

**Facing personal adversity while dealing with the pain of others:**

A hermeneutic literature review

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## Abstract

This study explores how experiences of adversity can impact the mind of the psychotherapist and the therapeutic relationship. Thus, the question of how one deals with personal pain while dealing with the pain of others and how this interfaces with ‘doing’ psychotherapy is central to this enquiry. This question is one that emerged from the author’s personal encounters with adversity during the completion of psychotherapy training and the subsequent negotiation of beginning a career as a psychotherapist. Specifically, the emergence of an internal, cognitive fog during crisis led to a burgeoning interest in the topic.

A review of the literature indicates that therapists’ experiences of adversity are largely neglected within psychotherapy research (Rosenfeld, 2016). Consequently, this review, which is conducted from the ontological perspective of hermeneutic phenomenology (Boell & Cecez-Kecmanovic, 2014; Heidegger, 1966; Smythe & Spence, 2012), seeks to shed light on a relatively untapped domain.

The findings of this study reveal that myriad issues can arise when the psychotherapist’s personal and professional lives touch (Morrison, 2013). This is an especially pertinent consideration during times of personal crisis because therapists’ usual professional boundaries and sensibilities may be stretched beyond their limit by stressors in their personal lives (Bemesderfer, 2000). It seems that trauma in the life of the therapist can, at times, invade the therapy space, inciting volatility and instability in the therapist’s professional world. However, the findings of this study also imply that the personal and professional worlds of the therapist can co-exist during times of upheaval, coming together as amicable yet uneasy neighbours entwined together in an existential journey toward healing. For those who choose to continue working with the pain of others while facing pain of their own, the journey is complex and inherently challenging, yet also possible.

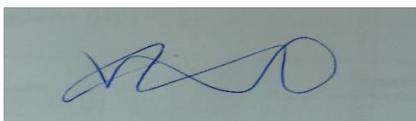
## Table of Contents

<b>Abstract.....</b>	<b>i</b>
Attestation of Authorship.....	iv
Acknowledgements.....	v
<b>Chapter One: Introduction .....</b>	<b>1</b>
Beginnings.....	1
My Position .....	3
A Comment on Development.....	4
Exploring the literature.....	4
The Place of this Research .....	5
Definition of Terms .....	5
Overview of Chapters.....	6
Chapter Summary.....	7
<b>Chapter Two: Methodology and Method .....</b>	<b>8</b>
Selecting a Research Paradigm .....	8
Methodology: A Hermeneutic Approach .....	9
Embodying the Research Phenomenon .....	10
Method: A Hermeneutic Literature Review .....	11
The Hermeneutic Circle .....	11
Using the Hermeneutic Circle .....	12
Searching and Sorting.....	12
Selecting and Acquiring .....	13
Reading, Identifying, Refining .....	14
Rigour and Being Human .....	14
Analysing and Writing .....	16
Leaving the Hermeneutic Circle.....	16
Strengths/Limitations of a Hermeneutic Approach.....	17
Chapter Summary .....	18
<b>Chapter Three: Finding my Way .....</b>	<b>20</b>
Two Conversations.....	20
An Awakening.....	21
A Memory .....	22
Three Authors .....	23
The Fog.....	23

Chapter Summary .....	24
<b>Chapter Four: A Vagueness Comes Over Everything.....</b>	<b>25</b>
Tearing Away at the Root.....	25
Trauma and Thinking .....	28
Into the Fog.....	29
Psychotherapeutic Thinking .....	31
Preoccupation .....	34
Thinking Again Through Writing .....	35
Chapter Summary .....	36
<b>Chapter Five: A Rumour in a Mumble of Ocean.....</b>	<b>37</b>
Relating Through Trauma .....	37
Countertransference.....	38
Countertransference Disequilibrium.....	38
Enactment .....	40
Disclosure .....	41
Shame and Guilt .....	44
A Thick Skin.....	46
Finding a Relational Home.....	47
Chapter Summary .....	49
<b>Chapter Six: Meeting the Powerful Stranger .....</b>	<b>50</b>
My Position .....	50
Thinking: The Psychotherapist's Internal Experience .....	51
Feeling: The Interfacing of the Personal and Professional.....	52
Working: Whether to Continue .....	54
Limitations and Strengths.....	56
Implications and Further Recommendations.....	57
Concluding Remarks .....	58
<b>References .....</b>	<b>60</b>

### **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.



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## Chapter One: Introduction

In this study I explore the experience of the therapist facing personal adversity while dealing with the pain of others. The methodology I have chosen is that of a hermeneutic literature review because of its strengths in uncovering and furthering understanding of human phenomena, and because it values subjectivity and seeks to bring the “shadowy and latent...into the clear light of day” (Crotty, 1998, p. 89; Lavery, 2003; Smythe, 2012). My own experiences of personal adversity as a beginning psychotherapist are inextricably part of, and formed the beginnings of, this research.

