychotherapy, it is understood that complete neutrality towards a client is impossible.

In my clinical work I hold that the therapist and patient generate something that is uniquely theirs in terms of experience. An example of how this co-created experience can be thought about in psychotherapy is Ogden's (1994) intersubjective analytic third. There is an implicit understanding of an intersubjectivity between patient and therapist. For Ogden (1994), "the analytic task involves an attempt to describe as fully as possible the specific nature of the experience of the interplay of individual subjectivity and intersubjectivity" (p. 4). From an epistemological point of view, this aligns elegantly with CGT: "The intersubjective and the individually subjective each create, negate and preserve the other" (Ogden, 1994, p. 4). In the current research, the way I sampled and engaged with the participants was linked to my own subjectivity. How and where I collected data had an impact on the output. When analysing the data, I could read and recall the feeling in the interview, and remember some of the moment-by-moment decisions I made as I pursued different lines of questioning in concert with the participant as we carefully 'read' each other's responses and body language, deciding moment by moment where we could go next in the dance of enquiry and response. Given my relational thinking, and the fact that the psychotherapy literature has itself acknowledged the significant influence of social constructionism and constructivism (Young & Collin, 2004), a social constructivist lens was deemed epistemically appropriate.

3.5 Axiological Positioning

Axiology invites the researcher to enquire what it is they value as a human being, and to disclose the ethical principles that guide them. It is an important aspect of qualitative inquiry (Creswell, 2013). According to Charmaz (2014), facts are linked to values and the values of the researcher inexorably enter the research. Values are also an important influence in the way a research question is formulated (Biddle & Schafft, 2015) and assists in prioritising which issues to focus on distinct from others. What I consider to be of value is embedded in all that informs my view of the individual, society, and the natural

world. It is also evident in the ontology and epistemology I have chosen. I embrace a postmodern stance where reality is neither objective nor immutable but constantly changing depending on where and how one lives. Moreover, as I live and work in a multi-cultural society significantly impacted by colonisation, the idea that there could be one generalisable reality in the population I am researching seemed implausible and racist. Informed by the principles of pragmatism, SI, and social constructivism, all of which view the creation of knowledge occurring in agreement between people, values in this research are contextualised, focusing on what action makes the greatest difference to those being researched (Biddle & Schafft, 2015).

As a researcher, I was guided by the ethical principles found in *National Standards for Health and Disability Research and Quality Improvement* (National Ethics Advisory Committee, 2019). I am also guided on a personal and professional level by the ethical principles of the NZAP's (2018) *Code of Ethics*. Thus, I uphold the autonomy of both researcher and participant and that the choice to participate is one of self-governance. I am committed to the best interests of the participants and to making a sincere effort to minimise any harm that may occur. I hold the principles of te Tiriti o Waitangi (*Te Tiriti o Waitangi*, 1840) to be my foundational guide in any interaction with tāngata whenua (people of the land) and that all people involved in this research will be given equitable treatment and respect regardless of gender, race, disability, sexual orientation, and socio-economic status. I value the diversity and dynamism of experience which led me to a qualitative paradigm. It is not my intention, nor do I think it possible or desirable, to be 'all knowing' about the experience of SOs of psychotherapists. I do think it possible to co-create a substantive theory that represents their experiences in a particular moment of time. I elaborate further on the ethical principles specifically related to this research in Chapter Four: Methods.

3.6 Summary

This chapter has explained my engagement with an interpretative paradigm and overviewed my chosen methodology, GT and, specifically, CGT. Throughout the chapter I have illustrated how a theoretical perspective of pragmatism and SI infuses this research. I explained the ontology, epistemology, and axiology informing my methodology. Chapter Four takes these philosophical tenets and applies them to the method. It illustrates step by step how a theory was generated and how it is grounded in the data.

Chapter 4: Method

4.1 Introduction

In the previous chapter, I discussed the methodological positioning of this research, outlining my, ontological, epistemological, and axiological stance. This chapter illustrates how I have applied the method, detailing the journey from identifying preconceptions to theory development. Writing up the CGT method sequentially can be challenging as much of what occurs in the analysis happens concurrently and in an integrative manner, whereby the researcher is constantly moving back and forth between various levels of analysis and ongoing data collection (Belgrave & Seide, 2019). Neither the classic nor constructivist forms of GT have precise methodological rules for carrying out social research because GT gives credence to the fact that every social setting is unique which impacts how data are collected and analysed (Strauss, 1987). Charmaz (2006) saw the method as a set of principles that can be applied flexibly throughout the research process. She invites creativity and for the researcher to appraise the guidelines in relation to their own research (Charmaz, 2006). With that in mind, I begin this chapter by explaining what a CGT 'theory' is in the context of my research and describe features of CGT that infuse the process. These are: positioning myself as a researcher; the context within which the research occurs, including cultural context; and the ethical considerations for undertaking this research. With the work contextualised thus, I explain my application of CGT.

4.2 What is Theory?

"A theory states relationships between abstract concepts and may aim for either explanation or understanding" (Thornberg & Charmaz, 2012, p. 41). Because this is an interpretivist study, the theory generated privileges abstraction, acknowledging the theorist's role in interpreting the data (Charmaz, 2014). The theory generated is intended to comprehend and represent the way participants construct actions and meanings. Yet, it is the researcher constructing codes, interpreting what they think the participant is meaning, deciding what is significant (Belgrave & Seide, 2019). In this way, meaning-making is a co-construction between participant and researcher. Charmaz (2014) argued, "This type of theory assumes emergent, multiple realities; indeterminacy; facts and values as inextricably linked; truth as provisional; and social life as processual" (p. 231).

Charmaz (2014) encouraged the researcher to see "theorizing" (p. 233) as an engagement with the world; understanding what is happening, both around it and within it. As Charmaz (2006) put it: "Most grounded theories are substantive theories because they address delimited problems in specific substantive areas" (p. 8). Using Charmaz's (2014) guidelines, I set out to develop a substantive theory that would answer my research question, offering an account of how SOs were impacted by the training and practice of psychotherapy, and why; using the actions embedded in the data to offer explanation.

Every researcher has their own motive for research that influences how the analysis is conducted (Strauss, 1987). My motive was underpinned by a characterological and philosophical alignment with pragmatism. I wished for the research to have utility within the profession. I wanted to respect my colleagues and their relationships by creating a theory that authentically represented the data collected. These were my overarching motives, accompanied by principles of social constructivism and a personal ethos that demanded immense responsibility and care in the handling of the data. To further explain the rationale for methodological choices, it is important to attend first to a key grounded theory principle of reflexivity, and to position myself as a researcher.

4.3 Reflexivity

Reflexivity is "an active process of systematically developing insight into your work as a researcher to guide your future actions" (Birks & Mills, 2011, p. 52). Reflexivity can be achieved through journaling, diagramming, and memo writing as the researcher explores their perspectives, interpretations, and musings. It requires the researcher to apply scrutiny to their values and assumptions, challenging all that is taken for granted.

It is exceedingly difficult to fully appreciate the complexities of the self and the myriad potential influences that underpin our thinking (Cutcliffe & McKenna, 2004). However, Strauss (1987) insisted that it is essential that the grounded theorist accounts for the ways their personal biographies have influenced the research process. For example, in this research, a SO discussed neurodiversity. As a researcher with attention deficit hyperactivity disorder (ADHD), coming from a family impacted by neurodiversity, I noticed how comfortably I explored how their RP responded to this diagnosis. However, when memoing post interview, I realised that there were lines of enquiry I had not pursued because I felt quite protective of the SO. I also had to consider the fact that while I am a researcher in this context, I am also a psychotherapist, and thus operating as both insider

and outsider (Hayfield & Huxley, 2015). This duality brought a complexity I had not anticipated. I include a memo to illustrate this.

> *Memo July 10, 2021. I wonder how my colleagues will feel about this research. Someone told me the other day that their supervisor had said 'I saw her advertisement. I won't be telling my children about this.' Sometimes I feel like a traitor particularly when I code something negative about psychotherapists. Sometimes I code and realise I am focusing on the negative as an unconscious compensation for being a psychotherapist. It feels tricky. I feel a big responsibility to get this right for everyone.*

4.3.1 Being Both an Insider and Outsider

Goulding (2017) wrote that there is general acceptance that GT is inductive and driven by the data, but the researcher cannot completely expunge all prior knowledge. Charmaz (2006) also reminded researchers that they are not passive receptacles, nor can they claim authority and neutrality. She stressed the importance of remaining aware of one's background as a researcher, paying attention to where specialist knowledge influences the data collected, and where emphases may unconsciously be placed. Blumer (1969) referred to these as sensitizing concepts which can broadly scaffold initial guiding interests in the research topic. Charmaz also treated these as points of departure used "for developing, rather than limiting our ideas" (p. 17).

Gough and Madill (2012) posited that "the task of accessing, divulging, and critically analysing one's personal, methodological, and/or ideological values as a researcher may be convoluted, even painful" (p. 381), and the pain may not be limited to me as a researcher. There are power imbalances when a researcher is collecting the personal information of participants, which requires an inordinate amount of trust to speak about vulnerable aspects of their life. My dual roles bring another dimension of complexity. As a psychotherapist interviewing psychotherapists' SOs, my questioning could evoke strong feelings in either the participant or me which, in turn, might influence whether certain topics were resisted or explored in greater depth.

This led me to wonder whether I would be considered an insider; that is, "a researcher that belongs to the group to which their participants also belong" (Hayfield & Huxley, 2015, p. 91) or an outsider who is clearly not a member of the researched group. It is an important epistemological consideration, as my relationship with the participants and how we perceived each other would impact any theory we were to co-construct (Griffith,

1998). I concluded that I fell into a grey area. I came to the research with plenty of preconceptions about how the training and practice of psychotherapists may affect SOs; yet, I was not a SO of a psychotherapist. Depending on the circumstances, I would ask a participant about whether knowing my professional background influenced their responses. Only one participant answered yes; however, when examining the content closely, I noticed that there was often an assumption that I knew what they were talking about and, in three instances, the SO directly referred to me being a psychotherapist. For example, Calder (partner) talks about socialising with their RP and assumes I would have a similar experience to their RP: *So, and you probably have it, at parties 'you're analysing me now.'* I may have heard different stories if the SO had to explain psychotherapeutic concepts to an interviewer, or if they were not concerned either consciously or unconsciously about offending me. I discuss how this impacted data collection in the Discussion chapter (Section 7.13.1).

Perry et al. (2004) asserted that being an insider puts the researcher in a privileged position. Others (Griffith, 1998; Labaree, 2002; Miller & Glassner, 2004) have argued that the awareness that insiders have of the participants' lives means that they are in an advantageous position when it comes to designing research, knowing what questions to ask, being able to access participants and disseminating findings. Conversely, there may be disadvantages to being considered an insider by participants. They may have higher expectations of the researcher (Hayfield & Huxley, 2015). The researcher may overlook certain aspects of the participants' lives or take certain factors for granted (Perry et al., 2004). Having something in common with a participant does not guarantee I will share the same perspective as them. Our lives may be as different in some contexts as they are similar in others (Hayfield & Huxley, 2015). For example, as a Pākehā, female psychotherapist, it would be errant to think I had any inside knowledge about a male Māori psychotherapist's way of being in relationship.

Being an outsider has also been evaluated. Hayfield and Huxley (2015) claimed that outsiders can potentially ask naïve questions. They see this as an advantage as it is possible to draw conclusions that an insider may not or explore territory that the insider may avoid (LaSala, 2003; Tang, 2007). However, to see oneself as either inside or out, may be too simplistic as it is seldom such a straightforward dichotomy (Griffith, 1998; Hayfield & Huxley, 2015). I identified with both positions, aware that with some of the participants I could be othered based on my gender, ethnicity, age, and perceived privilege. I needed to find where various aspects of my identity intersected as this is the

in-between space of insider and outsider (Hayfield & Huxley, 2015). I began this process by examining my preconceptions.

4.3.2 Examining Preconceptions

Integral to this research is thinking about the ways that I may have consciously or subconsciously impacted engagement with participants and how this may have limited or enhanced the research process (Birks & Mills, 2011; Charmaz, 2006, 2014). Charmaz (2014) recommended that the researcher closely examine their preconceptions about their research question to avoid forcing preconceived ideas onto the data during coding. She reminds researchers that we are not always conscious how our gender, class, race, age, culture, and the era in which we are living are infusing our analysis (Charmaz, 2014).

To reveal my preconceptions as much as possible, I asked an experienced grounded theorist to interview me. I transcribed this interview, listing all the thoughts I had referenced that were occupying space in my mind about the topic. This was a useful exercise though it is impossible to expose all preconceptions in this way, as we are often unconscious of the myriad influences that permeate our existence. The interview did reveal that I had some thoughts about how SOs use concepts in their life that they have picked up from their RP. I anticipated that RPs using the knowledge defensively or in an unsolicited way would be viewed negatively. I spoke about the fact that my own relationship had been impacted by the training and the work, and that I had heard colleagues share similar experiences. During the interview, I expressed how I had been interested in who psychotherapists attract into their lives as partners and whether there was a type of person attracted to someone who had 'helping' proclivities. I discussed an interest in intimacy between clients and therapists and wondered how this impacted intimate personal relationships. I also understood that the psychotherapist is likely to be accused of unsolicited analysis. All these preconceptions appeared in the data. In response, I looked carefully at whether I had elicited this outcome or whether it had arisen spontaneously. Upon reflection, there are instances in later interviews where I asked specifically about intimacy. I justify this enquiry since some participants had offered comments about intimacy, and it became a feature of theoretical sampling. I also spoke about my children. They had each written to me with their views about growing up with a psychotherapist parent. With their consent, I shared a few of their musings at a conference where I introduced my research topic to the wider psychotherapy community. I did not reference anything specific about my data, only to say that some of what my children had shared was reflected in other conversations I had with participants.

In summary, an exploration of preconceptions highlighted that I was expecting SOs to mention that the knowledge could be helpful in some contexts and annoying in others. I anticipated that the intimate nature of the work may unsettle some partnerships and that there may be patterns in who was attracted to a person who was characterologically 'helpful.'

4.4 Theoretical Sensitivity (TS)

TS is an important feature of GT (Glaser & Strauss, 1967). TS is the ability to ascertain and extract the most relevant elements in the data pertinent to the developing theory (Birks & Mills, 2023). Birks and Mills (2023) posited that not reflexively paying attention to TS may result in a shallow theory through not attending to what aspects of ourselves we bring to the analysis that may unduly influence theory development: "Theoretical sensitivity reflects the sum of your personal, professional, and experiential history" (p. 65). It involves developing sensitivity to the concepts that emerge, looking at the relationship between them, how they are defined, and deciding what elements have relevance to the theory being developed (Birks & Mills, 2023). It is an essential part of toing and froing between data analysis and selection, promoting greater understanding and insight into theoretical parameters (Hoare et al., 2012).

There are several strategies for developing TS. Frequently debated is the use of the literature to develop sensitivity throughout the research process. Glaser (1992), who often cautioned researchers to not force the data in GT, recommended reading literature from other fields to stimulate a person's thinking (Glaser, 1998). Midway through my data generation, I realised that participants recounted the many ways they accommodated many elements of psychotherapy training and practice. Accommodating became an early category. To understand accommodating conceptually, I turned to Piaget's theory of accommodation and assimilation (DeVries, 2000). Simply put, assimilation is the taking in of new knowledge and expanding one's knowledge base, and accommodation is the altering of existing schemas of knowledge to account for this new knowledge. Reading about these processes helped me understand that accommodation is a normal process we engage in every day in our social worlds. I then read about accommodation from a relational perspective, reading the theory of Brandschaft (2007) and Doctors (2017). These perspectives assisted in clarifying what I meant when I used the category accommodating. Although all three theorists had merit, my interpretation had greater

alignment with Brandschaft (2007) and Doctors (2017) who both saw accommodation on a continuum of healthy to pathological, the latter being a more resentful accommodation employed to keep an attachment figure close.

4.5 Contextual Considerations

A symbolic interactionist stance encourages the researcher to pay attention to context when generating knowledge, seeing it as a means of enhancing conceptualising and bridging world views (Hewitt et al., 2022). Once identified, contextual information may explicate a set of conditions that the theory operates under. Thus, with a lens on how I was positioned, I turned my attention to the broader context in which this research is situated. As Smith (2021) explained, research always occurs in its own social and political milieu. Strauss (1987), too, reminds the GT researcher to stay alert to the context of the research and its temporality. After each interview I memoed what I thought was important contextual information which I framed as a condition. This made it easier to account for variation when later comparing codes as part of the GT principle of constant comparison (Charmaz, 2014). I discuss conditions, both contextual and relational, in Chapter Five where I outline the results of the findings; however, as I was passionate about conducting this research in Aotearoa New Zealand, I wish to locate this research in its unique cultural context.

4.5.1 Cultural Context

In Aotearoa New Zealand, people from diverse cultures train to become psychotherapists, but my principal cultural consideration with this research lay with interviewing Māori who are tangata whenua (people of the land) and the Indigenous population of Aotearoa New Zealand, to whom I have obligations under te Tiriti o Waitangi (Orange, 2004). A significant Treaty obligation is the article of tino rangatiratanga which recognises Māori authority to have self-determination in all aspects of their experience in Aotearoa New Zealand. As a Pākehā researcher I am aware that in following protocols that are not representative of te ao Māori (the Māori world), I am not able to claim that this study fully embraces tino rangatiratanga, despite my utmost respect for the article.

Māori have been harmed by non-indigenous researchers who have failed to understand how their colonising scrutiny painfully misrepresents te ao Māori (Māori world) (Curtis, 2016). There are a multitude of ways this can occur; for example, by not considering concepts of knowledge and consent. Knowledge does not belong to the researcher, and

an individual participant does not consent for the collective (West-McGruer, 2020). There are significant risks to Māori when knowledge is shared, and no thought given to its dissemination and storage (West-McGruer, 2020).

While this research does not specifically research Māori experience, and Māori as a cultural group are not a specific target of the research, Māori SOs could have chosen to respond to my invitation to participate. Therefore, I aimed to be as thoughtful as possible in my engagement both with Māori participants, and SOs of Māori psychotherapists. I was once advised by a Māori kaiako (teacher) to remember that in te ao Māori (Māori world), whānau (family) has a much broader conceptualisation than in Western definitions. I needed to keep this in mind when interviewing Māori. For example, I may have been approached by an SO who had engaged with the customary practice in whānau Māori of whāngai where a child can be raised by a person other than a biological parent. I should not assume that the SO is talking about a biologically related RP (Keane, 2017). I aimed to protect the mana of any Māori participant as much as possible by offering the opportunity to respect and tautoko (support) their experience in the following ways:

- Meeting with participants in person if they wished to discuss the research and my intentions.
- Being mindful of the principle of manaakitanga (hospitality, generosity, care for others) in which I aim to offer a hospitable environment for participation in this research.
- When interviewing, being open to meeting in a culturally appropriate location (e.g., on a marae).
- Making it clear that whānau are welcome to come.
- If on a marae, ensuring there is plenty of time for protocols such as pōwhiri (welcome ceremony), whakawatea (exiting rituals), karakia (prayer), waiata (song), and kōrero (speeches / discussion).
- Ensuring that when engaging Māori participants the research needs to be consultative and collaborative from the outset, and continue in this way for the duration of the research project.
- It is not possible to fully understand the lived experience of any person but particularly as a non-indigenous researcher, remain aware that there will always be limitations to my ability to understand the lived experiences of Māori.

4.5.2 Other Contextual Considerations

As mentioned above, contextual considerations are explained in greater detail in Chapter Five. There, I examine factors that were mentioned specifically by the participants. However, there were also factors that influenced the overall process of the research. For example, the COVID-19 pandemic; the matter of researching within a small professional community, both where there are not large numbers of potential participants and where as a researcher I am not anonymous; and the location of interviews.

4.5.2.1 COVID-19 Pandemic

The first case of COVID-19 in Aotearoa New Zealand was announced on February 28, 2020. On March 25, 2020, a state of national emergency was declared, and the entire country went into self-isolation. We were living amid a global pandemic representing an existential threat that many had never encountered in their lifetime. The government had locked the country down restricting travel to some geographical areas. Many people adjusted to these restrictions professionally and personally through using online fora to stay connected with people. Many therapists took their work online, conducting therapy in ways that had been previously unthinkable. This was not without impact for SOs which I elaborate on in the findings chapters (pp. 123-124).

It is impossible to state with any certainty the full impact of COVID-19 on this research, although it was mentioned as a phenomenon by several of the participants. I travelled the length of Aotearoa New Zealand to interview in person when it was permitted and when it was the preferred option for the participant. However, for some interviews it was impossible to meet with participants in person due to travel restrictions and managed health risks, so participants agreed to meet online. Most were comfortable with this platform due to a familiarity that had built up during the pandemic. Occasionally, the unstable nature of technology introduced challenges such as batteries unexpectedly dying, or erratic internet coverage. The interview flow was slightly interrupted but, in most cases, was navigated with ease providing I noted what we were talking about when the call dropped out. For example, in the interview with Remi (partner), their computer lost charge in the middle of a vulnerable description of how they felt they frustrated their RP. I neither wrote down what we were discussing nor returned to this tender material. I suspect both Remi and I were unconsciously avoiding our mutual vulnerability; however, I did not note it until reading the transcript. This episode led to an adjustment when interviewing, always noting what was being discussed if the call dropped out and was successfully navigated in a subsequent interview with Jules (child).

4.5.2.2 Researching within a small community

Conducting research with participants who are connected to a small professional community, where people can inadvertently be identified or where there are many dual relationships or cross-pollination of relationships, was another contextual challenge. An example occurred when I was contacted by two adult children of psychotherapists known to me. One of the respondents I had met previously and knew the family. The other I had not met and knew little detail of the family system. After much consideration, I declined to interview the respondent I had met, but proceeded with the other respondent. This was a great interview but, on close examination of the transcript, there were two instances where I could have delved deeper into the respondent's responses. This lead me to think I may have been unconsciously protecting the psychotherapist parent. With hindsight, it may have been prudent to exclude both respondents to avoid any unconscious bias.

4.5.2.3 Where I interviewed

There were also contexts in which the interviews took place that influenced how the participants and I connected with each other. The online interviews, of which there were several, created a different type of connection with participants and were occasionally beset with technical issues which interrupted the flow of thought. In other cases, I was invited into the participant's home. This gave insight into their lives that I would not have otherwise seen. One participant, acknowledging the distance I had travelled to be with them, made scones and drove me some distance to catch a bus. Again, this situation provided additional information regarding how they are in the world and how they engage interpersonally to which I may not have otherwise had access.

4.6 Ethical Considerations

There were three main ethical considerations for this research.

4.6.1 Dual Relationships

A central ethical concern was the potential for dual relationships (Crowden, 2008) when sampling. It is not ethical to involve clients and supervisees, past or present, as participants when there is a power imbalance and prior knowledge originating in other contexts. It was also not appropriate to interview family members of current clients as it would breach the confidentiality of the client and undermine the therapeutic alliance. There would have been obvious impact for the participant as I would have already held significant information about their family system. Family members of past clients were

excluded for similar reasons. Clients do occasionally wish to return to therapy, and this would not be possible if I had engaged with their family members in my role as researcher. Auckland University of Technology Ethics Committee (AUTEC) made ethics approval conditional on me not interviewing close family members of current clinical or academic supervisors (see Appendix B) to protect the relationship between all concerned. Participants were able to withdraw at any stage without any adverse impact on them.

4.6.2 Data Storage

The data, along with participation details and consent forms for this research, are stored at AUT with my principal supervisor. Data are stored on a password protected USB device in a locked filing cabinet. All printed copies of interviews have been shredded on completion of this thesis and, once the thesis has been submitted for publication, I will be erasing all files from my recording devices. AUT will hold this material for 6-years as per the AUTEC guidelines (AUT, 2023).

4.6.3 Confidentiality

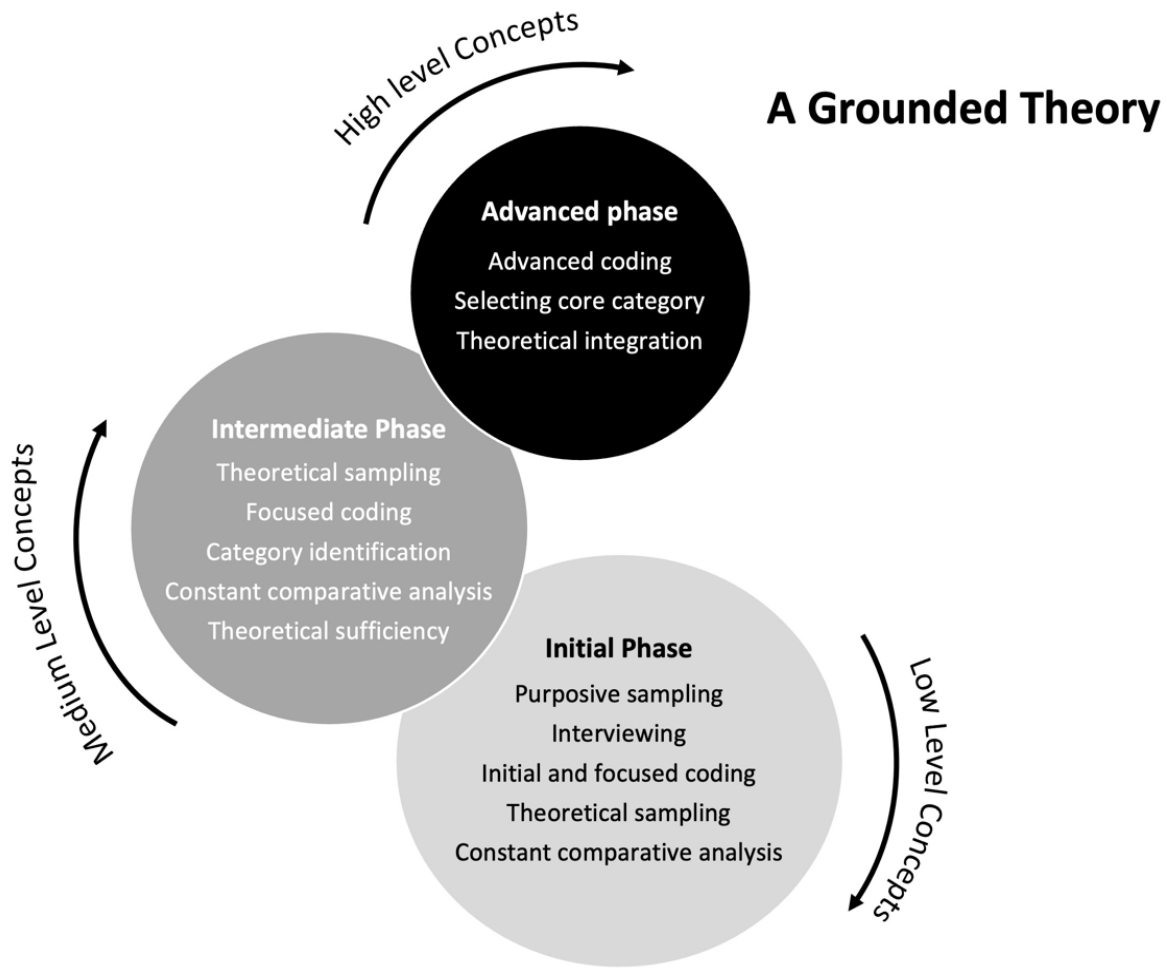
The AUTEC were rightfully concerned that protection to participants be afforded, given how small the Aotearoa New Zealand psychotherapy community is (see Appendix B). I spent time explaining to participants that confidentiality would be paramount. I was clear that any quotes appearing in the body of the thesis would be judiciously chosen so as not to identify them or their RP. Where possible, I have endeavoured to use gender neutral pronouns. No mention of workplaces or geographical locations are made. I have not mentioned specific details of participants' biographies that may make them identifiable to readers who are familiar with members of the psychotherapy community. These guidelines were established based on the rigorous criteria applied by AUTEC (AUT, 2023).

4.7 The Research Process

The following section details the application of the method. In this section, I define the principal elements of CGT, sometimes using the terminology of Charmaz (2014) and sometimes drawing on the descriptors of Birks and Mills (2023) and others (Gibbs, 2018; Glaser & Strauss, 1967; Saldana, 2015) when the explanation was deemed a best fit. I begin by discussing a feature of CGT permeating the entire process: constant comparison (see Figure 4.1). I then describe the more specific elements of CGT application.

Figure 4.1

Conceptual Levels of GT Methods (adapted from Birks & Mills, (2023, p. 165)



4.7.1 Constant Comparison

Constant comparison is an ongoing feature of analysis, from beginning to end, leading to decisions regarding conceptual strength of initial codes that may eventually lead to categories and decisions about who to interview (Charmaz, 2014). It is a technique for taking data in fresh and productive directions (Gibbs, 2018). The researcher compares codes with other codes, categories with categories, and, at times, codes to categories. Sometimes researchers can overlook valuable information in a transcript because they are so familiar with the subject area, or they make assumptions. To facilitate constant comparison, I created a spreadsheet that listed key details about each participant. I recorded the context of the interview, a list of the experiences they discussed, important demographic information, and how long they had been in relationship with their related

psychotherapist. I made notes about key issues in the interview and any thoughts about what to explore in future interviews. Concretising these details helped me think about what might be influencing their responses. For example, there were four participants who had mostly positive reflections about the impact of being in a relationship with a trainee and later a practising psychotherapist. My initial thought was that this was related to the type of psychotherapy training. I wondered whether the AUT training, which historically has had a much more psychoanalytical underpinning, was more likely to lead to negative experiences amongst SOs. Was a person who opted to do a master's qualification more invested in privileging 'knowledge' and potentially more likely to weaponise the knowledge? I returned to the data to compare at a more granular level whether both these points were true, and neither were supported. I then wondered what else was present in these interviews that distinguished them. One thought was that three of the four had named binding influences that may have consolidated their relationship and trumped the presence of psychotherapy, such as strong spiritual beliefs or other personal development that underpinned their connection. The conclusion I drew after close examination of the content, and repeated listening to the nuance and tone of the interviews, was that not one of them doubted their value to their RP or felt that psychotherapy had detracted from their connection. The work was explicitly boundaried. This application of constant comparison played a critical role in the generation of my final theory and led me to my core category 'mattering' as outlined in Chapters Five and Six.

Comparing data helps to illuminate what is distinctive about it (Gibbs, 2018). It is also useful to take a piece of data and wonder what the opposite might be like. For example, if a SO expressed that they never felt any concern about the intimate connection between their partner and a client, I wondered whether, by contrast, there were others who did worry about the intimate connection with their RP. There are multiple strategies for employing constant comparison (Corbin & Strauss, 2015; Gibbs, 2018). I coded an event then compared it to other events that appeared similar or completely dissimilar (Charmaz, 2014) to see whether it provided any insight for my research question. I compared statements made within the same interview, then compared the same statements with different participants. I also compared places and times—what happened one day with what happened the next, or what happened in training compared to what happened during the practice for SOs and their RPs (Charmaz, 2014). Charmaz (2014) also warned about prejudging, encouraging the researcher to look through the eyes of the participant to understand how they view their world. One way to do this is to pay attention when one

codes an alternative view of a process to one's participants, as "these ideas may rest on covert meanings and actions that have not entirely surfaced yet" (Charmaz, 2014, p. 132). The following illustrates the concept of covert meaning. Here two participants are reflecting on the intimacy of the work and how they feel about their RP working with clients. They have different perspectives, one concerned about the intimacy, the other not.

> Bobby (partner): *sometimes you can you know absolutely they will come home, and they will be talking about a client, and they will be smiling and it's a (gender) client and you can just tell there's something there which that that client is giving them which perhaps I'm not ... and I'm fine with that because I trust them implicitly of course and so it's ok.*

Compared with

> Sydney (partner): *That's a journey for a partner like me. To actually, spend 2 or 3-years observing that and getting used to that, without feeling threatened because I was feeling threatened initially.*

Using the data above, I wrote a memo wondering about what underpinned the different feelings of concern regarding intimacy. I wondered if Bobby (partner) did not worry about the intrusion of clients. I scoured the data for anything that suggested that they were affected in this regard. Evident in Bobby's interview was that mattering was less associated with clients but more to a morphing change in status within the relationship. They were no longer depended on or accepted as they had been pre psychotherapy training. I continued to theoretically sample for intimacy, enquiring about whether this was a concern for other participants by saying, 'some people have mentioned that the intimacy of the work can be a concern, others are not bothered at all. Have you got any thoughts about this?' Having explained constant comparison, which infuses the entire analysis, I now explain the more granular aspects of CGT beginning with recruitment.

4.7.2 Recruitment, Data Generation, and Data Management

In line with the social constructivist epistemology of this research, I use the term 'data generation' rather than 'data collection' reflecting my influence as researcher in GT development (Birks & Mills, 2023). Data generation and analysis are an ongoing process in GT and begins in the earliest stages of the research. It allows the researcher to delve into their research problem with increasing depth, particularly as they uncover gaps in their data, and guides them with their sampling (Charmaz, 2006). Glaser (1998) may have asserted that "all is data" (p. 8) legitimising a wide range of data sources in grounded theory such as historical documents or government records; however, in line with her constructivist principles, Charmaz (2006) contended that those sources are 'constructed'

by people, who are fulfilling an objective in a particular context. She was not opposing using other data sources, merely establishing that they too are socially constructed. Charmaz (2014) asserted that the research problem should inform the method used for data collection[1]. In the following section I describe initial sampling using purposive methods. I provide some detail on participants and the associated training of their RP. I then explain how theoretical sampling was engaged to facilitate theory development.

4.7.2.1 Initial sampling

According to Charmaz (2014), initial sampling is a place to start, beginning with asking the question of who one wants to sample, and in what settings or situations I wanted to focus on the SOs of psychotherapists in Aotearoa New Zealand. My supervisors were both encouraging of sampling internationally; however, I was intent on contributing to knowledge that reflected our local psychotherapy community. I did not want to limit the sample to only registered psychotherapists. There are experienced senior psychotherapy clinicians who have chosen not to become registered, trained at a time when registration was not mandatory to call oneself a psychotherapist, whose SOs' voices have a place in this research; however, it transpired that all but one SO were related to registered practitioners. I also consulted with my clinical supervisor and read about the potential ethical complications of dual relationships which aided decisions concerning sampling criteria. I was intentional about not just interviewing Auckland or even North Island SOs, despite the ease of reaching these cohorts, knowing there are differences in trainings in other parts of the country that may influence the data collected. To begin with I used *purposive sampling* which is guided by the researcher's interest in the area being studied and the general purpose of the research (Bowers, 1988; Strauss, 1987). It involves the recruiting of participants who will best offer insight into the problem being studied (Charmaz, 2014; Cresswell, 2007). I distributed my advertisement (Appendix C) in several campuses of the two universities in Auckland and on the social media platform LinkedIn. I also created a Facebook (FB) page called Psychotherapists' Significant Others and invited all my FB contacts to engage with the page and share it with their networks. Seventy-six people followed the page, and 21 people actively shared the page. Relying on the organic distribution that social media facilitates, the advertisement was eventually seen by more than 3,000 people, with 167 people actively engaging with the post.

[1] Charmaz (2006, 2009, 2014) uses the terminology data collection. Where she is referenced, I remain true to her descriptor.

Initially, I did not engage with psychotherapists at professional fora such as NZAP meetings, as I did not want psychotherapists controlling participation. There was the possibility that only therapists who were comfortable with their relationships with SOs would share the flyer, limiting the range of experiences I may get to hear about. I later had to revise this stance as part of my theoretical sampling and to access further participants. Colleagues and friends who were working with, or knew of an SO of psychotherapists, assisted by sharing the flyer or pinning it to noticeboards in their practices. This process facilitated access to some participants for whom the relationship with a psychotherapist was more complex. Others also approached me having heard about the research via word of mouth. Once contacted by a potential participant I applied my inclusion and exclusion criteria.

4.7.2.2 Inclusion criteria

To be included in this research the participant must have lived with a psychotherapist for a period of 5-years or longer, be English speaking, 18 years of age and over, and belong to one of the following groups:

- Partner or ex-partner (included husbands, wives, civil union partners, or anyone who considers/considered themselves to be the intimate partner of a psychotherapist)
- Sibling
- Child (including whāngai, adopted, fostered children)
- Parent (including stepparents)

My preference was to interview people from a range of locations in Aotearoa New Zealand with a range of cultural, sexual, and gender diversity represented. Being registered with the PBANZ was not a stated requirement for participation and opened the door to SOs of clinicians who were trained in a range of different modalities that included gestalt therapy, psychosynthesis, and Hakomi.

4.7.2.3 Exclusion criteria

- Any current or past psychotherapy client or supervisee
- Any close family member of either clinical or academic supervisors
- Family members of current or past clients—to the best of their knowledge they must not have any family members engaged in psychotherapy with me. Additionally, if I knew of any connection to past or present clients I would not

proceed and nor would I be able to share the identity of the connected client. I would explain to the respondent that there was a dual relationship, and we would not be able to continue.

- Anyone under the age of 18 years.

4.7.2.4 Gaining consent

Once a person made contact regarding participation, I asked for their email address and forwarded a pack that included comprehensive notes on participation (Appendix D) and a consent form (Appendix E) to ensure they would know their rights and responsibilities and had ample time to consider participation. As part of this initial contact, I invited respondents to contact me and ask any questions that may arise out of the participation pack. Once they signalled that they were happy to proceed, I made an appointment to either call them via Zoom or meet in person depending on their preference. Some returned a scanned copy of the consent form; others provided a hard copy on the day of the interview. One participant gave their consent verbally over Zoom in a call separate from their interview. This verbal consent was audio recorded in a discrete file.

4.7.3 Location

Face-to-face data generation occurred in a location where the participant was most comfortable (e.g., in an office at AUT, in a clinical space, in their own homes or via Zoom/Skype). If they opted to be interviewed in their own home, I had a protocol in place to protect my safety (Appendix F).

Table 4.1 gives an overview of the participants in this research identifying their relationship to a psychotherapist, whether they had personally engaged in therapy and where the interview took place.

Table 4.1

Participant Details

Nom de plume	Relationship	Therapy	Mode
Practice interview	Child	Yes	In person (at their home)
Avery	Partner	Yes	In person (in rented room)
Bobby	Partner	Yes	In person (at their office)
Calder	Partner	Yes	In person (at their office)
Denver	Partner	No	In person (in rented room)
Harper	Child	Yes	Online
Lyric	Partner	No	In person (in their home)
Orion	Partner	Yes	Online
Sydney	Partner	Yes	In person (at AUT)
Cedar	Child	Yes	In person (at AUT)
Remi	Partner	No	Online
Firth	Partner	No	In person (in their home)
Cyan	Partner	No	In person (in their home)
Ivory	Sibling	No	Online
Jules	Child	Yes	Online
Quinn	Child	No	Online
Vrai	Child of a psychologist	No	Online
Bayley	Partner	Yes	In person (in my office)
Bobby 2	Member checking	Not at the time	In person (in their office)
Lyric 2	Member checking	Not at the time	Online
Avery 2	Member Checking	Not at the time	In person (venue of their choice)

Table 4.2 lists the various modalities associated with RPs as mentioned by SOs .

Table 4.2

Trainings of the Related Psychotherapists

Psychiatry with psychotherapy training	Psychodynamic psychotherapy adult	TA	Clinical psychology	Other trainings (e.g., Hakomi; integrative play therapy; group therapy; sex therapy)
2	9	5	1	5

Note: Some SOs mentioned more than one training that their RP had completed.

4.7.4 Theoretical Sampling

Theoretical sampling originated in GT (Birks & Mills, 2023) and is defined by Glaser and Strauss (1967) as "The process of data collection for generating theory whereby the analyst jointly collects, codes, and analyses [their] data and decides what data to collect next and where to find them, in order to develop [their] theory as it emerges" (p. 45). This definition remains mostly uncontested. Birks and Mills (2023) described it as the identification and pursuit of clues that arise from the data. The researcher is led by what emerges from their data and makes decisions about sampling based on the concepts and categories they identify. Because the categories are iterative, there is no way of knowing what they will be in advance. "Initial sampling in grounded theory gets you started; theoretical sampling guides where you go" (Charmaz, 2014, p. 197); therefore, it commences from the very first interview and continues until the categories developed are fully saturated.

Charmaz (2014) sees theoretical sampling as "strategic, specific and systematic" (p. 199); although she makes it quite clear that GT research "is not about representing a population or increasing the statistical generalizability of your results" (p. 198). When I was about halfway through my data collection, I realised that no siblings or parents of psychotherapists had come forth. In a memo, I questioned whether they were less bothered by their RP's training; felt more removed from it; or whether there was a feature of these relationships that made them not want to engage in research of this nature. In the initial stages, I noted that the participants were in relationship with psychotherapists from trainings with strong psychoanalytic underpinnings. I wondered whether this evoked a

certain type of experience in the SOs. For example, I wondered whether the psychotherapists in these relationships were more intrusively analytical; or, if they had done a training in an academic context, were they more likely to use the knowledge in a particular way with SOs? I wondered about the psychotherapist attracted to a master's degree compared with other trainings that were not in a tertiary education context, questioning whether this changed anything for the SOs. I later came to wonder whether other professional trainings that differ in their emphases might share or differ in the ways they impacted SOs.