### Beginnings

In April of 2016, in my third year of postgraduate psychotherapy training and only a few months into clinical work as a therapist, my grandfather died. He had fought a long battle with a myriad of illnesses. We were close. My siblings and I had grown up only a short drive from my grandparents’ house and we had shared many birthdays, weekends and homecooked meals with them. Grampie had a wit about him, often quipping “I’m not a spent force yet, boy!”, upon his return from numerous hospital visits. This time, however, he *was* a spent force. He was a patriarchal figure, had been a successful banker and was married to my grandmother for over half a century. To me, he was a pivotal figure in family life and his legacy shines brightly in the four children and numerous grandchildren and greatgrandchildren he left behind.

The prevailing memory I have of his death is of visiting his body with my family before the funeral. I remember reaching out and gently touching his chest. His starched shirt did nothing to conceal the papery, waif-like figure beneath it. His body felt hollow, empty, gone. I was hit by a wave of grief, loss and deep sadness. It struck me that this was it, I would never see him again. These powerful emotions pulled at me like the tide for some time afterward while I came to terms with the idea that “bereavement means a dead body, a person who is never coming back, who you will never, ever see again” (Rosenfeld, 2016, p. 12).

Then, one winter morning later that year, while on my way to see a client, I received a deeply upsetting phone call from my wife. She tearfully but resiliently informed me that her father had just been diagnosed with an aggressive late-stage oesophageal cancer. I was stunned. I did my best to comfort her in the brief time I had before the session and then met with my client as usual. In the ensuing weeks and months, there was increasing uncertainty around my father-in-law's health. It was a very challenging time as much has remained unknown and often unspoken. In fact, as I write this, he remains very ill. Throughout this experience, I have found myself confronted with questions about existence, life and love. Again, I faced the tidal pull of strong emotions although this time I faced not only my own grief and loss, but also that of my wife, her father and her family as we have attempted to comprehend this incomprehensible event.

Finally, an event occurred in the final weeks of my training that affected me so deeply it is difficult to describe. The pain of this occurrence overshadows those that I have already described. Its long fingers continue their destructive caress; pervasive, intrusive, devastating, further fragmenting my already unsettled existence. Instantaneously, much of what I thought I knew turned from concrete to dust, shattering into a million pieces. I am still *in* this event, it is still so raw and I am processing it even as I pen these lines. Although I have been intentional in not disclosing its details, my reflections on the emotional component of adversity in the psychotherapist's life throughout this study often find their roots in this event.

As someone who had, until these encounters, not experienced overtly significant trauma, the illness or death of anyone close to me, in recent months I have found myself facing truly alien feelings. A great deal of uncertainty entered and locked onto my psyche as I faced grief, anguish, despair, hopelessness and a broad spectrum of other complicated and confusing emotions. This uncertainty is ubiquitous, pervading each of the unique experiences of adversity I have described. At times, I felt like a reservoir that had reached the point of overflow. It was difficult to locate a release valve. I began to wonder: how could this be happening all at once? What happened to the comparatively carefree life I had before these events? Would things eventually return to some version of homeostasis or is this disruption

permanent? Am I scarred? Altered somehow? Many of these questions, of course, remain unanswered.

### **My Position**

Although I am in the infancy of my career as a psychotherapist, I have already found myself, with surprising regularity, precariously balanced between moments of personal adversity and the trauma and suffering of others. As a student “psychotherapist in waiting” (Hill, Sullivan, Knox, & Schlosser, 2007, p. 3), I have also been thrust into a new world where concerns about therapeutic skills, the ability to do the work and a vast array of other anxieties begin to emerge. My experience of the anxieties inherent in the unfamiliar terrain of “trainee-dom” was that they exacerbated my response to the difficulties occurring simultaneously in my personal life. In addition, as with my peers and students enrolled in any academic discipline, I have had to meet demanding and sometimes arbitrary institutional milestones which added to the burden of distress. Despite the challenges of this academic realm, it is a rite of passage most therapists must endure before we can consider ourselves ‘freshly minted’.

Throughout my training, I also bore witness to significant and sometimes terrible events that arose in the lives of my peers and colleagues. Some continued training and clinical work while others elected not to. Some were open about their experiences, others disappeared silently. These observations enhanced my curiosity about the experience of adversity among psychotherapists – and in the more general human experience – as it seems to be commonplace.

Given the observable prevalence of personal crisis in my own personal life and in the lives of my classmates, I expect it is likely that most psychotherapists will encounter adversity in some form during their years of training and clinical work. Flax (2011) confirms this suspicion, stating “most analysts will experience some degree of crisis in the course of their working life” (p. 305). We all have bills to pay, we might buy a house, fall ill, get married or divorced, lose money in an investment, face difficult personal decisions or encounter some other moment that challenges us

in some way. The human scene is, after all, filled with surprising and disturbing events (Symington, 2016).

### **A Comment on Development**

My recent experiences of personal suffering while dealing with the pain of others has led to profound curiosity about the touching of the therapist's personal and professional lives during times of crisis (Gerson, 2013). I also attribute this interest to my developmental experience as the son of a Christian pastor. Many times, my father's personal world was interrupted by his professional life – the needs of others often impinging on family events, evening meals and daily life. He went to great lengths to protect his family from this, yet it was an inevitable part of his work. The opposite was also true – whatever he may have been dealing with in his own life had to be somehow dealt with to maintain his pastoral, and parental, authority and identity. Flax (2011) suggests that psychotherapy is “like no other profession” (p. 307) in that the personal and the professional are so intimately intertwined. I contend, however, that the psychotherapist's experience is not unlike that of the pastor in that the boundaries between the personal and professional lives can never be as clearly marked as one may wish.

### **Exploring the Literature**

Although, as mentioned, most therapists will experience personal crisis at some point in their professional lives, surprisingly few papers have examined the therapist's experience of adverse events (Rosenfeld, 2016). More than a century ago, Freud discussed the clinical implications of his own cancer diagnosis (Clark, 1980). Bion (1948) also acknowledged the impact of his experience of war on his clinical methods and Fromm-Reichmann (1960) warned about the influence of life crises on the therapeutic relationship, yet there has been a relative dearth of literature since. One explanation for the lack of more recent research is the necessary focus within psychotherapy on issues of the client, rather than those of the therapist (Kouriatis & Brown, 2011). Additionally, it is possible that therapists are ashamed to admit to

having their own needs and thus often refuse to participate in research about how personal trauma might negatively impact their work (Adams, 2014).

Recently, a handful of authors have begun to shed light on this otherwise relatively unexplored area of research. Colson (1995), for example, examined the impact of life events on the therapist. Comstock (2008) discussed the idea of therapists “confronting” adversity, outlining some of the challenges inherent in this proposition. Adams (2014) writes about the “myth” of the perfect therapist, inferring that there can be no such thing. Furthermore, Kuchuck and others (2014) specifically highlight the multifarious clinical implications of the psychoanalyst’s life experience.

### **The Place of this Research**

In investigating this topic, my hope is that those who already think in terms of the influence of life events on the therapeutic relationship might find some resonance with what emerges from this research. For others, this might offer a new way of thinking about the intersection of the personal and the professional (Kuchuck, 2014). I also seek to draw attention to the fact that it is not just our histories that may influence our clinical work, but our current day-to-day lives as well (Adams, 2014). Overall, I am looking to encourage thinking about the impact of life experiences and some of the challenges and possibilities that arise through personal crisis (Kuchuck, 2014). I have the somewhat idealistic wish that this research might have a broader reach than the psychotherapy profession. After all, everyone who works in a helping profession, and any other profession for that matter, will inevitably face some form of adversity in their personal lives.

### **Definition of Terms**

By “adverse experiences”, “trauma” and “crises”, terms which I use interchangeably throughout this dissertation, I mean those events such as the serious illness or death of the therapist or a close friend or family member, divorce, financial distress, dislocation, pain, disability and personal or familial psychological affliction among

the seemingly infinite range of other traumatic possibilities that life presents (Colson, 1995). I have chosen to specifically focus on crises that occur in the therapist's current life. Consequently, I explore events that occur concurrently with practice rather than those that occurred in early life. It seems to me that historical trauma is a topic that has been well covered in the voluminous literature on the popular concept of the "wounded healer" (Adams, 2014; Cvetovac & Adame, 2017; Farber, 2016). In addition, I do not intend to cover therapist "burnout", a vaguely defined yet commonly discussed notion pertaining to exhaustion resulting from working in a helping profession (Emerson & Markos, 1996).