Based on these questions, I paid for advertising on Stuff Media in two locations within Aotearoa New Zealand where I knew different trainings were offered. This generated one further participant. I was further assisted by my supervisor travelling to another part of the country who shared my advertisement with a local NZAP branch convenor, who, in turn, shared the research participant request with local members. These members then shared the flyer with SOs, and I was contacted by three further participants, giving me access to people from several different trainings and a sibling. However, a new query emerged from this theoretical sampling—would I find the same categories if I interviewed SOs of psychologists and counsellors? I returned to the child of a psychologist who had heard about my research through word of mouth and asked whether it would be possible to interview them having initially told them I was only interviewing psychotherapists. They agreed. I also returned to my trial interview with the child of a counsellor that I had transcribed but not coded and checked to see whether the categories developed could be found in both these two interviews. There were many synergies between their experience and SOs in this research. They spoke of the double-edged nature of the experience, having to accommodate clients, and how introjected behaviours rippled through their interpersonal relationships, to name a few.

4.7.4.1 Negative Cases

Negative cases are another signal to theoretically sample. If a case stands out as being especially different to the other interviews, then one should pay it careful attention. Charmaz (2014) writes, "Negative cases typically refer to data that demonstrate sharp contrasts with the major pattern that accounts for most of the data" (p. 198). They can be used productively to provide new avenues of exploration. For example, two participants, neither of whom had children, spoke in extremely positive terms about living with a psychotherapist. This raised the question of whether having children significantly changes the experience of being in relationship with a psychotherapist and led me to

return to existing data looking more critically at the impact of parenting. Using the principles of TS, I also read about the impact of children on intimate relationships to ascertain whether psychotherapy training elicited responses that might be considered outside what is reflected in the general population. It is well documented that having children can bring considerable joy (Belsky, 1986) but it can also bring considerable stress and negatively impact marital relationships (Demo & Cox, 2000; Johnson & Rodgers, 2006). I ascertained, upon closer examination, that this data did not reveal any phenomena related to the experience of having children that would distinguish it from the general population.

4.7.4.2 Returning to previous participants

Charmaz (2014) contended that returning to early interviewees and seeking clarification, or checking on the properties or conditions that a category operates under is another way of theoretically sampling. I had been wondering whether the type of training that the psychotherapist completed impacted SOs more than others. This meant revisiting the interviews and looking carefully at how participants referred to trainings. Cyan (partner) had said that their partner was less happy with one of the psychotherapy trainings that they completed than others. I realised in the original interview I had glossed over this point, so I emailed them to enquire whether this had negatively impacted the relationship at all. They were able to clarify what the training was and then responded: *Didn't affect me or our relationship, I just swung into sympathetic support mode.* (Email correspondence, 21/08/23)

4.7.4.3 Critique of theoretical sampling

Breckenridge and Jones (2009) argued that the execution of theoretical sampling can be inconsistent and superficial amongst researchers. They agreed with Glaser (2002) who felt that Strauss and Corbin's (1998) prescriptive approach to theoretical sampling stifled the emergent and creative possibilities that are innate to classic GT. They critiqued Charmaz (2006), implying that the constructivist approach "can be criticized for predetermining the lens through which data are processed before data collection has even begun" (Breckenridge & Jones, 2009, p. 117). I argue, on the contrary, that paying attention to the ways that data are co-constructed is not limiting; rather, gives the data and the emergent theory an authenticity, relevance and depth that may have otherwise remained unrealised. I looked at every instance where I had directed the questioning based on prior interviews. For example, based on patterns emerging in the data I asked

Bayley about whether psychotherapeutic knowledge that is invited in, is helpful and they confirmed and deepened my understanding that when conflict emerges between the RP and SO they lose a sense of equity:

> INT: *it seems something's emerging in the data around when it's invited in it's actually quite useful. Would that ... match your experience do you think?*
>
> Bayley (partner): *therapy has a strong influence ... if something goes wrong between us, (on) the kind of discussions that we can have. Which, ends up ... kind of lopsided because ... who's the expert in this domain? Well, it's not me!*

Having explained how I sampled, I move to describing how data were generated and analysed.

4.7.5 Data Generation

Data collection and analysis are not linear in grounded theory. Data are generated, then coded, before returning to generate more data. These processes are happening concurrently for the duration of the research as the researcher moves back and forth between varying levels of analysis and the next data round of data collection (Belgrave & Seide, 2019; Bryant, 2017; Charmaz, 2006, 2014; Corbin & Strauss, 2015; Glaser & Strauss, 1967; Strauss & Corbin, 1990).

4.7.5.1 Semi structured in-depth interviewing

Charmaz (2014) stressed that the pursuit of rich data requires the researcher to use a method of data collection that best suits the research being conducted. In-depth interviewing facilitated deep and dynamic exploration of the participants' concerns and experiences (Charmaz, 2009) and allowed me to follow important leads in the data that had emerged from previous interviews. This is an essential tenet of CGT.

I felt comfortable with interviewing. It replicates the open-ended questioning I use professionally. However, there were many learnings along the way. I learned to not assume when the participant used a psychotherapeutic term that we shared an understanding of its meaning. I learned to ask for clarification to avoid misinterpreting the data. I used an interview guide sheet (Appendix G) that opened with the same question for all participants: "Can you tell me in your own words, what it is like to be in relationship with a psychotherapist?" There were times when the participant appeared more anxious than others. If this were the case, I would introduce the interview more fully, explaining that the structure was organic and that I would follow their lead, that there are no right or wrong answers, and if I need clarification about something I would

ask as we go. Most people seemed comfortable and generously shared their experiences. Interviews lasted between 50 and 90 minutes. It was not unusual for the more personal or intimate information to emerge towards the end of the interview once trust had been established more fully.

4.7.5.2 Transcription

I began by transcribing my interviews as per Charmaz's (2014) recommendation, but it was long and laborious. After the fourth interview, I asked participants if they were agreeable to having the interview transcribed by a professional transcriptionist. I do not believe that this marginalised my connection to the data collected. To protect the confidentiality of the participant, the transcriptionist, Dr Shoba Nayar, who is an experienced qualitative researcher in her own right, was asked to sign a confidentiality agreement (Appendix H). I was cognisant that Dr Nayar was hearing the interviews and undoubtedly formulating her own thoughts about the data. In many ways, a transcriptionist is the person closest to the data after me and the participants. As the research neared completion and my theory developed, I asked via email that Dr Nayar share their impressions of my core category mattering. They responded: "*Mattering 'feels right' to me as I reflect on your data*" (email correspondence 21/06/23).

4.7.5.3 Member checking

In the interest of implementing principles of protection, all participants were given the opportunity to check their transcripts. They were clearly informed that they could withdraw, edit, add to anything within the transcript. Three did not respond to the transcript being sent. Six people said they did not want to read their transcripts at all, seven read their transcript and were comfortable with the content. One person read their transcript and requested minor changes concerning detail they felt was exposing regarding their RP.

Another way I used member checking in the later stages of the research was returning to participants for feedback on whether emergent categories resonated with them. This was an invaluable process. It facilitated the exploration of what had changed over time for some participants and allowed me to test my nascent theory ensuring it had resonance. The following illustrates how Avery (partner) reacted to a summary of the theory:

> *So, this was something we talked about recently, is the intrusiveness of therapy, actual psychotherapy ... it always feels like there's a third person and whether that's the patient that they're seeing or the training, does that make sense?*
>
> Then later ...

INT: *And do those categories make sense to you?*

Avery (partner, second interview): *Yes. Especially this.*

INT: *The recalibrating?*

Avery (partner, second interview): *Is something that is either done quite well or quite badly.*

INT: *That's a good point actually.*

Avery (partner, second interview): *I've done both ... And this, 'do I feel valued'? ... I've often thought 'I don't feel valued.'*

4.7.6 Analysing the Data

In this section I outline the various stages of coding in this analysis:

- Initial coding which included line-by-line coding and identifying gerunds
- Focused coding
- Theoretical coding

I illustrate how these stages of coding underpin the formation of categories that become increasingly abstract, a process that Charmaz (2014) views as the foundation of theory building. Coding is an integral part of all GT approaches (Belgrave & Seide, 2019). It is also an iterative process (Lewins & Silver, 2007) by which the researcher begins to translate and categorise the data (Charmaz, 2003). It is the first stage of theory development (Charmaz, 2003) and is known to be time-consuming (Timonen et al., 2018). Strauss' (1987) view that "the excellence of the research rests in large part on the excellence of the coding" (p. 27) was never far from my mind.

In any GT research action and process are key features. According to Charmaz (2014), "A process consists of unfolding temporal sequences in which single events become linked as part of a larger whole" (p. 344). They may have identifiable markers with clear beginnings and endings and benchmarks in between. The temporal sequences are linked in a process and lead to change (Charmaz, 2014). For example, the following statements from Avery (partner) illustrate occurrences that happened over time, referencing a change in their RP that could be linked to a process that I called managing the intrusiveness of the work.

I was ... thinking is this them ... or is this a therapist thing? **Grappling what causes what**

They're a... bit of a softie sometimes **rationalising using personality**

I've been able to teach them how to say no to others **sharing skills**

(Referencing boundaries) *it's something they're getting better at ...* **noticing improvement / recalibrating**

4.7.6.1 Initial coding

Initial coding is the first step in the analysis of data, where the researcher identifies important words, phrases, and concepts and gives them a label. Birks and Mills (2023) referred to it as "a form of shorthand that researchers repeatedly use to identify conceptual reoccurrences and similarities in the patters of participants experiences" (p. 15).

I began by using line-by-line coding staying as close to the data as possible. As Charmaz (2006) posited, "this method of coding curbs our tendencies to make conceptual leaps and to adopt extant theories *before* we have done the necessary analytic work" (p. 48). It helps the researcher see the nuances in participant responses. Saldana (2015) defined a code as "a word or a short phrase that symbolically assigns a summative, salient, essence-capturing [label] to... a portion of ...data" (p. 4). Charmaz (2006) recommended using words that describe the action the participant is discussing. In Strauss' (1987) view, the more detailed the coding to begin with, the greater the sense that nothing has been overlooked in the development of the theory. An example of open coding can be seen in Table 4.3.

Table 4.3

Illustration of Initial Coding

Verbatim Cyan (partner)	Initial codes
... particularly some of the nice easy to grasp concepts like drama triangles and personality adaptations. They're very useful for examining any upsets that we encounter and navigating a way out of them.	Differentiating 'easy' Grasping concepts Appreciating usefulness Navigating conflict together

Charmaz (2006) recommended asking what the data are proposing and from whose point of view; staying open to all possibilities, with few assumptions. According to Saldana (2015), this is the process of induction. Induction is the process of looking for patterns

and extrapolating them. In doing so, the researcher eventually arrives at a core category (Charmaz, 2014).

I kept my research question taped to my computer to ensure I was not distracted by what the content suggested about the psychotherapist rather than thinking about impact on the SO. The following questions guided my analysis

- What process(es) is at issue here? How can I define it?
- How does the process develop?
- How does the research participant(s) act while involved in this process?
- What does the research participant(s) think and feel, while involved in this process?
- What might [their] observed behaviour indicate?
- When, why, and how does the process change?
- What are the consequences of the process? (Charmaz, 2006, p. 51)

Charmaz stated the use of gerunds facilitates a close look at processes and action that are embedded in the data. She encourages the researcher to look at everything anew, with fresh eyes, and argues against theorising becoming mechanical. She openly encourages creativity, viewing the data from many different perspectives, being willing to follow unexpected leads, all the while building on emerging ideas (Charmaz, 2014; Hoare et al., 2012).

I scanned the data many times, looking for behaviours that appeared both purposeful and meaningful. I did this initially by taking the transcribed interview, printing it out in a three-column table format separating each speaker (see Table 4.4).

Table 4.4

Illustration of Initial Coding Technique

Verbatim Orion (Child)	Code	Memo
I sort of saw a bit of that when they were studying and training to be a psychotherapist as well. We're both extreme analysers and over-thinkers.	Witnessing overanalysing during training Recognising similarity	Being *like a parent* is not psychotherapy exclusive but it is the *way* they are alike that potentially has reverberations.

Identifying embedded processes was initially challenging. Eventually I found a rhythm, and selecting codes became more fluid. In later interviews, more familiar with the coding process, I was able to move more quickly through the data. Constant comparison was at the heart of the analysis, all the time comparing data with data, looking carefully at the nuances between codes, particularly those that seemed similar at face value. For example, there was vast differences embedded in a superficial code like **making use of psychotherapeutic knowledge**. Denver (partner) talks about the psychotherapeutic knowledge complicating parenting:

> *They'll make links and then ... freak out about what the kids are doing*

Compared to Lyric (partner) who talks about embracing psychotherapeutic knowledge introduced by the RP, finding it useful:

> *I've read a lot of stuff about, what kids need from their parents, attachment wise and ... what gives you that really good solid grounding in life.*

Comparing led me to look at why one person would embrace the knowledge, and another would find it intrusive. Eventually it led to a better understanding of contextual and relational conditions associated with the theory. I also agreed with Gibbs (2018), who recommended returning to the audio and listening for the nuance in what was being said. It can contain detail that can alter the way one may code or interpret the data and is another way constant comparison can be employed.

After completing three interviews in this manner, several hundred codes were generated, making the sheer volume exceedingly difficult to work with. I transferred the codes into an excel spreadsheet. However, this remained cumbersome, so I moved all the data to NVivo and attended a one-day NVivo course to learn how to use the software. I found this a more efficient solution to managing the large volume of generated codes. It had the added benefit of keeping the associated transcribed data linked to the code that had been generated.

I re-coded all the interviews as I entered them into the software. This was an arduous but useful process facilitating the refinement of gerunds and more clarity in my descriptions. I clumped and renamed many of the codes, a step towards focused coding. These new codes reflected my increasing familiarity with the data. As I collected more data, I also revised my questioning. Using the principle of induction, I followed different leads, and explored the data in greater depth.

4.7.6.2 In vivo codes

There were times when the language used by the participant was so descriptive that it demanded attention. Strauss (1987) stated that their "analytic usefulness and imagery" (p. 33) are the two central characteristics of in vivo codes. An early in vivo code was 'second-hand smoking.' This was used by Bobby (partner) to describe being surrounded by the therapy-speak: *I didn't expect to go and study psychotherapy but ... I tell everyone it's like second-hand smoking.* This code alerted me early on to a phenomenon whereby the SO takes in, willingly or unwillingly, knowledge or concepts from the psychotherapist. This knowledge may be solicited or unsolicited. It can be useful for the SO or it can be forced on them. For example, Bobby (partner) used the term 'pseudo-therapy': *So, I'm inadvertently finding myself in pseudo-therapy. And I didn't expect that. And I didn't ask for it. And I didn't think I needed that.*

I viewed the ethics of care (Israel & Hay, 2006) as requiring me to represent the fluidity and dynamism of phenomena with as much accuracy and nuance as possible, avoiding a reductionist dichotomy of 'good' and 'bad' experiences. After examining the initial coding and comparing the interviews, I started to see areas where I could apply greater focus in upcoming interviews. I adjusted my initial interviewing guide. In fact, I reviewed my questions prior to every interview delving deeper into areas that superficially seemed to be the same between participants (e.g., the way that participants seem to protect their RP). For example, several participants shared that they knew some details about clients, but were quick to tell me they did not know their names. I wondered why it was so important to tell me this? I wondered whether they were ensuring that I knew their RP was not breaking the rules of confidentiality in this way, or if they thinking of the client's needs when they shared this information with me. In ensuing interviews, I was able to ask why they appeared concerned that I should know they did not know client names. The SOs asked explained they did not want me thinking their RP did not take client anonymity seriously. Once initial coding was complete, I moved to more focused coding.

4.7.6.3 Intermediate phase

In the intermediate phase, I embarked on focused coding and the identification of emerging categories. It is a move from the intensely fractured data of initial coding to more abstracted concepts (Chun Tie et al., 2019). I reconsidered the large volume of initial codes, ascertaining which codes made the most sense analytically, synthesising and condensing to move the analysis forward (Charmaz, 2014). I chose descriptors that

subsumed several early codes (see Table 4.5) and singled out those codes with the most analytical gravitas (Belgrave & Seide, 2019; Chun Tie et al., 2019).

Table 4.5

Illustrating Movement to Focused Codes

Verbatim	Initial coding	Focused coding
I miss, the um, just having them listen and not, not interpret or not try and therapise the situation.	Missing the old RP (loss) Not listening Interpreting Therapising	Mourning loss Getting a 'therapist'
Yeah, they often talk about things ... that I should go to therapy. I guess that's probably the most contentious part of our, of their practice that they'll go 'you need to talk to someone about that.'	Frequently 'assessed' by RP Evaluating impact RP taking higher ground	Weaponising Disrupting equilibrium

Charmaz (2014) stressed that it is not just selecting codes that hold the most interest but ensuring that critical analysis of initial codes occurs, looking at what is both implied and revealed by participants. She cautioned that being reflexive is essential, paying attention to whether the definitions created concerning phenomena are shared between participant and researcher. There were instances where I had to critically examine whether I was on the same page as the participant. For example, if someone spoke about psychotherapeutic theory being used to leverage power in an argument, I would check whether this felt as though the knowledge was 'being weaponised' against them. If they agreed that this adequately described the phenomenon, then I concluded that the gerund 'weaponising' used to capture a range of experiences from previous interviews, accurately reflected their experience. I then started to clump focused codes together into nascent categories (Figure 4.2) which would change many times over the course of the analysis. "A category is a

word or phrase labelling a grouped pattern of comparable codes and coded data" (Saldana, 2015, p. 13).

Figure 4.2

Method Used to Group Focused Codes into Early Categories.

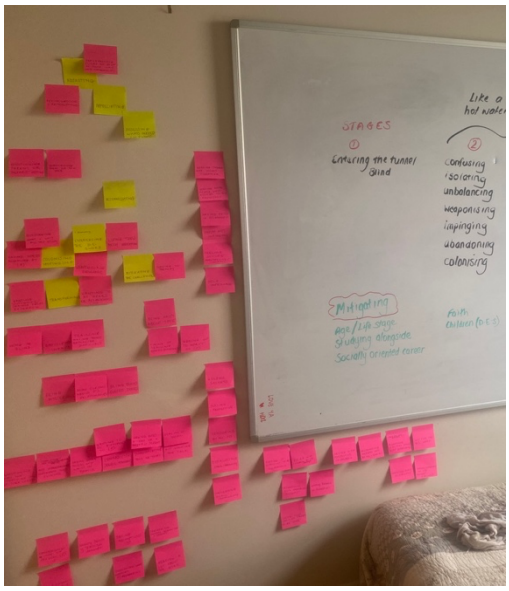


Image photographed by J. Tuson

May 17, 2022, home office, Auckland Auckland.

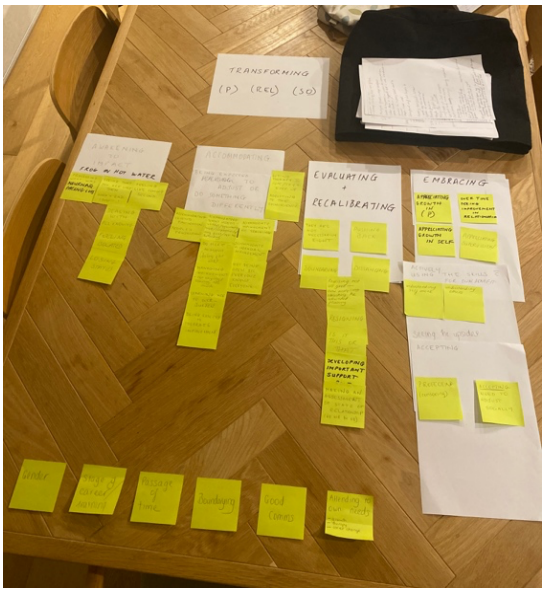


Image photographed by J. Tuson

July 28, 2022, dining table,

When categorising, it is important to be clear about the links between categories. In doing that, one may need to tolerate feelings of ambiguity (Charmaz, 2014). At one point I was focusing on expressions of value or lack of, that participants discussed. Explaining the category of finding value one day to my daughter, I kept stumbling with how I defined the category. She asked, 'Are you talking about finding benefit or feeling valued?' This simple question illuminated the nuance in the category. I returned to the data, looking for examples of where a participant discussed assessment of benefit and where they described feelings of value. I memoed that where benefit to the SO, RP, or the relationship was evident, SOs were more accepting of psychotherapy's overall presence; but I also noted that seeing psychotherapy's benefits did not guarantee its absolute esteem. Critically, it needed to not compromise the SO *feeling* valued within the relationship with the RP. These checks and balances, returning to the data over and over, ensured that the eventual theory was grounded in the data (Charmaz, 2014; Chun Tie et al., 2019). I was now at the stage where I had several categories. These early categories may suggest something

interesting but, through continual interaction, comparison, and refinement, I progressively moved to different standpoints from where various categories emerge. To illustrate this evolution, I had an early category of codes labelled moving away containing focused codes that described a withdrawal of either the SO or RP; becoming silent, censoring, retreating in conflict, not bothering the RP. Moving away was later subsumed under the category accommodating which, later, was subsumed under the theoretical category recalibrating. Recalibrating became a subcategory of one of the final theoretical categories engaging the mattering cycle (see Table 4.6).

Table 4.6

Illustration of Category Formation

Category	Subcategories	Properties
Engaging the mattering cycle	Identifying a shift Assessing benefit and value Recalibrating status and stasis	• In the SO • In the RP • In the relationship • Benefit to SO, RP, relationship, and others • Perceived value to RP • Perceived self-value • Recalibrating the self • Actions and process required of the RP • Mutual recalibration

4.7.6.4 Advanced coding phase

During this phase of the analysis, I embarked on the GT process of theoretical coding. Birks and Mills (2023) described theoretical coding as "techniques used to facilitate integration of the final grounded theory" (p. 196). Glaser (1978) introduced theoretical coding as a way of linking focused codes, creating hypotheses that lead to the formation of a theory. Charmaz (2014) pointed out that theoretical codes assist with telling a comprehendible story using the data. Techniques such as storylining, diagramming, and memo writing, explained later in this chapter, are usefully employed at this stage. I eventually arrived at four theoretical categories: perceiving a psychotherapeutic third, identifying a shift, assessing benefit and value, and recalibrating status and stasis. They were chosen based on their relevancy and remained under constant review.

Perceiving the psychotherapeutic third as a theoretical code represents the identity that SOs associated with psychotherapy. It integrates the various dimensions attributed to psychotherapy that each SO spoke of as impactful in some way. The PT was unique and

mutable in the mind of the SO. At times it was clearly defined and understood; other times opaque and hard to grasp.

I then interpreted that identifying a shift, assessing benefit and value, and recalibrating status and stasis were all performed by SOs in a cyclical manner depending on context and in response to elements of the PT entering the frame of the relationship. These three features became subcategories that were then subsumed under a theoretical category that I initially labelled 'engaging with value'. I later renamed the subcategory **engaging the mattering cycle** as this held greater explanatory power. The word mattering was chosen in response to the question, what is happening here? Pursuing greater abstraction, I interpreted that the processes of identifying, assessing, and recalibrating were in service of the SO maintaining connection with, relevance to, and value in the mind of the RP, the self, or both.

4.7.7 Identifying a Core Category

A central phenomenon binding all categories and accounting for any variation in the data becomes the core category (Noble & Mitchell, 2016). This core category is central to the developed theory. The categories it binds "demonstrate how the core category is situated in the lives of those participating in the study" (Noble & Mitchell, 2016, p. 34). For some time in this analysis I contemplated 'navigating a double-edged sword' as the core category. However, while navigating a double-edged sword indeed reflected the vacillating nature of SOs experiences, it did not fully account for the underlying reasons they engaged certain in processes. I ascertained that further abduction was necessary. Abduction is the process of scrutinising and considering all explanations for data and then hypothesising and testing these explanations. It continues until "the most plausible theoretical interpretation of the observed data" (Charmaz, 2014, p. 341) has been reached. Using abduction, I concluded assessment of benefit could be linked to an SO feeling, or not, that they were adding value to their RP, or feeling valued by their RP. This analysis would prove a critical flexion point in identifying the final core category.

4.7.7.1 Justifying the core category

The core category needed to account for the sum of my theoretical categories, including their properties and the way they are connected (Charmaz & Thornberg, 2021). My core category became mattering. This was in response to the centrality of the processes assessing benefit and value, and the actions SOs described in response to these assessments. I repeatedly asked questions of the theoretical categories for example;

- Why is the PT a problem in some contexts and not others?
- Why can some SOs appreciate and make use of the PT?
- If an SO perceives high value in elements of the PT, is there something that distinguishes their RP from other RPs?
- If clients need to be prioritised, what makes one SO respond more favourably than others? What features are described in the relational dynamic that may support this?

After months of contemplating these questions, arranging and rearranging subordinate categories, I concluded that SOs consistently viewed psychotherapy and its constituent parts (the PT) in terms of how it enhanced or detracted benefit and value from the SO, the RP, or the relationship. Additionally, much of what SOs described were ways of responding to relational (dis)equilibrium as a result of these ongoing assessments. These processes would eventually become the mattering cycle. It was through continual induction and abduction that I arrived at mattering. Mattering, according to the dictionary, is defined as 'to be of importance' (Merriam-Webster.com, n.d-a). SOs wanted to continue to be of importance; that is, matter to their RP in the presence of psychotherapy training and practice. The greater the perceived intrusion of the PT, the less able the SO was to find benefit and value embedded in its properties, and the greater the reported disconnection between the dyad. Mattering seemed obvious once elucidated; however, its overt simplicity belies the nuance and depth embedded in the theoretical categories that underpin it. Figure 4.3 shows processual elements of reaching a core category. It is not an exhaustive overview but is intended to illustrate the iterative nature of arriving at the core category mattering.

I returned to the data and verified mattering was the central phenomenon that accounted for the impact SOs discussed and the actions they took in response. It became the foundational concept in the theory **continuing to matter: keeping the psychotherapeutic third in perspective**. As recommended, I turned to existing literature as a means of increasing the explanatory power of my theory (Birks et al., 2009; Hewitt et al., 2022). Birks et al. (2009) recommended not doing this until late in the analysis. The existing literature in the domain of mattering contained theoretical codes such as adding value and feeling valued, that are compatible with my new theory. I write more about this in Chapters Six and Seven. Figure 4.4 illustrates the coding hierarchies of the final theory that will be explained further in Chapters Five and Six.

Figure 4.3

Example Illustrating Core Category Process

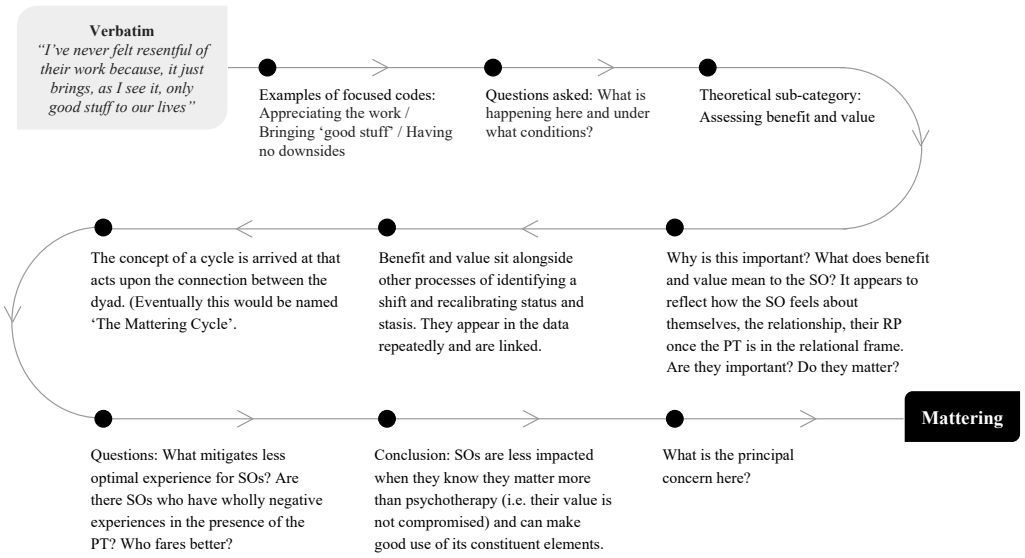
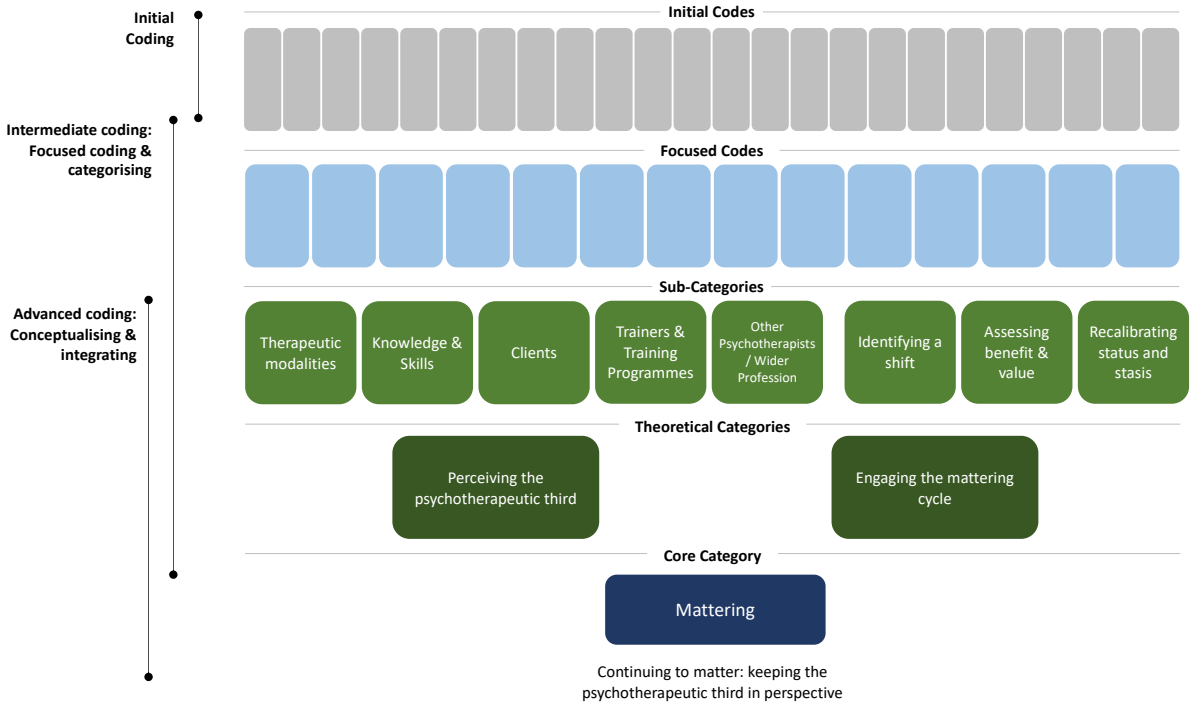


Figure 4.4

Coding Stages Illustrating Path to Core Category and Final Theory



4.7.8 Diagramming

In the initial stages of analysis, I was encouraged by my supervisors to utilise any visual image that represented something expressed in the data. I created a montage of pictures depicting a tunnel entrance, a vortex, and then images that showed two people chipping away at the interior of a tunnel—one image with someone exiting a tunnel alone and another image of two people exiting together. This was a nascent representation of what I saw as a process of journeying into the unknown, having to chip away at something to find a way through, then an emergence either alone or together into the light. These images spoke to the temporality, the idea that not everyone gets through the process with a sense of togetherness. They also represented a sense that the SO was drawn into something that they had no idea about. They were often in the dark about the training and practice when it all began. I continued to use images for the duration of my analysis as I reflected on action and process (Charmaz, 2014; Crilly et al., 2006). I used several visual tools for diagramming; scribbles on pieces of paper or whiteboard, photos, and electronic imagery. The visualisation tool in NVivo was useful to create mind maps particularly as I worked to find connections between codes (see Appendix I). I dated these images and stored them in an electronic file. I also made a series of PowerPoint slides. A sample of these images can be found in Appendix J offering a visual audit trail illustrating the evolution of my theory.

Goulding (1999) recommended diagramming to make sense of the large quantity of data that are generated in a qualitative analysis and to increase accessibility for the reader. Buckley and Waring (2013) also contended that diagramming is a useful tool for generating discussion. On several occasions I would show the AUT grounded theory group[2] a diagram and benefit from their challenges and suggestions.

I also used diagrams as a tool that Crilly et al. (2006) called "graphic elicitation" (p. 341). I showed two participants, who had quite variable responses to the research question, a visual depiction that represented the complexity of the theory and asked for their feedback. In both cases useful discussion ensued. Both responded in validating ways to the diagramming. Buckley and Waring (2013) suggested this process as a reflexive

[2] During my PGR9 candidature presentation, the moderator commented that joining the AUT Grounded Theory group could be immensely helpful. This group has been running for several years, facilitated by experienced grounded theorists who support researchers at all stages of their research journey. GT can be complex and ambiguous at times. It was extremely useful to engage with this group asking questions, testing emerging categories, sharing diagrams as the theory gradually took shape.

measure for ensuring that I have not forced the data and that any bias I may have is kept to a minimum.

4.7.9 Memoing

Memo writing is a fundamental step of all GT methods (Charmaz, 2014; Glaser, 1978; Glaser & Strauss, 1967; Strauss, 1987). Memos are an essential tool for recording thoughts about the choice of codes, the formulation of categories, and any nascent theorising. They assist in providing direction and clarity and an audit trail for how one makes decisions (Gibbs, 2018). They are a constant feature of the research from beginning to end recording the journey of how the substantive theory is generated (Glaser, 1978). They need not be seen by anyone else. They need not be censored and are an excellent way for creatively engaging with the data any time, any place (Glaser, 2013). Memo writing was particularly useful, helping me identify any gaps in the research. I memoed extensively from the outset, keeping a diary of my PhD journey (a sample from this diary can be seen in Appendix K). I methodically recorded my reflections on the interviews pre and post occurrence. I maintained a spreadsheet of all the questions, mapping where I would head in terms of theoretical sampling. When I grouped codes, I recorded why I had made that decision.

My memos were diverse in content. I always wrote a memo immediately post interview recording the context and general impressions—the quality of the connection between me and the participant, and how they responded to questions. I would highlight the gerunds of interest in the memo. The following is an excerpt from a post interview memo.

> *August 2, 2021:*
>
> *I had anticipated that this participant was shy based on earlier phone calls, and it was going to be a little bit difficult to interview them. It was not at all. Although quiet and cautious to begin with, the (SO) was forthcoming with a lot of thoughts about being in relationship with a psychotherapist. We experienced some technical difficulty part way through but managed to get our rhythm back and continue. Some familiar themes were there: the way psychotherapists can weaponise in conflict, how there can feel like there is an imbalance because of the relational knowledge, that they held back a bit when parenting because the partner knew better. There was also the sense that the partner was doing 'good work' and that there was some pride. It made me think about how confusing it can feel being in relationship with a psychotherapist where you can perceive the value of their knowledge, but it can also leave you feeling 'less than' or like you are travelling in someone's wake.*

Memos can vary in length but are essential for tracking emergent thinking (see Appendix L) as one links concepts and categories together. Glaser (2013) is also an advocate of taking field notes while interviewing. He believed memos should be free-flowing, non-formulaic musings, and that one cannot underestimate the ultimate value of memos when it comes to writing up the thesis. Glaser also thought one should avoid evaluating their relevance as one progresses. An example of an early memo illustrating evolving ideas:

> *16 October 2021: Generating vs. degenerating*
>
> *There is an emerging sense that living with a psychotherapist can have a generative impact on the SO but even those who spoke glowingly of living with an RP still worried a bit about the impact of the work on the RP ... Look more at boundaries going forward I reckon. How do children manage boundaries when there is an existing power imbalance given the parent / child relationship — are kids of psychotherapists any different, what different challenges do they face?*

A memo written 12 January 2022, illustrates the concept of the third emerging:

> *I wonder if triangulating will end up being my core category? It looks like SOs feel like they are dealing with a third entity in a relationship that the RP thinks about them, works around them, sometimes shares the worry of them, may even be turned on by them. There is an impact on the intimacy. Children of RPs are intruded on by the work, or clients, or must adapt because of them too.*

Another example of a memo written August 5, 2022, when trying to work out under what conditions does a SO try to recalibrate the relationship to get it back on a more even footing. I reflect on what is unable to be asked or explored in this context.

> *There are conditions that make the accommodating more palatable to the SO. One of the most frequently referenced was how well the work-life spillover got boundaried by the RP or the quality of the communication. What was unable to really be explored as a mitigating influence or condition was the personality of the RP. It would be good to interview psychotherapists about their experience. Does the security of the therapist have a major influence, how much personal therapy have they done, how frequently do they have supervision? What was the state of the relationship before they embarked on the training? None of this could be really answered adequately without engaging with the RP. I was surprised that SOs often do not know how often their RP has supervision or whether they have done / do personal therapy. Next steps — A bigger question might be to drill down on why they accommodate. Is it a recalibration to keep something alive — the RP, the relationship, themselves, etc?*

In CGT, categories formed in the process of theory development comprise two other elements: properties and dimensions. Properties are the attributes or characteristics of a category common to all the embedded concepts within it (Charmaz, 2014; Chun Tie et al., 2019). Dimensions reflect the property variations (Chun Tie et al., 2019). Memo writing played a key role in the identification of these properties and dimensions.

4.7.10 Storylining

Charmaz does not write about storylining as a CGT strategy; however, contemporary CGT theorists (Birks & Mills, 2023; Chun, Tie, et al., 2018) recommend its employ, viewing it as an excellent means of both constructing theory and conveying it to others. Birks and Mills (2023) defined storylining as "a strategy for facilitating integration, construction, formulation, and presentation of a grounded theory" (p. 248). Storylining can be used throughout the research process to explain the relationship between concepts and categories. Birks and Mills stated good storyline facilitates the following; the theory has primacy, variations are permitted, it reduces gaps in the theory, and ensures that the evidence is grounded in the data.

I used storylining several times throughout the intermediate and advanced stages of theory development, describing the germinating theory and sharing it with supervisors and other grounded theorists (see Appendix M for an example). It served to highlight where there was a lack of cogency in my theory and gaps in my rationale. It sent me back to the data, and, in the intermediate stages, I returned to three participants to flesh out some aspects of their experience and ensure that the theory that I was developing was an accurate reflection.

4.7.11 Theoretical Sufficiency and the Saturation of Categories

Many refer to the concept of theoretical saturation in GT (Birks & Mills, 2023; Corbin & Strauss, 2008, 2015; Glaser & Strauss, 1967; Strauss & Corbin, 1990), relating it to the sufficient development of categories where no new concepts emerge in the data during concurrent data collection and analysis. However, saturation has been critiqued as a concept and there is much discourse on its application (Saunders et al., 2018). It can be seen as the point where no new codes or themes are emerging in the data (Urquhart & Fernández, 2013) or via the more theory-centric lens of Starks and Trinidad (2007) who judged saturation as being "when the complete range of constructs that make up the theory is fully represented by the data" (p. 1373).

For Charmaz (2014), saturation is reached when no new insights emerge from the theoretical categories and there are no new properties to explore. She cautioned researchers to not confuse saturation with nothing new occurring in the data, urging them to drill down and compare incidents thoroughly, extracting all properties so there is a sense of depth and fullness (Charmaz, 2014). Constant comparison aids the analysis of where categories differ. I continually looked at how comparisons I had made between

categories shed further light on them. For example, in the theoretical category assessing benefit and value, there were important nuances. Benefit was different to value and feeling valued had implicit and explicit characteristics. Variations in theoretical categories are not unexpected nor problematic. As Charmaz explained these variations or negative cases, if grounded in the data, are the catalysts for further theory development, increasing its depth providing these new dimensions are accounted for. Corbin and Strauss (2015) also argued that if variation can be built into a final theory, then its reach and explanatory power is potentially increased. In terms of this research, negative cases were few but ultimately found their way into the theory, integrated through offering explanation for dimensions within a theoretical category.

In terms of deciding when categories were saturated, along with Charmaz (2014), I aligned myself with the view of Dey (1999) who preferred the term theoretical sufficiency. He and Wiener (2007) claimed saturation is conjecture on behalf of the researcher and data are never fully saturated. There is no one moment where the researcher can confidently say there is nothing new to be discovered here (Charmaz, 2014; Dey, 1999; Nelson, 2017; Strauss & Corbin, 1998).

4.8 Summary

This chapter has described the main principles of the CGT method and illustrated their application. It described movement through three phases of analysis—initial, intermediate, and advanced—arriving at a final core category, leading to the title of my theory: **continuing to matter: keeping the psychotherapeutic third in perspective**. Chapters Five and Six, the findings chapters, take the data and breathe life into the constructed theory. Chapter Five overviews the theory, introduces the diagrammatic model that explains its process, and introduces the first of the theoretical categories and its properties and dimensions. Chapter Six explains the second theoretical category and the process of continuing to matter.