Given that the theoretical underpinnings of my training have been substantially psychodynamic, this review will primarily examine psychoanalytic and psychodynamic literature on the therapist's experience and processing of such moments of crisis, trauma and adversity. I have also included literature from psychology, counselling, medical and some more general scientific disciplines where this seemed particularly relevant to my topic.

Finally, I utilise the term "intrapsychic" to explain the internal psychological processes that can occur within the mind during times of trauma. The term "intersubjective" is used to explain the impact on the relational dynamics between therapist and client. Specifically, the notion of "subjectivity" is used to describe the interaction of the therapist's personal world with the therapeutic relationship (Gerson, 2013).

## **Overview of Chapters**

In the following chapter, chapter two, I outline the philosophical, methodological and methodical underpinnings of this research. I have selected a qualitative, hermeneutic research paradigm as my methodology and a hermeneutic literature review as my method. In chapter three, I augment this methodological discussion with a summation of five significant events that provided inspiration and paved the way for shifts in the direction of this research.

Chapters four, five and six constitute an exploration of the findings from my hermeneutic literature review. The first two findings chapters, “A Vagueness Comes Over Everything” and “A Rumour in a Mumble of Ocean”, explore the impact of adversity on the therapist’s ability to think and feel, exploring the intrapsychic and the intersubjective respectively. In the discussion chapter, which I have titled “Meeting the Powerful Stranger”, I attempt to consolidate the findings of the preceding chapters and explore the important question of whether to continue working during times of crisis. In this chapter, I also outline the strengths and limitations of this research. I conclude with an examination of the implications of therapist experiences of adversity as they relate to the discipline of psychotherapy.

### **Chapter Summary**

In this chapter, I have introduced my research and have sought to outline the phenomenological underpinning. To this end, I have discussed how my encounter with personal adversity while training as a psychotherapist, coupled with a familial history of personal and professional entwining, have contributed to my selecting the topic of psychotherapists’ experience of crisis. I have also offered a definition of adversity and crisis and have sought to underline my own standpoint regarding such experiences.

## Chapter Two: Methodology and Method

As I reflected on the seemingly perpetual cycle of construction and deconstruction – the tidal ebb and flow of emotions – accompanying my own experiences of crisis, I noticed a desire to explore, understand and ultimately attribute some form of meaning to these experiences. Coupled with several years of research experience in medical sociology, in which I learned to critically appraise literature rather than take it at face value, this exploratory desire to better understand my experience drew me toward an interpretive research paradigm. As I explored the interpretive paradigm, I came to believe that this perspective fits well with psychotherapy, an equally critical device and, in my opinion, a wonderful vehicle for curiosity. This led me to select a hermeneutic methodology – firmly grounded in interpretivism and fundamentally “concerned with the life world or human experience as it is lived” (Laverty, 2003, p. 24).

### Selecting a Research Paradigm

My journey toward becoming cemented in a qualitative, interpretive research paradigm was fraught with difficulty. I have mentioned my critical-interpretive sociological background and that I am training to be a psychotherapist, which is a largely interpretive profession (Martin & Thompson, 2003), which I had hoped would make the transition to hermeneutic phenomenology a smooth one. However, I am also informed by an undergraduate degree in psychology, in which observability, accessibility, measured outcomes and empirical evidence were lauded as the gold standard (Laverty, 2003).

This confused epistemological background made it difficult, at least initially, to integrate with a hermeneutic research paradigm. As Smythe (2012) points out, “researchers cannot free themselves from their own unique pre-understandings” (p. 37). I found myself wanting to “know” and often caught myself seeking tangible results, jumping to conclusions and predicting outcomes before I had fully digested the literature. However, the process of coming to realise that these inclinations were informed by my own prejudices ultimately constituted an important part of my own

process of meaning-making. I realised that it is lived experience, including our pre-understandings, that shapes how we see the world (Smythe, 2012). As Lavery (2003) puts it, “meaning is found as we are constructed by the world while at the same time we are constructing this world from our own...experiences” (p. 24).

Grant and Giddings (2002) underline the importance of considering one’s own values, beliefs and the research question when deciding which methodological paradigm will best serve the research. At the beginning of this project, my desire was to “do research” as I had done in the past, rather than allowing myself to be drawn toward the paradigm that best fits both my belief system and my phenomenon of interest. It was as if I was, like most individuals facing crisis, reverting to historic ways of “dealing with”.

As I began to read texts related to therapist experiences of adversity, however, curiosity and openness began to emerge. As a beginning therapist, my firm belief in the need to remain open, ambivalent and curious towards the needs of my clients also began to influence my approach to research. This initiated a shift from the need for procedural understanding to an excitement about the various possibilities offered by the texts (McManus-Holroyd, 2007). This new desire for subjective understanding was also informed by my wish to better understand aspects of myself in relation to my own difficult experiences of personal adversity.

### **Methodology: A Hermeneutic Approach**

The etymological roots of hermeneutics and the practice of text interpretation can be traced back to antiquity (Polkinghorne, 1983). The word “hermeneutic”, which at its heart is about understanding is originally derived from the Greek verb *hermeneuein* meaning “interpret”. This approach was first documented by the 16<sup>th</sup> century Protestant movement to highlight the increasing unintelligibility of biblical texts. Polkinghorne (1983) suggests that others have also argued the foundations of hermeneutics are linked to the Greek god Hermes. Hermes was thought to be a messenger who transcended the space between gods and humans, translating and passing on messages from the Gods.

The origins of contemporary hermeneutic research are steeped in 17<sup>th</sup> century biblical studies (McManus-Holroyd, 2007). In this context, hermeneutics became a lens through which to interpret the scriptures. More recently, the conceptualisation and application of hermeneutics has expanded and hermeneutics has become a useful way of approaching the interpretation of a broad spectrum of texts and other linguistic documents.

Hermeneutics was developed by scholars such as Heidegger, Gadamer, Ricoeur and van Manen, who challenged traditional interpretivist views that interpretation is a cognitive process (Boell & Cecez-Kecmanovic, 2014). Instead, these scholars were concerned with the *essence* of a given phenomenon (Kafle, 2013). They emphasised the “the dynamic and contextual nature of understanding” (Smythe & Spence, 2012, p. 13), the importance of remaining open to the generation of new knowledge and suggested that understanding is embedded in human experience. Hermeneutics seeks to “reveal aspects of phenomena that are rarely noticed” and “illuminate essential, yet forgotten dimensions” of experience (Crowther, Ironside, Spence, & Smythe, 2017, p. 827). This aspect of hermeneutics feels particularly important to me given my background as a sociological researcher. Within the sociological discipline, much emphasis is placed on “fighting for the forgotten”, which made hermeneutics feel like a good fit for me as I seek to shed light on a neglected area of research (Rosenfeld, 2016). Within this paradigm, understanding, uniqueness, context, resonance and interpretation are assumptions that are highly valued (Smythe, 2012).

### **Embodying the Research Phenomenon**

A contemporary hermeneutic paradigm encourages the researcher’s embodied experience through which they might more actively explore and thus, better understand, the literature (Crowther et al., 2017). In this way, hermeneutics views the researcher as being inherently bound to their experiences. Thus, hermeneutic researchers interweave their own histories with the phenomenon they seek to interpret, recognising that the process of understanding is embedded in their own “present, past and future” (p. 13). I, too, have found my own experience of personal

crisis intricately interwoven with my research, which has ultimately been an important, complex and difficult part of the process for me.

### **Method: Hermeneutic Literature Review**

Up to this point, I have described the philosophical underpinnings of hermeneutic research. I now embark on a discussion of the method I used to conduct my research. The method I have selected is a hermeneutic literature review, which I have chosen as it aligns with a hermeneutic methodology and with my interest in making meaning of my experience by interpreting what others have written (Smythe & Spence, 2012). I have also selected this method as it allows for flexibility with my research question, which shifted as my understanding deepened (Boell & Cecez-Kecmanovic, 2010).

A hermeneutic literature review encourages researcher engagement in the phenomenological conversation, working with the data as a process of “thinking”, seeking to “offer” something, much as a poet offers his poetry, and inviting the reader to undertake a journey of their own (Smythe, Ironside, Sims, Swenson, & Spence, 2008). It also allows the researcher to encircle important works, which enables constant identification of texts that may be relevant to the research area and fosters engagement with relevant texts from other subject areas (Boell & Cecez-Kecmanovic, 2010).