Chapter Five: Overview of Findings

5.1 Overview of Findings

The previous chapter outlined how CGT was applied to this research. I illustrated how I used CGT principles to develop a substantive theory answering the question, "how does the training and practice of psychotherapy impact the psychotherapist's SOs?" In this chapter, I reiterate what the research set out to do. I give a brief overview of the CGT and its key elements: the core category and two theoretical categories, the second of which constitutes a process that I have called the mattering cycle. I then introduce the diagrammatic model of the theory and explain how it functions. I give a more in-depth explanation of the conditions evident in the data, explaining how they impact the theory. My focus then moves to the first of the two theoretical categories, **perceiving the psychotherapeutic third**, giving examples from the data to illustrate how this became one of the central components of the model.

Chapter Six explains the second theoretical category **engaging the mattering cycle** in greater depth by naming its subcategories, properties, and dimensions. I illustrate how these subcategories, properties and dimensions appear in the data and their relationship to each other. I illustrate how the SO engages each of the subcategories with the intent of continuing to matter through keeping the psychotherapeutic third in perspective. The following conventions are used within these two findings chapters.

- I have italicised all quotes from the data. Where I have omitted words between phrases, I have used an ellipsis to signal this. Repeated phrases, use of the words 'like,' 'um,' 'you know,' or other fillers have been removed.
- Where I have referred to the theory, it is emboldened.
- Where I have asked a question or commented in the interview, I have written INT:
- All participants have a pseudonym and their relationship to the RP is bracketed beside their name to increase the ease of reading.
- As part of theoretical sampling, I interviewed the child of a psychologist. Where appropriate I have illustrated, by including data points from their interview, the many synergies between their experiences and psychotherapists' SOs.
- To help navigate the findings chapters, Table 5.1 provides an overview.

Table 5.1

Outline of the Findings Chapters

Chapter	Content
Chapter 5	• Overview of findings • Review of the research intent • Core elements of the theory are introduced • Overview of the diagrammatic model • Overview of conditions impacting the core category • Defining the theoretical category, **perceiving the psychotherapeutic third** • Summary
Chapter 6	• Defining the theoretical category **engaging the mattering cycle** • Explaining the subcategories: identifying a shift, assessing benefit and value, and recalibrating stasis and stasis. • Reiterating the role of conditions

5.2 Part One: Review of the Research Intent

This research set out to establish how the training and practice of psychotherapy impacted the SOs of psychotherapists. It aimed to understand what SOs experienced in their relationship with their RP that they would attribute to the impact of psychotherapy training and practice. My theory is a co-constructed perspective of how SOs view the *impact* of training and practice on *their* relationship with the psychotherapist in *their* lives (emphasis added). In conducting this research, my intention was to give voice to the experiences of SOs in a context where, to date, they have not had one, and to enquire as to how the psychotherapy profession can help facilitate healthy relationships for SOs and their RPs. The intention was not to critique the quality of psychotherapists' relationships or the integrity of psychotherapy training in Aotearoa New Zealand.

The questions asked of SOs aimed to keep an open mind about the myriad ways they may view impact. The data showed repeatedly that, with gentle exploration, many of the SOs' views illustrated a nuanced and complex sense of their experiences over time.

5.3 Core Elements of the Theory

The core category: This is the concept that links all the categories and subcategories, encapsulating the phenomena embedded within them (Birks & Mills, 2023). Charmaz (2009, 2014) used the terminology theoretical code; however, the principle is the same. It is the code that illustrates the connection between categories and leads to a more integrated theory. In this theory the core category is mattering which is the nexus of my theory.

Continuing to matter: Keeping the psychotherapeutic third in perspective

Many researchers have explored what it means to matter (DeForge & Barclay, 1997; Elliott et al., 2004; Marcus, 1991; Rayle, 2005; Rosenberg & McCullough, 1981; Scarpa et al., 2021; Schlossberg, 1989). According to Elliott et al. (2004), mattering is characterised by a belief that we are significant in the world we live in and that we make a difference in other peoples' lives. It is an important aspect of identity development, comprehending life's purpose, developing a healthy self-concept and a sense of belonging. Scarpa et al. (2022) make the distinction between mattering to self which incorporates feelings of self-compassion, self-determination, and self-efficacy; and interpersonal mattering which is linked to mattering to friends, family, and other loved ones. Both the intra and interpersonal aspects of mattering are relevant to this theory and will be discussed at greater depth in Chapter Seven. In summary, mattering is a sense that we feel valued and are adding value, both to ourselves and others (Prilleltensky, 2020).

Theoretical categories: are the most significant abstracted categories representing the central concepts of the theory (Charmaz, 2014). In this theory, they are **perceiving the psychotherapeutic third** and **engaging the mattering cycle**. These theoretical categories are the building blocks of the theory with properties and dimensions embedded within them. I explain each of them in more detail in the following two chapters, defining them in greater depth, illustrating how they are engaged at a relational level, and explaining how they each impact the SO's sense of mattering. However, to make sense of the diagrammatic model that follows, a brief definition is given here.

Perceiving the psychotherapeutic third (PT) is how the SO engages in a process of constructing a 'third' in their mind, comprising all aspects that they associate with the training and practice of psychotherapy.

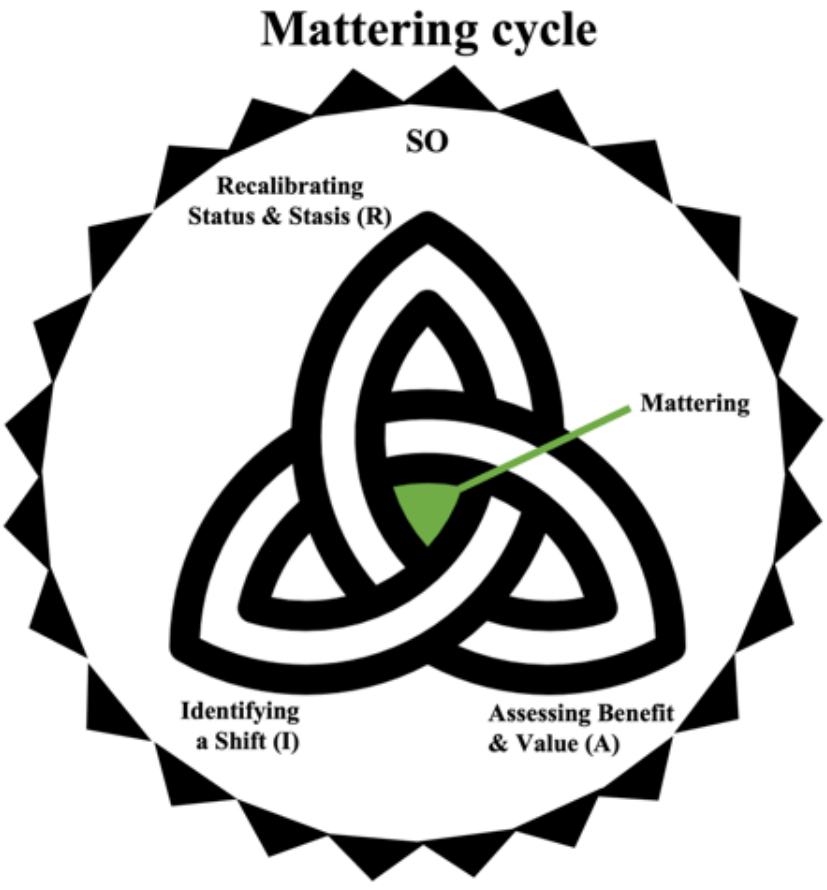
Engaging the mattering cycle is comprised of three interrelated processes (subcategories):

- **Identifying a shift** is the process of identifying if there has been a shift in the relationship that can be attributed to the influence of the PT.
- **Assessing benefit and value** is where the SO evaluates whether the PT benefits the SO, the RP, the relationship, or other people. It also encompasses an assessment of personal value. Does the PT enhance or detract from the SO's sense of value, either personally, to the RP, or to the relationship?
- **Recalibrating status and stasis** is the extent to which equilibrium is established or re-established in their relationship.

Identifying a shift, assessing benefit and value, and **recalibrating status and stasis** in combination form **the Mattering Cycle (see Figure 5.1)**.

Figure 5.1

The Mattering Cycle



The mattering cycle illustrates the ways the SO realises and engages with the experience of being in relationship with a psychotherapist. As mentioned above, it involves the theoretical categories of **identifying a shift; assessing benefit and value; and recalibrating status and stasis**. These three theoretical categories are evident in the data irrespective of whether the participant is the psychotherapist's partner, child, or sibling. They are present, to varying degrees, whatever the developmental stage of the psychotherapist, and occur in both training and practice. They serve an important function in the SO **continuing to matter in the relationship** with a RP and can aid in **keeping the psychotherapeutic third in perspective**. Movement through each of the theoretical categories is recursive and iterative. They do not necessarily occur in a continuous or contiguous fashion.

The mattering cycle is depicted within a bi-directional cog representing the SO, illustrating that these processes are perceived and engaged with from the perspective of the SO. This bi-directional cog can move the psychotherapeutic third up or down, to indicate the level of presence they feel, illustrating whether they perceive they matter more or less to the RP. The higher the PT, the less negative impact is shown on their *mattering* to the RP. Each theoretical category is influenced by important contextual and relational conditions that influence the impact.

5.4 Overview of the diagrammatic model

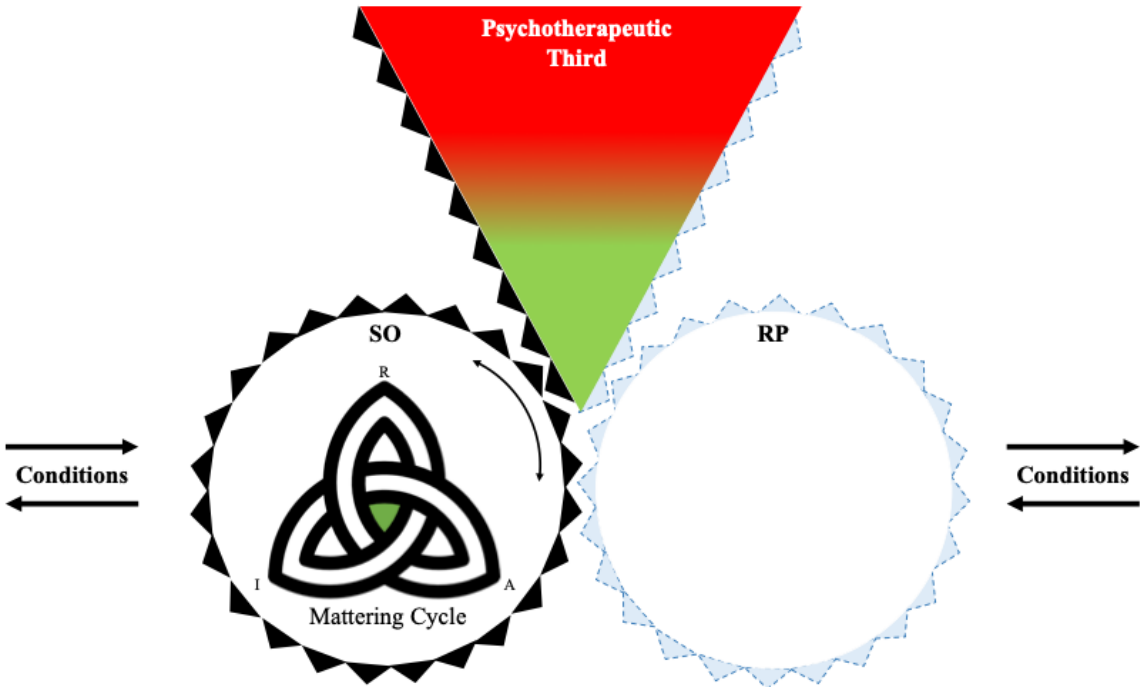
Psychotherapy training and practice can be powerful and destabilising influences on the interpersonal relationships between SOs and RPs if they are not engaged with thoughtfully. Conversely, they can be generative and valued. The challenge is the SO mattering more to the RP than the PT, not allowing the training and practice to become an intrusive and hegemonising third entity in the relationship.

When SOs perceive they matter more than the PT, the dyad remains connected, and the valued and generative aspects of the PT, depicted in green in the diagram, continue to be accessible and potentially useful; yet not intrusive nor hegemonising (see Fig. 5.2). The data indicated that this optimal dynamic is achieved by keeping the influence of psychotherapy in perspective and continuing to matter to the RP. SOs consider the management of mattering through keeping the PT in perspective as a shared responsibility between members of the relationship dyad and is achieved through maintaining a sense of mutuality that is not undermined by psychotherapy.

It is important to note that the teeth of the SO's cog are depicted in black to reflect it is the SO's perspective gathered for the purposes of this research. I have rendered light blue teeth on the RP's cog to illustrate that from the SO's perspective, RPs play a significant role in the management of the PT (see Fig. 5.2).

Figure 5.2

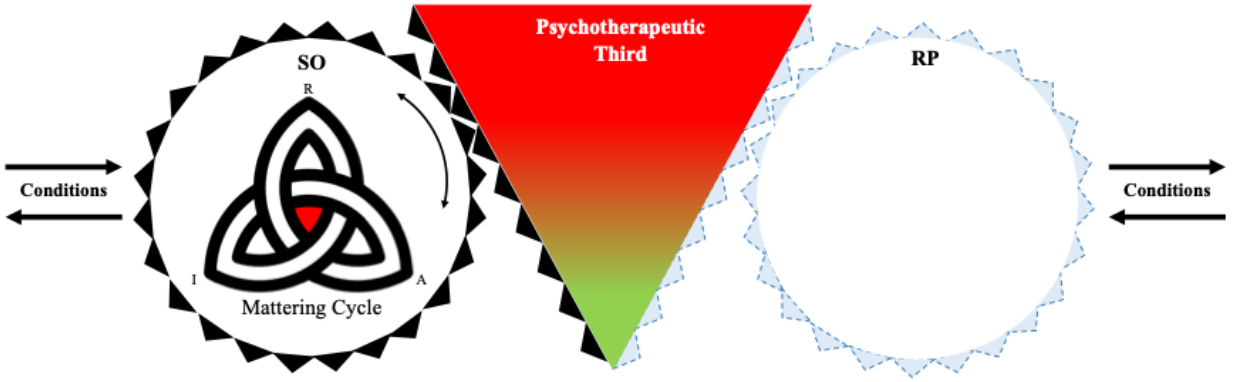
Continuing to Matter



When the SO perceives they matter less than the PT to their RP, they view the PT as a more intrusive and hegemonising entity (depicted in red), that comes between the dyad creating distance (see Figure 5.3).

Figure 5.3

Mattering Less



5.5 Part 2: Overview of Conditions Impacting the Core Category

As mentioned in Chapter Four, I am differentiating contextual conditions in this research from conditions that may be associated with Corbin and Strauss' conditional matrix. The following conditions are the elements influencing the mattering cycle mentioned by SOs. These specific elements affect how mattering is experienced in a particular context. These conditions were mentioned by SOs as either supporting or undermining members of the dyad. Analysis involved continuous comparing of conditions that either mitigate or facilitate the intrusion of the PT. Charmaz and Thornberg (2021) encouraged researchers to adjust their nascent theory to reflect the diversity of conditions that it may operate within, explaining variations and building them into the theory. Failing to pay attention to context could mean undermining social constructivist principles and risk producing an oversimplified theory that lacks comparative analysis (Charmaz, 2014, 2017).

Positive contextual conditions can support and contain members of the dyad, assisting in keeping the PT in a more optimal position and the dyad connected. Less optimal conditions provide a less containing facility allowing the members of the dyad to move apart.

Figures 5.2 and 5.3 show conditions with two arrows buttressing both the SO and RP. Despite not interviewing RPs, it was important to reflect in the model that some conditions impact the RP as well as their SO. They can help or hinder a sense of mattering.

1) Micro: these are personal conditions, relevant to the individual dyad members that are dynamic, potentially changing incident by incident. These factors can influence how the SO experiences the impact of psychotherapy training and practice.
2) Meso: social-cultural factors that SOs specifically mentioned in the data, such as culture, the state of mental health in Aotearoa New Zealand, and the COVID-19 pandemic.
3) Macro: socio-cultural and global factors such as cultural context, the pandemic, global recession. These are also impactful influences. Charmaz (2014) reminded the researcher to pay attention to units of analysis that go beyond the individual such as power, global context, and culture which lead to "inductive analyses that theorize connections between local worlds and larger social structures" (p. 243).

Examples from the data follow, illustrating how the most prevalent and salient contextual conditions were expressed.

5.5.1 Micro

While much has been written over the years about those who enter psychological professions frequently being wounded healers (McBeath, 2019), who may or may not have resolved the impact of their personal trauma, it is well beyond the remit of the current research to make an assessment regarding RPs' psychological functioning or that of their SOs. I did not want to enact towards RPs something that SOs themselves can find challenging about being in relationship with an RP—the weaponising of knowledge or unsolicited pathologising. This presented a dilemma. Some SOs found **continuing to matter** to their RP far less challenging than others; so I continually asked of the data, under what circumstances is it easier to maintain a sense of mattering than others? For example, for some participants it could be difficult to stand up to an omniscient RP who was using psychotherapeutic knowledge to challenge the SO. I did not want to view this experience as being a character flaw or vulnerability connected to either of their personal histories unless the SO referenced it in this way. However, the number of SOs who mentioned difficulty in standing up to the RP or an awareness of their avoidance of conflict was notable.

Harper (child): *I'll just be quiet and deal with it later. Be the good kid.*

> Sydney (partner): *I've always been a bit of a people pleaser and, bit conflict avoidant and, (RP's) a bit different … they need some conflict to... get things off their chest.*
>
> Remi (partner): *I think I've been impacted, impacted relationships with some of my friends ... I think part of that would be my need to please so rather than, spend time building relationships with some friends outside of our relationship I wouldn't do that.*
>
> Firth (partner): *So, my whole life I've avoided conflict and I still do … so that's probably why me and (RP) don't fight anymore because I really don't want to.*
>
> Jules (child): *I have a real propensity to say whatever I think people want to hear.*

Cedar (child) spoke about growing up with their RP and not being 'allowed' to challenge them. *It's almost like not allowed to have a different opinion and it feels very difficult.*

In the following example, Remi (partner) tries to defend against the RP's assessment of their functioning but knows that they have a personal trauma history that makes it harder for them to push back against the RP in certain contexts. This is an important flexion point. Both the RP and SO may have vulnerabilities concerning their personal functioning, but what really impacts mattering is their self-awareness when it comes to these vulnerabilities.

> Remi (partner): *RP might say that … I'm reacting out of, something that's happened. 'So that's your passive aggressive behaviour' or '... you're doing such and such.' I say, 'no I'm not' and they say, 'yes you are.' ...And probably I am, coming from those you know behaviours that I've had you know, the hurt child thing. Because of my childhood, you know.*

This example illustrates how a RP can leverage psychotherapeutic knowledge during conflict. It is impossible to ascertain how aware of this weaponising the RP is; however, the quote illustrates that Remi both resists being pathologised and knows that there may be some truth in what their RP is saying, reflecting their self-awareness.

5.5.1.2 Conditions connected to the RP's personal history

Sometimes the SO would make a comment that alluded to their RP's functioning that gave context to some of the challenges they faced. In the following examples, Vrai and Cedar discussed how their RP have their own vulnerabilities that are not completely resolved. In both cases, the SOs saw this as impacting the relationship. Vrai (child of a psychologist) specifically mentioned how their RP is sadly suffering from severe depression saying: *they are really debilitated by it … they will not take any psychological*

help. No one's good enough. So that is enormously frustrating. They saw their RP's family history potentially linked to their RP's issues.

> Vrai (child of a psychologist): *Their (parent) committed suicide and their (relative) committed suicide and so, I'd say that's the driver for them wanting to do psychology, was to find out about that but what's interesting is they also ... have those thoughts.*

Cedar (child) also alluded to their RP's mental health struggles: *I do know that they struggled with her mood and anxiety before. And still struggles with that a little bit now.* There were other relational conditions that impacted mattering, evoked mutually, or individually. The following are examples of how they appeared in the data.

The ability to mutually agree and maintain boundaries.

> Firth (partner): *We talked about when we moved here, one of the ideas was that they could work from home. But after living here for 5 minutes we worked out that that wouldn't work.*
>
> Avery (partner): *this was something we talked about recently is the intrusiveness of therapy, actual psychotherapy … it always feels like there's a third person and whether that's the … patient that they're seeing or the training, does that make sense?... and as much as I would like to say it's their responsibility, I've also reached a point where I know it's also a responsibility on my part* (referring to the maintenance of boundaries).

Demonstrable empathy. Lyric (partner) describes how they attune to their RP after they have had a rough day.

> *I don't know that they're necessarily seeking this but that will be more about me making sure that I'm really … supportive and warm and friendly to them but we don't need to talk about the thing because they'll be talking about the details of the thing in supervision.*

Awareness of self and other.

> Remi (partner): *They don't bring their clients home and talk about their clients with me … And, I don't try and push them either because I understand … the need for all that.*
>
> Harper (child): *I need that recharge time as well at times and I don't want to talk to people so I think, whether that developed from this, or how they are, or how we're similar in some respects I kind of just understand it and am happy to respect it.*

An interest in ongoing self-development.

> Lyric (partner): *(We) have both had such an opportunity to grow through our professional work.*
>
> Sydney (partner): *I've started to learn more te reo and, become familiar with the concepts and the … Māori worldview.*

Having effective communication skills.

> Denver (partner): *we talk about things though … I think that's what's good, we do talk, we talk things through.*

A willingness to adapt.

> Remi (partner): *I was equally eager to step in and do the extra stuff.*

An expression of shared values that extends beyond the PT.

> Lyric (partner): *So, we both come from a (name of faith) background.*
>
> Cyan (partner): *we had done a lot of personal growth type work … that was enormously useful to us, so I guess the ground was fertile already.*

A singular concept encapsulating the range of micro contextual conditions with accuracy is problematic. A theoretical approximation may be found in concepts such as Bowlby's (1973) secure attachment style, ego psychology's concept of ego strength (Hartmann, 1939), Joubert and Raeburn's (1998) notions of resourcing and resourcefulness, and Bowen's concept of differentiation of self (Kerr & Bowen, 1988); all of which go some way to explaining aspects of these micro conditions. However, in the interest of avoiding inappropriate judgment about overall functioning, and in the absence of a full enquiry into participants' family systems, I will refer to these attributes as relational conditions.

5.5.1.3 Age and stage

As we get older, we often change the way we relate to others, reflecting our life experiences and maturation process. While analysing the data I held in mind the developmental stages outlined by Erikson (1950), a German developmental theorist who studied humans across the lifespan and produced eight stages of human development that are still thought to be relevant today. I also thought about Mahler's (1974) concept of individuation. Understanding these normal developmental processes that occur throughout life such as the process of individuating, having one's own children, navigating illness, reaching retirement age, facing death, was important contextually. I looked specifically at the ways training and practice might help or hinder these developmental tasks or how the SO or RP might use age and stage to rationalise some of the impact. For example, Harper (child) talked about how they did not really understand

their RP's need for space after a long day with clients but as they matured it became clearer to them:

> *I think when I was young that would probably piss them off more because I wouldn't get it, but now I'm older I think it helps to give them space and let them relax a bit.*

Cedar (child) also reflected on what their RP was juggling with a family and demanding training and workload: *But I think it was just so hard for them ... looking back now I have a greater appreciation.*

In the following example, Avery (partner) had been discussing the considerable time demand for a trainee therapist and how hard it is to accommodate this training when they have a young family: *one thing [RP] pointed out is that most of the people doing the training are a bit older, so they don't have young, young children.* Avery makes a link between the stage they are at in their relationship with a young family and the intimacy of their RP's clinical work:

> *You know I wouldn't blame you if you're feeling a bit of flattery from another (person) showing you attention, cos we have a 3-month-old baby and you're not getting much attention at home right now.*

Lyric (partner) also sees age and stage being relevant to when a psychotherapist might train: *it's often something people will go into when they're a lot older and have been around the block a few more times.* Sydney (partner) says that staying connected to their RP was easier once they did not have to factor in the needs of children: *it doesn't always happen, but we plan weekends away together as well because the kids are now old enough that they don't really need us.*

Both children and partners who were young when their partner trained, frequently had fewer memories of the training that their RP was doing. They sometimes linked their lack of awareness to the condition of age and stage; other child participants spoke about psychotherapy training and practice being so normalised that they did not really know anything different.

> Lyric (partner): *..it was both, ...an unknownness of what psychotherapy was ... and also, just ... general youngness and life experience.*
>
> Cedar (child): *I feel ...at the time I didn't really think ... that much of it.... at the time it was ... I guess normal, because your experience is, I guess normal for you.*

Orion (child) commented that it was not until their RP had passed away that they were able to really reflect on the impact of their RP's training on them: *I don't think I was aware of it so much until now when they passed.*

Ivory (sibling) commented that their relationship with their RP was particularly valued as they navigated elderly parents together. Remi (partner) commented on being retired and how that had shaped their view of the RP's work. They had been able to step away from their employment and think about societal issues through a different lens influenced by elements of the PT.

5.3.1.4 Having disposable income

Training to be a psychotherapist is an expensive endeavour. In addition to course fees, most Aotearoa New Zealand training programmes require trainees to pay for their own personal therapy. This requirement was experienced by some participants as a stressful demand on the dyad depending on their access to disposable income.

> Lyric (partner): *I think they went every fortnight rather than every week but that just felt like quite a stressful extra cost in our lives at that time.*

Accessing personal psychotherapy was a significant means of recalibrating status and stasis for some SOs as explained in Chapter Six. With most psychotherapists charging between NZ$100 and NZ$180 per hour, a certain level of disposable income is required to allow two people in a relationship to access therapy. Some SOs found the cost to be a barrier.

> Remi (partner): *the reality is you need $100 a week to be able to go and do that ... $100 out of a week, out of your income is actually quite considerable. And so, you've got to be in a position to be able to go and do that.*

Denver (partner) explained one of the reasons for not going to therapy: *I don't like the cost.*

5.2.1.5 Sharing common ground

SOs felt more connected to an RP if they could easily identify shared values and experiences. Several SOs trained in similarly demanding professions that facilitated their appreciation of the PT and empathy for their RP. For example, Lyric (partner) expressed an understanding of the need for confidentiality in their RP's role because they, too, had similar constraints in their own employment. They shared how in a social context, they could both be viewed similarly:

> Lyric (partner): *I do feel like between us both, neither of us have got like the 'easy in' for jovial social conversations and ... just feeling like we really killed the conversation … by saying what both our jobs were. It just made us seem like this really intense, heavy couple who just couldn't talk light heartedly about anything.*

Denver (partner) explained that they normalise some of the hard days their RP has by identifying professional synergies: *overall, it is ... the same as (my profession) you know.* Sydney (partner) expressed an alignment with their RP borne out of working in a profession where helping people was a central tenet: *both of our professions are quite aligned in terms of helping people.* However, this alignment can be undermined if the RP competes at a knowledge level with the SO (I elaborate in Chapter Six when describing the mattering cycle).

Some SOs described a clear sense that they were like their RP and these values or shared experiences connected them beyond psychotherapy. Shared elements were useful to the SO due to an understanding of what motivates their RP to do the job and facilitating connection.

Lyric, Cyan, and Denver (all partners) explained there was a synchronicity in their experiences. Lyric viewed their age, and both being involved in professions that require introspection and confidentiality, as creating an empathic alignment with their RP.

> Lyric (partner): *we were both young to be doing the kind of study we were doing ... I was in a big programme myself that was quite ...personally demanding and challenging and angsty in its own different way … we both have huge aspects, them more than me, huge aspects of our jobs which are confidential.*

Cyan and their RP had done a personal development course that laid the foundation for supporting each other in their growth: *we had done a lot of personal growth type work ... that was enormously useful to us, so I guess the ground was fertile already.* Having studied psychology, Denver understood the language used by their RP and the requirement to be introspective to a point.

> INT: *You 'got it' I guess cos you were doing psychology-oriented training yourself?*
>
> Denver (partner): *Yeah ...it's not like a foreign world to me*

Harper and Sydney link their personal values with those of their RP.

> Harper (child): *I believe that I should help someone else, and I think I probably got that from them.*
>
> Sydney (partner): *both of our professions are quite aligned in terms of helping*

people.

Another aspect of sharing common ground is the SO experiencing their own growth while the RP trains and practices. Calder (partner) explained that they felt inoculated from the impact of the training because they were doing their own training. They felt indifferent about what their RP was doing: *(RP) said most couples broke up. Because I didn't really care about psychotherapy or counselling, ... it never impacted us or didn't seem to impact us.*

5.5.2 Meso Contextual Conditions

The impact of psychotherapy practice and training are experienced in the context of the communities and the world in which psychotherapists live. Two further specific contextual conditions reflecting the broader community were mentioned in the data: the cultural context of Aotearoa New Zealand, and the global COVID-19 pandemic.

5.5.2.1 Cultural conditions

As explained in Chapter Three, this research was conducted in the unique cultural context of Aotearoa New Zealand. Some SOs referenced ways that the PT had interfaced with their cultural identity; thus altering their sense of mattering to themselves, their RP, and others. I was particularly aware of the layered and potentially confronting circumstance of a Pākehā researcher interviewing a Māori participant about being in relationship with a psychotherapist. The trauma of colonisation cannot be ignored in this context. Two examples follow where Bayley (partner) described how subjugated their Māori identity was because of colonisation, the socio-cultural context impacting how safe or acceptable it was for their grandmother to use te reo Māori (Māori language), and how this impacted their sense of self:

> Bayley (partner): *for me in terms of Māori identity you know that wasn't particularly strong growing up. You know my nana ...she discouraged her kids from learning te reo Māori.*
>
> *... it was not until after she died which would have been 2016 that I tried to ... find out more and connect more ...you know there's stuff that's been quite rewarding but it's ... been a slow process of ...trying to learn more ...and actually being ... a bit more open about being Māori.*

Bayley then wondered whether dominant cultural assumptions enter their relationship with their Pākehā RP: *I guess there's ... notions or perhaps assumptions around what ... healthy means.*

Bobby (partner) spoke about growing up in a cultural context where separating from a partner was not really an option:

> *You can go either way which is 'I've had enough and I'm out.' And you can choose that or you can choose 'no this is worth fighting for, I'm going to go for it.' ... for me it was, I think just my upbringing and the culture and the people around and the rest of it that ... it never feels like it's really an option.*

The above examples illustrate how cultural influences infused the data. Paying close attention to comments such as these was essential to understand the complexity and nuance of SOs' experiences.

5.5.2.2 The global COVID-19 pandemic

During the COVID-19 pandemic, many psychotherapists had to work from home using online platforms which brought some SOs face to face with the work and its impact in ways that had not previously happened. Avery (partner) described seeing first-hand the impact on their partner of a difficult session with a client and feeling resentful that clients had infiltrated their home through having to work online. It made them rethink whether they would want their RP working from home post pandemic: *[RP] was kind of thinking, 'oh I could work from home,' but after the whole COVID thing ... I don't think it would work for us.* They go onto explain it was a very tangible and intrusive experience having clients in their home which they wished to be a sanctuary from work intrusions: *the impact of the intimate relationships with other people under our roof, and you know and being in your face so when they'd come out of the office.*

5.5.3 Macro Contextual Conditions

There are global phenomena that have been bearing down on humanity for the duration of this research. These include wars, particularly the war in Ukraine, significant climate events related to climate change, and the burgeoning development of artificial intelligence. Whilst not specifically referenced in the data, these conditions cannot be disregarded given their significant impact on the zeitgeist.

5.6 Defining Perceiving the PT as a theoretical category

The concept of the analytic or PT is conceived in several ways in the literature. Far from an exhaustive range of examples are Freud (1910) who wrote about Oedipal dynamics, Bowen (1978) writing about triangulation in family systems, Britton (1998) introduced the concept of triangular space, and Ogden (2004) who wrote about the analytic third. All have potential relevance for explaining the impact of psychotherapy training and practice

on the SO. However, the most salient conceptualisation in this data is as a third entity that plays a significant role in the relationship. Modern interpretations of the Oedipal concept could go some way to explain a thirdness in relationships but I wished to sidestep the complexities of Oedipal dynamics which is beyond the remit of the current research. I found Ogden's (2004) analytic third useful for thinking about how the third was created in the mind of the SO, the result of the intersubjectivity of the SO and RP. Ogden saw the nature of subjectivity as dialectical. Out of this oneness and twoness comes a third. Ogden (1999) describes this third thus:

> a third subject, unconsciously co-created by analyst and analysand which seems to take on a life of its own in the interpersonal field between them. The third stands in dialectical tension with the separate individual subjectivities of the analyst and analysand in such a way that the individual subjectivities and the third create, negate and preserve one another. (p. 487)

Of course, for Ogden, the analytic third is, by its very nature, unconscious; and reverie is what guides the analyst using it as an emotional compass. I am not suggesting reverie, association, and meaning making is truly entered into in the way that Ogden writes about it, and it is a stretch to take this model out of the analytic space and apply it to this theory. However, given SOs construct a subjectivity or identity around psychotherapy as a result of being in relationship with their RP, Ogden's thinking offered a creative theoretical springboard for conceptualising this third subjectivity.

With a third created in the mind of the SO, it is 'triangling' or triangulation in Bowen's (1978) theory that aligned best with my interpretation of how the third was engaged. In BFST, triangles can be evoked when there is high anxiety. For example, if two people are experiencing conflict or tension in a relationship, a third person or object is introduced to relieve the tension and anxiety. Theorists, Bell et al. (2001), observed four different triangle configurations in families: scapegoat, balanced, cross-generational coalition, and mediator. Balanced is where the parents work their issues out independently of the child and would be deemed the healthiest triangle. According to Bell et al. the cross-generational coalition and mediator configurations pull the child into a conflict. With the cross-generational triangle the child is closer to both parents than the parents are with each other. With the mediator triangle the child is pulled closer to one parent than the other. Finally, with the scapegoat triangle some aspect of the child is focused on to distract the parents from issues that pertain to them. Just as a parent may triangulate with a child, using it to reduce their anxiety or internal feelings of conflict, I posit that the PT can be

engaged in similar ways. It can be balanced or it can be used in more dysfunctional or compensatory ways, consciously or unconsciously, to manage disturbance within the RP–SO dyad.

Whether the PT is a stabilising or destabilising entity, depends to a significant extent on the personal attributes of the RP and SO, as mentioned in the conditions above, that contribute to their ability to privilege the needs of the dyad when there is a powerful third present. It is also viewed through the lens of the mattering cycle that describes how the SO engages with the PT. This process is best understood by illustrating how the PT was variously conceptualised by participants.

It was as if psychotherapy was viewed at times as the affair that the RP was having; the powerfully seductive entity that had to be understood by SOs if they wanted to stay in relationship with their RP. I wrote a memo early in my analysis titled 'The new third' it was the first reference in my memos that psychotherapy could be a powerfully intrusive third entity even though at the time of writing I was only seeing clients as the 'third.'

Memo: 16/10/21 The New Third

> *I think of this as being the idea that 'clients' are a third entity in the relationship. That the RP thinks about them, works around them, sometimes shares the worry of them, may even be turned on by them. There can be an impact on intimacy with partners. Children of (RP)s are also intruded on by the work or clients or must adapt because of them. Think of Cedar where the RP did not want the child to have therapy because* ***they*** *(the RP) may be exposed in some way. The SO was compared to clients who were worse off. This happened sufficiently that they began to believe that their problems were not severe enough to warrant getting help themselves.*

5.6.1 Properties of the PT

To formulate a clear view of how the PT was perceived, I searched the data for ways the SO constructed an identity for psychotherapy; specifically asking, what are all the features of psychotherapy that SOs attribute to the training and practice? The features spoken about by participants could be grouped into the following categories:

- Understanding therapeutic modalities
- Psychotherapeutic knowledge and skills—includes unsolicited and solicited knowledge, knowledge via personal therapists and supervisors

- Psychotherapy trainers and training programmes
- Clients
- The wider profession and other psychotherapists

Table 5.2 outlines each of the subcategories, their properties and dimensions, accompanied by examples of related focused codes.

Table 5.2

The emergence of subcategories

Subcategory	Properties and dimensions	Coding examples
Understanding therapeutic modalities	Awareness of different modalities – low to high Engagement with different modalities – low to high Features of psychotherapy (e.g., powerful, valuable, secretive, unique) How understanding developed (e.g., via personal learning, RP, other psychotherapists) Temporality – changes over time	Distinguishing psychotherapy and psychology (SO) SO rejecting counselling Wishing psychotherapy more readily available (SO) RP expressing psychotherapy bias to SO SO expressing confusion about differing psych professions SO becoming a convert
Psychotherapeutic knowledge and skills	SOs acquired knowledge/skills (intentionally acquired, osmotically acquired) RP's knowledge/skills Sources of knowledge/skills (e.g., personal therapists, RPs, RP's colleagues, personal learning) Engagement with knowledge; contexts it gets used in (low to high engagement) Solicited – unsolicited knowledge/skills from RP Identifying purpose/utility of knowledge/skills	Secondhand smoking Osmotic learning/grasping concepts RP 'diagnosing' SO family system Using skills at work (SO) Learning via personal therapist (SO) Distinguishing and evaluating knowledge/skills
Psychotherapy trainers and training programmes	SO perspective Reported RP perspective Content (unhelpful to helpful)	Non-aware → aware regarding impact on SO Demanding, difficult

Subcategory	Properties and dimensions	Coding examples
	Cost (low to high impact)	Feeling invisible to trainers
	Time requirement (reasonable to unreasonable)	Perceiving learning outcomes used in multiple contexts
	Impact on SO (low to high; unacknowledged to acknowledged)	Expensive
	Perceived impact on RP (low to high; unacknowledged to acknowledged)	Comprehensive, benign
		Intrusive
		Fair, unfair
Clients	SO's view – low to high impact (known/unknown, low to high threat, well/unwell, low to high priority, etc.)	Known/unknown
		Intrusive/unintrusive
	RP's reported view – low to high impact (low to high needs, easy to difficult, low risk-high risk, more or less important than SO etc.)	Dangerous
		Well/unwell
		Difficult/straight-forward
	Temporality – past, present, future	High needs/low needs
The wider profession (WP)	Size of community	Insular community – everyone knows everyone
	Roles – colleagues/supervisors/mentors/ theory groups/personal therapists	Issues with trust (dual relationships)
	RP engagement with WP	Listening in to theory group discussion
	SO engagement with WP	'Secret society'
	Attributes of people in community (e.g., helpful, good with people, people with past trauma, life-long learners, important for safety etc.)	Having a purpose (supervisors, colleagues, etc.)
	Perceived purpose of WP	

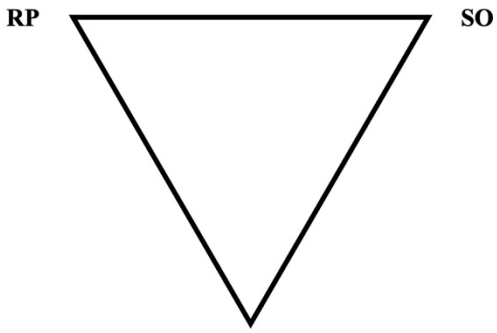
These properties and dimensions can be viewed as the way the SO constructs in their mind 'all elements of psychotherapy,' real or imagined. These categories each play a particular role in the mattering cycle which I elaborate on in Chapter Six. The following section offers further detail as to how each of these subcategories appeared in the data.

5.6.1.1 Understanding therapeutic modalities

Throughout the interviews SOs made comments illustrating their awareness of psychotherapy and would frequently compare it to other therapeutic modalities (see Fig. 5.4). Awareness can develop over time. The dimensions of this subcategory extended from no awareness of psychotherapy through to an almost evangelical championing of its precepts or, as Sydney (partner) described it, 'becoming a convert.'

Figure 5.4

Understanding Therapeutic Modalities



Understanding Therapeutic Modalities

The following data examples illustrate these various dimensions, beginning with Calder who spoke about not having any idea what psychotherapy was before meeting their RP.

> Calder (partner): *I've come from a rural kiwi background where counselling and psychotherapy was a no-no and there was no such thing as counselling in my background … So, I was very, not anti it, but didn't really understand it.*

Denver (partner) had learned a bit about psychotherapy at university and was quite ambivalent about it all.

> *I mean I don't necessarily agree with it all, … in undergrad you learn about Freud and all the … main figures of psychoanalysis … so I mean … I'm fine with it.*

It was clear that in some cases the RP had influenced their thinking about psychotherapy. For example, I asked Bobby (partner) if they had considered seeing a therapist who was not a psychotherapist. They said they had been influenced by their RP who had themselves been talked out of seeing a psychologist before they began their training: *I don't know who else I would have seen. I guess a psychologist or counsellor or something … and that never occurred to me.* They believed that developing a bias towards psychotherapy was like 'secondhand smoking.'

> Bobby (partner): *I believe ... psychotherapy is ... the thing ... and that's the secondhand smoke thing maybe coming in ... you know it's talked about all day every day when I'm at home so it's something that ... I've bought into.*

There were people like Sydney (partner) who were ambivalent about modalities but, over time, changed their view. They, too, admitted that they had been influenced by their RP.

> Sydney (partner): *I'm definitely a convert ... (RP's) told me quite a bit about clinical psychologists and you know psychodynamic therapists and cognitive behavioural therapy and ... all these different things which ... medicalises or looks for a short-term fix. When actually you've got to uncover the deep, dark dirty long-term stuff in order to kind of get past it.*

Firth (partner) held psychotherapy in high regard: *I wish there were more therapists, psychotherapists rather than, I don't know all this counselling and all these other things.* RPs all saw psychotherapy as having its own characteristics, such as expressed by Lyric (partner): *I think of psychotherapy being that sort of really earnest long-term working on yourself type stuff.* They viewed counselling as being less intense.

Cedar (child) also shared a view of psychotherapy formed independently of their RP. They had spoken with their RP about therapy, and they had recommended a modality other than psychotherapy to their SO. Cedar had their own view on what psychotherapy would offer:

> *I didn't want to see a psychologist even though I have never seen a psychologist. I do have I guess, some understanding of the differences between them, but I think I felt like I needed a bit more, deeper help!*

The work was seen as 'being behind closed doors.' This feature of psychotherapy appeared in the data as confusing, unsettling, understandable, and something that needed to be adjusted to. Confidentiality was referenced in various ways but, without exception, SOs ensured I knew their RP did not share names. The following quotes exemplify how secrecy and confidentiality were referenced.

> Lyric (partner): *there's something very mysterious and invisible about (that) kind of work ... I do think psychotherapy and counselling ... comes with this extra layer of confidentiality.*
>
> Sydney (partner): *are therapists even supposed to be talking about anything with their partners ...possibly not but (RP) has, but they're very careful not to mention the names*
>
> Denver (partner): *I can't really talk to them about it in detail ... I don't know the details and if I knew details, I do know I can't share them anyway.*

Avery (partner): *all of a sudden you stopped and it's like 'oooh I'm in this secret therapist society and I'm not allowed to share these things with you.'*

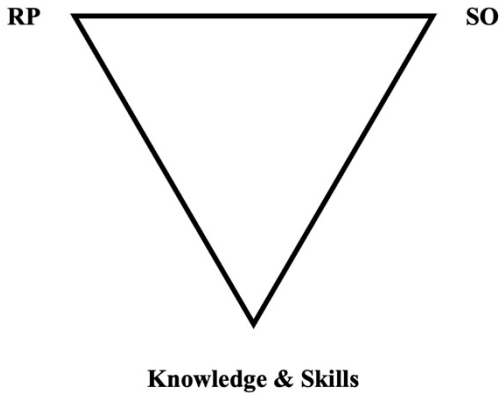
Vrai (child of a psychologist): *they are very confidential.*

5.6.1.2 Psychotherapeutic knowledge and skills

Knowledge and skills (see Fig. 5.5) represent a powerful entity in this research. They enter the relationship of the RP and SO in many ways and generate significant impact. The data indicated that skills and knowledge are both solicited and unsolicited. Knowledge and skills can be introduced to the SO by the RP, personal therapists, or via supervisors. I gave this subcategory a lot of thought during the analysis asking how psychotherapy knowledge and skills are any different to other skillsets that people may have. For example, if there was an electrical issue in a home and one lived with an electrician, one might expect that they may use their skills to solve the problem. I have concluded that it is the way this knowledge is viewed and engaged with that is the central issue in the current research. The knowledge that psychotherapists have can unsettle those they encounter. Some SOs commented that it was not unusual to witness other people's unease when they meet their RP for the first time. As Cedar (child) commented: *it felt like (RP) would be afraid ... reluctant to say what they did because people would often make jokes about ... psychotherapists.*

Figure 5.5

Psychotherapeutic Knowledge and Skills



5.6.1.3 Unsolicited knowledge and *the therapist one cannot turn off*

Sometimes the RP brings psychotherapeutic knowledge into the relationship unsolicited. How this was identified and appraised is reflected in the theoretical categories of the mattering cycle, but it is important to note that unsolicited knowledge operates on a continuum of helpful to unhelpful. Its impact may be felt in the moment or be delayed

depending on the conditions written about above. Bobby (partner) commented: *So ... that's one thing, is that I'm in therapy without expecting it.*

There are many examples where the RP is viewed as behaving 'like a therapist' as opposed to a parent, partner, or sibling in the relationship with the SO. I have called this the enacted therapist. The SO now has another imago, other than partner, sibling, or parent who they find themselves tolerating, accommodating, making use of, or wishing they could shut down. SOs become very attuned to when the RP switches into 'therapist mode.'

> Harper (child): *I mean they have always been really caring and looking out for people but at times they can't switch it off.*
>
> Orion (child): *it just enhanced the fact that … they psychoanalysed everybody.*
>
> Quinn (child): *I think mainly just the way they talk about other people. They might describe an acquaintance, or a friend and they will without realising it, kind of psychoanalyse them.*

Knowledge that enters via an enacted therapist can unsettle the SO. In the following example, Cedar (child) reflects on times when their RP has used psychotherapeutic knowledge to assess a potential partner. They not only find it hard to rebut the assessment made by the RP but find that the comments get into their head becoming difficult to dislodge, causing them to doubt their own assessment.

> Cedar (child): *'This person has issues with their mother and would not be a good partner' ...if someone says that to you, that's hard to be '(RP) that's not true at all, you're wrong, they're a great person.' Those kinds of doubts that get ... into your head.*

Cedar speaks about how the image of their RP as a therapist enters their personal therapy. They not only have their parent in their mind, but their parent who is a psychotherapist who occasionally expresses exasperation with clients.

> Cedar (child): *I really feel like having them as a therapist (parent) and seeing, and hearing them talk about their patients, really impacts me in my own therapy because I'm always thinking about that ... remembering things that they said.*

The enacted therapist is not always a troubling experience for the SO. Firth (partner) recounts how having an RP can be useful when they give another lens to view annoying people through:

> *the other thing that they're really good at is that you can come across someone and you just think oh, cripes they drive you crazy or whatever, but they can also*

flick the story and go, 'You know what? Maybe they're doing this because …' and so that's quite handy.

Solicited knowledge

An interesting tension can exist for SOs when it comes to psychotherapeutic knowledge. As seen above, when unsolicited it may feel intrusive but many SOs commented on the number of times they turned to their RP asking for them to share their knowledge. In the following example, Jules (child), despite having at times resented psychotherapy and its influence on their life, illustrates their reliance on their RP's therapeutic knowledge as a support for their own development.

> Jules (child): *I called (RP) in tears one day just being like I don't feel like I'm living the life that I could be living, I don't feel, healthy in myself. All of these things. I really want to do some therapy.*

The RP's personal therapy

Bobby (partner) saw their RP doing personal therapy as causing distress at times for the RP and, by association, them (Bobby) and their relationship. They understood that it may help the RP to delve into their personal trauma and that it was requisite to their job to face some of these issues but, at the same time, it was hard seeing their RP struggle with this new insight. It shapes how they view this aspect of the third as sometimes causing distress.

> Bobby (partner): *They'd be seeing their own therapist, they'd be learning about their stuff, and ... going into some really dark places.*

Similarly, for Denver (partner), their RP explained how their therapy is bringing up some difficult issues for them to face into. They see the therapy potentially complicating what could be 'normal relationship stuff.'

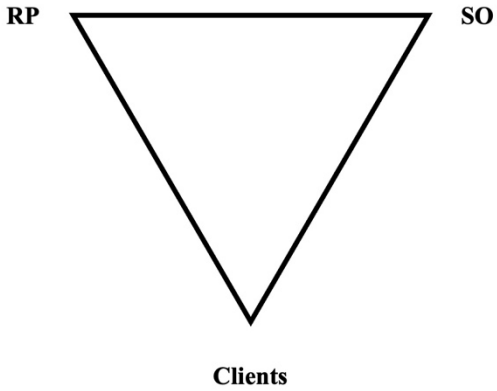
> Denver (partner): *I find it hard to differentiate between like what's normal … partner relationship ...stuff … and also because they're going through therapy the whole time as well which is bringing up a lot of old past emotional stuff.*

5.6.1.4 Clients

The PT can manifest itself as a client or clients who the SO conceptualises as playing a role in the relationship with the RP (see Fig. 5.6). Their influence can be seen as benign, or intrusive and destabilising.

Figure 5.6

Clients



Sometimes clients may be seen as being privileged over the SO, or the SO may feel that an aspect of their relationship with the RP is no longer exclusive to them. The nature of psychotherapeutic work is that the relationships created with clients in the clinical space are very intimate. For some SOs this can be particularly challenging both to understand and accept. Again, it seemed to depend on the age and stage of the dyad, and their own personal histories that may inform how they experienced this element of the work. I explore this aspect in Chapter Six when I discuss the mattering cycle in greater depth.

> Avery (partner): *Well, I said, "I'm a bit annoyed that you're giving another (person) looks that you'll give to me."*
>
> Calder (partner): *sometimes you're a little bit jealous that they can help other people.*
>
> Avery (partner): *And I explained that you know it's not easy for me to know that you're having intimate relationships with other people especially other (gender), who could potentially develop feelings for you.*

5.6.1.5 Psychotherapy trainers and training programmes

As the research question asked about the impact of training and practice, it was not surprising that views on trainers and training programmes entered the data (see Fig. 5.7). This led me to compile a list of codes that referenced any aspect related to training and trainers. This feature of the PT differed in that SOs portrayed RPs as having less control over these elements.

Figure 5.7

Psychotherapy Trainers and Training Programmes

There was a continuum of low-to-high impact when it came to the training as part of the PT. Some children were quite disinterested in the training like Quinn (child).

> INT: *And do you know where they did their training?*
>
> Quinn (child): *No, I don't. I didn't really take much notice, I guess.*

Others were completely perplexed as to why their RP would want to do particular trainings. Orion (child): *I think in some respects if it had been me, I would have not done the training.*

It could also be viewed positively or negatively. Trainers were sometimes viewed with an element of suspicion as seen in the following excerpt from Bobby (partner) who wondered how trainers, or more specifically AUT trainers, felt about this research. They were surprised that I had been supported to potentially uncover 'some terrible things.'

> Bobby (partner): *Are they ... properly supportive or do they ... cos I can see how they might consider it a threat to have this kind of research done cos it's almost like, 'you might find out that we've done some terrible things and you might be pointing the finger at us ... and all of that.'*

Avery (partner) spoke about what they perceived as an oversight in the training that had flow on effects for SOs.

> Avery (partner): *I don't know what the training looks like or the context. You know there's the theory ... And they have supervision but what ... I'd be interested in ... what they're taught about self-care ... it's almost like ... these organisations or these groups of people running these things ... who are about people and their well-being, aren't actually thinking about the people and their well-being.*

At the other end of the continuum was Cyan (partner) who, when asked if there was anything they would have appreciated or wanted acknowledged by trainers, replied: *No, I don't think so. No, I never ... sort of found myself going, 'well I wish the trainers had let me know this was coming.'*

Some participants spoke about the requirement for RPs to do personal therapy which was variously viewed as expensive, stressful, confronting, and destabilising. Others were less impacted or found the training an asset to the relationship.

> Lyric (partner): *I found I didn't really understand that and found it quite stressful because it's really expensive when you're both students and then one person has to go to psychotherapy.*
>
> Orion (child): *I mean the training was tough because obviously they had to delve into their personal life even more so with already doing counselling, they were having to relive a lot of stuff.*

Others spoke about the time demands of the training and how it could consume the RP.

> Remi (partner): *I used to wonder about the training process for psychotherapy because they seemed to have to do a huge amount of work, to get that qualification over a long period of time.*

It was no different for Vrai (child of a psychologist) who said that due to the age they were at when their RP trained, they were not acutely aware of what was going on. However, the absence of their RP was mitigated through having disposable income and a housekeeper that would help.

> Vrai (child of a psychologist): *I don't think I was that cognisant of it really Jane. I was ... a teenager. What happened was that because ... luckily ... our family had money. (Non-RP parent) got a ... a housekeeper in, in the afternoons so even though RP would be home in the afternoons, the housekeeper would cook dinner or do our homework with us …. She would do everything, all the (parent) things after school and (RP) would be in their room with the door closed working. So ... that's my only real perception of their training except for ... 'Can I do a psych test on you?' 'Can I do the Myers Briggs on you?' 'Can I do a WISC and a WAVE?' You know, 'can I practice on you?'*

It was interesting to note that most participants mentioned that RPs were often consumed by learning or ongoing training, which I address in Chapter Six.

Some people viewed the training as challenging but immensely rewarding for the RP. Firth (partner) said: *They'll tell you that … it was tough. But, yeah, it was amazing.*

In the following example, Avery (partner) spoke about trainers being impervious to the impact on someone with a young family. They saw trainers having their own agenda and despite working in a profession where wellbeing is a central concern, they felt trainers forget about SOs.

> Avery (partner): *So, one of the guys that is on (name of training course) emailed (RP) and said, 'I know that you are really busy. And I know you are doing (different training) but we want you to come back and join us as well.' ... so ...it's ... a big task on top of full-time work.*

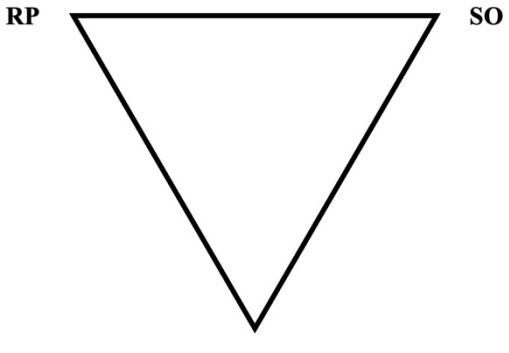
5.6.1.6 Other psychotherapists and the wider profession

Another aspect of the PT is the wider psychotherapeutic community (see Fig. 5.8). Clearly there was an ambiguity SOs could feel about the wider community and other psychotherapists. They may champion the importance of psychotherapy as a skillset and value the riches it can bring as stated by Firth (partner): *I honestly think that them being a psychotherapist has absolutely enriched my life.*

But for SOs there can also be a wariness about opening-up to someone in that community in their own therapy, especially someone who knows their RP. I asked Firth (partner) why they had not embarked on their own therapeutic journey, and they answered: *one of the reasons I didn't was a) I was way too scared. So that would be the honest reason. And then secondary ... to that is ... (place name) is so little ... who am I going to go and talk to?*

Figure 5.8

Other Psychotherapists and the Wider Profession



The psychotherapeutic community is viewed as small where everyone knows everyone. I was surprised at how frequently this was mentioned in the data. The impact is various

and makes choosing a personal therapist difficult. Bobby (partner) noted: *everybody knows everybody, but I didn't want to see someone too close to them (RP).*

When I explored why there was this level of censoring or caution, people described wanting to protect their RP.

> Sydney (partner): *I tend to talk mostly about my family actually rather than them. But sometimes we do, but I need to be a little bit careful because they (RP) knows my therapist. It's a very small community you know.*

I asked Sydney (partner) why they felt they could not open-up. They explained that they wanted to protect their RP from judgment that may be taken out of context by their RP's peers.

> Sydney (partner): *I don't want the gaze because there … no one sees into your therapy room … there are grey areas. And one person's view, or opinion, on those grey areas might be different to (RP's) … And of course, everyone does their best but when you're dealing with relationships it can get cloudy. And … you know it's only, one degree of separation to someone who's on the professional body. I wouldn't want some minor slip of the tongue to suddenly end up with things getting taken out of context.*

Quinn (child) expressed something similar. They did not say that they were explicitly protecting their RP from other psychotherapists; however, they were saying they felt the need to protect people knowing that the RP was not perfect:

> Quinn (child): *I guess you feel like you want to protect their reputation … by not mentioning all the family bullshit. That actually their relationship with their own children is not always smooth sailing. So yeah, I felt at times I've had to protect their reputation … by just not saying, 'oh I'm really cross with my RP,' not so much now but like, in the past … I think they would be judged because maybe there's that expectation that they're supposed to have a completely happy family dynamic. Or have sorted out their own issues in relationships that they have.*

Cedar (child) also censored themselves in therapy in case a brittleness in their personal therapist led to them being negatively judged:

> *I wouldn't tell my therapist how much I get paid ... it makes me worry about my therapist feeling jealous towards me because (RP) has said that therapists ... struggle with like their own jealousy.*

There were SOs who felt that their RP had superior skills to some of the psychotherapists in the community and that made them cautious about engaging with a psychotherapist themselves. Calder (partner): *the danger now though, such a small world … and the other thing is knowing someone good. Because ... there are a lot of cowboys.*

The nature of psychotherapy work is that there are ethical principles that are requisite to protect both clients and therapists. One of the most well understood is the need for confidentiality. All SOs interviewed appeared to have a clear understanding of this need.

For some participants, the community was spoken about in a way that indicated it was exclusive or excluding as seen in this quote from Avery. They had been told that they would not understand something because they were not a therapist. Avery (partner) responded with: '*well you can stick your therapy then, you and your secret society.'*

5.6.1.7 Supervisors

While some SOs expressed suspicion or caution about 'the professional community' it was evident in interviews that supervisors are an important aspect of the PT. It was particularly evident with partners who see supervisors as playing a key role within the relationship in terms of managing the vagaries of the job.

> Avery (partner): *'maybe having some (person) fawn over you … is making you feel quite good.'... I said, 'Just a possibility. But that's why you're in supervision.'*
>
> Remi (partner): *they have pretty good supervision … so they deal with all that in supervision … and that's the place to take all that stuff … I can't give them supervision because I don't know what I'm talking about.*
>
> Lyric (partner): *I would listen … if they really needed to talk about something. Then, but we would know that I'm not the first or the right person for them to talk about that stuff with, that first it will go to supervision.*

It is most succinctly illustrated in the comment from Sydney (partner): *I see their supervisor as my ally. Their supervisor is my ally.*

In conclusion, this section illustrates the way the PT is viewed by SOs with its various properties and dimensions. Each of these variations of the PT can impact the SO's sense of mattering to their RP and it can change moment-to-moment, moving the triangle of the PT up and down in a dynamic way. The three theoretical categories that constitute the mattering cycle will illustrate how SOs engage with the PT.

5.7 Summary

Chapter Five has introduced the theory '**continuing to matter: keeping the psychotherapeutic third in perspective**.' In section one, I reiterated what the research set out to do. I gave a brief overview of CGT and its key elements; the theoretical code; and two theoretical concepts, the second of which constitutes a process that I have called

the mattering cycle. I then introduced the diagrammatic model of the theory and explained how it functions. Section two provided more depth regarding the conditions evident in the data, explaining how they impact the theory and I explained the central theoretical category of the psychotherapeutic third, giving examples from the data as to how it is constructed in the minds of SOs. Chapter Six explains in depth the mattering cycle; illustrating how it appears in the data and describing its subcategories, properties, and dimensions.

Chapter Six: Engaging the Mattering Cycle

Chapter Five gave an overview of the theory. It introduced and explained the diagrammatic model of the theory, **continuing to matter: keeping the psychotherapeutic third in perspective**, and explained conditions that either facilitate or obstruct mattering. It described how the category of **perceiving the PT** was formulated. This chapter introduces the second theoretical category **engaging the mattering cycle** and each of its subcategories in greater detail. The subcategories **identifying a shift**, **assessing benefit and value**, and **recalibrating status and stasis**, are explicated and their properties and dimensions explained where applicable. Throughout, I give examples from the data to illustrate each of these central processes.

6.1 The Mattering Cycle

The mattering cycle comprises three interlinked processes characterising how SOs identify, assess, and recalibrate the impact of the training and practice of psychotherapy. Engagement in this cycle describes how SOs work to keep the PT in perspective. These processes are highly interrelated and are responsible for the movement, clockwise or anticlockwise, of the SO cog seen in the Figure 5.1 (Chapter 5, p. 112). The turning of this cog in either direction determines how the perceived PT impacts the relationships between the SO and the RP, either facilitating or obstructing connection. The three processes do not necessarily occur in a prescribed order. They are dynamic and responsive to individuals and the ever-changing context of their lives. I begin by describing **identifying a shift.**

6.2 Part One: Identifying a Shift

As mentioned in Chapter Five, the data indicated that part of the process of mattering involves participants **identifying a shift**: recognising that something has been, or is being, impacted by the PT. Mattering is a feature of relationships. We matter and demonstrate mattering to each other in diverse ways (Lachance-Grzela et al., 2021). In the context of this research, SOs spoke about identifying a shift in mattering within the relationship that they linked to the PT. Their central questions were: is the RP shifting? Is this me shifting? Is the relationship shifting, and how is this related to the PT? However, questioning was not where they made a judgment about the impact. It is the **identifying** process,

represented by codes that illustrated a burgeoning or concrete awareness that the training and practice of psychotherapy was impacting them, the RP, or the relationship.

6.2.1 Dimensions and Properties

The dimensions of this subcategory spanned from sensing to certainty in identifying a shift. For example, many codes alluded to the struggle to identify who or what is changing and to find a reason for the change. These codes were grouped under 'grappling with change.' Other codes were consciously linked to either an expressed change in the SO, the RP, or the relationship.

In the following example, Bobby (partner) illustrated that the identifying process is recursive and iterative. They described a time of being unconscious of a change, moving to sensing their role in the relationship was changing, through to a clear realisation that their RP had changed so significantly that they no longer felt like the person they married:

> Bobby (partner): *So, it was a progression. It's like a frog in hot water thing. You put a frog in hot water, it will jump out. You put it in cold water and slowly heat it up, it doesn't know and after a while it suddenly knows, but it's too late.*

Bobby (partner) explained that as their RP changed, albeit for the better, the dynamic between them changed. They lost a particular role of 'hero' in the relationship:

> *Of course, I was the hero then and I was like 'oh look at me' and that's kind of how it was. So now forward wind to until they've done their therapy and all the rest of it ... they do not rely on me for the support.*

And then with an absolute certainty they named a conscious shift: *...they are no longer the person you married* (Bobby, partner).

This subcategory had its own properties:

- identifying a shift in the RP
- identifying a shift in the SO
- identifying a shift in the relationship

These properties sometimes overlap and intersect. For example, a perceived change in the RP may lead to a shift in the relational dynamic which can lead to a shift in the SO.

6.2.2 Identifying a Shift in the RP

Many codes spoke to a sense that the RP was changing. Participants found it challenging to ascertain what change is related to the PT and what is related to the RP's personality. It is well documented that psychotherapy attracts a certain type of person; one who may

have been a 'helper' in other areas of their life well before becoming a psychotherapist, or who had a particular type of personality or temperament (McBeath, 2019). So, it is unsurprising that many SOs questioned whether an element of the PT psychotherapy was responsible for a shift in their RP or the relationship, or whether it was their RP's innate personality or temperament.

> Avery (partner): *I never mentioned it cos I was kind of thinking is this them and their process of thinking or is this a therapist thing?*
>
> Calder (partner): *This is hard to answer because I don't know what is them, and what is psychotherapy because they've always been a psychotherapist.*

In the following example, Denver (partner) talked about witnessing the introspection connected with psychotherapy and the impact it has on their RP. They questioned whether it is partly the temperament of the RP that causes them to be stressed or a specific facet of the job:

> Denver (partner): *personal or professional I don't know, but they'll just freak out … that they're doing something wrong or that they shouldn't be doing this, and they'll wake up and can't sleep and then they'll get really stressed out about it.*

It can be particularly confusing for young children of psychotherapists who do not understand the complexities of the job, confidentiality rules, and why a parent needs time after work to decompress. They may wonder why a RP may have some conflicting feelings about patients or clients. Cedar (child) found their RP's ambivalence towards clients confusing when they were younger. They were bemused as to why their RP did not want to see patients when they were out, given the RP was meant to care about these people. Cedar (child) commented: *We'd be out together and then (RP) would see their patient ... then want to like leave straightaway which ... was always quite confusing to me.*

Cedar (child) had difficulty differentiating the impact of the training and the personality of their RP. For children, difficulty with untangling may be related to the age and stage they were at when their RP began their training or that they have only known a psychotherapist parent. *Yeah, it definitely has had a big impact but it's hard to tease it all out* (Cedar, child).

The SO can be consciously aware that the person who began the psychotherapy training is changing before them. Sometimes it was just a sense that they were transforming but lacking clarity as to what was changing.

Denver (partner): *It's hard to tell. I think ... they are changing a lot.*

Firth (partner): *You probably are slightly changing before my eyes.*

At other times it was noticeably clear that the RP has changed.

> Bobby (partner): *The person changes massively, and they are no longer the person they used to be ... this is the crux of it.*

Remi (partner) talked about losing the role of protector for their RP because the RP has grown in confidence:

> *they used to use me as their shield, and I would do all sorts of things for them because of their anxieties... so that's a significant change in that they don't hide behind me anymore ... They're comfortable in their own skin and doing what ... they do... that's a change.*

The types of change SOs commented on were that the RP was growing and learning, gaining new knowledge. Conversely, changes could be more concerning to the SO such as experiencing the RP as more judgmental or 'all knowing,' or that they became more intrusive. Changes could begin while in training like Avery's (partner) RP: *I found that they ... almost stopped listening and just ... interpreting ... Then I ... thought 'oh I guess they're a new therapist.'*

Or they may not become apparent until the RP was practising as described by Firth (partner) who noted that over time their RP became less social because the work had made their RP sensitive to noticing other peoples' trauma: *I would say they were a much more social person than they are now because it just takes too much out of them.*

When navigating conflict, there can be a shift in the balance of power. SOs saw the PT as the catalyst for change in this regard. It may mean there is more or less conflict, or that it is navigated differently. Remi (partner) explained it as: *probably the main thing would be ... I can't get away with saying things and doing things now, that I used to*; and later: *they're less tolerant of my misgivings.*

6.2.3 Identifying a Shift in the SO

Shifts in the RP frequently flowed through to the SO. Living with an RP can lead to the SO unconsciously adjusting their functioning. It is not until they pause and think about how they have changed, that the impact becomes conscious to them. Quinn (child) recalled their RP studying, being slightly removed from family life, and expressed a moment of realisation that they had become like them: *They used to study a lot in the*

evening I guess when they were doing their training ... I just remember them being in their study a lot. God I'm like that now.

Many SOs commented that elements of the PT had impacted other relationships in their lives as illustrated by Orion and Remi.

> Orion (child): *I took on a lot of that analysation part as well and brought it into my own life and own relationships and I think that created a little bit of a problem for me.*

Remi (partner) said that the knowledge and skills that their RP has gained has altered how they (the SO) engage with their children and grandchildren: *I've probably stepped back and allowed (RP) to take the lead.*

Sydney (partner) noticed their interest in the PT changed over time as they started to understand more:

> *I might think therapy is a bunch of horseshit made up by some crazy guy called Freud you know but ... the more I've listened to what they're telling me about it and, I've got half an ear on their reading group sometimes and ... they're ... reading a lot of the stuff that Freud and Jung did and it's really interesting.*

Some SOs noticed that they were using osmotically-acquired skills to understand themselves and others. Cedar (child) noted: *not to claim I'm like actually a therapist because ... I know I'm not, but I feel like I definitely ... have absorbed some of that, I think.*

Many participants had reasonable literacy regarding their functioning, using it to work out whether the change they sensed or experienced was related to psychotherapy, their own innate personality or temperament, or a combination of the two. Sometimes this awareness could be attributed to attending psychotherapy, the result of personal introspection or conversations with their RP. In the following example, Remi (partner) who has not had personal therapy, reflects on 'holding back' more in conversations. They hold back because they do not have the psychotherapeutic knowledge of their RP, but they think this can be partially attributed to their personality: *I can feel that me saying something is kind of out of ignorance or not right or inappropriate, so I won't say anything. That's partly my personality as well* (Remi, partner).

6.2.4 Identifying a Shift in the Relationship with the RP

SOs refer specifically to changes in their relationship with the RP that they attributed to the PT. Changes in either the SO or RP can naturally lead to changes in the relationship

and may be noticed gradually or suddenly depending on circumstances. It is evident that some SOs work hard to assess where responsibility for shifts lies.

Quinn (child) spoke about having a tumultuous relationship with their RP when they were younger. When I asked specifically about the impact of psychotherapy training and practice on their relationship, they said it was difficult to untangle feelings they had concerning the RP's temperament from the new psychotherapy training they were doing at the time:

> Quinn (child): *It's hard to say if it's related specifically to psychotherapy or if it was just my (RP) and our relationship and family dynamics ... just trying to separate the two ... the study of psychotherapy, how that impacted on their behaviour or our relationships.*

Orion (child) struggled to work out at times what type of relationship they had with their RP: *I'm not sure how much of (a parent) I got and how much of the psychotherapist I got.* But for other SOs, like Cedar (child), over time they became acutely aware of the impact of the PT and its impact on their relationship with their RP: *I always thought we had such a good relationship which we do in lots of ways. But I guess now, I just realised, so much more about, how I operate around them and how they have impacted.*

For some SO partners, despite being warned that the training and practice could be hard on intimate relationships, there was an off-handed optimism or naiveté that other people might be impacted by this training but their relationship with their RP would be fine. They came to realise their optimism was misplaced.

> Bobby (partner): *when (RP) first started this was the sort of joke that was going around ... and we just laughed and thought 'yeah well that's them, that's not us. Don't be silly that wouldn't be us.' And of course, there is a reason that that joke came up, because people do ...change and this can be the outcome. So, it's not such a joke.*
>
> Sydney (partner): *I do remember someone saying in the early days, when (RP) became a therapist ... You know marriages don't have a good survival rate when ... one party's a therapist!' And I reassured (RP) that I'm sure we'll be fine! ... I don't think I quite understood at the time actually how deep those other relationships are with their clients.*

Sometimes living with their RP and the influences of the PT brought a deeper sense of appreciation for what they had as a couple, as exemplified by Cyan (partner) who, when questioned 'how has the training and practice of psychotherapy impacted them?'

responded by saying they felt lucky: *it gives a new sense of gratitude for the relationship we have which is very stable and remarkably free of upset.*

It is well documented that psychotherapists may themselves have experienced significant trauma (McBeath, 2019) which SOs may be aware of. Some SOs referenced their RP's trauma, wondering whether the trauma or the PT causes the issues they experience. Because other participants had mentioned the intimate nature of the work, I asked Remi (partner) whether they felt that psychotherapy training and practice had impacted intimacy in their relationship with their RP. They replied by saying they had no real reference as to what is 'normal' for other people, but they felt something was different:

> Remi (partner): *But I'm not sure that it's because of their psychotherapy knowledge and role, or if it's through their own childhood trauma ... there is something there but I'm just not sure which side of the table that sits.*

In conclusion, **identifying a shift** with its embedded levels of consciousness connected to the SO, RP, and the relationship, is one element of this iterative process of **continuing to matter**. It assists in explaining the theory (Morse, 2015) and has a fundamental role in **continuing to matter**. It illustrates the SO coming to terms with a perceptible shift in functioning for the members of the dyad and their relationship that can be related to the PT. The next element of this mattering cycle is assessing how these shifts impact the SO, their RP, and the relationship.

6.3 Part Two: Assessing Benefit and Value

This section outlines how the SO referenced and engaged with **assessing benefit and value**. These two processes are strongly linked; hence their presentation as one subcategory. In combination, benefit and value represent the next critical process in the mattering cycle.

To avoid confusion in this theoretical category, I have taken the concept of 'adding value' (Prilleltensky, 2020) and called it 'benefit.' This is to clearly distinguish between a sense of *adding value* and *feeling valued.* There is a fundamental connection to **mattering** which is "a multidimensional construct consisting of feeling valued by, and adding value to, self and others" (Scarpa et al., 2021, p. 1). I begin by explaining **assessing enhancing or diminishing benefit**.

6.3.1 Assessing Benefit

Benefit can be defined as something that produces good or helpful results or effects or that promotes well-being (Merriam-Webster.com, n.d). SOs spoke a great deal about aspects of the PT in a way that showed that they were assessing its benefit. It is where the SO appraises the generative or obstructive nature of the PT. I induced that the SO was gauging whether they are the provider of benefit or have been undermined by the PT. For example, Firth (partner) shared how their RP had moved from working in a public setting to private practice. This elicited a change in the relationship as the incidental peer support the RP would get in a public mental health setting had been removed. Firth embraced the opportunity to increase their support for the RP. Firth was aware of the beneficial role they played in this context; thus, avoiding the PT becoming an intrusive or undermining force. It is a sifting and sorting process.

6.3.1.1 Dimensions and properties

Benefitting was dynamic, ever-changing, existing on a continuum. At one end of the benefitting spectrum is the perception of **diminishing benefit**. At the other end of the spectrum is the perception of **enhancing benefit**. Sitting between these polarities is the double-edged sword referenced by all but three SOs. Benefit can oscillate along the spectrum incident by incident, depending on context. This subcategory illustrated how nuanced and dynamic the impact of the PT can be. Assessing benefit was a means of assessing where benefit lies: is it with me, the RP, the relationship, or others? Dependent on the outcome, the PT is experienced as either facilitating or undermining mattering.

For the purposes of the current research, I have defined the properties of benefit as any element connected to the PT that the SO identifies as either enhancing or diminishing the following:

- Benefit to self (SO)
- Benefit to the RP
- Benefit to the relationship
- Benefits to others (e.g., other family members, friends, members of society)

All participants could see there were some significant benefits associated with the training and practice of psychotherapy. The pride SOs felt when they spoke about the work their RP does with [or for] others, and seeing the RP grow and gain confidence, was frequently mentioned as enhancing benefit. SOs often referenced internal shifts in their own functioning in a positive light. Yet, the data also showed that elements of the PT were not

always perceived as being of benefit, and benefit for one person does not guarantee benefit to another.

6.3.1.2 Assessing benefit to self (SO)

All SOs interviewed indicated an assessment of the PT's enhanced or diminished benefit was a crucial element in the process of continuing to matter to their RP. The PT enhanced or diminished benefit in many contexts: at work, in social contexts, and with relationships with people other than their RP. Assessing occurs over time, impacted by the conditions written about in Chapter Five; the personal histories of both RP and SO, age and stage, having disposable income, sharing common ground, the cultural context, the COVID-19 pandemic, and global phenomena such as climate change and war.

Diminishing benefit to SO

SOs who saw the PT as diminishing benefit were more likely to view the PT as intrusive. They associated the PT with a loss of key relationship features such as presence, spontaneity, status, stasis (equilibrium), or relationship security; all of which can overlay the SO or their relationship with a sense of diminishing value. Diminished benefit is characterised by codes that denoted an absence or imbalance that the SO attributed to the presence of the PT.

When Avery's (partner) RP had to work from home they were frustrated because their RP's job seemed all consuming for them (i.e., losing a present partner): *I ...found it really annoying cos for an entire day they'd be physically present but not mentally present.*

There is evidence in the data of RPs failing to implement boundaries. Boundaries were proven to reduce the diminishing benefit or intrusion of the PT. Failing boundaries arose in the form of critiquing, weaponising, diagnosing, burdening, intruding. The following examples illustrate the various unsolicited intrusions of the PT.

> Bayley (partner): *as we've had problems (RP's) been interested in what's going on in my therapy. And ... critical it feels.*
>
> INT: *Why is that?*
>
> Bayley (partner): *Well quite undermining because they've also you know formed opinions about ...what's not going right and whose fault it is and all this kind of stuff.*

Harper (child) described how their RP's engagement with their friends can be annoying and frustrating:

it's just how they'll approach them or talk to them that will freak them out ... I think a lot of my friends do have that opinion of my (RP), that they can be a bit intense.

Enhancing benefit

For many SOs, the osmotically-acquired knowledge and skills of the PT were personally empowering, and they acknowledged it enriched their functioning. They shared how it helped them relate to other people in many different contexts; socially, professionally, and with other family members.

> Remi (partner): *you know the penny drops sometimes I... I can relate it back to my ... own behaviours or thoughts that I've had or understanding that I've had, that suddenly gets clarified ... things become a bit clearer. Not necessarily easier but they become clearer.*

Vrai (child of a psychologist) spoke of how their RP's inquisitiveness about people and the world had rubbed off in a positive way:

> *I would say they drove a lot of that ... because they were interested in other cultures and other ways of being and seeing the world ... It has had a positive impact on me.*

All SOs spoke about making use of the knowledge acquired from living with an RP. They may apply it positively in a professional context as mentioned by seven SOs; or in a more general sense to their own lives as explained in the following excerpts:

> Bobby (partner): *... 5-years ago if that was happening, I'd have been like 'why are you telling me this?' 'What are you talking about?' ... Now I don't ... I'm more asking questions about it and being a bit of a therapist in a sense.*
>
> Avery (partner): *I became more aware and took more of an interest in listening to what someone had to say rather than trying to problem solve.*
>
> Cedar (child): *I think anything that helps you relate better to people helps you in your professional life so, I wouldn't consciously think that's what I'm doing, but I probably would. Because I guess if it's just infiltrated a little bit the way that I operate.*

One can see how SOs make use of the PT and how they see their RP as having influenced their engagement with others:

> Quinn (child): *They're really very interesting to talk to ...about their work ... just might be talking about theories or conferences or a paper that they're getting ready to present or something like that.*
>
> INT: *Right. And you find that interesting?*
>
> Quinn (child): *Yeah ... for sure.*

INT: *Do you take any of that information and apply it in your own life, in anyway?*

Quinn (child): *yes definitely*

INT: *Are there other things that you think you notice you're doing ... like (RP)?*

Quinn (child): *I'm probably trying to think 'oh what kind of background do they have?' 'What kind of family dynamics do they have?' 'Why is this person acting like this?' ... 'Is this person really ill?' 'Or are they just depressed?' 'Can I tell the difference?' 'Is this person slightly manic or are they just an extrovert?'*

SOs also discussed how the PT could impact their social relationships.

Cyan (partner): *yes, I think it's (PT) made me a better friend, a more authentic ... and a useful friend as well. Sometimes when people are enraged or concerned or upset ... they're looking for justification and I'm less likely to give them that and more likely to give them ... a real listen and hear the emotion but not necessarily get swept up in their story.*

And as Jules (child) explained, elements of the PT can be leveraged socially to gain kudos amongst their peer group:

if your parents are working in accounting and you know working for the government and my (RP) is helping people resolve issues in their sex lives. 'Look at me guys' ... was kind of a little bit of that!

Some people commented on how the impact can reverberate through to other family members, influencing how the PT is viewed overall and whether it is seen as obstructive or generative. In the following example, Ivory (sibling) really appreciated the positive contribution their RP and their training had made to them as they navigated complex family dynamics: *My RP's been really ... supportive ...They've been great. And I'm sure part of that is their training as much as personality.*

Others spoke about it improving their parenting skills or using the skills to have different conversations.

Denver (partner): *Attachment ... I often think about those kinds of psychoanalytic things. I mean are they securely attached or not. Not so much now that they're older but when they were little.*

Vrai (child of a psychologist) also reflected on how parenting skills acquired living with a psyche-trained RP flows through to their children:

if I was shitty as a bolshy teenager, they'd be very good about coming into my room and saying, 'can we talk about this, you're clearly upset, let's talk through what the issues are.' And if you ask my partner, they'd say that I'm exactly the

> *same way with my kids, you know. 'Sit down, how are you feeling, what's bothering you? If it's something about me, you need to say and let's talk this out.'*

Of course, SOs are not just assessing whether they are gaining any benefit from the presence of this transforming third. They are also carefully weighing up the benefit to their RP.

6.3.1.3 Assessing benefit to the RP

As part of the broader process of working out who or what matters, SOs also looked at ways elements of the PT had impacted their RP. At the lower end of this spectrum of benefit was a concern about the way the work could impact their RP. This could be their personal safety, more commonly expressed by partner SOs.

> Denver (partner): *my only concern is safety sometimes like ... if they're seeing a rapist or something like that ... and they're alone in a (place name) building after hours.*

> Sydney (partner): *there were a couple of their male clients where this was going on and they were actually being quite aggressive towards (RP), in terms of what they wanted, and it wasn't necessarily just therapy.*

Whereas for children, the concern was more about the personal capacity of their RP, wondering if the job would take too much out of them. They see their RP is tired, knowing they must carry significant weight of responsibility in terms of the type of work they are doing.

> Harper (child): *sometimes they can get quite burnt out.*

> Cedar (child): *I just don't understand why they do that job because ... it just feels like it takes so much from them.*

Cedar (child) saw their RP dealing with many difficult cases and felt that they could not share their own worries because it might just be the thing that tips them over the edge.

> INT: *What did you specifically worry about when you were younger do you think?*

> Cedar (child): *I think it's that I would break them really. Because, yeah, that feels like a true fact.*

This was similar for Vrai (child of a psychologist):

> *they used to have to write ... court reports on behalf of the child ... representing the child and those were horrific for them as a parent because they could see ... these parents were fucking things up so badly for their kids ... so what they wanted to do was help the parents*.