### **The Hermeneutic Circle**

Central to this methodology is the hermeneutic circle (Boell & Cecez-Kecmanovic, 2010). The concept of the hermeneutic circle pertains to the researcher’s non-linear immersion in the literature. While in the hermeneutic circle, the researcher reads and re-reads the literature while engaging with data, conversation and writing, ultimately seeking to expand and develop understanding of their research phenomenon (Boell & Cecez-Kecmanovic, 2014). The circular clarifying of different parts of the whole through interpretation and reinterpretation ultimately leads to a deeper understanding of the literature and thus of the research topic itself.

## **Using the Hermeneutic Circle**

Given my systematic research tendencies, I initially found I resonated more naturally with the version of the hermeneutic circle described by Boell and Cecez-Kecmanovic (2010). In this version, the researcher enters a cycle of data interpretation and reinterpretation to gain a better understanding. As I developed my hermeneutic faculties, however, I also became enamoured with the concept of hermeneutic grace (Smythe & Spence, 2012). Hermeneutic grace is “the act of handing over self to await the coming of a thought”, while simultaneously engaging actively in the process of thought-seeking (p.19). As I came to know the literature more deeply, I found myself increasingly finding moments of grace and subsequently became more able to relinquish myself to the process. In what follows, I outline aspects of Boell and Cecez-Kecmanovic’s hermeneutic circle that I found particularly useful.

## **Searching and Sorting**

As discussed, I began the hermeneutic circle somewhat systematically as this was the natural way by which I could find an entry point. Initially, my overall methodical approach drew on Boell and Cecez-Kecmanovic’s (2010) suggestion that targeted searches can deliver more relevant results. I began to search the Google Scholar and PEP databases using the following key words: “therapist” and “thinking”, “pain”, “adversity”, “death”, “tragedy”, “duress”, “stress”, “upheaval” and “personal crisis/crises”. After exhausting these search terms, I expanded my search, replacing “therapist” with “counsellor”, “psychotherapy” or “psychodynamic”. As therapist adversity is an under-examined area, I found I was not overburdened with literature despite using so many search terms. In fact, in addition to this, I found myself utilising Google Scholar’s “related articles” search and the reference lists of relevant authors, which was incredibly fruitful.

One of the first articles that I found to be of significance was Comstock’s (2008) “Therapist Adversity and the Life of the Therapist”. In this text, Comstock observes the dearth of literature on therapist experiences of dealing with their own

crisis and suggests that the available literature tends to be linguistically inclined towards intrusiveness. This was consistent with the literature that I had read to this point. Comstock, however, cites Greenspan as the exception to this rule. Greenspan honestly discusses her experience of returning to clinical work after the death of her young son, touching on the possible benefits of disclosing this event to some of her clients. This created entirely new topic areas to explore – therapist self-disclosure of adverse events and the possible *benefits* of going through personal periods of crisis. Other texts that resonated with this idea included Kuchuck (2014) and Adams (2014). Looking through the reference lists of these sources helped me draw out more useful literature.

### **Selecting and Acquiring**

After my initial searches, I began to select literature that appeared most relevant to therapist experiences of adversity. I was guided by Boell and Cecez-Kecmanovic (2010), who suggest the researcher should look at titles and abstracts to determine which literature might be most relevant. I found, however, that this often was not enough. Some important texts were contained in the body of documents or as chapters in books. Other texts were also difficult to find, and required interlibrary loans and trips to different libraries. As I found relevant articles, I immediately stored them digitally for ease of later access.

The process of selecting and acquiring was also interwoven with reading, writing, reflecting, talking with peers and colleagues and reading some more (Smythe et al., 2008). This allowed me to better understand what literature should be included and what should be excluded. Importantly, around this time I noticed key themes emerging in the literature, particularly pertaining to the therapist's experience of thinking and feeling when facing personal crisis, which helped to shape the direction of my literature selection.