Many spoke with clarity about the benefits of the training, particularly the growth they see in their RP, or the confidence gained. This growth could have a shadow for the SO, but it was clear that they saw it significantly enhancing their RP's life.

> Bobby (partner): *it's so amazing how it's transformed them in so many good ways, cos they're so competent ... They're helping people and they've got all this confidence.*

Strikingly, all SOs interviewed referenced the ongoing learning their RP invests in, which was, in most cases, seen as an accepted feature of living with their RP:

> Bobby (partner): *they read books and they read and read and read so they better themselves.*
>
> Orion (child): *they were always training; they were always studying for something. They just never stopped.*

However, Jules (child) was bemused by their RP's interest in learning about sex therapy and asked: *why would you want to spend your adult life groping around in other people's emotional crotches?* This weighing up of benefit to RP naturally flows to an assessment of whether the PT is benefiting the relationship.

6.3.1.4 Assessing benefit to the relationship between SO and RP

The PT can enhance or diminish benefit in the relationship with the RP. The ways it does this depends on the functioning of both parties and, often, how they viewed their functioning in relationship to the other.

Knowledge and skills associated with psychotherapy were highly valued by all the SOs. Again, if the knowledge and skills were not boundaried or invited into the relationship, there was a significant marginalising of associated benefit. As Bobby (partner) explained, it can feel as though once the RP has trained, the SO is now a source of frustration because they cannot have 'deep' conversations. They were not the only SO to mention this:

> Bobby (partner): *It's not ... where I want to go. I mean I haven't decided I'm a psychotherapist. I'm really not the person who thinks so deeply about everything. And so they have to go and find other people to have those very deep and meaningful conversations with.*

A common grievance was that psychotherapeutic knowledge can advantage the RP, creating inequity that might not have been there if the PT was not in the mix. Bayley (partner) explained that because of their RP's knowledge, when it comes to making sense of a dynamic between them, they feel disadvantaged: *there's a certain level of expertise that (RP) has around that ... does leave me on the back foot.*

Bobby and Remi also feel this in their relationship.

> Bobby (partner): *They understand a lot I don't understand. I'm just way behind ... we're just unbalanced.*
>
> Remi (partner): *what it does in me is creates an imbalance. So that you can't get it wrong because (RP) knows what's going on and ... knows where it's come from. And (RP's) analysed this from a psychotherapy point of view and I can't challenge that.*

According to Gottman and Gottman (2017) conflict is natural and inevitable, and it has functional, positive aspects. However, if the RP is seen to weaponise specialist knowledge concerning relationships, SOs feel disadvantaged, and the PT is viewed as undermining mattering.

> INT: *So, it's pretty tough going into battle with a psychotherapist?*
>
> Remi (partner): *Well, it is. You can't! One's got all the cards and the other one hasn't.*

This sentiment was supported by others:

> Denver (partner): *it only seems to come out during ... a heated ... fight or that kind of thing ... If we sat down and they were like 'hey so, how are you feeling about this?' I think that would be a completely different conversation.*
>
> Orion (child): *they knew how to twist things so that you ended up agreeing with them whether you did or not ... I think that training as a psychotherapist they were able to push those buttons ... to weaken your defence.*
>
> Bobby (partner): *I think one of the things that I found really hard was, when (RP) had done all their psychotherapy training ... when ... we were arguing... they kind of weaponised it a bit ... they would use ... a line of questioning or you know comments or whatever which would press buttons for me and, you know they'd mess with my mind.*

Even Ivory (sibling) who consistently spoke highly of their relationship with their RP, felt there was a chance in conflict their RP would draw on psychological knowledge to leverage advantage.

> INT: *...it's not necessarily about the fact that they're using specialist knowledge?*
>
> Ivory (sibling): *Although they probably would if we get into an argument.*

Avery (partner) expressed a loss of relational benefit with a RP who was enchanted with their new therapeutic knowledge: *I miss ... having them listen ... and not interpret or not try and therapise the situation.*

Several SOs mentioned the nature of the work and accommodating client needs on a continuum of diminishing through to benign acceptance. Accommodating client needs was less intrusive for those who experienced their RP actively boundarying the work, as illustrated by Lyric (partner):

> *I understand the nature of work that is confidential that you just have to be able to say to your partner, because we had this on our wedding anniversary we went out for a coffee at (place name) and it was so lovely, and I had this lovely view out over the water and (RP) suddenly said … I'm just going to ask you and I'm not going to tell you why, but I need to move seats, this isn't a good seat for me for professional reasons and we had to ... I was like 'oh I get it.' So, then we got up and moved over to the other side of the café.*

Lyric was one of two participants who explicitly stated they felt their RP very deliberately boundaried the intrusion of the PT, mitigating the effects of PT on the relationship.

Other aspects of the work can disrupt the equilibrium of the partnership. RPs were seen as having an unfair advantage due to observing other peoples' relationships.

> Bobby (partner): *it feels … unfair ... that they are spending hours a day with couples having these conversations … they're spending hours a day working on our relationship via this other couple and I'm not involved in ...that. And they unload it on me and that ... doesn't feel fair basically.*

Frequently mentioned were the considerable time demands of both the training and practice. With the training it was the amount of time consumed with reading, therapy, assignments. With practice it was the long hours, particularly in the evening; and, if running one's own practice, the administration. It was one of the few aspects that Cyan (partner) mentioned as an irritation:

> *Being around the agitation when … there's administration piling up. You know things that need to be sent to ACC or invoices that get rejected or things that they promised to send a parent of a child or new clients wanting attention. And ...it doesn't stop at 5o'clock ... that can go through until 9 or 10 at night sometimes. So that can be a challenge ... not actually having them present because their mind is distracted with the administration of the business ... rather than the business itself.*

Some SOs understood why clients would want to see the RP out of normal business hours but it was another way clients can come between the RP and SO. Bobby (partner) commented: *they work late most nights … we just don't have enough time for each other.*

Rules around confidentiality impact benefit and value. In terms of diminishing benefit, the 'behind closed doors' aspect of the work and the need for confidentiality has quite an

impact on SOs. Bayley (partner) lamented that they did not feel comfortable sharing their work challenges when their RP could not share theirs: *if I can't fully understand what's going on for them at work then similarly, I can't be off loading all my shit on to them.*

Firth (partner), who had mostly positive reflections about their RP and the PT, felt that not being able to share details about the work inhibited deeper discussion in this domain: *so, they would come home ... and then there's so many things you can't say. You ...can talk in a general way about things but you can't really talk you know?* Harper (child) was more aware that they could not really talk to other people about what their RP did:

> *It's like having a (parent) who's a spy you know. Same, same kind of stuff you know. So yeah, I guess that's different as well. It's not that people talk about their parent's jobs that much but in the case of (RP) it's very limited what I can say.*

While it may seem like a RP is constantly training, as mentioned above, there can be cascading benefits for the relationship. Sydney (partner) illustrated that the extra training their RP completed for professional and personal reasons has brought benefits to their relationship. It also illustrates how mattering can be dynamic, that an element of the PT (clients) can unsettle the intimacy between the dyad, but another element (knowledge and skills) may compensate overtime:

> Sydney (partner): *for us personally, it has been really great in terms of them being able to find their sexuality more. And be able to ... love themselves ...and ... learn to feel a lot more empowered with their sexuality so ...that's brought us a lot closer together in recent years.*

Lyric (partner) sees significant benefits for the partnership that they link to the skills their RP has acquired: *For me it's amazing to be in a relationship with someone doing this kind of work because they are very self-aware of what they bring to interpersonal dynamics.*

Navigating a double-edged sword

All but three of the participants described the impact of the PT as a double-edged sword or, as Jules (child) described it, '*a blessing and a curse.*' The double-edged sword was a powerful presence for the SO, instrumental in winding the PT up or down between the dyad depending on the circumstance (see Chapter 5, Figs. 5.2, p. 114; and 5.3, p. 115).

<u>The double-edged sword and children</u>

The dominant element of the PT linked to the experience of a double-edged sword was the psychotherapeutic knowledge and skills. Cedar (child) knows they have learnt a lot through listening to their RP but the weight of the stories could be burdensome:

> *it was helpful because I think I got a better understanding into ... how people operate and into myself which I think is true but then there's also other things that have had an impact that probably haven't been as positive. That have shaped me I guess.*

They later explained that details shared by their RP have haunted them: *They're probably just trying to process it all themself but some of those things when I think back ... why would you have burdened me with that?*

Children of psychotherapists may internalise various skills they have learned from their RP but, as they reflected, they also acknowledged there can be a cost embedded in this introjection (taking in). The cost can be felt in diverse ways. Sometimes it was difficult for them to allow themselves to have needs compared to their RP's clients, or they may have an expectation that they should be able to 'sort themselves out.' Quinn (partner) stated: *it's feeling like, you, you've heard it all before already from your parents or you should be able to sort it out yourself.*

Further, Jules (child) also discussed the merit of introspection and sometimes it can feel burdensome:

> *I think that was a large part of where that internal pressure came from ... I remember consciously in those moments feeling grateful to have the capacity to ... dissect my own feelings and to know or at least acknowledge or have a vague idea of where the root of them was.... but I also remember feeling a little bit like 'oh for fucks sake I don't actually want to, you know be so self-reflective right now ... I'm 15 years old and I just had a bad day at school, and it doesn't need to be more complex than that.'*

Orion (child) could see that the 'wisdom' was useful, but they were not sure if they were getting a parent or a therapist: *I sometimes felt that that the wisdom that they were passing on, was all from their training rather than from just (RP) being (parent).* Jules (child) could not understand why their RP would want to train in sex therapy but found there was some social currency to be gained from this 'lame' training:

> *I think ... as a teenager it was kind of ... oh that's so lame, whatever. But then also secretly ... I did think it was quite interesting and I would tell all my friends at school about it.*

I wondered whether it was any different for the child of a psychologist as the training tends to be more behaviourally oriented. I noted that there was a similar tension evident in a social context. Having the listening skills, like their parent, was a valued quality but it meant they often listened more rather than being listened to.

Vrai (child of a psychologist): *so lots of my friends say, 'oh my god you're like your (parent), you're so like your (parent) you just sit there and listen and ask questions and listen.' ... But I think that's a good, that's a good quality to have personally.*

The double-edged sword and partners

Partner SOs also described the PT as a double-edged sword, particularly in relation to the knowledge and skills (including how the RP communicated). The knowledge can help explain or illuminate relational issues but it can also create a type of pressure. Remi (partner) stated it is useful to learn why they behave the way they do but if they cannot then make meaningful change, they feel like a source of frustration to the RP. Bobby (partner) saw the knowledge growing the RP's confidence but at the expense of them contributing to the relationship. They concluded: *I think it was a mixed bag* (Bobby, partner). In the following example, I asked Calder (partner) whether living with a psychotherapist has impacted them in any way. They answered illustrating a common phenomenon where having access to the psychotherapeutic knowledge and skills can be both helpful and annoying depending on whether it was solicited or unsolicited.

Calder (partner): *if I need skills in a certain area or want to know how to deal with something they are very good at that and very good at going 'this is why this person is acting like this because of this.' So definitely ... especially since we've started this business but even when I was managing staff at previous firms, they would still help me with how to deal with them ... So yes. It definitely has helped.*

However, they also spoke about coming home from work and wanting to just vent but getting a more 'therapeutic' response. (Calder did say that this improved over time and the RP learned not to give unsolicited responses).

Calder (partner): *I just remember coming home from work and just wanting to vent ... and they'd be trying to solve it and you'd just be going, 'I just want to vent. I don't need a solution here.'*

In the interview with Denver (partner), they spoke about the way they and their RP communicate as having features of the double-edged sword. I asked them,

Int: *Do you think you would have talked as much if therapy or psychotherapy wasn't in the mix?*

Denver (partner): *Good ... question. No. I don't think so ... I don't necessarily like the direction that the talking takes because it goes into a rabbit hole, but definitely agree that because they're used to digging down ... that is a positive thing for sure in our relationship.*

6.3.1.5 Assessing benefits to others (e.g., family, friends, colleagues, members of society)

SOs also considered whether elements of the PT held any benefit for people other than themselves and the RP. While this was not a large category of codes, it is another iteration of how the SO relates to the PT and evaluates its overall value.

> Jules (child): *I have grown up knowing that there is a lot of power … in the therapeutic process so I think … it is cool if you know if something's not right just talk about it and that will be the solution.*
>
> Remi (partner): *I know some of the feedback they've had from some clients, and the impact they've had on people …I'm totally supportive of the work they're doing and amazed at … what they do with people.*

Sometimes SOs mentioned that there was a cascading benefit of having the skillset of the RP within a family system. Ivory (sibling) shared how having a RP sibling impacted their child. The child sought advice from RP which made an enormous difference in a particularly challenging situation. Ivory also turned to their RP for advice when dealing with a challenging work situation and implemented the RP's suggestions with a great outcome for the person they were dealing with:

> Ivory (sibling): *It was down to talking to (RP) about it … I remember phoning them up after about 2 weeks going 'oh my god what do I do?'... talking to RP about that … situation, gave me confidence, that I was doing the right thing.*

Many examples SOs shared represented evaluating who, what, and how the PT was impacting and where its value lay. The assessment of benefit had close ties to feeling valued in the relationship with their RP. The data indicate that this complex audit, working out how the PT impacts self and other, is a critical process in the mattering cycle. I now explain how SOs referenced **assessing value**.

6.3.2 Assessing Value

At face value, there is a remarkably close relationship between assessing whether the PT enhances or diminishes benefit, and working out whether any aspect of the PT has led to the SO feeling more or less valued in their relationship with their RP.

In the context of this research, I am defining value as a sense of worth, self-esteem, and feeling respected. To distinguish this subcategory from assessing benefit, I am referring to comments made by SOs that reflected an assessment of their sense of personal worth now the PT is present. I was interested in whether the SO felt they were in the PT's

shadow or felt diminished by its presence, or if they felt their value was unchanged or enhanced.

6.3.2.1 Dimensions and properties

The properties of this sub-category are:

- perceived value to the RP
- perceived self-value

The dimensions are along a continuum of diminished value to enhanced value.

There is a concomitant relationship between knowing one is valued by a person and an internalised sense of one's own value; but the data indicated some SOs appeared better resourced to boundary the triangulated PT in difficult circumstances, reducing its capacity to undermine their sense of self value. For example, Denver (partner) pushed back on an interpretation from their RP with confidence and does not buy into the omniscience of the RP: *They might be right, but it's not always.*

The following examples, illustrate how actions of the RP are interpreted by the SO as either enhancing or diminishing their value. In the context of the current research, a critical factor is that the SO sees either an implicit or explicit link to the influence of the PT.

6.3.2.2 Assessing perceived value to the RP

Concepts embedded in the data referring to the SO's sense of value were encapsulated in codes such as **losing status**, **coming second to clients**, **losing a valued role**, and **feeling on the outer**. A dominant feature was how a SO perceives the RP engaging the PT, particularly the knowledge and skills (e.g., during conflict). If a RP uses the knowledge to leverage power, critique, or create distance, it can lead to a sense of diminished value for some SOs.

Bobby (partner) discussed how historically they had been valued in the relationship for being authoritative and confident. Their RP often turned to them for advice. Once the RP grew in confidence as a result of their training, this once valued role became redundant, and they were accused of being arrogant. They felt critiqued and had lost a sense of feeling accepted by their RP:

> Bobby (partner): *And in the same way the person (RP) was back here, who accepted me for what I was, and the things that they thought were positive things about me, now over here a lot of those things are now negative things.*

It is anecdotally well known that psychotherapists are frequently asked if they are 'analysing' people when they are in social situations. They are also accused of analysing in their interpersonal relationships. Some RPs are quick to draw on their psychotherapeutic knowledge, particularly when conflict arises. This is an example of where benefit and feeling valued are intricately linked. The weaponising of knowledge and unsolicited advice can lead to SOs feeling devalued as exemplified by the following examples.

> Avery (partner): *If I ... said 'well, this is what you're doing and this is how it's making me feel ... they would say, 'oh is this because it's linked to what happened to you ... and your mother'*

In my interview with Remi (partner), they explained that they feel an imbalance during conflict when the knowledge is used to pathologise their behaviour: *(RP) would say ... 'you're just using that as an excuse for your own inability and you're frightened of success, and you've done that all your life.'*

Several SOs mentioned that it can feel as though once the RP has trained, the SO is now a source of frustration because they cannot have 'deep' conversations. It is as if their value has been undermined by the special knowledge associated with the PT and they have been usurped by colleagues who can match the conversational depth yearned for by the RP. Bobby (partner) explained:

> *They'll say, 'it's so frustrating. I want to have these deep and meaningful conversations, but I can't have them with you because ... you're not interested, you don't understand.'*

An intellectual omniscience from an RP can impact a SO's perception of their personal value.

> Sydney (partner): *I sometimes try to talk about what I've learned from a (professional) perspective and (RP) will kind of go, 'oh yeah well of course that's blah, blah, blah...' And sometimes I feel a bit pissed off about how they kind of take the high ground on the academic research side of things.*

Twelve of the participants felt there were times when their RP privileged client needs over either the need of the SO, or the relationship. Many understood that the nature of the work sometimes requires the RP to do that, or they may view occasionally coming second as being within the realms of normal professional demands. Yet, for many, coming second to the PT marginalised their sense of value. Many spoke of accommodating this feeling with varying degrees of resentment. Some managed to voice their disquiet to their RP.

In the following example Sydney (partner) expressed a sense that the client is more important to their RP and they feel that they must accept that this is just how it is with this work: *as a partner, you're kind of like ... 'who's the most important person here? That (person) or me?' So ... I've had to get used to that.*

Cedar (child) explained that they grew up with the feeling that they had to be fine, and their problems were minimised. They felt their needs were secondary to clients and this was linked to actions by the RP. For example, their RP felt there was no need for them to seek personal therapy. This had impacted them so significantly that when they experienced an incredibly serious trauma, it took some time before they could reach out for help:

> Cedar (child): *I've had to be fine and do well and my problems aren't ... really valid because there's these people who've had all kinds of awful trauma and abuse.*
>
> INT: *Right so in a way you were being compared to clients and then made to feel like ... you should just get on with it?*
>
> Cedar (child): *Yeah ... like ...I didn't have any real problems ... compared to these people... I had it so good which in some ways is true but I guess it felt like for me, or for me now, in looking back, it's difficult for me to, feel like, or to be able ... to acknowledge, that there's things that I am allowed to struggle with because it felt like I wasn't really allowed to.*

Avery (partner) described needing to be admitted to hospital under acute circumstances and their RP expressed concern about the impact of cancelling on their client rather than focusing on the SO:

> *I must have been admitted on the Thursday and they were 'but ... I've got my therapy patient and it's too late... to cancel.' And I said, 'No' and they started muttering 'you know this man already has abandonment issues and if I abandon him...'*

There were descriptions in the data that spoke to a more internal sense of losing value as opposed to something that the RP enacted.

6.3.2.3 Perceived self-value

A large part of mattering is having a sense of our own value (Prilleltensky, 2020). The data indicated that a potential by-product of being in relationship with an RP was that a SO may come to doubt their personal value and it was not always linked specifically to an action of the RP. For example, there was a mixed response from SOs regarding the intimacy of the work with some expressing a disturbance that was not explicitly linked to

any particular action of the RP. Sydney was unsettled by their RP's intimate connection with clients experiencing them as a powerful intrusion, leading them to question their own value to the RP.

> Sydney (partner): *I've had to approach that almost acknowledging that there is another partner or partners in their life that is not ever consummated obviously but ... definitely there's love there I think between (RP) and them.*

Sydney has had to work hard to adjust to this powerful feature of the PT: uncertainty about the intimacy. There is an implicit requirement to trust the work that the RP does but this can take some adjustment:

> Sydney (partner): *as I've got to know how therapy works, I've understood that ... those relationships are very real and they're not just going to see the doctor or the counsellor ... they're ... actual relationships. So, I guess as a partner, that took a wee bit of adjusting.*

Sydney was reassured by knowing their RP had robust supervision, viewing the supervisor as a person that keeps the RP accountable. Avery (partner) also had reservations about the intimacy of the work. They mentioned that they had taken their disquiet to their personal therapist who validated their concern and helped them process how they felt. Both SOs were able to openly discuss their vulnerable feelings within the relationship with their RP aiding the recalibration of their value and highlighting the importance of communication. It also illustrates how one element of the PT (clients) can be countered by another (other psychotherapists) depending on how they are engaged by the SO and RP.

Many participants referred to the nature of psychotherapy practice, its rules, and, specifically, the need for confidentiality. For some, it was an accepted part of the job. For others it left them with a sense that they were being shut out; their once valued role of confidante feeling compromised or lost all together. Many mentioned that their RP turns to colleagues to discuss work and they do not get to hear about what may be troubling or consuming them. For some, like Avery (partner) and Bayley (partner), the loss was felt acutely:

> Avery (partner): *I've said to them it's actually really hard because you are in your secret little world ... and having intimate relationships with all these other people ... And I have said to them as well, 'Um it's like you used to share this stuff with me.' And then all of a sudden you stopped and it's like 'oooh I'm in this secret therapist society and I'm not allowed to share these things with you.'*

> Bayley (partner): *it's hard... they've got some close friends who they can sort of get into a bit more grit and that's helpful for them, that peer support but I'm on the outside of that.*

Some SOs lost confidence in themselves feeling that lacking the skills and knowledge of their RP made them in some way inferior.

> Remi (partner): *I probably tend to ...step back a wee bit in social situations. And let (RP) speak more and that because they're better at doing that. And particularly people talking about something ...relationship related ... I can feel that me saying something is ...out of ignorance or not right or inappropriate, so I won't say anything.*

As in the assessing of benefit, here, too, several SO partners mentioned that once the RP had begun training and practice, they were 'left behind.'

> Bobby (partner): *They understand a lot I don't understand. I'm just way behind ... we're just unbalanced.*
>
> Remi (partner): *I'm staying fairly constant. Whereas they're, shifting, all the time.*

Feeling competent is an important aspect of mattering (Prilleltensky, 2020). Bayley (partner) noticed their competence waned in comparison to their RP when in difficult emotional territory:

> *I don't feel strong in being emotionally articulate, you know talking about feelings or even registering what's going on for me, so I feel ... not as adept as them and their peers for working through that.*

Sydney (partner) talked about changing careers and learning about concepts that may have some resonance with a psychotherapist; but when discussing it with their RP, they get to feel like they are not in the same league with the knowledge:

> *we've been learning about ... subconscious bias and deficit thinking and that kind of stuff ... it feels like they've done that stuff years ago and they've now gone way more deeper to other things so I feel a little bit academically inferior sometimes.*

Bobby (partner) was not alone in their wistful resignation that clients' needs can trump theirs at times: *I think there is an element of when I start to talk about my issues or things that I'm finding difficult ... (RP) hasn't got any energy left to cope with listening to me and my issues because all that has gone to their clients.*

A striking feature of the data was the relative scarcity of explicit expressions of enhanced value for the SO. As seen above, SOs can identify benefits or ways value was added by the PT entering their relationship but spontaneous or explicit expressions of internalised value enhancement from an RP were rare and crystalised the centrality of mattering in

this theory. As I examined the data, looking carefully at participants who were the least negatively impacted by the PT, there was a standout feature. Not only could they name and celebrate the benefits associated with the PT, they had a clear sense of value both to themselves and the RP in their life. They did not describe a sense of ever coming second to the PT. They knew they mattered.

In my follow up interview with Lyric (partner), I tested my emerging theory regarding mattering. Lyric commented: *do I have a sense that I or that our family would matter as much as (RP's) work or more than (RP's) work? Yeah, absolutely ... I never felt like I mattered less than (RP's) work ... that is ...never.*

A clear expression of value enhanced mutuality with an SO.

> Cyan (partner): *they tell me repeatedly that they couldn't do what they do if I wasn't providing, you know the chief cook and washer upper, and the (profession). I provide the secure base and they do ... the difficult stuff.*

The mutuality was negotiated and communicated clearly.

> Lyric (partner): *right from the start the set-up has been very shared so it's not only just a sense that they are benevolently saying that I matter or have value. It's just always been ... we earned our money together, we organised our timetables together, we agreed on what the other non-work priorities were.*

When a SO recognises the shift in the relationship and identifies whether it undermines benefit and/or value, they can either call on the RP to make a change or they themselves become a change agent in service of recalibrating the status and stasis. These recalibrations ensure that they keep the PT in perspective and continue to matter.

6.4 Part Three: Recalibrating Status and Stasis

In the context of this research, status is defined as "position or rank in relation to others" (Merriam-Webster.com, n.d.-c); while statis is a "a state of static balance or equilibrium, a stable state" (Merriam-Webster.com, n.d.-b). This subcategory was characterised by actions engaged to maintain or reset the balance in the relationship and maintain mattering.

6.4.1 Dimensions and Properties

I plotted the responses along a continuum of passive, non-confrontational adjustments to more agentive, deliberate rebalancing actions. For example, at the non-confrontational

end of the spectrum were codes such as avoiding, withdrawing, and censoring. At the more agentive end of the spectrum were actions like **investing in self**, **confronting**, **pushing back**, **making time**, **bridging**, and **resetting boundaries**.

The properties of this subcategory are:

- recalibrating the self—actions and processes that involved adjusting internally to the PT
- actions and processes required of the RP
- mutual recalibration—actions engaged by the dyad to recalibrate status and stasis to re-establish or prioritise mattering.

6.4.2 Recalibrating the Self

Some SOs saw it as their responsibility to adapt rather than expect the RP to change.

> *S*ydney (partner): *I think you just have to be grown up and mature about that and ... acknowledge that ...it's not something ... that's going to break you as a couple ... I have to accept that they might have sexual feelings for some of their clients and they might reciprocate that. But I have to have the wisdom and the insight and the trust, to know that they are professional and are being well supervised and that they acknowledge that and that it won't be acted out.*

One of the most notable and complex strategies for recalibration that SOs spoke about was accessing personal therapy. Nine of the 17 participants had had therapy and seven were attending therapy at the time of their interview. They were the participants who, on balance, discussed more challenges in their relationship with their RP. Bobby and Sydney (partners) spoke about being encouraged to go to therapy by their RPs.

> Sydney (partner): *they actually convinced me to get therapy ... They ... said 'oh it's a good thing to do. You should do it, and it will help us with our relationship.' And yeah. I think it has done.*

Bobby (partner) resisted going but then changed their mind:

> *they were like 'you should go and get therapy' I was like, 'I don't need therapy. I'm not getting therapy.' ... I wouldn't have done it if they hadn't pushed a little bit probably*

Bobby (partner) viewed personal therapy as an extremely valuable contribution to their relationship with their RP:

> *my own therapy is probably one of the biggest things ... to understand myself of course ... which then helps me understand how I react to what I perceive are changes in behaviour and attitudes and all the rest of it.*

Cedar's (child) and Orion's (child) RPs had actively discouraged their children from going to therapy, the RP expressing a fear they would be exposed as responsible for their children's issues. Both participants ignored their RP's wishes. Cedar, particularly, valued therapy but acknowledged it was difficult coming to terms with how aspects of the PT had impacted their relationship with their RP:

> Cedar (child): *2 years ago, I started having my own therapy, which has ... thrown everything a little bit off kilter ... I've just realised a lot of things that I didn't previously realise which has been quite tough.*

They explained that their RP was never far from their mind in therapy. Having heard so much about what their RP thought about *their* patients, they worried that their therapist would feel similarly about them: *I worry that my therapist is just going through the motions with me.* Cedar explained how this is related to their RP:

> *they talked about how all their patients get really ... worried when they go away on holiday or all their patients want to be ... really special, want to be the special one. Then I worry ... that my therapist thinks that.*

Anecdotally, within the profession I have heard many people say that finding 'the right therapist' can be challenging. There is an added complication when people are looking for someone to do deeply personal intrapsychic work who may have professional connections with one's RP which may, in part, explain why seven of the nine SOs turned to their RP for advice in choosing a therapist. Bobby (partner) alluded to the difficulty of finding a therapist in a small community where 'everybody knows everybody:

> *I very much leant on (RP) for advice ... part of that was I wanted to make sure I was seeing someone who doesn't know them or, or maybe knows of them, because everybody knows everybody, but I didn't want to see someone too close to them ... and I thought ... they'll know who's good.*

Jules' (child) RP had recommended a therapist overseas. When I asked whether they thought this was their RP mitigating being 'exposed' they did not think this was the case:

> Jules (child): *so (RP) actually, knows (therapist name) ... through overlapping professional circles and put me in touch with them. Was ... a slightly bizarre situation to ... have that but also, I know that (RPs) approach is genuinely ... wanting me to feel good and being proud of me for doing that work.*

Sydney (partner) had not been asked by their RP to censor themselves in therapy but found themselves doing just that to protect their RP from being negatively judged by their therapist:

> *I'm having ... therapy with one of their colleagues ... which ...is a bit of a shame because it means I can't really go into the nitty gritty stuff which I'd really love to be able to with the therapist.*

Bayley (partner) turned to their RP for help in selecting a therapist based on the RP's knowledge of their cultural needs. It was also important to find someone who was not a close friend of their RP:

> Bayley (partner): *there were ... cultural and identity things ... I wanted somebody who might have some ... insight into that as well. So ... we went through looking ... to find somebody who wasn't so ... tightly in their network but who might ... fit those boxes.*

Trusting this small community of psychotherapists to which their RP was connected was an oft-cited disquiet. Firth (partner) who had not gone to therapy, implied that there are risks to opening up to other psychotherapists who know both them and their RP: *(Place name) is so little ... who am I going to go and talk to. But that could be my excuse ... I know ... they have to keep things confidential and all the rest of it but.*

For those who went to therapy, many found their relationship with their RP was a central focus. Therapy helped them recalibrate the status and stasis. In the following examples there is an enduring theme of SOs using therapy to explore ways of countering the omniscience of the RP or the sense that they are not enough as they are. For example, Bobby (partner) saw therapy as facilitating a recalibration when struggling to 'meet' their RP's desire for conversational depth:

> *I can get deep with them now having done psychotherapy ... I'm no way a match for them ... and I don't go as deep as they want. I know it's still frustrating, but at least I can meet them at some level and I'm happier to talk about those things ... I'm braver, I'm less afraid to be a bit more open ...*

Jules (child) explained that attending therapy has helped them get the PT and their RP in perspective. They do not need to please the therapist parent, nor be the child who has exemplary emotional attunement.

> INT: *your own therapy, is that helping you sort out ... that you don't have to be this person.?*
>
> Jules (child): *Yeah, it's like I'm enough, I'm enough as it is, and I don't need to prove anything to anyone. I don't need to prove it to (RP), I don't need to prove it to partners. Anyone. Big, big, big learning process in that way.*

Jules (child) also realised that they have unconsciously been trying to emulate the psychotherapist parent and therapy has helped see how this has impacted their

interpersonal relationships with others: *So, this sort of desire from me to prove my emotional intelligence and I'm able to clock it a bit more now that I'm aware of that consciously for what it is.*

Sydney (partner) and Bayley (partner) both described how therapy bolstered their confidence during conflict. They found they backed themselves more. Bayley described being kinder to themselves and not subsumed by their RP's narrative of who they are: *there's a place for me as the kind of person I am rather than … having to go through a … personality renovation to meet this other narrative.* And for Sydney (partner):

> *I've always been a bit of a people pleaser and, bit conflict avoidant … It's useful for me to talk with my therapist about how to … strengthen my relationship with (RP) by becoming stronger in myself and not being afraid of conflict and … saying what I actually mean in the moment rather than second guessing what (RP's) reaction might be.*

Avery (partner) found therapy validating. It facilitated them asking their RP for change without being shut down by 'You don't understand. Therapy is special' positioning which had happened previously: *it felt like the therapy patients took precedence over everything. I ended up talking about it in therapy and my therapist was great.*

Many SOs demonstrated or referenced adaptations that were attempts to please the RP either consciously or unconsciously. I interpreted this as a way of not detracting from their personal value, and I formed a category called 'pleasing to matter.'

> Remi (partner): *I think part of that would be, my need to please so rather than, spend time building relationships with some friends outside of our relationship … I've had this need to be there doing stuff to allow (RP) to do their training.*
>
> Jules (child): *my internal metric for success and for proving myself to … my (RP) was basically a show of emotional intelligence … trying to prove that I could … be really empathetic and that I could read people and that I could be helpful for people working through things.*

As mentioned above, withdrawing, holding back, or censoring what a SO shared with a RP was also a way of maintaining a sense of self and managing the intrusive involvement of the PT. Remi (partner) commented: *and I don't want to do things or say things because I don't want to get them wrong.* Similarly for Vrai (child of a psychologist):

> *once we got married … probably 1 or 2 years in, I probably wouldn't tell them anything. If we'd had a massive argument … I'd share that with my friends, not with them because I feel like they would judge me. They wouldn't be just a (parent). They'd be … much more judgmental than that.*

6.4.3 Actions and Processes Required of the RP

This is a category of codes representing the SO pushing back, confronting, and resetting boundaries. As explained in earlier sections, the knowledge and skills of the RP can be used in destabilising ways. It can take fortitude from the SO to push back against the omniscient therapist.

> Avery (partner): *it took 1 day for me to say, 'actually don't you dare make this about me and my issues cos it's about, about you' ... I ended up telling them it's like you used to be this one person now you wanna become a therapist which is great, and I will support you to do that but that doesn't make you any better ... you're not suddenly super smart and you're kinda acting like you're a bit elite and ... you're not.*
>
> Bobby (partner): *I think doing psychotherapy ... has emboldened me ... to say, 'well hold on a minute' and to actually do it back and to push back ... so it's more ... equal and so therefore they can't quite as easily weaponise it and maybe don't want to as much.*

Denver (partner) lamented that they need to push back on the RP's proclivity to 'overanalyse' their children's behaviour:

> *even if it's just like playing too many video games or watching TV too long, they'll over dramatise, 'they're gonna commit suicide' and all this because they've ... just been talking to this suicidal client.*

Denver pushed back on the perceived catastrophising with: *'No, he's not, he's just watching TV too much.'* They also confidently push back on interpretations used defensively in conflict: *sometimes they might be right, but ... not always ...they'll be 'well that's just because you've repressed it.' And it's like, 'No it's not actually. You're way off base.'*

Harper (child) also expressed their frustration to their RP at their need to analyse everything and pushes back: *fuck let it be. It's not that complicated. I think that's where it's a bit frustrating ... everything doesn't have to have an answer. It can just be crap sometimes.*

It can be a potent shift when a SO child can push back on the RP.

> Jules (child): *I remember being pretty annoyed in that moment, very annoyed actually with the way that they were conducting themselves. I don't think it even really involved me but it just pissed me off ...seeing that ... instinctual like 'oh I'm going to take the backseat here and sort of try and figure out everything for everyone else' and I was like 'No. You're the reason that this conversation is*

happening and that everything is such a mess … you don't get to tap out and put on your therapist hat at this point.'

6.4.4 Mutually Recalibrating

There were other ways of recalibrating the relationship between SOs and their RPs. A category of codes was created that I called **'**mutually recalibrating'—deliberate adjustments made by SOs and RPs together to intentionally stay connected, to continue mattering to each other. It included codes such as 'deliberately making time.'

Sydney (partner) and their RP deliberately made time to share details of the work. Sydney saw this as having mutual benefit and recalibrated what could otherwise be a sense of being on the outside:

> Sydney (partner): *I see my role in that process as helping (RP) feel like they've ... got closure ... on the day's activities ... just as a supportive partner but I also see it as a way of getting ... back closer with them after the day's events where they've been in relationship with other people very closely ... I don't think we'd be as solid ... if they weren't so open with me about what's going on in the room with their clients.*

They explained:

> *as a partner, I do need a view into that world ... to keep my relationship alive and to stop it from falling apart … because I think (it) can be fragile at times. Because of the nature of the work … if I knew nothing, then I really would be worried ...it would be super secretive. So, I think it's really healthy for them to be able to ... off-load you know, ... to come back home to someone they love and rely on ... of course I'm not always interested in it, and I do get a bit bored with it at times, but I pretend to listen carefully sometimes!*

Memos show competing with a 'third' and needing to recalibrate had been a feature of my process of induction.

> *April 22, 2022: Are SOs competing?*
>
> *Children notice how studies take their parent away from them time wise, partners feel the absence during training (interview one)*
>
> *It might relate to triangulating —*
>
> - *knowledge*
> - *clients*
> - *ongoing learning demands*
> - *social adaptations*
>
> *Is this where bridging comes into it — couples that have found something that bridges recalibrate something? Look at adaptations where the SO finds a way into*

the world of the therapist by listening (pseudo supervising) or they find a hobby (making a quilt), or they help with the business requirements (doing the accounts) or asking for advice (Ivory) or getting their own therapist (most of them). It is like 'if you can't beat 'em join 'em.'

July 27, 2022 What role does competition play?

Cedar — it was as if one child got under skin of (RP) and there were competitive elements to it; RP didn't want the child doing better than them — highlights that some RPs can be insecure and not that self-reflective about their own functioning.

'Finding a mutually satisfying activity' or 'investing in synchronistic learning' some SOs, like Firth (partner) and their RP, prioritised dining together. Bobby and their RP went into business together. Avery (partner) explained that they found that finding a mutually satisfying activity could be helpful: *We like to do little projects together. And our project at the moment is making a quilt.*

Recalibrating status and stasis are the myriad ways SOs engaged to stay close to their RP, maintaining or resetting the balance as best they could in the face of a sometimes-powerful PT. They found ways to increase their value with the RP, maintain their sense of self, and preserve a connection. All these strategies are ways of continuing to matter to the RP and keeping the PT in perspective.

6.5 The Impact of Conditions

All conditions mentioned in Chapter Five apply to the mattering cycle. They influence the consciousness of impact, how benefit was assessed, and how the SOs recalibrate the PT to continuing mattering to the RP. These conditions range from micro conditions felt at an individual level to meso which are experienced in a broader community context to the macro conditions that are altering peoples' existence at a more global level. Examples cited in Chapter Five are as follows: the personal functioning of the individuals concerned, age and stage of development, having disposable income, sharing common ground, cultural conditions, COVID-19 pandemic, and macro global conditions such as climate change and events such as Ukraine war that have a rippling effect on economic and political stability.

6.6 Summary

This chapter is a comprehensive explanation of engaging the mattering cycle. **Continuing to matter** is the core category of this research. It represents the principal concern for SOs when they consider the impact of the training and practice of psychotherapy on them and on their relationship with their RP. It is assessed and engaged with through a process of identifying shifts that can be linked to the PT, assessing where the benefit and value of the PT lies, and making a range of adjustments to recalibrate the SO's status and stasis with the RP. The SO cycles through these processes in a dynamic way, motivated by the desire and intention of continuing to matter to their RP when the attendant multi-faceted PT, with all its attributes and challenges, is casting its influence.

Chapter Seven discusses the substantive theory in depth, situating it within the literature and focusing on how it can contribute to the psychotherapy profession and those intimately connected to it. Limitations and opportunities arising from the research are discussed and the theory evaluated using the criteria outlined by Charmaz (2014).

Chapter Seven: Discussion

In this chapter I re-iterate the intention of the research culminating in the development of a CGT that answers my research question. I give a brief overview of the theory and the diagrammatic model that illustrates its application. From the findings, the original contribution to the psychotherapy profession is the mattering cycle, a three-phase process for assessing mattering when in relationship with a psychotherapist. I explain how I applied the concept of triangling, which originates from BFST (Bowen, 1978) and apply it in a unique manner to formulate what I refer to as a PT. The interface of the mattering cycle and the PT is the cornerstone of the theory. The next step in this chapter is to introduce extant theory surrounding the core category of mattering. I then explain how the theory supports my findings, how my theory offers a unique lens on mattering in a specific context. Finally, I discuss the opportunities and limitations arising from this research.

7.1 Theory Overview

The purpose of this research was to identify how the training and practice of psychotherapy impacts the psychotherapist's SOs. I aimed to create a theoretical model that would illustrate this impact accompanied by an in-depth explanation accounting for the intrapersonal and interpersonal diversity of these experiences. Using CGT, I developed a substantive theory **continuing to matter: keeping the psychotherapy third in perspective.** This research conceptualised elements of psychotherapy training and practice, introduced into the relationship by the RP as 'a third' entity which I call the PT. The data showed how SOs and their RPs could benefit from thoughtful engagement with this third to continue mattering in a relational sense, avoiding the PT undermining a sense of mattering to each other. Mattering was engaged through a model called the **mattering cycle**, in which three highly interdependent processes were cycled through, thereby moderating and modulating mattering. A well-modulated sense of mattering meant the PT was an integrated and beneficial feature of the relationship but not so omnipresent that it drove a wedge between the RP and the SO. If the SO experienced the PT as being privileged or mattering more than them, then the dyad members were distanced. Continuing to matter to RPs is the principal concern in the face of the transformative and demanding training and practice of psychotherapy. Using elements of BFST, I illustrate how the PT can impact the SO RP dyad.

7.2 BFST and the Third

The concept of a 'third' or triangular relationships is written about in several ways in psychotherapeutic literature (Aron, 1999; Bowen, 1978; Britton, 1998; Freud, 1910; Lacan, 2007; Ogden, 1994). Regarding the data from that research, I found Bowen's (Bowen & Kerr, 2009) use of triangles in BFST had the greatest explanatory power. Triangling, or as it is frequently referred to, triangulation, is one of eight interrelated concepts in BFST (Kerr & Bowen, 1988). The remaining seven concepts are:

1. Differentiation of self
2. Nuclear family relational system
3. Family projection process
4. Multi generational transmission process
5. Sibling position
6. Emotional cutoff
7. Emotional process in society

Arguably, each of these concepts play a role in how both the SO and RP engage with and experience the PT. However, it was well beyond the remit of the current research to delve into the family systems of SOs and their RPs. I therefore chose to engage with the element that best augmented the understanding of the data as it were presented—triangulation. According to Bowen, triangulation is when a third party is introduced as a mechanism for reducing stress or conflict in a relationship. The third party serves as a means of recalibration and tension reduction (Bowen, 1978). Minuchin (1974) had noted earlier that it is frequently children who are used to mediate or carry messages between a warring couple. However, a third entity can be used productively or destructively. It is the judicious engagement of the third that is key (Bowen & Kerr, 2009). In this research, elements of the PT (psychotherapeutic modalities, knowledge and skills, clients, trainers and training programmes, and members of the wider profession) could sometimes be employed to soothe the anxiety or salve a need of one person at the expense of another. Notably, it could be used to form alliances that were at times perceived to serve the RP at the expense of the SO. However, if the engagement was mutually agreed or employed in service of the other, it could fundamentally improve the connection between the dyad members. How the PT was engaged is critical to this theory. It is at the heart of the core category of this CGT, which is mattering. SOs in this research illustrated that a principal concern in relationship with a psychotherapist is how psychotherapy is kept in perspective

and how the SO can continue to matter to the RP when such a powerful third entity enters the relationship. To understand the magnitude of this challenge, I turned to extant theory about mattering.

7.3 Mattering

Beginning this research, I was unaware of the centrality of mattering to the general population's functioning and wellness (Flett, 2022; Prilleltensky & Prilleltensky, 2021; Taylor et al., 2019). There is a burgeoning psychological literature addressing its reach and import (Flett, 2022; Pearlin & LeBlanc, 2001; Prilleltensky, 2020; Prilleltensky & Prilleltensky, 2021). I later learned that it was early social scientists, particularly those linked to symbolic interactionism, who initially connected a sense of the valuing of self (self-worth) to mattering to others (Blumer, 1969; Bonhag & Froese, 2022; Mead, 1934). However, much of the contemporary research on mattering has built on the seminal work of Rosenberg and McCullough (1981) who researched adolescents and their mattering to parents. They established that mattering to someone important to us was based on the following foundations: that we are the recipient of the person's attention, that we are important to that person and that they are dependent on us. Prilleltensky (2020), a contemporary scholar who writes about the merits of mattering, explained it is "an ideal state of affairs consisting of two complementary psychological experiences: feeling valued and adding value" (p.16). According to Prilleltensky, there are distinct experiences associated with adding value and feeling valued (see Table 7.1).

Table 7.1

Features of Mattering (adapted from Prilleltensky, 2020)

Adding value	**Feeling valued**
Ability to make a difference	Feeling appreciated
Ability to contribute	Feeling respected
Empowerment	Feeling recognised
Autonomy	Respect for diversity
Self-efficacy	Needing to belong
Mastery	Inclusion
Control over our lives	Fairness
Self-determination	

Mattering is an important feature of interpersonal relationships whether one is a partner, sibling, or child (Flett, 2018; Prilleltensky & Prilleltensky, 2021; Stevenson et al., 2014). According to Flett (2018), mattering "provides a powerful 'psychological shield' for the person exposed to stress and distress. However, when the feeling of mattering is lacking, it can present a profound source of risk and vulnerability" (p. 18). They explained that the degree to which someone feels they matter can evoke intensely positive or negative emotions as it is so intrinsically linked to one's sense of self. It is of enormous importance from the moment we are born to the moment we die, and it has universal relevance. Flett argued that because mattering resonates so strongly with people, it can be easier to promote than some other psychological constructs.

My research aligns with extant mattering theory as it reflects many of the features that Prilleltensky (2020) identified. SOs assess where benefit and value lie when the PT is present in their relationship with an RP, and they recalibrate using various strategies to maintain status and stasis, to matter, in the relationship. They look to add value and feel valued not just to the RP but also to themselves. Of particular interest to me was how the training and practice of psychotherapy added complexity to mattering in unique ways. I explore these dimensions, beginning with looking at ways SOs assessed whether they were adding value to the RP or whether their capacity to add value was being undermined by elements of the PT.

Complexity is added when SOs see the PT clearly benefitting the RP, as they grow in confidence, are seen as doing valuable work, and are adding value to other people's lives. SOs frequently shared that they felt pride knowing that their RP was doing such interesting and important work; but if SOs did not have a clear sense that they were adding value or feeling valued by the RP, then the PT felt like a metaphoric wedge between the pair. Prilleltensky (2020) stressed that feeling we add value in a relationship is extremely important. He explained many people focus on feeling appreciated or receiving recognition, but we also need to feel like we are making a difference to people we care about. This was evident in the data in many ways. SOs looked for ways they were adding benefit but often witnessed the PT consuming a lot of time and energy, sometimes taking on a powerful presence in their RP's life. Some SOs reported this all-consuming third could undermine their ability to add value as they were competing with a complex and diverse entity in this PT. This makes sense when I consider the role that SOs felt that the PT had assumed in the life of their RP. The more the RP privileged or held the PT in esteem at the expense of the SO, the less the SO felt they mattered.

SOs can take time auditing the impact of the PT. They assess the benefit and value of its influence and whether it brings them closer or creates distance from their RP. This fits with mattering theory. The SOs are sifting through the identified shifts to grasp whether they continue to matter to their RP. This attention to gesture, language, and action also reflects symbolic interactionist principles, whereby the SO interprets the actions and comments of their RP, interpreting how the RP wants or expects them to act (Blumer, 1969). Bonhag and Froese (2022) argued it is this ongoing review of how we are perceived by others that leads to an adaptable sense of self. We adopt roles according to the relationship we are in with others, and this is the nature of all human interaction (Blumer, 1969; Bonhag & Froese, 2022): "Together, our identities (the roles we play) and our integration (the attachment we feel to others) provide the social criteria we use to determine our social significance" (Bonhag & Froese, 2022, p. 749). Grasping the importance of roles and identity was conceptually useful in abstracting the core category of mattering. It helped me understand the impact for SOs as they walked alongside their RP during the training and practice of psychotherapy, both parties assessing and adapting to mutually transforming roles within the relationship.

SOs also illustrated how dynamic and ever-changing this experience can be. Time, while not a named condition, was the marker of change and fluctuation. Developmental lenses did alter the view of the PT, bringing varying levels of awareness, desire, acceptance, grief, and appreciation, depending on the life stage being navigated.

This research shared many of the findings of Miller et al.'s (2020) phenomenological study of the spouses of 14 American marriage therapists. They, too, found that the knowledge could be beneficial but, when other people sought the advice of the RP, the SO could sometimes learn information about friends that they wish they had not heard. Sometimes friends turned to the psychotherapist for advice, leaving the SO feeling left out. This finding seems reflective of how this powerful form of knowledge has social currency and there are myriad ways it can come between the RP and SO. Findings in the current research also mirrored those of Miller et al. in the following ways: SOs noted double standards in their RP and the failure to practice what they preach, they can feel like there is no capacity in their RP for listening to them at the end of a day, they witnessed their RP putting on and off their 'therapist hat' and children often exclaimed to their RP parent, 'stop being a therapist' (Miller et al., 2020).

Additionally, Miller et al. (2020) found that 11 of the 14 participants had difficulty distinguishing whether it was the profession or personality that impacted the quality of the marriage. This is remarkably similar to findings in my research where SOs frequently questioned whether it was innate behaviours in their RP or the result of the training that underpinned how they functioned. Similarly, there was pride and a sense of wanting to protect the psychotherapist evident in both the current and the Miller et al.'s study.

As mentioned above, mattering is characterised by a sense of adding value and feeling value. To build on the conceptual depth of this theory, I now discuss how value was perceived by SOs in the current research.

7.4 Adding Value

This research showed that the training and practice of psychotherapy can place a significant strain on relationships in unique ways. However, negative fallout associated with the demands of the profession could be moderated by keeping psychotherapy in perspective and keeping mattering to each other in the foreground. Psychotherapists assume responsibilities that may feel burdensome, and therapists may feel restrained by responsibility to SOs but often psychotherapists accept these states if they feel like they play a significant role in the SO's life or that they are making a difference for that person (Flett, 2022; Rosenberg & McCullough, 1981).

For some SOs, certain elements of the PT felt undermining of their status within their relationship with their RP. Some of the issues named were coming second to clients, having to accommodate long work hours, or sharing a RP parent with clients who may also view one's RP as a parental figure. However, four of the SOs interviewed were so certain of their value to their RP and secure in their knowledge that they were more important to the RP than the work that the intrusions or demands of the job in no way undermined their sense of mattering. This may be attributed to other aspects of the dyad member's functioning not explored in this research. For example, using a BFST lens, one could wonder about the level of differentiation of self (Kerr & Bowen, 1988) of each dyad member; however, this would have been an intrusion on my participants and a divergence from the enquiry that was specifically focused on how *they* viewed the impact of psychotherapy training and practice on their relationship with their RP.

A sense of mastery, making a difference combined with an ability to contribute, feature strongly in mattering theory (Prilleltensky, 2020). For some SOs these dimensions of mattering became compromised when they assessed the changes in their RP post-training. SOs spoke of witnessing RPs turning to colleagues for meaningful conversations where they may have previously turned to them. SOs described a sense that they were no longer able to keep up intellectually and were being left behind. For SO children, it is hard to materially contribute to their RP, but the data showed they do try to adapt to their RP based on how they see the work impacting them. For example, children described giving RPs space after busy workdays, adjusting their demeanour when running into clients socially, and withholding so as not to burden the RP when stressed. These acts of accommodation are all ways that the SO can add value to their RP and, as a result, they may feel valued depending on how RPs respond. But SO children often felt their RP was oblivious to these adjustments. I inferred from the findings that mattering is enhanced when a RP pays attention to ways children adapt to accommodate the work and communicates their appreciation. With only one sibling participating in the research, it is difficult to know just how representative this participant is of siblings' perception of mattering to their RP.

SOs appreciated having access to the RP and their knowledge and skills, particularly when this element of the PT could be leveraged to increase mattering in other contexts. As Prilleltensky (2020) posited, mattering linked to a sense of adding value to another person emanates from a sense of self value. Skills acquired from living alongside a RP were used by SOs professionally and personally to their advantage, enhancing their sense of adding value in other contexts and building their sense of personal value. However, just as with the RP, these skills are best used judiciously and when invited in by others. One SO pointed out that replicating their RP's use of analysis in intimate relationships was not always welcomed by partners.

SOs mentioned that they assisted with the business side of the RP's job. How we support people we care about is a way of demonstrating mattering; that they matter to us and that we can add value to them (Prilleltensky & Prilleltensky, 2021). Psychotherapy can present unique challenges for SOs and their RPs when it comes to offering support due to constraints concerning client confidentiality. Discussing the granular detail of the day is off limits. For Miller et al. (2020), nine of their 14 participants were phlegmatic about confidentiality, understanding the need for boundaries. They did comment that it meant there was often little they could do to support a stressed partner when few details could

be shared about the context, but some participants felt relieved that the work could not be discussed as it meant the focus could go to other aspects of their lives. This finding is different to my research where SOs understood the need for confidentiality but for some SOs not hearing about the work could be unsettling and left them feeling excluded. For one SO, they felt they could not share their work concerns because it was not fair to burden their RP when it could not be reciprocated. No one mentioned that not hearing about the work made space for other foci in the relationship. There is a symbiotic relationship between adding value and feeling value.

7.5 Feeling Valued

Prilleltensky (2020) made the point that to feel like we matter we need to feel valued. SOs who had a clearly defined and valued role in relationship with the RP fared better. These SOs had established ways of contributing to their RP that garnered explicit appreciation. Tasks such as helping with tax and administration, advising on business matters, picking up extra domestic chores were some of the ways SOs found to add value to their RP and, importantly, feel valued by them. Rosenberg and McCullough (1981) asserted that being depended on is a key part of mattering. Some SO partners mourned the loss of a particular role in their relationship where they had been depended on by a RP prior to their training, viewing their mattering as compromised. As noted in Chapter Six, this was particularly evident with SOs who mentioned that psychotherapy training and practice had bolstered the independence and confidence of their RP, and that as SOs they were no longer hidden behind or leaned on as they were pre-training.

As the research progressed, I contemplated all the potential reasons why some SOs may be less impacted than others by intrusions from the PT, leading me to consider the role of attachment in mattering.

7.6 Mattering and Attachment

There is a strong link between feeling valued and attachment theory (Flett et al., 2022). Bowlby (1982) asserted that human beings develop internal working models related to self and others based on their experiences with early caregivers. These internal working models form the basis of several different attachment styles; secure, anxious, avoidant, and disorganised. Attachment styles influence how we behave, think, and perceive

ourselves and others in relationships. A large amount of literature confirms that anxiously attached individuals tend to experience less relationship satisfaction (Hadden et al., 2014). There is also evidence that certain communication patterns such as a 'demand' pattern, where one person in the dyad tends to blame, criticise, or pressure a partner to change; or a 'withdrawal' pattern where avoidance, stonewalling, and/or denial are employed to create distance, are signals that there is attachment anxiety in the dyad (Beck et al., 2013). According to some SOs interviewed for this study, the PT led to changes in relating to their RP. Some SOs reported feeling criticised or blamed for aspects of their functioning that they perceived had not been an issue prior to the RP training in psychotherapy.

In the literature there is some agreement that psychotherapists are often attracted to psychotherapy as a career choice because of their own trauma history (Barnett, 2007; Goldberg, 1997; Sussman, 1992). Farber et al. (2005) extensively reviewed the literature on practising therapists' motivation for training. The most common theme was that therapists were responding to loss, loneliness, and pain in their childhood and had "entered the profession in order to fulfil some of their unmet needs for attention and intimacy" (Farber et al., 2005, p. 1013). As I analysed the data in this research, I found myself wondering how a RP's motivation for training had impacted the experience of the SO. Not all the SOs interviewed knew exactly why their RP had trained but the majority saw it as a natural choice of profession given the personality of their RP. All SOs referenced their RP's ability with people, often expressing pride at what their RP has achieved or the esteem they are held in by others. I concluded this is important in the context of mattering. It did not prevent the SOs from feeling the intrusion of the PT at times. However, as the theory conveys, there is an ongoing assessment of where value lies. Feeling pride in one's RP plays a key role in recalibrating status and stasis and keeping the PT in perspective.

Many training programmes require psychotherapists to attend therapy but that does not guarantee that the adaptations that psychotherapists have made to a potentially disrupted attachment history have been fully resolved. Studies on therapists' attachment are rare; however, Peter and Böbel (2020) studied 430 psychotherapists and found that 88 participants were insecurely attached and, while within normal parameters of functioning, were "more paranoid, borderline, schizoid, dependent, negativistic, self-sacrificing, avoidant, and depressive, as well as less optimistic" (p. 1) compared to the securely attached cohort. There are few studies with which to compare this figure to population norms, but based on a large-scale assessment of American adults, Mickelsen et al. (1997)

reported that 59% were rated securely attached and the remainder were categorised as either avoidant or insecure. If these figures correlate to an Aotearoa New Zealand context, then psychotherapists are faring no worse than the general population when it comes to attachment. However, insecure attachment amongst the therapist population invites consideration if wishing to understand why some RPs may engage the PT in a defensive manner to bolster their own insecurity.

Steel et al. (2018) found that therapists' attachment style affects the quality of connection with clients, leading to more negative countertransference, and difficulties with the expression of empathy. Black et al. (2005) found that insecure therapists had a higher need for approval, tended to hyperactivate anxious clients, and failed to challenge clients' usual strategies for interpersonal engagement. Brugnera et al. (2021) studied 416 experienced psychotherapists' attachment, reflective functioning, and well-being, and found an association between attachment insecurity and the ability to mentalise which, in turn, impacted therapist well-being. They recommended that researchers and trainers pay special attention to therapists' mentalising abilities to maintain personal and professional capacity.

The above studies led to my wondering how attachment histories of both the SO and the RP are influencing the experience of the PT and mattering. Many SOs in this study, particularly partners, had known the RP prior to their training. If there were attachment issues present for both partners prior to the training linked to historical trauma, then it makes sense that an imbalance will be created when one person has access to reparative experiences in the form of insight and therapy and the other person does not. Peter and Böbel (2020) also wondered whether "training, continuous education, self-exploration, experience, and supervision may compensate for therapists' attachment deficits" (p. 10) over time. If this is the case, then RPs have a distinct advantage over SOs who may not be able to access self-development resources in the same way, creating a relational divide that the PT can more easily insert itself into. I did not ask SOs how many of their RPs remained in regular therapy. Certainly, for those resorting to weaponising or pathologising behaviours, it may be something to revisit. Four of the six male partners of RPs mentioned that they felt like they were left behind and/or a source of frustration for their RPs because they did not meet the RP's desire for deeper conversations. This significant shift in their connection with the RP contributed to a sense of feeling like their benefit (or value) was diminished, and could be related to their personal attachment histories. Two males who did not mention feeling 'left behind' both stated that they had

had, in their view, very ‘normal’ backgrounds. I did not explore this further but it seeded a question for future research given that neither mentioned an attachment rupture with caregivers.

Many partner SOs found they were actively encouraged by their RP to attend their own therapy. SOs gave differing reasons for this experience. Sometimes it was because they were told they had flaws that needed attending to, sometimes it was because the RP genuinely felt the SO would benefit or it would improve their relationship. Several SOs reflected that going to therapy developed their self-knowledge. It helped them find their footing during conflict and was a useful mechanism for recalibration of mattering despite some of the challenges identified related to the small professional community and trust.

7.7 Mattering and Navigating Conflict

Attachment histories influence how we navigate conflict, and from this research it can be said that how we navigate conflict can signal whether we feel valued or matter. Some SOs spoke of their RP’s readiness to weaponise their knowledge, referencing what they know about their SO’s family histories and applying theory to this situation. Some SOs viewed it as a way of leveraging power, leaving them on the back foot. According to Tandler et al. (2021) the way we resolve conflict is individualised and linked to personality styles as well as our self-esteem. Keeping self-criticism to a minimum and feeling accepted are important attributes when dealing with conflict in intimate partnerships. It seems important that RPs continue to address remnants of their own attachment histories, as it impacts so much of how we relate in an interpersonal context, and that SOs understand how their own attachment histories may be influencing their sense of mattering in interpersonal relationships.

Psychotherapeutic knowledge was perceived as fuelling an omniscience in some RPs that was understandably resented by SOs. They reported feeling pathologised by interpretations from their RP. As Rosenberg and McCullough (1981) pointed out, mattering is not approval dependent. We can be criticised by a loved one precisely because we matter to them; however, several SOs mentioned that the criticism post-psychotherapy training could feel like it was meted out by an ‘expert,’ leaving SOs on the backfoot in the face of such omniscience. Not all RPs resorted to weaponising knowledge to leverage power during conflict but it led me to wonder whether psychotherapists become used to being seen as the expert in the work context. They do have a lot of power

in the clinical space. As Williams and O'Connor (2019) noted, in the therapeutic space psychotherapists can refuse to answer direct questions about their personal life. However, if a client withholds information they can be negatively judged or pathologised for making this choice. In a family context, RPs may expect the SO to be open and deeply reflective regarding their inner world in the way a client might, but resist opening themselves up in the same way. This imbalance was mentioned by several SOs, notably but not exclusively children of male psychotherapists who felt their RP tended to withdraw and not talk a lot about their own vulnerabilities. Although investigating gender as a contributory factor to the theory was beyond the scope of this research, some findings make me wonder about the role of gender, particularly since it was four of the six male SOs in heterosexual relationships who shared that their RPs yearned for greater depth of conversation with them. This request led to a feeling that their value was marginalised. Given these SOs had been in relationship with their RP prior to their psychotherapy training they perceived the PT changed the dynamic. Further enquiry that explores gender constructs and psychotherapy training may be useful (see opportunities later in this chapter).

Regardless, a request for deeper connection may be less a criticism and more an example of robust relationship functioning. According to Gottman and Gottman (2017) it is healthy to turn to a partner and make a bid for connection by expressing a desire for conversation. Where this can be problematic is if people feel constantly criticised, they can defensively avoid disclosing their needs or move into conflict avoidance (Gottman & Gottman, 2017) which does not bode well for the survival of the relationship. It would be useful to interview psychotherapists to enquire how they experienced this widening gap, and to interview SOs who had left relationships with RPs to ascertain what role 'critiquing' plays in the demise of the relationship.

7.8 Mattering and the Use of Psychotherapeutic Knowledge and Skills

The way psychotherapeutic knowledge and skills were engaged was a potent element of the PT, sometimes delivering significant benefit to a SO and, at other times, the catalyst for disturbance and resentment. This study has shown that the use of psychotherapeutic knowledge has a 'double-edged' proclivity to either bolster or undermine mattering by adding or detracting value. It was perceived as powerful, useful in some contexts, and demeaning and pathologising in others, depending on how and when it was engaged.

7.8.1 Mattering and the RP

Psychotherapists themselves may find the knowledge to be a double-edged sword (Doron, 2009). Their knowledge can be a sought-after resource or the catalyst for disturbance, which is reflected in the current research. Doron (2009) made the point that it is difficult for the marriage therapist to apply psychotherapeutic knowledge in their own relationships; however, they can be called on to give advice and use their skills in family situations with spouses positioning them as the 'expert' in relationship issues. My research supported Doron's claims, with SOs acknowledging that RPs could be helpful when friends and family needed advice. It could be a source of pride for the SO; however, one SO lamented that their RP could not help them with their issues, and several others resented the unsolicited advice-giving from RPs. When invited in though, the knowledge and skills enhanced mattering.

7.8.2 Authenticity: A Conundrum for Mattering

Some SOs lamented that they could not turn the psychotherapist off. This is an interesting phenomenon and led me to wonder how realistic it is to expect the psychotherapist to be able to 'turn off' their knowledge when it may be a feature of personal authenticity. Golomb (1995) reflected that authenticity is following one's self-authority and not that imposed by society. More contemporary thought acknowledges that we are social beings. There is an inevitable tension between staying connected relationally and maintaining personal autonomy. It may be impossible to separate self and other when it comes to conceptualising authenticity, regarding which Burks and Robbins (2011) argued, "once an individual engages in self-exploration and attempts to figure out who one really is (or is not), the individual may emerge as more authentic" (p. 349). This self-exploration and resultant authenticity, unsurprisingly, can upset the equilibrium in a relationship. They also pointed out that sincerity is different to authenticity. The former is inner focused, and the latter is directed towards the other. In their 2011 qualitative analysis, Burks and Robbins interviewed 17 psychologists to enquire about their experiences, both interpersonal and individual, of authenticity. In some ways, mirroring the experience of the SOs in my study, they reported that "psychologically minded tendencies, originating from personality, temperament, or psychological training had potential to help, as well as hinder, genuine encounters with others" (Burks & Robbins, 2011, p. 359). For those who found it difficult to be authentic around family, they related it to roles that they had within their family that had come to be expected of them but, overall, these psychologists felt it was easiest to be authentic with family members and those closest to them. This

understanding may go some way to explaining why RPs feel they can express their need for depth or a desire to be met intellectually to those closest to them. The study also found that "introspection, reflection, and self-exploration were central pathways to uncovering certain personal traits, such as self-acceptance, alongside other beliefs, values and preconceived roles" (Burks & Robbins, 2011, p. 359). As RPs gain insight into themselves as the result of the training and requisite therapy, the barometer for authenticity shifts within their relationships. However, as some SOs can attest, authenticity may not always extend to RPs attending to their own failings or unhelpful behaviours.

7.9 Mattering and Boundaries

The data showed that there are important relational and contextual conditions that fundamentally influence how the PT is experienced. Well-negotiated and respected boundaries made living with the PT much more acceptable, even helpful. Yet, boundarying the work had a paradoxical quality to it.

Unquestionably, the intent and ability to boundary elements of the PT plays a significant role in mattering for SOs and their RPs. If RPs did not carefully manage boundaries, mattering was compromised. When the work is well boundaried by the RP, it can improve the sense of mattering for the SO. The RP must protect the confidentiality of their clients; yet, talking to SOs about their work is a way of connecting and nurturing understanding. For some SOs, hearing about the work was a means of knowing they mattered. The difficulty is that according to the NZAP (2018) code of ethics,

> a psychotherapist's primary obligation is to the welfare of clients ... followed by responsibility to self, colleagues, the profession, the community, the psychotherapist's employing institution and the environment. The challenge of working ethically means that psychotherapists will inevitably encounter situations where there are competing obligations. (Clause X)

There is no specific mention of SOs in the above guideline. One can assume that SOs would fall under responsibility to self, but it is not explicit. The consistent message I received was that RPs bend these rules at times to varying degrees and, I infer, for quite varied reasons. It could be related to the RP's development or level of experience. Farber and Hazanov (2014) found that trainee psychotherapists turn to SOs for informal

supervision as they tend to be more available when needed, explaining that when starting out the wait of days or weeks to see one's formal supervisor can feel interminable. In this research, SOs were very quick to ensure I knew that their RP did not mention names of clients. I noted in some instances SOs knew quite a lot about clients and, indeed, embraced a quasi-supervisory role with their RPs (lending an ear as distinct from advising on treatment). For some, that was a window into the world of the RP that could otherwise seem out of bounds or off limits. A small number of RPs never discussed client work beyond generalities. However, while this is ethically appropriate, it highlighted how a SO's sense of their own value could influence their perception of not hearing about the work. For some, not hearing about the work left them feeling shut out, like they do not matter or that they, too, should not burden RPs with work concerns. Others, working in similar roles, were less unsettled by not hearing about the work.

Communicating about the work, in a manner that maintains ethical boundaries could be addressed by training programmes. It may be helpful for trainees to explore ways of discussing the work in general terms while simultaneously respecting the client's right to privacy (NZAP, 2018, clause 1.7). Trainers might share with trainee psychotherapists that sometimes not knowing details about the work can feel challenging to SOs who may see their RP debriefing with colleagues and relying on supervisors, leaving them feeling like they cannot add value in this domain. This feeling may be exacerbated when RPs are transitioning to the field of psychotherapy from a role where they had previously been open about their work life experiences. This is not to say that SOs in this research did not understand the essential resource that supervisors provide. Supervisors were consistently viewed as adding significant value to the RP and sometimes, by association, to the SO. RPs may need to be reminded to communicate how SOs add value to their practice in other important ways to mitigate feelings of not mattering when it comes to offering support. Closely aligned to this aspect of the PT is the intimate nature of psychotherapeutic work and how it can impact some relationships with SOs.

7.10 Mattering and Intimacy

While only three participants spoke explicitly about the intimate nature of psychotherapeutic work, it was an interesting undercurrent in the conversations I had with SOs. According to many researchers, intimacy is both highly desired in close relationships and essential to the healthy functioning of society (Marar, 2012; Sanderson

et al., 2007). I am referring to intimacy in a much broader sense than sexual intimacy. I include in this conceptualisation the desire to feel known, to be understood (Marar, 2012). Unfortunately, I could find no scholarly literature on the impact on intimacy for a psychotherapist's SO, other than Pack's (2010) research on the effects of trauma on SOs of sexual abuse therapists. In Pack's study, SOs commented that intimacy had been negatively affected due to the nature of the work in which their therapist partner was involved.

In this research, the specific type of work RPs did was not viewed as an inhibitor of intimacy. However, there was a sense that for some SOs their RP's engagement with clients undermined them being understood or known, or other aspects of the PT had intruded on their intimacy with the RP. There could be myriad reasons for this concern, located in attachment histories, what is communicated in the dyad, and even the possibility that an RP partner becomes distanced from the SO preferring the intimacy of the clinical space to that with an SO. According to Barnett (2007), therapists may view their role "as presenting a unique opportunity to experience an intimacy which has previously eluded them, especially as it is a 'one-way only' type of intimacy, enabling them to remain at a safe distance, without personal involvement" (p. 260). The SOs who were least concerned with the intimate nature of the work spoke explicitly about well-maintained boundaries, trusting that their RP was adequately supervised, and there being robust communication in the dyad.

Fincke et al. (2015) illustrated how important it is to discuss boundaries and the intimacy of the work with trainees. Their study compared the personal and professional interpersonal behaviour of psychotherapy trainees to ascertain whether they treat SOs differently to their patients and how this impacts the trainees' sense of success in the professional context. They discussed the importance of boundaries, differentiating between the level of love a trainee therapist may feel for a SO and a patient. This clear differentiation between the private and the professional helps avoid unhealthy dependencies arising. I see this research as pertinent on two levels. It supports what is known: that our personal histories impact how we interact in many different contexts (Krol & Bartz, 2022; Lampraki et al., 2022). It is also a reminder that if psychotherapists do not consider and clearly differentiate the personal and professional aspects of their lives, unhealthy alliances can be formed.

7.11 Boundarying and Children

Rosenberg and McCullough (1981) had wished to identify whether children who have parents who are interested in their inner world versus their external presentation felt they mattered more to parents but were unable to gather this data. However, they posited that a parent who took an interest in thoughts and feelings would convey their child's mattering more than a parent who focused on external appearances. Based on the data collected in this research, I would argue that that depends a great deal on the degree of interest. Children of psychotherapists in my study sometimes wished they could turn off or wind back their RP's enquiry into thoughts and feelings. They described how the PT could feel intrusive if it were not invited in. Based on the data in the current research, inviting discourse about how mattering to self and other can be nurtured and supported, particularly related to boundaries, will potentially ensure SOs are not left feeling they are second to the work or clients.

7.12 Making this Research Matter

Rosenberg and McCullough (1981) more than 40 years ago made it clear that mattering is a critical element of social cohesion. As Prilleltensky (2020) wrote, for many people mattering is pursued in a world that increasingly favours the individual rather than the relational or collective; but he argued there is a cascading effect associated with mattering. If an individual feels like they do not matter, then it will reverberate through to communities; a finding relevant to all communities, including the psychotherapy community. Lakioti et al. (2020) found that the higher the quality of the psychotherapists' interpersonal relationships, the less impacted they were by burnout. When they felt loved and supported, they were able to perform their job better, felt less hopeless, exhausted, and frustrated. This finding validates incorporating conversations about the theory of **continuing to matter: keeping the psychotherapeutic third in perspective** into training programmes. There is an imperative to support trainee psychotherapists to develop awareness of the impact of the training and practice on their SO relationships with the potential payoff for SOs, the psychotherapist, and quality of the engagement with clients. It may also help mitigate burnout and losing therapists to other professions.

How psychotherapeutic knowledge enters the relationship matters. It is important to ensure that SOs are treated with the same reverence and respect as clients. It may be useful to explore with RPs the ways they perceive their new knowledge impacting their personal

relationships and whether there is a desire for the same level of connection nurtured in a clinical context to be mirrored by their SOs. It may be that both the RP and SO are feeling as though a deficit has arisen in the relationship. SO children may wish that they had a parent that does not do such taxing or intense work, while at the same time capitalising on the reverence the knowledge gets in other contexts.

7.12.1 Mattering to Trainers and Training Programmes

It is my hope that training programmes will make use of these findings by bringing awareness to the ways the PT can compromise mattering. Unsurprisingly, the further into their career the RP was, the less training was organically mentioned in the interviews. Regardless, as part of my interviewing strategy, I asked all SOs how they experienced participating in the research and what they would like to see as an outcome. There were clear themes that emerged in this discourse including what they would want trainers of psychotherapists to know.

The SOs for whom the training was fresh in their memory mentioned the training as demanding, requiring a lot of time and money. The child SOs were more accepting of the time demands, but two partner SOs specifically mentioned that they were grateful that the training happened before they had young children due to its demanding nature. One SO's partner was at the end of their training, and was a source of conflict for the couple as they juggled a young family alongside a very demanding training programme as well as changes in their relating as the result of the PT.

Many SOs would like training programmes to teach RPs specifically about self-care and how to manage the workload. Several mentioned the demands placed on trainees, specifically the financial demand associated with tuition fees and, for many, the requirement to attend personal therapy. Four SOs specifically mentioned that they would like their RPs taught about boundarying the work, specifically the knowledge, understanding that the unsolicited use of theory has a destabilising and damaging relational impact.

The training does not inoculate psychotherapists against personal frailty or reduce the need for introspection. Patrick Casement (2019), writing about UK analysts who had finished their training, assessed that they sometimes behave as though they had 'arrived' once their training was complete.

> The pathological narcissism of an analyst can operate in all manner of ways, often unnoticed by the person concerned. I believe that any one of us can still get caught into problems of this kind. My purpose, therefore, is to encourage each of us to be owning more of what belongs to ourselves, that we might be more consistently aware of our own part in the difficulties that we have with those around us, including our analytic colleagues and students. In particular, I am concerned about a widespread tendency for analysts, senior analysts perhaps more than most, to have difficulties in acknowledging when they themselves could be in the wrong. (Casement, 2019, p. 52)

7.12.2 Mattering and the Wider Profession

The theory I have developed also has the potential to generate discussion in professional fora encouraging psychotherapists to become curious about the potential for improving mattering in their relationships with SOs. Psychotherapists may benefit from paying attention to how they matter to themselves as they are not impervious to personal struggles. Tay et al. (2018) contended that the profession attracts people with a lived experience of mental health issues; yet, little is known about the mental health of practitioners that enter the field. Writing specifically about the UK context, they say the culture within the profession still leaves people with the sense that having a mental health issue is a weakness, they fear being judged by peers and limiting career prospects, and that practitioners feel like they should be able to solve their own issues (Tay et al., 2018). There are also concerns surrounding confidentiality. In 2010, the American Psychological Association surveying psychologists' self-care found that psychologists had higher rates of suicidal ideation and completed suicide than the general public (Tay et al., 2018). I acknowledge there are important contextual differences for psychologists in the US; however, I hypothesise that there may be similar issues in operation in the psychological community in Aotearoa New Zealand. One SO in this research spoke at length about their RP's serious mental health issues and their reluctance to seek help because of their reputation in the community and a sense that no one is experienced enough to treat them. I doubt they are alone with this resistance.

Finan et al. (2022) conducted an interpretative phenomenological analysis looking at burnout amongst psychotherapists in private practice in Ireland. They found that psychotherapists do not readily seek help for their mental health concerns, believing that they should not need to seek help for their issues. That this professional hubris may be costing the professional dearly begs attention.

> Participants recollected their sense of overwhelm and inadequacy in meeting the challenge of private practice. Across the accounts, there is a sense of a pressure to be perceived as professionals impervious to vulnerability, despite the building inner distress and self-doubt, and accompanying fear of being exposed as a fraud. (Finan et al., 2022, p. 47)

SOs in my study were quick to reference double-standards in the RP. It is not difficult to imagine the immense frustration when they see their RPs help others and not do their personal work. While they were aware of their RP's failure to 'walk the talk,' they also indicated that their RPs are sometimes anxious about having their vulnerabilities exposed or being stigmatised by other therapists. Two RPs in this research actively discouraged their child SO from getting personal therapy for fear that they would be judged by a colleague. A comment from Crastnopol (2019) resonated: "The most seemingly self-knowledgeable people among us — even, alas, after lengthy psychoanalytic treatment — may still resist knowing as much as they could or should know about their inherent shortcomings" (p. 401). It is possible that some psychotherapists stall enquiry into their own functioning and become overly focused on what is happening in the other. This invites introspection from the psychotherapeutic community concerning the professional superego. Can there be more curiosity about why psychotherapists may avoid exposing their own vulnerability yet hold each other to such exacting standards? If that conversation was possible, they may find a reduced need to defensively engage the PT, and, consequently, SOs' mattering may be left intact. As Neves (2023) reminded the profession, "Allowing ourselves to face our 'blind spots' may provoke uncomfortable feelings such as shame. It is therefore important for psychotherapists to be robust in managing the discomfort of learning" (p. 179).

7.13 Limitations and Opportunities

Charmaz (2014) cautioned, "Be careful about applying a language of intention, motivation, or strategies unless the data support your assertions. You cannot assume what is in someone's mind — particularly if he or she does not tell you" (p.159). This quote stayed with me throughout the research process. My intention was not to make assumptions and to stay aware of my preconceptions, but I knew that I would always have blind spots and unconscious biases. In the following section I outline conscious limitations and the opportunities that presented themselves.

7.13.1 Limitations

Despite advertising nationally and distributing my research flyer on several social media platforms, very few participants came forward organically. My intention was to sample without the involvement of other psychotherapists, but I ultimately accepted participants who had been introduced to the research by their RP. I cannot be sure of the impact of this sampling necessity, but I view it as a potential limitation; the SO is aware their RP knows they have participated. It raised the question for me of whether the SOs held back in some areas, aware the thesis will be accessed by their RPs, with certain aspects of their relationship exposed. In defence, the 10 sampled in this way did not give a categorically positive account of the impact of psychotherapy training and practice but it would have been preferable to have had all participants engage without RP sanctioning.

Another limitation is researching in a small community where there is a sense that everybody knows everybody else. Despite never divulging the identity of any of my participants or their RP to my academic supervisors, I cannot help but wonder whether the fact that we are all known within the Aotearoa New Zealand psychotherapy community inhibited participation. Conversely, it may have meant that because participation was discussed or sanctioned with some RPs, those SOs may have opened up more.

I regret not making more explicit my invitation to participants from family structures that may be less Eurocentric and, thereby, to open the research up to more fluid conceptualisations of family as recommended by Sanner and Jensen (2021). I did invite 'siblings' to participate, but I was not explicit that this included half-siblings, step-siblings, whāngai siblings.

It was regrettable that SOs who had exited relationships with an RP did not contact me for participation, despite my invitation via snowball sampling. It would be interesting to know whether the relationship broke down due to the impact of the training and practice of psychotherapy and whether they could relate to the mattering theory developed.

I would have liked to interview more Māori participants, although I understand the myriad reasons why this did not happen. I had several opportunities to introduce my research at Waka Oranga-organised poutama (see glossary of Māori terms p. 228). I chose not to do so. I was a new associate member of this rōpū and did not want my membership to be interpreted as tokenistic or a vehicle to recruit research participants. I did meet with a Māori colleague to discuss how I might respectfully encourage participation from Māori

whānau, and I met to discuss this issue with my Māori advisor, Dr Haenga-Collins. Both were encouraging of my research. However, I accept I may have limited this research in important ways with my reticence to pursue Māori participation in a more focused manner.

As a social constructivist, I know I impacted how the theory was developed. I am a psychotherapist and a researcher. I wrote at length about the complications of being an insider and an outsider. I have remained aware throughout this research of the sensitivities of this role and the fact that I will present these findings to colleagues. I understand the importance professionally and personally of facing our vulnerabilities and blind spots, but there were times I worried about the opprobrium of the profession. I cannot say for sure if I unconsciously avoided areas of exploration based on my own insecurities but it would take some hubris to assume that I did not. At the end of my PGR9 presentation, my youngest son stood up and said, "there are good things about having a psychotherapist mother but it is not all good that is for sure. I will be interested in hearing what others have to say about this." That statement served me well, ensuring that I reported as authentically as possible what SOs had to say. However, I will always question what was not said and what was held back knowing that I am 'one of them.'

Regrettably, I did not enquire about RPs' use of technology and how it enters their relationship. Certainly, technology means RPs are much more accessible to clients than they were in the past. It can be a challenge to adequately boundary these intrusions no matter what field of work one is in. Carlson et al. (2018) found that using a mobile device during family time for work purposes increased spousal conflict. Apart from one SO, this aspect of the work was not specifically mentioned. It could be because technology use is so normalised it did not warrant special mention; however, I hypothesise that it is another potential avenue for compromising mattering and would benefit from future exploration.

In summary, these limitations are reflective of researching in a small community and are predominantly characterised by an underlying concern that relationships could be compromised or vulnerabilities exposed. I include RPs, SOs, and myself as researcher and psychotherapist in this cohort. Regardless, I posit that the findings represent an excellent catalyst for strengthening the community and their treasured relationships. I also view the findings as germinating exciting opportunities going forward.

7.13.2 Opportunities

There are many potential avenues for deeper enquiry emerging from this research, particularly concerning understanding more about the specific impact of psychotherapeutic knowledge. Additionally, there is more to understand concerning boundarying the work and how psychotherapists view their skillset in the context of important relationships.

Data included in this analysis do not separate out the experiences of children, parents, and sibling. The theory represents impact that can be generalised to all three relationship types interviewed. However, there is much potential to explore at a more granular level, looking at these individual relationship groupings. As mentioned in the reporting of the results, several SOs mentioned that their sibling(s), who had not come forward to participate, would have vastly different stories to tell me, piquing my interest for further exploration of both direct siblings of the RP and children of the RP who are siblings. In terms of children, I am interested in what factors make one child genuinely like their RP and another vastly different. I appreciate these differences are the appraisal only of the siblings concerned and many variables are unaccounted for, but I exemplify this point with Jules (child) who viewed themself as sharing their RP's ability to attune to people. They described a sibling as having '*the emotional range of a teaspoon*.'

To protect the identity of participants, I chose not to identify any professional information about the SOs; however, there was a striking number of participants from one profession which added to my ongoing curiosity about partner selection and psychotherapists. Do psychotherapists choose partners from socially-oriented professions, or does an RP influence the career choice of SOs?

Another interesting avenue of enquiry would be to look in much more detail at the differences between the psychotherapy trainings. Time, resources, and access to participants prevented me from theoretically sampling further in this regard but I remain curious as to whether, for example, psychodynamic trainings impact mattering in diverse ways compared with trainings with a more humanistic lens.

There is merit in interviewing psychotherapists to hear their view on how the training and practice impacts in the Aotearoa New Zealand context. For example, I am interested in how psychotherapists manage the transformative nature of the training and how do they think it impacts their intimate relationships. I would be interested to know if the concept of the third resonates for them. These explorations would add to the engagement and

value of the theory. I did not write about the impact of time, but I see psychotherapists moving through developmental phases both psychologically and from a professional point of view. I remain curious as to how those who are now retired would view the impact of the training and work on their families and what they would do differently if they had their time over, particularly for psychotherapists who have experienced relationships challenges or breakdown. An expressed desire for a deeper communication presented a few questions: do female RPs yearn for this depth prior to their training, has the training brought a relational deficit into sharper focus, or are there gender politics at play here? The same-sex couple and female partners of male RPs did not express the same frustration in this regard.

Psychotherapy training has historically attracted more women than men in Aotearoa New Zealand, and often these women are returning to the workforce after having children. While I did not focus on gender in this research, choosing to not identify this aspect of SOs or their RPs in my findings, I did note that women RPs in this research, generally shared more about their work with SOs. There is an opportunity to understand much more about how gender impacts training and practice experiences.

In examining the literature reviewed in Chapter Two, I noted that I found some of the same sampling challenges as Pack (2010). She too had to rely on therapists introducing the research to SOs. Given Pack's study was also conducted in Aotearoa New Zealand, I had anticipated there would be some synergies based on culture and context. Both studies illustrated similar themes of concern from children about the impact of the work on the RP. Partners in both studies mentioned the intimacy of the connection between the RP and clients, and the phenomenon of being left behind. In my original critique of Pack's research, I had thought that psychotherapists who must attend personal therapy as part of their training would have less work spillover but, having completed my research, I now revise that position. Data in this research illustrated that having attended psychotherapy did not necessarily ensure adequate boundarying between work and home from the SO's point of view. I hypothesise that what is most likely to mitigate negative work-life spillover is how well differentiated the pairings in the dyad are and their personal attachment histories. There is an opportunity in future to examine attachment histories of SOs and their RPs, and how the PT impacts mattering.

Rosenberg and McCullough (1981) explained that we can be compelled to do things for people who are dependent on us. In the context of this research, I wondered whether RPs perceived that clients were more dependent on them and, therefore, they were a greater

source of mattering than SOs who may be less overt in their communication of dependence. Another potential area of enquiry is whether RPs feel more 'needed' or depended on by clients or their SOs. RPs and their relationship to being depended on, used, parentified, has been explored by others (DiCaccavo, 2002). It is not fresh territory to suggest that psychotherapists may have a complex relationship with dependence but it is an open enquiry whether they readily recognise it as a normal human desire to want to matter. While the focus of this research was SOs, the data illustrated ways that RPs may also be searching for a sense of mattering. It may be why they occasionally overshare aspects of the work, fail to boundary client intrusions, and offer psychotherapeutically infused advice to their children, to name a few. I hope this research is of use to psychotherapists, stimulating compassionate enquiry as to how they engage the PT enacting their own need to matter.

7.14 Rigour: Evaluating Grounded Theory

There are four criteria used to evaluate CGT. They are credibility, originality, resonance, and usefulness (Charmaz, 2014).

7.14.1 Credibility

Using Charmaz's guidelines, this theory has achieved an intimate familiarity with the research topic. It scopes the experiences of a range of SOs, connected through their RPs to a range of psychotherapeutic trainings. There is an even representation of gender and a broad age range. Unfortunately, only one sibling was able to be interviewed and no parents were sampled. In terms of the data gathered, comparisons were made between incidents, between assigned codes, and theoretical categories. A strong link was made between the theoretical categories leading to a cohesive theory that was evidentially grounded in the data.

7.14.2 Originality

There is no current literature illustrating the experiences of psychotherapists' SOs in this way. The theory is original in that it links SOs' experiences to a powerful third entity (the PT) and shows how SOs engage with this third via a dynamic, purposeful set of processes contained in the mattering cycle.

7.14.3 Resonance

The theory encapsulates the full range of experiences found in the data. It spans a range of experiences including those that were peripheral to more expected or predictable findings (e.g., an expected finding was that the RP could be seen as analysing their SO). The theory was shown to some participants who saw it as an accurate representation of the breadth of their experiences and who appreciated the fact that the theory accounted for how changeable and dynamic the impact can feel. It was perceived as validating to have their experiences mirrored by other SOs and reflected in a substantive theory.

7.14.4 Usefulness

The theory has clear utility for trainers who are designing training programmes. It is an easy-to-grasp model of where the priorities should lie for trainees and practitioners if they want to manage the intrusiveness of the PT. It can be built into wellness programmes within training. It can be the catalyst for healthy dialogue in professional development fora. I have also shown the model to trainers in other allied health professions who felt there were significant synergies embedded in the theory that would benefit their training programmes. Apart from training, relationships are a mainstay for remaining healthy. It matters that we matter. When we know we matter, when we let other people know they matter, the communities we live in are destined to be healthier (Prilleltensky, 2020).

It was a validating moment when a senior researcher and facilitator of the AUT grounded theory group mentioned in a meeting (July 25, 2023) that they had reflected on my model and theory recently when deciding whether to attend to some added work demands one evening or return home to their family. They considered mattering and how it impacts those they cared about. They chose to return home. The theory has generalisability in specific ways to psychotherapists who may be characterologically predisposed to pursuing mattering from a very ample source that are clients, and has relevance for many other professionals who may find themselves prioritising their ‘third’ without realising the amplitude of mattering.

7.15 Conclusion

This CGT aimed to illustrate how the training and practice of psychotherapy impacts psychotherapists’ SOs. Using grounded theory methods, the theory **continuing to matter: keeping the psychotherapeutic third in perspective** was developed. CGT is an

excellent method for demonstrating social processes such as mattering. In the face of the transformative and demanding training and practice that is psychotherapy I conclude that for SOs continuing to matter to RPs is the principal concern. This theory demonstrates how the SOs in my study recognised and engaged with changes related to their RP becoming and practicing as a psychotherapist. It highlighted the unique challenges to mattering presented by such a powerful third entity, the PT. The influence of this powerful third was intrinsically linked to the personal functioning of the SO–RP dyad. Depending on how the third was engaged, it could both add and detract value, underpinning mattering in a dynamic way. Many features of mattering can be linked to wellness (Prilleltensky, 2020), emboldening the case for ensuring SOs feel that they matter in their relationships with RPs. Additionally, given the centrality of mattering to individual and collective wellness, the theory brings important insights to the psychotherapy profession in Aotearoa New Zealand and potentially other allied health professionals.

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Abbreviations

AANZPA	Australia and Aotearoa New Zealand Psychodrama Association
ANZAP	Australian and New Zealand Association of Psychotherapy
ANZSJA	Australian and New Zealand Society of Jungian Analysts
ACP	Advanced Clinical Practice
ADHD	Attention Deficit Hyperactivity Disorder
AGM	Annual General Meeting
AUT	Auckland University of Technology
AUTEC	Auckland University of Technology Ethics Committee
BFST	Bowen Family Systems Theory
CGT	Constructivist Grounded Theory
FB	Facebook
GT	Grounded Theory
ITAA	International Transactional Analysis Association
MH	Mental Health
NZAC	New Zealand Association of Psychotherapists
NZAP	New Zealand Association of Psychotherapists
OECD	Organization for Economic Cooperation and Development
PACFA	Psychotherapy and Counselling Federation of Australia
PBANZ	Psychotherapy Board of Aotearoa New Zealand
PINZ	Psychodrama Institute of New Zealand
PPAA	Psychoanalytic Psychotherapy Association of Australasia
PSP	Psychosynthesis South Pacific
PT	Psychotherapeutic Third
RP	Related Psychotherapist

SI	Symbolic Interactionism
SO	Significant Other
TA	Transactional Analysis
TC	Theoretical Category
TS	Theoretical Sensitivity

Glossary of Māori Terms (used in this thesis)

I wish to acknowledge that it is difficult to accurately translate words directly from one language (English) to another (te reo Māori), when the cultures often have quite different worldviews. Te reo Māori can also have several different meanings for a word depending on the context it is used in. I have compiled the following list from the Māori Dictionary Online (Māori Dictionary, n.d.), choosing the definition of the word that best fits its usage in the context of this thesis.

Hapū	kinship group, clan, tribe, subtribe - section of a large kinship group and the primary political unit in traditional Māori society
Iwi	extended kinship group, tribe, nation, people, nationality, race - often refers to a large group of people descended from a common ancestor and associated with a distinct territory
Kaiako	teacher, instructor
Kaiārahi	guide, escort, counsellor, conductor, escort, leader, mentor, pilot, usher
Karakia	to recite ritual chants, say grace, pray, recite a prayer, chant
Kōrero	to tell, say, speak, read, talk, address
Kaupapa	topic, policy, matter for discussion, plan, purpose, agenda, subject, programme, theme, issue, initiative
Mana	prestige, authority, control, power, influence, status, spiritual power, charisma – mana is a supernatural force in a person, place, or object
Manaakitanga	hospitality, kindness, generosity, support - the process of showing respect, generosity, and care for others
Marae	courtyard - the open area in front of the wharenui, where formal greetings and discussions take place. Often also used to include the complex of buildings around the marae
Pākehā	New Zealander of European descent - probably originally applied to English-speaking Europeans living in Aotearoa New Zealand

Poutama	stepped patterns found in woven mats and tukutuku panels. They can represent genealogy and also levels of learning and intellectual achievement
Pōwhiri	welcome ceremony on(to) a marae, welcome, invitation
Rangatira	chief (male or female), chieftain, chieftainess, master, mistress, boss, supervisor, employer, landlord, owner, proprietor - qualities of a leader is a concern for the integrity and prosperity of the people, the land, the language and other cultural treasures (e.g., oratory and song poetry), and an aggressive and sustained response to outside forces that may threaten these
Tino rangatiratanga	self-determination, sovereignty, autonomy, self-government, domination, rule, control, power
Reo	language
Rōpū	group, party of people
Tangata whenua	local people, hosts, indigenous people - people born of the whenua, (i.e., of the placenta and of the land where the people's ancestors have lived and where their placenta are buried)
Taonga	treasure, anything prized - applied to anything considered to be of value including socially or culturally valuable objects, resources, phenomenon, ideas, and techniques
Tautoko	support, backing
Waiata	song, chant, psalm
Wero	challenge
Whakawatea	exiting rituals
Whāngai	foster child, adopted child - this is a customary practice. Often a couple's first child was brought up by grandparents or adopted by one of the brothers or sisters of a parent, but almost always the foster child was a blood relation, usually a close relation
Whānau	family, extended family

Appendices

Appendix A – Psychotherapy Training in Aotearoa New Zealand

The following trainings are recognised as registrable by the Psychotherapy Board of Aotearoa New Zealand (PBANZ). As mentioned in Chapter One, accreditation of psychotherapy trainings is currently in development and not yet finalised. Up until accreditation, the Board has agreed to 'grandparent' practitioners who have undertaken one of their approved qualifications. However, this grandparenting programme will cease in December 2024. After this date only accredited training programmes will be eligible for registration.

Accredited Jungian Analysis Training and The Australian and New Zealand Society of Jungian Analysts Full Membership

Training to become a Jungian Analyst is a demanding 5-year undertaking, requiring both residential and non-residential intensives, online units, infant observation, seminars, psychiatric observation, and personal research and reading with ANZSJA, the Australian and New Zealand Society of Jungian Analysts (2023).

The training is divided into two stages; Trainee and Candidate, that involve both stringent external and self-assessment to progress from one stage to the next. Alongside these requirements, the trainee must be in twice weekly analysis with an ANZSJA analyst. Weekly supervision with an ANZSJA analyst is mandatory in stage 1 and weekly supervision with two ANZSJA analysts in stage 2. Once the training is completed satisfactorily, graduates may use the title 'Jungian Analyst' and apply for membership of ANZSJA which automatically grants membership to IAAP (International Association for Analytical Psychology).

Accredited Psychoanalyst with the International Psychoanalytic Association

In the mid-1940s Dr Maurice Bevan-Brown (1886-1967), a psychiatrist, began a psychoanalytic psychotherapy training programme in Aotearoa New Zealand, after spending some time in personal analysis in the United Kingdom and having worked at the Tavistock Clinic in London. He was also the founder of the New Zealand Association of Psychotherapists (Tudor et al., 2013).

Today, a person can train in psychoanalytic psychotherapy via the New Zealand institute of Psychoanalytic Psychotherapy. This institute established in 1990 is based in Auckland

New Zealand and is both a training and professional organisation. The training requires applicants to have a current registration in a mental health field and preferably already have some knowledge of psychoanalytic psychotherapy. It is a 3-year programme that must be completed concurrently with a strong emphasis on integrating theory with clinical practice. During the 3-years the person must complete two training cases, one of which is seen twice a week for at least 2-years. The second commences after the first 2-years and is again twice weekly therapy with a client for a minimum of a year. The trainee must also be in psychoanalytic therapy or psychoanalysis twice weekly and supervision once weekly with an institute approved therapist. Once completed, the trainee is encouraged to become a member of Psychoanalytic Psychotherapy Association of Australasia (PPAA).

Ashburn Clinic Psychotherapy Programme

This clinic runs a 3-year in-house psychotherapy programme. The training is based on an apprenticeship model where the trainee has an employment contract with Ashburn clinic for the duration of the training. At the completion of this programme graduates are awarded a certificate of completion of the psychotherapy trainee programme and a certificate of completion of the advanced theory of psychotherapy modular series. Trainees in this programme are required to maintain supervision provided by the clinical staff at Ashburn Clinic. Graduates of this programme are eligible for registration with PBANZ.

Auckland University of Technology (AUT) Master of Psychotherapy Adult programme and Child and Adolescent programme.

In 1989, a training programme was established at what was formerly Auckland Institute of Technology, now the Auckland University of Technology (AUT). It was the impetus of Evan Sherrard, along with Joan Dallaway and Peter McGeorge. Together they wrote the original programme outline (Bowden, 2018). This successful programme has developed over the years from a diploma course transitioning to a master's and PhD programme in 2000 (O'Connor, 2018), but the central precepts have remained the same. It values concomitant development of both a theoretical knowledge and an exploration of the trainee therapists' inner world. As O'Connor (2018) writes, this programme emphasises

> students undertaking their own personal therapy, students gaining clinical experience in a range of clinical settings, clinical supervision, learning a range of theory underpinning psychotherapy in clinical practice, developing the emotional self of the student therapist through group-based learning, and developing

> students thinking and understanding of the cultural and socio-political context within which psychotherapy practice is undertaken in Aotearoa New Zealand. (, p. 290)

This training commences with a one-year graduate diploma programme in psychotherapy studies. Entry into the master's programme is via application. Applicants must successfully complete the Graduate Diploma of Psychotherapy Studies with a B grade or higher and show suitability to train in the master's programme. The master's is a 2-year full-time programme or 5-years part-time. (Both programmes may be studied part-time and, therefore, completed over 7-years). The trainee is required to complete a minimum of 28 hours of personal therapy per annum alongside their academic work. A dissertation requirement at the end of the course has produced some excellent research assignments from trainees (O'Connor, 2018). Running in conjunction with this course is the child and adolescent programme.

Australia and New Zealand Association of Psychotherapy

This training began in 1987. It is a 3-year, advanced clinical training in the conversational model of psychodynamic psychotherapy. The course is predominantly run online with some live-in weekend seminars. The conversational model was developed based on the teaching of Dr Robert Hobson and Professor Russell Meares. It is a relational model that deals with many difficult to treat psychiatric illnesses. It has proven to be particularly helpful in the treatment of borderline personality disorder and other difficult to treat conditions. Trainees are expected to have their own therapy and attend individual and group supervision as part of their training (ANZAP, 2023).

Certified Bioenergetic Therapist

Bioenergetic analysis is a psychotherapy modality that privileges both body and mind, encouraging clients to pay concerted attention to tensions within their body, changes in breathing and posture to understand how past hurts are impacting them. This course is run by the New Zealand Society for Bioenergetic Analysis in Wellington. It is a two staged training completed over four years (21 days per annum). The first 2-years are framed as pre-clinical training and the second 2-years clinical training. This course is recognised by NZAP and currently eligible to apply for PBANZ registration under their grandparenting scheme. Trainees in this course are encouraged to engage in regular bioenergetic training and if they wish to be registered, they must meet the PBANZ standards for supervision.

NZAP's Advanced Clinical Practice

Another way to qualify for full membership of NZAP and to be eligible for registration is to complete the Advanced Clinical Practice (ACP) qualification. This is open to any clinician (psychologist, psychiatrist, counsellor, psychotherapist, or person working in the 'helping' professions) who wishes to increase their understanding of complex psychodynamics. The applicant is assigned a training supervisor who provides guidance and clinical supervision that will equate to 5-years' post qualification experience in a psychotherapy graduate programme. Initially the candidate is interviewed by a panel who deems their suitability for this pathway. If successful, the person is granted provisional membership of NZAP and may apply for interim registration as a psychotherapist. To become eligible for full membership of NZAP and to apply for registration as a psychotherapist, written work must be submitted, and a panel assessment completed. This process can take up to 5-years to complete and is recognised by PBANZ as equivalent to a master's level degree (NZAP, 2023).

Psychodramatist Certified by the Board of Examiners of the Australia and Aotearoa New Zealand Psychodrama Association (AANZPA)

Psychodrama uses dramatic enactments to work with life situations that are of concern to an individual. It is intended to help the person find new ways of doing, being in the world and engaging with others. A psychodrama training may also involve aspects of sociodrama and role training. Sociodrama specifically addresses challenges that are found in social situations and groups. It is often employed when working with teams and organisations and examines the social and cultural forces that may be at play in these contexts. Role training uses role theory, delineating an area of a person's functioning, assisting them to improve how they engage in either a personal or professional context (AANZPA, 2023).

In 1973, psychodrama training was established at the University of Auckland by Max and Lynette Clayton. The Psychodrama Institute of New Zealand (PINZ) was established in 1980 and training continued via overseas trainers and local enthusiasts. The Australia and New Zealand Psychodrama Association was set up also in 1980 and training institutes formed that incorporated PINZ (Tudor et al., 2013).

This is an experiential training with courses offered in psychodrama, sociodrama and role training that can be completed in Auckland, Wellington, Nelson, Christchurch, and Dunedin. The length of this training is unspecified, but appraisal of candidates occurs

annually using the standards outlined by the Australian and Aotearoa New Zealand Psychodrama Association. There is an expectation that trainees attend experiential training workshops and attend supervision with an accredited practitioner.

Psychosynthesis

The Institute of Psychosynthesis New Zealand was established in 1986 and, amongst other functions, offered a training programme in this modality. The institute and its training were discontinued in 2018. A new organisation, Psychosynthesis South Pacific (PSP) - an educational trust - is, at the time of writing, in the process of developing a new 2-year Diploma in Psychosynthesis Psychotherapy training. Programme leaders hope to accredit the training with PBANZ once it is running.

There are currently many psychosynthesis practitioners in the New Zealand psychotherapy community. Psychosynthesis was developed by Roberto Assagioli (1888-1974) who was initially trained in psychoanalysis but distanced himself from Freud's belief that adult behaviour was rooted solely in childhood experiences with a focus on pathology. He held a transpersonal view that the soul was the centre of a human being's psychological health and that fundamentally we are all in search of meaning and purpose on the path to self-actualisation (Whitmore, 2014). Psychosynthesis values the interconnectedness of all things, seeing humans as both unique and universal and that the journey in therapy is to examine the obstacles in our life and work (Whitmore, 2014). Psychosynthesis practitioners identify patterns of behaviour in the present that are being maintained by evaluating their usefulness. It connects people with their best sense of what life is about in life-enhancing ways and "emphasises therapeutic work which includes and is not contextualised by a deficit hypothesis, but rather by a context of evolving potential" (Tudor et al., 2013, p. 40).

Transactional Analysis (TA)

TA is a psychotherapy modality developed in the 1950s by the psychiatrist and psychoanalyst Eric Berne (1910-1970). It is underpinned by humanistic philosophies that view human beings as autonomous but inextricably linked to their social environments. According to Berne "the infant is motivated by a psychological hunger for social recognition or intimacy" (Tudor et al., 2013, p. 35). TA regards culture as an important aspect of development and "seeks to understand how culture and psyche interpenetrate and recreate each other (Tudor et al, 2013, p. 36). It can be used in a variety of milieu such as individual and group therapy and in organisational contexts.

There are three TA trainings in New Zealand—Wellington, Christchurch, and The Physis Institute in Dunedin. These trainings are 3-years in duration and lead to TA certification and membership of the International Transactional Analysis Association (ITAA). They are recognised as registrable by PBANZ and at a standard that meets the training requirements for New Zealand Association of Psychotherapists (NZAP) membership.

Diploma in Gestalt Psychotherapy

Gestalt therapy was developed by Doctors Fritz (1893-1970) and Laura Perls (1905-1990). At the heart of Gestalt therapy is field theory (Day, 2015), a belief that all things are connected in time and space (Tudor et al., 2013). This therapeutic approach has its roots in psychoanalysis and can be applied in both individual and group therapy contexts. This modality focuses on the whole person and their functioning in the here and now (Fagan & Shepherd, 1970). A diploma in Gestalt Psychotherapy was developed by the Gestalt Institute of New Zealand in 1991. The training was offered in four stages. It required mostly self-directed learning involving the completion of four modules and 500 hours of supervised clinical training. The institute worked with PBANZ to ensure the qualification met the requirements for registration and it was also recognised as a psychotherapeutic training by NZAP. Gestalt training is no longer offered in Aotearoa New Zealand but there are many qualified gestalt therapists working in the psychotherapeutic community.

I am including a short description of Hakomi Training. This training is not currently recognised by PBANZ but is recognised by NZAP.

Certificated Hakomi Therapist

Hakomi is a body centric therapy developed in the 1970s by Ronald Kurtz (Johanson, 2011). Its principles are influenced by both Taoism and Buddhism focusing on mindfulness, unity, organicity, non-violence and mind-body holism. Training in Aotearoa New Zealand is led by the Hakomi Institute and was first introduced in 1996. There are two training levels; level one is two modules of 6-days each, and level two is four modules of 6-days each. Once these modules are complete a person can continue to become certificated as a Hakomi Therapist (CHT). The length of this study is based on the learning of each trainee but takes 2 to 3-years on average (Hakomi Experiential Psychotherapy, 2012).

Appendix B – Ethics

Auckland University of Technology Ethics Committee (AUTEC)

Auckland University of Technology
D-88, Private Bag 92006, Auckland 1142, NZ
T: +64 9 921 9999 ext. 8316
E: ethics@aut.ac.nz
www.aut.ac.nz/researchethics

19 October 2020

Elizabeth Day
Faculty of Health and Environmental Sciences

Dear Elizabeth

Ethics Application: **20/322 How does the training and practice of psychotherapy impact the lives of the psychotherapist's significant others**

Thank you for submitting your application for ethical review. We are pleased to advise that the Auckland University of Technology Ethics Committee (AUTEC) approved your ethics application at their meeting on 12 October 2020, subject to the following conditions:

1. Provision of an escalation plan in the Researcher Safety Protocol, i.e. an explanation of what will occur if you do not return from an interview at the expected time;
2. Include supervisors' close family in your exclusion criteria;
3. Amendment of the Information Sheet as follows:
    a. Inclusion of funding if granted;
    b. Inclusion of clear advice that you are a researcher not a psychotherapist in this project.

Please provide us with a response to the points raised in these conditions, indicating either how you have satisfied these points or proposing an alternative approach. AUTEC also requires copies of any altered documents, such as Information Sheets, surveys etc. You are not required to resubmit the application form again. Any changes to responses in the form required by the committee in their conditions may be included in a supporting memorandum.

Please note that the Committee is always willing to discuss with applicants the points that have been made. There may be information that has not been made available to the Committee, or aspects of the research may not have been fully understood.

Once your response is received and confirmed as satisfying the Committee's points, you will be notified of the full approval of your ethics application. Full approval is not effective until all the conditions have been met. Data collection may not commence until full approval has been confirmed. If these conditions are not met within six months, your application may be closed and a new application will be required if you wish to continue with this research.

To enable us to provide you with efficient service, we ask that you use the application number and study title in all correspondence with us. If you have any enquiries about this application, or anything else, please do contact us at ethics@aut.ac.nz.

We look forward to hearing from you,

(This is a computer-generated letter for which no signature is required)

The AUTEC Secretariat
Auckland University of Technology Ethics Committee

Cc: tusonj@icloud.com; Keith Tudor; Maria Haenga-Collins

Appendix C – Advertisement

Do You Know A Psychotherapist?

Seeking Research Participants

How has being close to someone who has trained and practises psychotherapy affected you?

Very little research has been conducted into the experiences of people close to psychotherapists and I believe this is an important area of inquiry.

I would like to meet and interview people about their experiences with the intention of understanding how being close to a person who has trained and practises psychotherapy impacts the lives of significant others.

I am looking for people who meet the following criteria:

- Partners, children, parents, or siblings of someone practising psychotherapy
- Have lived with the person practising psychotherapy for a period of more than five years during and / or after their training.
- Are over the age of 18 years

Confidentiality
All information shared will be treated with absolute confidentiality. All efforts will be made to ensure participants remain unidentifiable in the final report and your privacy respected at all times.

If you agree to participate, then I would interview you for approximately one hour and no more than ninety minutes.

A small koha will be offered in appreciation of participation.

If you think you would like to participate or have any further questions, please contact Jane Tuson tusonj@icloud.com or 021 716622. I can send a full participation information sheet to you.

Ngā mihi kia koutou katoa

Jane Tuson

(Jane Tuson is a practising psychotherapist and doctoral student at Auckland University of Technology).

Appendix D – Participant Information Sheet

Date Information Sheet Produced:

28 September 2020

Project Title

How does the training and practice of psychotherapy impact the psychotherapist's significant others?

An Invitation

Kia ora tātou,

Thank you for getting in touch.

My name is Jane Tuson. I am a psychotherapist and doctoral candidate at Auckland University of Technology. I am researching how the training and practice of psychotherapy impacts a psychotherapist's significant others.

If you have lived with a psychotherapist for a period of five years or longer and belong to one of the following groups

- Partner or ex-partner (this includes husbands, wives, civil union partners, or anyone who considers / considered themselves to be the intimate partner of a psychotherapist
- Sibling
- Child
- Parent

then I would like to talk to you about how this experience has impacted you.

Your participation would involve an introductory meeting with me as researcher. This can occur via Zoom, in person, or via telephone. At this meeting I would explain the research to you and answer any preliminary questions you may have. If you agree to participate, and have returned the consent form, I will make a time to interview you. This interview will last approximately one hour and no longer than ninety minutes. Your participation is entirely voluntary. You may also withdraw your participation at any time during and immediately after data collection with no disadvantage to yourself. Participants will not be identified in the writing up of any research findings.

What is the purpose of this research?

There is a small body of research into how psychotherapists perceive their relationships with significant others, but very little research has looked at how people close to the psychotherapist are impacted by the training and work. It is my intention to begin to address this imbalance and give the voice of significant others the opportunity to be heard. I also think there is significant value in conducting research in Aotearoa New Zealand where very little inquiry has occurred amongst those directly and indirectly connected to the psychotherapeutic community.

I hope that there is significant benefit of this cohort of people having their voice heard, that psychotherapeutic training may reflect on and share the findings in order to better support significant others.

The findings of this research will be published in a thesis may be used for academic publications and presentations.

How was I identified and why am I being invited to participate in this research?

You have received this participation information sheet because you have expressed interest in participating in this research through responding to an advertisement.

You will have responded to advertisements placed in any of the following fora:

- Community newspapers
- University / Polytechnic / Te Wananga o Aotearoa noticeboards nationwide
- Social media posts on Facebook, Twitter, LinkedIn, Instagram, Neighbourly

The research cannot proceed until your full consent has been received.

Selection

Participants will be selected on a first come first served basis. They will have to meet certain inclusion criteria

If you have lived with a psychotherapist for a period of five years or longer and belong to one of the following groups

- Partner or ex-partner (this includes husbands, wives, civil union partners, or anyone who considers / considered themselves to be the intimate partner of a psychotherapist
- Sibling
- Child (including whangai, adopted, fostered children)
- Parent (including step-parents)

Who cannot be interviewed?

- Any current or past psychotherapy client
- Family members of current or past clients – I will ask you whether to the best of your knowledge if any of your family members have engaged in psychotherapy with me. Additionally, if I know of any connection to past or present clients I will not be able to proceed and nor will I be able to share the identity of the connected client. I will just explain to you that there is a dual relationship and we will not be able to proceed.
- Anyone under the age of 18 years.

How do I agree to participate in this research?

You will have responded to an advertisement either by phone, text or email.

I will make contact with you by phone or email and send you a copy of this participation form and a consent form. I will then invite you to contact me within four weeks of our initial phone or email contact to indicate whether you are happy to proceed with the research.

If you have any further questions, I will make time to talk to you either by phone or in person. The interview will not proceed until you are satisfied your queries have been answered and the consent form has been signed. In the event that we are in a Covid-19 lockdown, I will ask whether you are happy for interviews to proceed via Zoom or Skype. Because of the nature of this medium, and because I need to be sure the person I am interviewing is the same person who has given their written consent, there will be the following precaution:

- I will go through the consent form online with you, asking you the same questions as the written consent form. This will be audiotaped.
- At the end of this process I will ask,

  Do you agree to take part in this research?

  If the answer is yes, we will end that Zoom call. That consent process will be a discrete conversation.
- We will then commence the research interview via another Zoom call that will also be audiotaped.
- If the answer is no, I will thank you for your time to this point and not progress further.

Your participation in this research is voluntary (it is your choice) and whether or not you choose to participate will neither advantage nor disadvantage you. You are able to withdraw from the study at any time. If you choose to withdraw from the study, then you will be offered the choice between having any data that is identifiable as belonging to you removed or allowing it to continue to be used. However, once the findings have been produced, removal of your data may not be possible.

What will happen in this research?

Participants will be interviewed at a location that is agreed by the researcher and participant.

The options are in my office, at an office at AUT, on a marae, in your home or via Skype or Zoom. These interviews will be digitally recorded and last no more than ninety minutes. During this time I will ask you questions about the ways being the significant other of a psychotherapist has affected you. Depending on the information obtained during the initial interview, a follow-up interview of about 30 minutes duration, clarifying or expanding on what you have already said, may be requested. You may choose to discontinue your participation at any time in the data collection process.

I will transcribe the interview. There is the possibility that a professional transcriber may be engaged to do this task, however it is not my preference. If a professional service is engaged, I will contact you and ask for your written consent for this to happen. The transcriber will have to sign a confidentiality form that will prevent them from sharing any of the information that they transcribe.

Once the interview has been transcribed, I will give you a copy to read. You will be able to alter, expand, and retract anything that you read. You may also withdraw from the research at this stage.

If you are happy with the transcription, I will then analyse the data. At all times protecting your confidentiality is paramount.

The results of this data collection will be written up in a thesis.

What are the discomforts and risks?

Talking about relationships can touch on sensitive topics that are deeply personal. You may feel quite vulnerable talking about your experiences and it may arouse some quite intense feelings. You may also worry that participating in the research will negatively impact your relationship with the psychotherapist in your life.

How will these discomforts and risks be alleviated?

AUT Health Counselling and Wellbeing is able to offer three free sessions of confidential counselling support for adult participants in an AUT research project. These sessions are only available for issues that have arisen directly as a result of participation in the research and are not for other general counselling needs. To access these services, you will need to:

- Drop into our centres at WB219 or AS104 or phone 921 9992 City Campus or 921 9998 North Shore campus to make an appointment. Appointments for South Campus can be made by calling 921 9992
- Let the receptionist know that you are a research participant, and provide the title of my research and my name and contact details as given in this Information Sheet

You can find out more information about AUT counsellors and counselling on http://www.aut.ac.nz/being-a-student/current-postgraduates/your-health-and-wellbeing/counselling.

You will be given a list of government support agencies that you can contact for support such as Lifeline and the Mental Health helpline.

If you do not live in Auckland, I will provide you with helpline numbers where there are free services to support you. You can also contact AUT Health Counselling and Wellbeing and arrange three sessions via an electronic medium.

What are the benefits?

Participants may benefit from having their experience heard, of awareness being brought to their experience when it has historically been overlooked. It may have also invite reflection on experience that is useful for personal development.

Psychotherapy trainers / educators may also benefit from this research by being able to introduce and reflect on the research findings in their training programmes. Psychotherapy trainees may in turn find it beneficial to share the findings with the significant others in their lives.

There are benefits to me as the principle researcher. I will improve my understanding of the impact on significant others that will directly impact my personal relationships. I will hopefully obtain a PhD at the completion of this study.

How will my privacy be protected?

There are a number of ways that your identity will be protected during this process.

a) It is my intention to transcribe all interviews personally. If for any reason the interview needs to be transcribed by a professional transcriber due to time constraints, you will be contacted and your consent sought. The transcriber will sign a confidentiality agreement that protects all material being transcribed.
b) You will be assigned a pseudonym that has no connection to you for the purposes of analysis.
c) The type of method being used for analysis does not require that actual verbatim be included in the thesis. However, if examples are used, they will be chosen judiciously. All identifying features of the participant will be removed. Where possible, gender pronouns will be changed to gender-neutral pronouns unless the gender is especially relevant. For example a sentence that was transcribed as "she felt that her partner was often absent" would be altered in the body of the thesis to read, "they felt that their partner was often absent."

d) The same care will be taken to protect the identity of all participants should the findings be included in publications or verbal presentations.
e) When I conduct the interview I will collect demographic information from you and you will be assigned an identification number that links with your given pseudonym. This information will be stored, with your signed consent form separately from the actual research data (transcribed interviews).
f) Consent forms and demographic information will also be stored at AUT with a supervisor not connected to the psychotherapy community.
g) All research data will be stored on a password protected, external hard drive and kept in a locked filing cabinet at AUT.
h) **Importantly,** I am aware that the psychotherapy community in Aotearoa New Zealand is small which may mean that only l**imited confidentiality** is possible but great care will be taken to prioritise this aspect of the research.
i) All material related to this research will be destroyed after six years post the publication of the thesis.

What are the costs of participating in this research?

Your time is the biggest cost to you. I would estimate that two hours of your time would be the maximum commitment. You will be offered a modest kohā for participating as a means of expressing my gratitude for your collaboration and to help with costs such as petrol and parking.

What opportunity do I have to consider this invitation?

I will make contact with you by phone or email and send you a copy of this participation form and a consent form. I will then invite you to contact me within **four weeks** of our initial phone or email contact to indicate whether you are happy to proceed with the research.

Will I receive feedback on the results of this research?

I will post or e-mail you a copy of the summary of the research findings if you would like to receive this information. This could be between 1-3 years after you are interviewed depending at which stage of the research you are interviewed.

What do I do if I have concerns about this research?

Any concerns regarding the nature of this project should be notified in the first instance to the Project Supervisor, Dr Elizabeth Day. elizabeth.day@aut.ac.nz. She can also be contacted on +64 204211000 or 09 9219999 ext. 7026.

Concerns regarding the conduct of the research should be notified to the Executive Secretary of AUTEC, *ethics@aut.ac.nz*, (+649) 921 9999 ext. 6038.

Whom do I contact for further information about this research?

Please keep this Information Sheet and a copy of the Consent Form for your future reference. You are also able to contact the research team as follows:

Researcher Contact Details:

Jane Tuson

tusonj@icloud.com

+64 21716622

Project Supervisor Contact Details:

Dr Elizabeth Day. elizabeth.day@aut.ac.nz. She can also be contacted on +64 204211000 or 09 9219999 ext. 7026.

Approved by the Auckland University of Technology Ethics Committee on *12 October 2020*, AUTEC Reference number *20/322*.

Appendix E – Consent Form

Project title: ***How does the training and practice of psychotherapy impact the lives of the psychotherapist's significant others?***

Project Supervisor: ***Dr Elizabeth Day***

Researcher: ***Jane Tuson***

- ○ I have read and understood the information provided about this research project in the Participant Information Sheet dated 28 September 2020
- ○ I have had an opportunity to ask questions and to have them answered.
- ○ I understand that notes will be taken during the interviews and that they will also be audiotaped and transcribed.
- ○ I understand that a professional transcription service may be engaged and this service will be bound by a confidentiality agreement. I will be informed of this engagement prior to it occurring and will give written consent.
- ○ I understand that follow ups may be conducted by email or phone rather than face-to-face interview if that is my preference.

WITHDRAWAL

- ○ I understand that taking part in this study is voluntary (my choice) and that I may withdraw from the study at any time without being disadvantaged in any way.
- ○ I understand that if I withdraw from the study then I will be offered the choice between having any data that is identifiable as belonging to me removed or allowing it to continue to be used. However, once the findings have been produced, removal of my data may not be possible.

CONSENT

- ○ I agree to take part in this research.
- ○ I wish to receive a summary of the research findings (please tick one): Yes○ No○

Participant's signature: .....

Participant's name: .....

Participant's Contact Details (if appropriate):

.....

.....

.....

.....

Date:

Approved by the Auckland University of Technology Ethics Committee on AUTEC Reference number

Note: The Participant should retain a copy of this form.

Appendix F – Safety Protocol

Project Title
How does the training and practice of psychotherapy impact the psychotherapist's significant other?

Applicant
Dr Elizabeth Day

Primary Researcher
Jane Tuson

At whose property will the research be undertaken?
It is unknown what location participants will opt for when agreeing to participate, however there is the option for them to be interviewed in their own home.
If at their home, the primary researcher Jane Tuson is asking that the participant choose a space where they are unlikely to be interrupted by others for a period of ninety minutes maximum.

What access permissions are needed to undertake the research at the chosen location?
The participant will have indicated via email that they would like to be interviewed in their own home.

Who else is aware of the researcher's itinerary and research schedule?
An email will be sent to the third supervisor in this research project who will be the kaitiaki (caretaker) of the contact details. The email will notify the supervisor of the address of the participant, with an attached Google map. Included in the email will be a timeframe for the interview.

What level of support is available?
All three supervisors will be notified of the scheduled interview. Only the third supervisor will know the name and address of the participant.

A text will be sent to the spouse of Jane Tuson at the commencement and end of the interview. In the unlikely event that the researcher is in danger, Jane will notify her spouse who will call the appropriate authorities. Her spouse will also have the contact details of Dr Haenga-Collins who will have exact location details.

Who has been in touch with the participants and what advice have they been given?
The principle researcher will have been in touch with the participant. They will have read the guidelines for participation. They will sign a hard copy of the consent form in duplicate, in Jane's presence prior to the commencement of the interview. She will leave a copy of this consent form with them.

Appendix G – Sample Questions

Sample of some questions that may be asked

- Can you describe what it is like to be intimately connected to a psychotherapist?
- How has this relationship with a psychotherapist impacted your other relationships?
- If you knew this person prior to them training, can you describe any changes you noticed in them during their training and since becoming a psychotherapist?
- Are there things you miss about your relationship pre the psychotherapist doing their training?
- How do you feel about them and the relationships they create at work?
- In what ways do you think knowing about psychotherapy has influenced the way you work, relate, and think about things in your world?
- In what ways could the training have supported you while your significant other was in training?

Appendix H – Transcriber Confidentiality Agreement

TE WĀNANGA ARONUI O TĀMAKI MAKAU RAU

Confidentiality Agreement

Project title: ***How does the training and practice of psychotherapy impact the lives of the psychotherapist's significant others?***

Project Supervisor: ***Dr Elizabeth Day***

Researcher: ***Jane Tuson***

√ I understand that all the material I will be asked to transcribe is confidential.

√ I understand that the contents of the tapes or recordings can only be discussed with the researchers.

√ I will not keep any copies of the transcripts nor allow third parties access to them.

Transcriber's signature: .....

Transcriber's name: .....Shoba C Nayar.....

Transcriber's Contact Details (if appropriate):

...email: snayar19@gmail.com.....

.....

.....

.....

Date: 25th March 2021

Project Supervisor's Contact Details:

Dr Elizabeth Day.....

Phone +64 9 921999 xtn 7056..... .....

Email: Elizabeth.day@aut.ac.nz .....

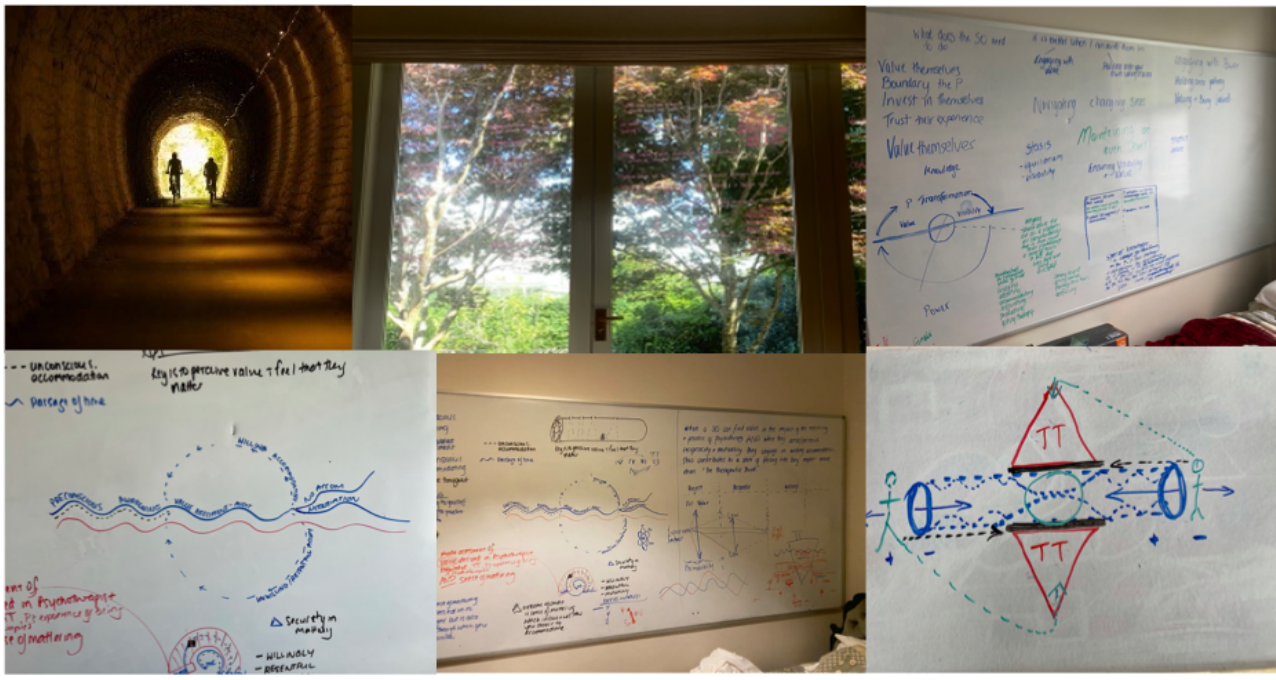
.....

Approved by the Auckland University of Technology Ethics Committee on 2 November 2020.

AUTEC Reference number 20/322

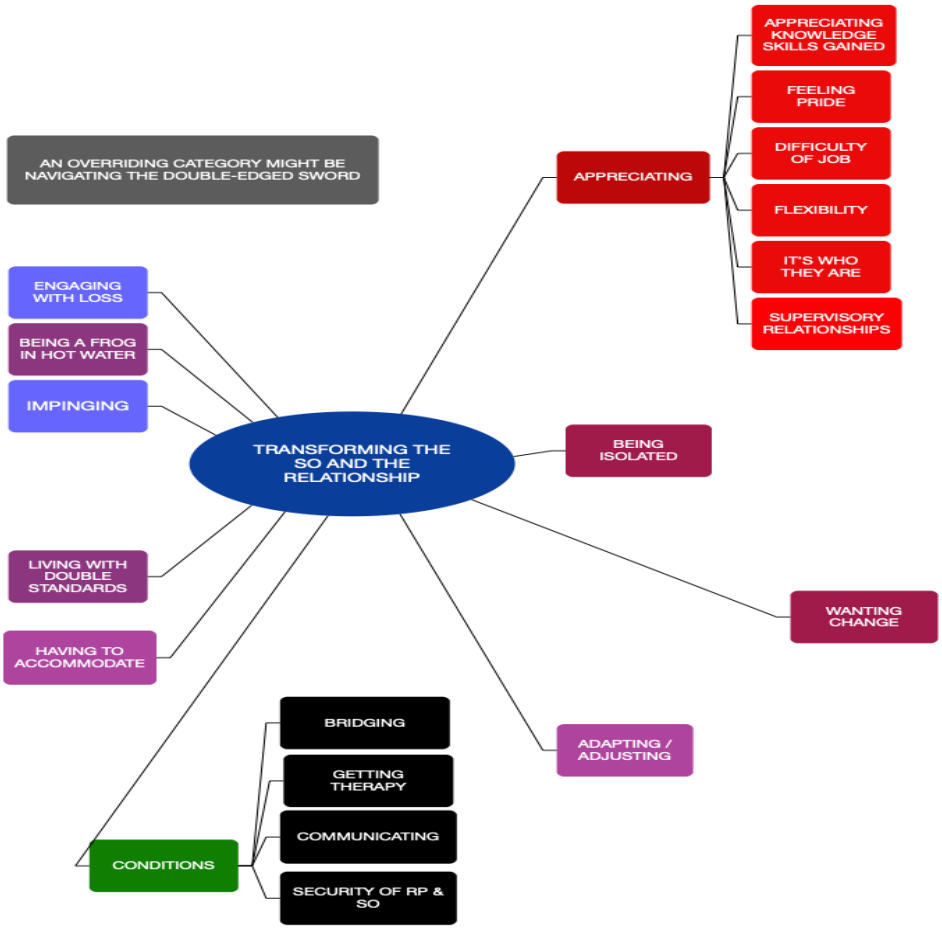
Note: The Transcriber should retain a copy of this form

Appendix I – Sample Using Visuals and NVivo



Endless Musings and Doodlings Dec 2021 to Feb 2023

NVivo Diagram- 5 May 2022

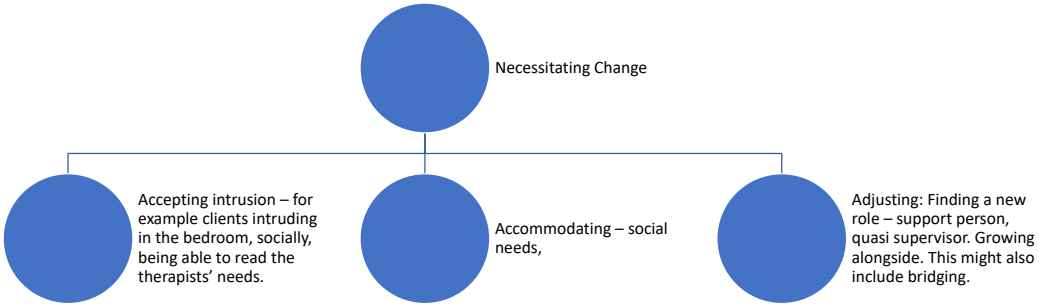


Appendix J – Visual Audit Trail of Theory Development

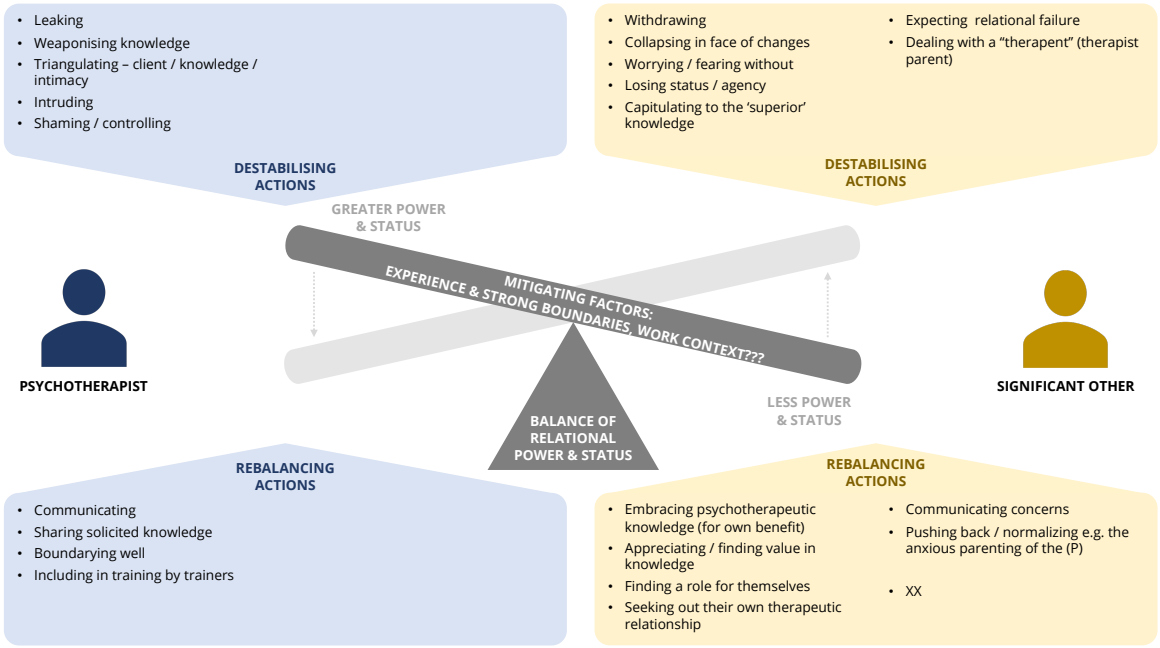
5 February 2022

There is the passage of time that has a significant impact with a lot of these things. Sometimes they are warned that relationships can suffer during this process, but no one says why or how. Sometimes the impact is obvious – time away from each other

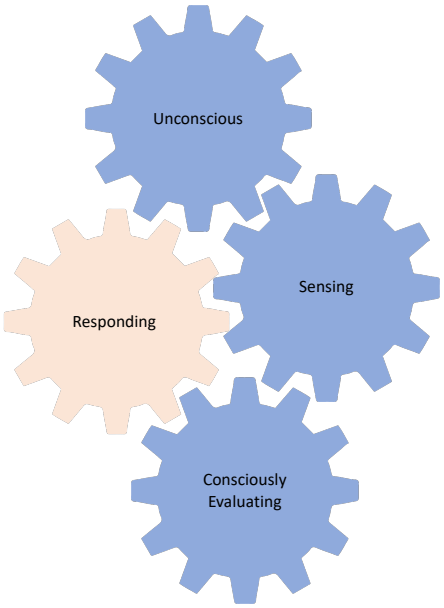
communicating
reinventing
time
getting own therapy
finding a joint project
are there professions that are a natural fit like teaching /
having a role that means you have value helps



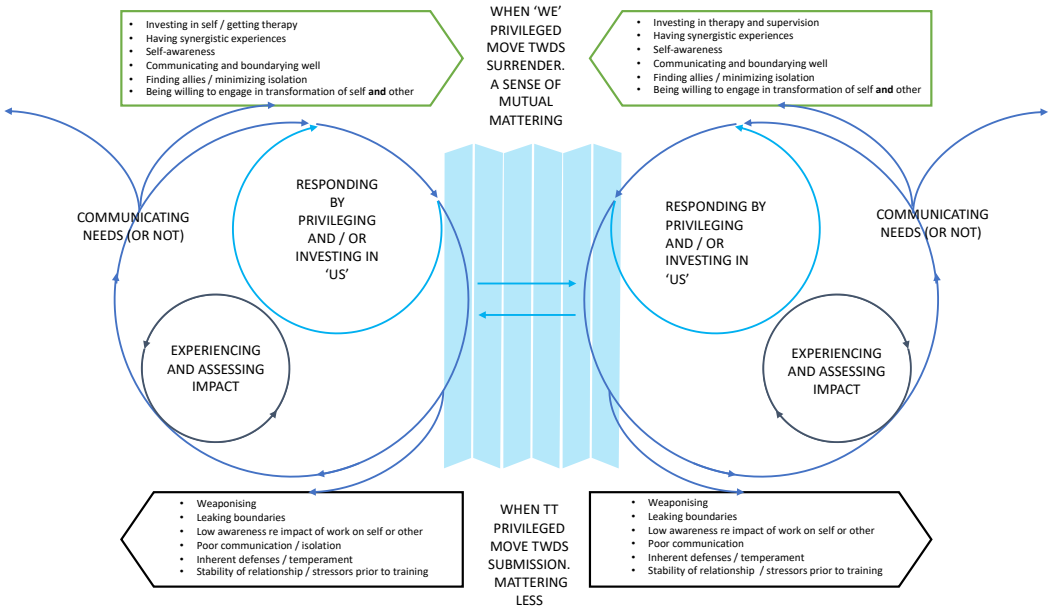
7 March 2022



22 October 2022



20 September 2022

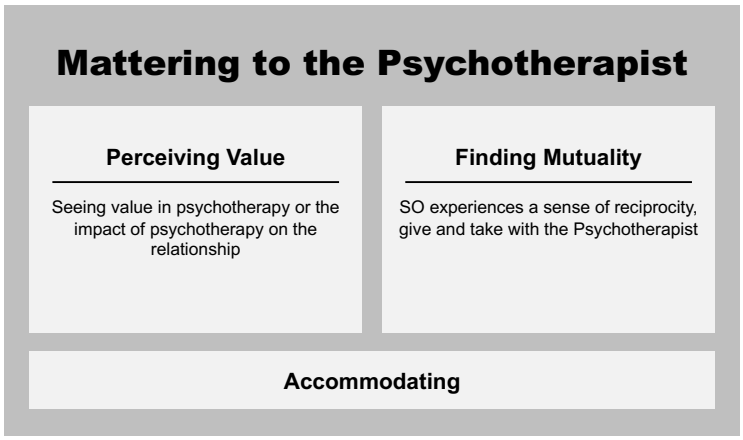


29 October 2022

19 December 2022

Overarching Theme	Experiencing Value	Experiencing devaluing
Sub-categories	• Knowledge – appreciate and embrace • Self – mattering – so push back, boundarying, • P – appreciate that they love the work, supporting, • The work – doing good, understanding the rules, the demands, need for supervision, engaging with own therapy • HOW • Inviting in and being invited in • Boundarying by all parties • Adapting willingly bc it makes sense • Experiencing reciprocity • Having an appreciated role • Communicating well • Negotiating • WHO • Those who feel secure in own functioning • Those who are comfortable with conflict and pushing back • Those who had a platform on which the relationship was solidly held – faith, explicit values, • Those who had a secure P who could engage with own vulnerabilities. • Those who had Ps who enacted reciprocity and respect and who did not think their knowledge bestowed special status • Those who did not idealise psychotherapy • WHEN • There is reciprocity • There is clear communication	• By Self – feeling not enough, losing impt role • By P – weaponising, blaming, • By wider profession – not paying attention, joking, not knowing, not asking, not attending to, demanding time • The work – secret society, double standards, • HOW • Impinging • Weaponising and pathologising • Feeling shut out – from work • Having needs minimised • Coming up against the DS and defenses of the P • Coming second • Having to navigate the 'small community' and the professional judgment. • WHO • People who tend to 'please' • Those who find emotional communication challenging • Those who felt unsettled by intimacy of the work • Those who felt the P was too burdened to take any more • Ps who think they are doing god's work or who do not consider the impact on the SO • WHEN • There is a power imbalance in the relationship • Both parties have unresolved trauma of their own • There is financial implication, or investment in self in not financially viable

29 January 2023



29 January 2023

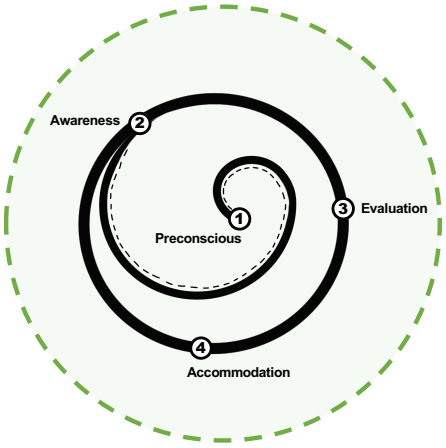
① | Pre Conscious

The state before the SO becomes aware or awake to an impact of Psychotherapy. During this time, the SO may be unconsciously accommodating the Psychotherapist – as indicated by the dashed line.

② | Awareness

xxx

The SO's pursuit of mattering



Key

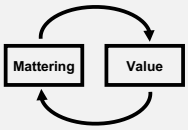
— Movement of SO through phases

– – Unconscious Accommodating by SO

– – Forces and conditions that influence the SO's pursuit of mattering

③ | Evaluation

Evaluation of both SO's sense of mattering to P and SO's perception of value in: Psychotherapy and/or the impact on the relationship. The evaluation of mattering and valuing are interconnected whereby the evaluation of mattering influences perceived value, and vice versa.

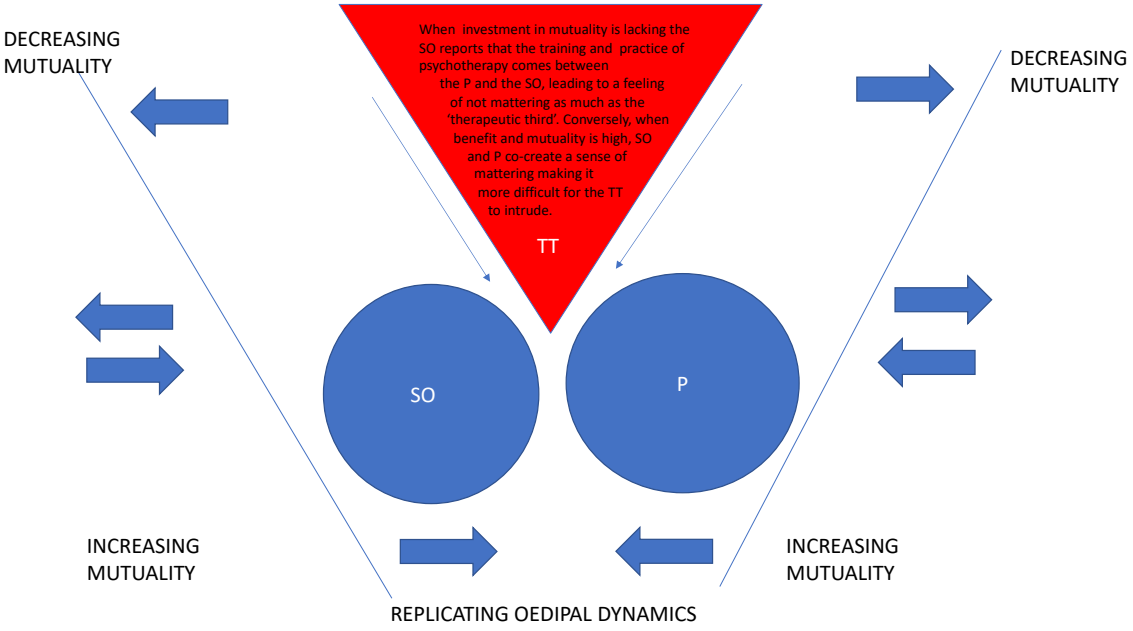


④ | Accommodation

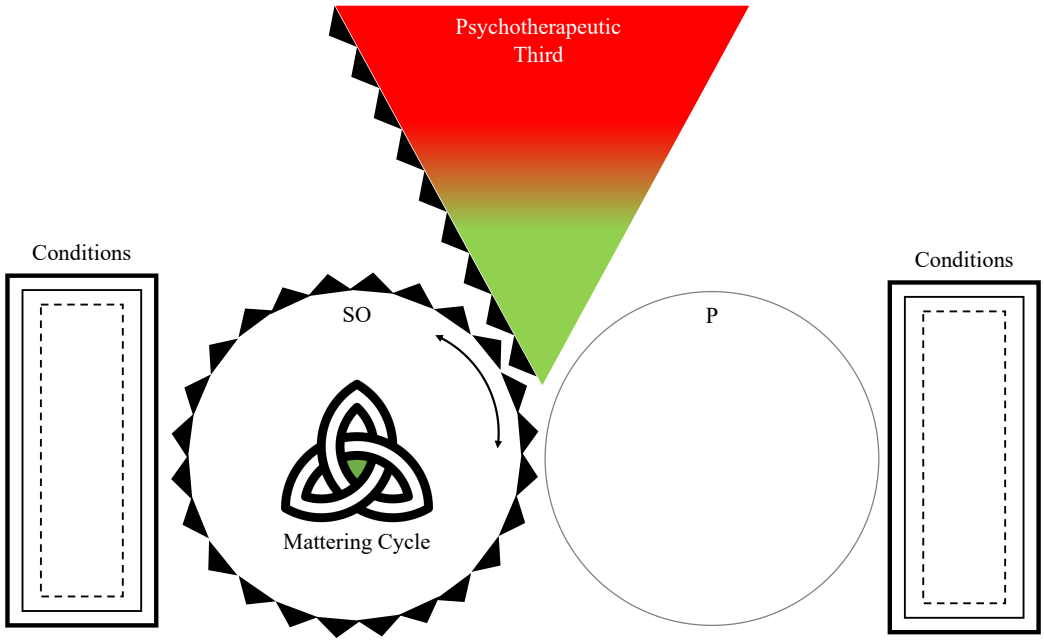
The act of adapting or changing something to accommodate the impact of Psychotherapy and/or the Psychotherapist in the relationship. This can be on a continuum from willing accommodation to resentful accommodation. It is also possible that the SO chooses not to accommodate.

Resentful Accommodation | Mutual Accommodation | Willing Accommodation

25 February 2023



June 2023



Appendix K – Sample of PhD Diary

6/11/20	Had meeting with HF. She said to ask Keith about Kathryn Ryan and whether it would be good to talk to her about the research. HF reminded me about memoing and writing down how I made decisions so there is clear process in the research. Write down what I learned and when. Speak of what the experience was like and the impressions I got. She said when things are not flowing, that is a good time to write a memo or draw a diagram	
16/11/20	Interviewed MF. In their home setting. Felt quite nervous but quickly realized that the simplest question was like opening a floodgate. Was so struck by the willingness to talk and the openness. This is a practice interview to prepare me for interviewing the SO of Psychotherapists. It also helped me think more specifically about the questions and what information I might like to collect about the demographics for the interviews. I could hear the similarities between what MF was saying and what I have heard my own family members say and I started to think about some things that may link them. I noticed the vernacular was peppered with psychodynamic words or phrases. There was a protectiveness and a realization that the parent has brought skills that made the offspring different. I felt incredibly lucky to be having this conversation. Also found that voice recorder hadn't worked which reminded me of the importance of having two recording devices on the day.	
25/11/20	Meeting with Elizabeth, Keith, and Maria (via Zoom). We discussed the sampling – who should I include. There were differing opinions, Keith stick with psychotherapists, Elizabeth open it up, and Maria more about keep them up your sleeve maybe for down the track.	In the end I have decided to stay with psychotherapists for now. I will contact the people who have responded and ask whether they are willing to stay on a database if I should

	Keith is going to get me the names of the people running various psychotherapy trainings so I can contact them and ask them about the training etc. Decided I should change the ad to be more specific about wanting psychotherapists. Do not do this until next year when people are fresher and might be more enthusiastic. Elizabeth suggested in the interim I read a couple of articles about coding. Don't overwhelm myself with things.	decide to open up inclusion criteria
28/11/20	Emailed two people who had answered the advertisement. One was a person whose parent was a psychologist. I have explained that I cannot progress with this at the moment as I am sticking with psychotherapists. The other person is a potential candidate. Two other people who are partners of psychotherapists have contacted me. Have sent the consent forms and participation notes to them both. Neither have responded. Will follow up AV this week and see if I can get a time. Literature Searches: • What are the data suggesting or pronouncing. • From whose point of view • Reflect on the action	Revisit child of psychologist.

Appendix L – Illustration on Memoing Focusing on One Concept – Boundarying

BOUNDARYING 2 AUGUST 2021

BOUNDARYING is this a condition or something that influences outcomes for the SO? The codes connected in a way are the things done in response to the boundary violation or a well-held boundary.

- Pushing Back
- Coming second
- Losing status
- Feeling reassured
- Feeling secure
- Understanding importance of supervision
- Learning the rules around confidentiality

Boundarying in this research has some interesting reach. It appears that there is an issue keeping detail of the work in the room. This can mean that inadvertently SOs are pulled into semi-supervisory roles where they are told things and expected to hold the information e.g. hearing about the intimacy between therapist and client which can arouse feelings of being on the outside of something but with no power to do much about it.

This collapse of boundary may also have a role of keeping the couple connected or be a way of the RP having some 'specialness' for the SO. Do RPs share the info to convey what special or important work they do or is it that supervision is not enough to contain the intensity of the work? Nonetheless the (SO) is left with something. Maybe a 'too muchness' that they cannot control?

Boundary violations can also occur when the therapist gives unsolicited interpretations / advice / intrusions on privacy See interview 1,2,3, etc.

It appears at times as if there is no off button for the therapist.

There are instances where the therapist boundaries well and this creates a level of comfort and safety for the (SO) and the relationship. However, I think this was only seen in partners not parents of (SO)s. Need to theoretically sample to see whether there are well boundaried parental relationships. Can I interview the child of a male psychotherapist?

I am starting to see there might a link between weaponising and boundarying.

I wonder too about the smallness of the community. This is referenced several times by participants — everyone knows everyone. This means that the (SO) must somehow protect the (RP) – can't talk about the (RP) openly in therapy because their therapist might know the (RP) or know their supervisor - there is this interconnect-ness that is limiting to the (SO). However, there were exceptions - I can think of two interviews - Harper and Cedar where this was not the case. They are children of therapists. They did not feel like they needed to hold back in therapy but perhaps they have issues with boundaries in other contexts? Check.

BOUNDARYING 22 DECEMBER 2021

I was told to storyline in GT group and then Elizabeth said go back and look more clearly at the categories. Am I rushing something? When I looked closer at boundarying, I think there were a number of things that had been lumped into that category but when I looked again at the code and the context, I saw that it wasn't really about boundaries necessarily. It was more about having to ACCOMMODATE something. It could be that the SO was doing this volitionally or it could be that they had been coerced into accommodating. The accommodating and ATTUNING that happened was potentially to keep something going between the SO and RP. I wondered whether it was to create a currency of sort in the relationship, to hold value. Was there a sense that the RP could be lost to the client/s if you didn't find a way to be of use to them?

BOUNDARYING 13 FEBRUARY 2022

Looking again at boundaries. Not only can the RP violate the boundary in some way but there is evidence that the SO perceives others in the profession to not be trustworthy or intrusive. Think about Harper and their RP having psychotherapist friends over – Harper resented the questioning from the psychotherapists. It felt intrusive. Also SOs sometimes talk about not being able to go to a therapist that their partner knows. Children of psychotherapists did not really mention this until I asked about it, but partners did. Are they not able to trust that they their RP would be safe if they were brutally honest about things? Next interview, address this. Look at other codes where there is a sense of protecting the RP. It feels like another double-edged sword element. The RP may want to tell their personal therapist about their RP's failings, but they also don't want to expose their RP.

BOUNDARYING 27 JULY 2022

LEARNING TO BOUNDARY THE INTRUSION

This might be something that happens over time. Calder says that they didn't feel that intruded on by the training, but they were quite young when the RP trained. Is this linked to age and stage of relationship — for example if you train young, are you more likely to accept the changes in a partner, or if you haven't got kids that add other stressors are you more tolerant of the training demands, or if you are also learning a skill or studying? Boundarying doesn't seem to be an issue when the SO knows they are a priority.

BOUNDARYING 23 DECEMBER 2022

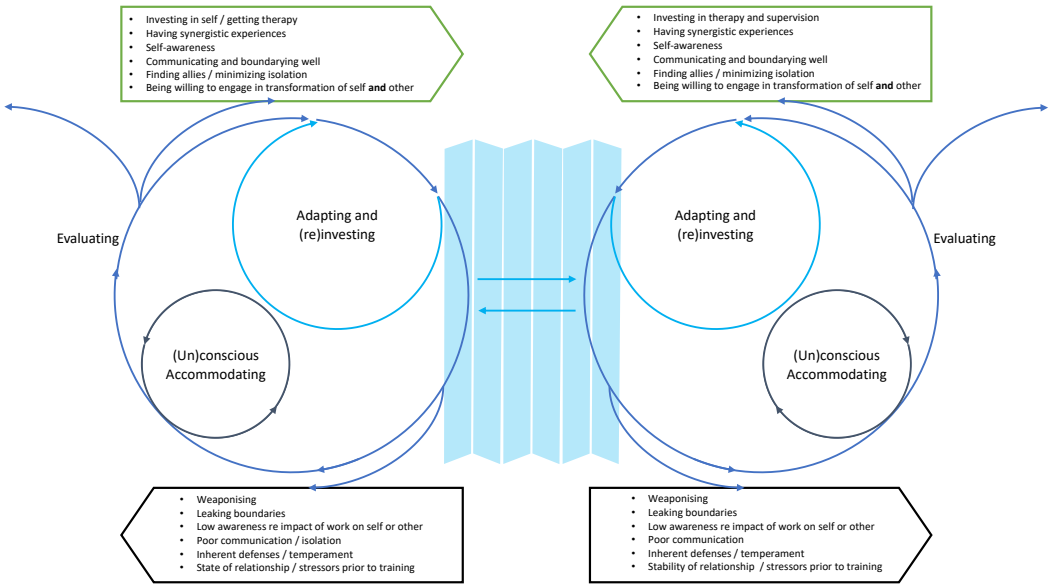
WHY DO SOs NEED TO BOUNDARY?

They need to preserve a sense of self.
They need to protect the RP (in their personal therapy context).
They need to preserve something in the relationship.
They have to compete with psychotherapy.

Appendix M - Example of Early Storylining 3 October 2022

Kia ora Elizabeth and Keith,

Can we please discuss this at our next meeting? I have continued to work on the diagramming.



This is as clear as I can be at this stage, in a diagrammatic form, about how the training and practice of psychotherapy impacts the psychotherapist's significant other.

- The two larger circles represent the sense of themselves and the other.
- The blue concertina represents the relationship. It is depicting how this can move closer and further away from each other depending on the elements which are listed in the large arrows above and below the circles. There are conditions that, when enacted, bring the dyad closer together, and conversely there are conditions which can drive the dyad further apart. These are not either-or experiences. There can be movement between the forces in very dynamic ways.

I have deliberately chosen a concertina to illustrate how dynamic this can be, moving backwards and forwards over time, in micro and macro ways. The circles illustrate what the SOs have described as the process of being in relationship with the RP. It is a dynamic,

intrapsychic, and interpersonal experience. I believe the data describes the multitude of ways that the SO is 'in' something that they don't always realise is happening to them.

The Unconscious Experience

There are many examples where SOs make comments like, 'to be honest I didn't realise that was happening,' 'I was like a frog in hot water,' 'we just seemed to go along with it,' 'I just thought I had to support them in this way' etc, etc. Sometimes the realisation has occurred during the interview. Many people say things like 'to be honest until you just asked me that question, I hadn't realised … but yes I do think the work impacts intimacy' and so on.

I think an accommodation can happen out of awareness and occasionally it may be a pathological type of accommodation. I don't really like the term pathological but according to Brandschaft, PA is characterised by "unconscious, compulsively, self-limited behavior" p.48 It serves the purpose of keeping us in relationship with important attachment figures. For example, some participants said they had realised that they tended to just please or be a pleaser. There is also 'healthy' accommodation that occurs in all relationships. It is a conscious adaptation that helps us stay in relationship, but I think that these adaptations occur after an evaluation of impact has occurred for SOs.

Evaluating

I think there follows a 'waking up to the impact' and a kind of evaluation that occurs. There are many examples within the data of statements indicating that the SO was in a process of working something through or working something out. Often this was influenced by going to therapy or challenges from other people in the person's life. This evaluating process often meant that the SO could see the value, as well as the deficits of being in relationship with the RP. Again, so often which side of the ledger this fell, depended on the conditions, such as boundarying, communication, self-awareness `— all related to the functioning of the people and how well resourced they were.

While I have not been able to interview anyone who has left a relationship or severed a relationship with an RP, I think it is at this phase that a SO would leave, or withdraw, *or* they would continue to circle through these phases.

Adapting and (re) investing"

Adapting is the consequence of the evaluation. There are myriad of adaptations that a SO makes to stay in relationship with the RP. This might be boundarying what they share

with the RP to manage the impingement. It may be that they engage in activities that bridge the divide they are feeling / experiencing. They may appreciate the osmotic growth that has occurred and use the skills / knowledge gained for their personal benefit, they may create a role that is symbiotic e.g., listen to the RP talk about work to get a sense of what goes on, or to feel they are valued by the RP. They may turn to therapy to understand their own functioning and to mitigate the negative impact of the RP and their work. They may also adapt in non-generative or more negative ways such as withdrawing, accommodating resentfully, censoring.

I have some thoughts about a tendency for the RP to have certain intrapsychic needs met in the work that may be linked to their own families of origin. Perhaps they accommodate client needs consciously which then leads to a particular type of enactment in families? If the RP privileges client needs in ways that are masochistic, or that answers a need inside the therapist, then does this make them more likely to act out more sadistically with those who do not revere or elevate them like a client might? Power dynamics are an interesting undercurrent in these dyads.

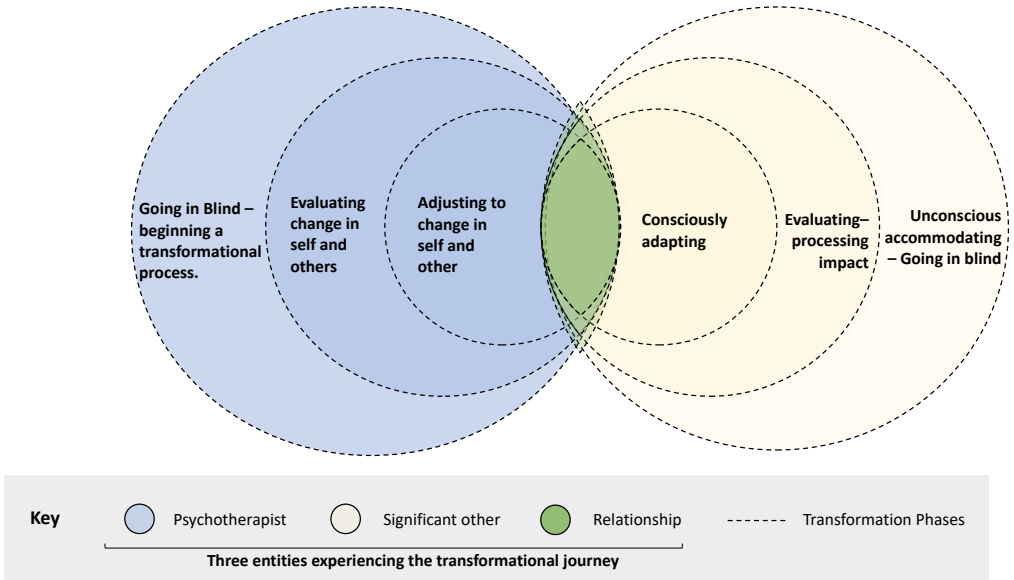
I think that the diagram attends to the double-edged sword and how things can change over time, and that it is happening continuously. I don't think things get to a point where you are through being impacted by the RP. I think, depending on the state of the relationship, the developmental stage (for example, whether you are in the throes of retirement or individuation), how well the work is boundaried or understood etc. all impact whether you cycle around repeatedly. I cannot stress enough how boundarying impacts the relationship. There is a lot to say about this. It is complex because sharing our knowledge is a normal thing to do. The shame is that we are in the business of assessing and understanding human functioning. This means that there are more opportunities than most professions to share an opinion, but I think when it is unsolicited advice, or pathologising, it naturally undermines the relationships. Those who spoke most fondly of their RP were those who felt that the work spill-over was minimal or the use of knowledge was negotiated. They felt respected, seen, valued. There is plenty of evidence in the data that whatever knowledge the SO has gleaned through communications with the RP that it can be employed unconsciously (using the lingo) or quite deliberately, to enhance the SOs interpersonal skills and self-awareness. It is when there is a patronising, demeaning experience associated with these comms that the SO feels impinged or degraded. Revering and reviling was in many of the interviews. It is impossible to

comment on the security or psychological stability of the participant without getting into dodgy territory, but of course, it must be in the mix as well.

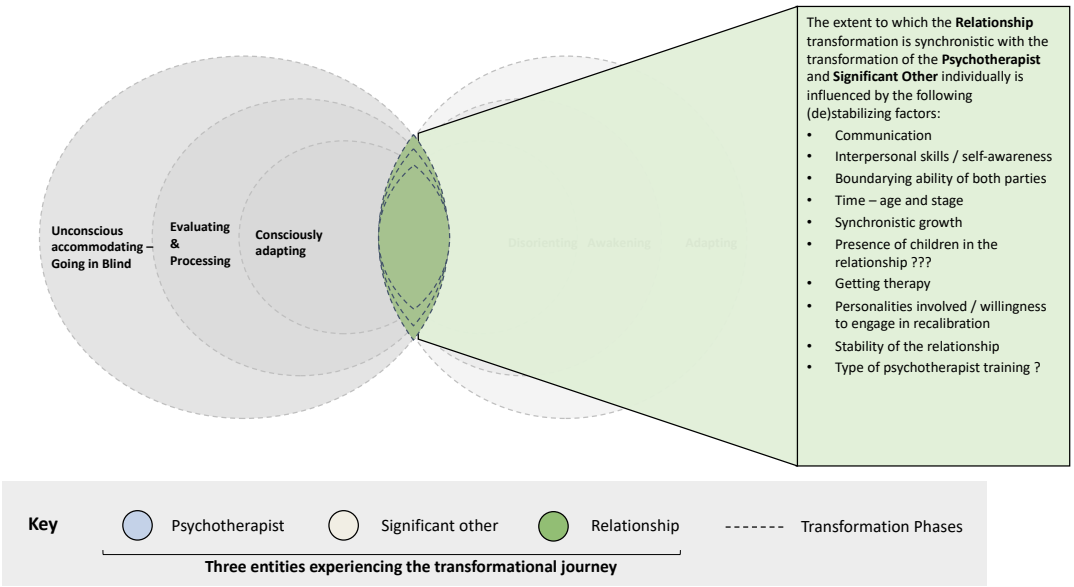
Elizabeth, you asked whether transforming is a condition – maybe. The status quo is disturbed in the relationship when the RP embarks on training and begins a profound transformational process. In turn, the SO must transform to cope or failure to change means that conflict emerges.

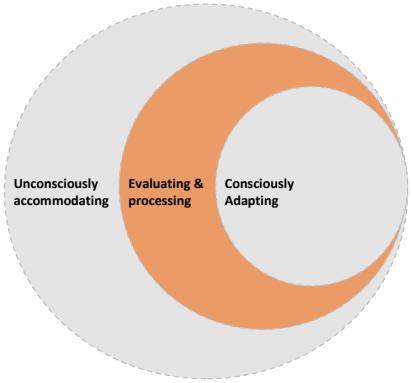
So much has not been thought about, both in training and practice about the impact on families – there is a vague awareness that relationships may suffer, but mostly both RP and SO seem unconscious to how this will play out until they are in it. I think a training that demands so much intrapsychic reflection and focus on relationship(s) is inevitably going to disturb and disrupt the interpersonal connections of those who are doing it. So much depends on the people involved, however, I think more could be done to prepare both the RP and SO for the disturbance.

Transformation of the Psychotherapist, Significant Other and Relationship over time



Influencing Conditions for the Relationship Transformation



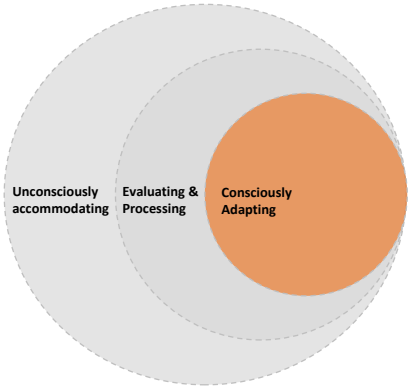


Evaluating and Processing Impact:

- **Mourning the losses – time, status in relationship, finances, coming second to clients needs, impact on (P), isolation**
- **Celebrating the gains – new osmotic knowledge, satisfied and fulfilled (P),**
- **Appreciating the challenges of the work and its value**
- **Valuing the role of adjunct support like supervision**
- **Coming to terms with double standards and vulnerabilities of (P)**
- **Seeing (P) both revered and reviled**
- **The idiosyncrasies of the small community**
- **Confronting the intimacy of the work**
- **Not a job I could do … etc**
- **Looking back …**

Unconsciously accommodating

- I didn't realise the impact
- I had heard it would be challenging but …
- Managing self to protect (P)
- Going along with what they say
- It's just they way they are
- It was just normal for me
- It wasn't until I looked back
- Accommodating clients needs at expense of self or relationship



Consciously Adapting –

- Finding own support / allies
- Pushing back
- Establishing boundaries / managing intrusion
- Utilising acquired skills
- Censoring
- Challenging
- Celebrating and delighting
- Actively facilitating / supporting / protecting