### **Reading, Identifying, Refining**

As I read, re-read and read again, my understanding of therapist experiences of adversity began to deepen. Texts that had at first seemed irrelevant began to take on new meaning, serving to shift and deepen my understanding further. I noticed specific texts, especially Kuchuck (2014), begin to inform my ever-changing understandings. Boell and Cecez-Kecmanovic (2014) assert that during the reading phase, the researcher must engage in analytic, rather than leisurely, reading. They encourage the researcher to immerse themselves in the literature, with a view to gaining deeper understanding. This helped me to continue the process of reading, identifying key texts and refining.

I have mentioned my tendency to return to the systematic. This desire was alive once again throughout this part of the process. I often found myself drawing inferences from the literature before I had read enough material and trying to shape my research based on what I *thought* the literature was telling me, rather than letting the literature more naturally guide my process. Throughout this time, I clung to McManus-Holroyd's (2007) encouragement to use the hermeneutic research process as an opportunity "to disrupt the ordinary, taken for granted aspects of existence" (p. 2). In so doing, I sought to disrupt my pre-understanding of the research process, allowing myself to *go with* the literature, rather than trying to shape it.

### **Rigour and Being Human**

As I continued to reflect on my discomfort about how messy the hermeneutic process seemed, I began to think about rigour in qualitative research. I was unsettled by the non-linearity of this process, how I could leave the project and return to a completely different area, the many times I felt "lost" in the research and the constant need to reflect, revise and rewrite without ever really finding "the answer". I was unsettled by how there seemed to be no universal hermeneutic language, no roadmap (Laverly, 2003). As I continued this process, however, I began to realise that only by adhering to the philosophical underpinnings of hermeneutic research could I procure "stories and their meanings...within a web of interlocution that

brings forth a sense that speaks the experiences of being human” (Crowther, Ironside, Spence, & Smythe, 2017, p. 834). I realised that the credibility of hermeneutic research lies in the ability of the researcher to capture what it means to be human. But what is it to be human? C. S. Lewis (1952/2011) hypothesises that humanness is not necessarily about *being*, but about *becoming*:

It may be hard for an egg to turn into a bird: it would be a jolly sight harder for a bird to learn to fly while remaining an egg. We are like eggs at present. And you cannot go on indefinitely being just an ordinary, decent egg. We must be hatched or go bad. (p. 198-199)

Fine (1990) offers a similarly thought-provoking response to this question, defining the essence of humanness as the experience of adversity and the drive to overcome it. Consequently, rigour in the hermeneutic research process is less about methodological compliance and more about uncovering what it is to *become* human. This underpins my approach to research, as I seek to explore the process of becoming through adversity.

According to Smythe et al. (2008), the choice to do research through this “being” gaze might be thought of as “resonance”, a concept which has at its core attunement and “goodness of fit” (p. 1391). The authors express that resonance can provide the researcher with insight, connection and a way forward. Resonance captures those “a-ha” moments that hook the reader, who no longer asks “what?” but instead begins to understand. In this way, resonance can be considered a fundamental part of trustworthiness or rigour, existing at the intersection of “the restless to and fro between yes and no” (Heidegger, 1966, p. 75). Thus, it is not the goal of the hermeneutic researcher to define a truth, but rather to invite the reader on a journey through which they might draw their own conclusions.

The concepts of resonance and trustworthiness fit well with my natural approach to this subject as I believe that we will all endure some form of adversity in our lives, be it personal or professional. Augmenting this, conversations I have had with peers and colleagues about the topic have provided me with evidence that adversity is a subject which resonates at a deep level with many trainees, teachers and psychotherapists. Throughout this project I have sought to encourage the reader

to remain open, allowing the “to and fro” to occur. I have not attempted to define truth, choosing instead to let the reader think about experiences of adversity for themselves. This has allowed me to remain open to what truth is myself (Smythe et al., 2008). In a way, this is reminiscent of my own approach to psychotherapy – to explore and see what “fits” while always remaining open.

### **Analysing and Writing**

To begin my analysis, I mapped out on paper key ideas that had emerged, which helped me better understand the direction I was headed. In turn, this allowed me to classify some of my key themes (Boell & Cecez-Kecmanovic, 2014). Thereafter, I began to critically appraise my key ideas, which ultimately led to the more comprehensive development of my argument (Boell & Cecez-Kecmanovic, 2014). This led me back to my research question which, in turn, fed back into the original searching and acquisition part of the hermeneutic circle.

### **Leaving the Hermeneutic Circle**

During the hermeneutic literature review process, I encircled the broad notion of therapist experiences of adversity many times. Each time, my thinking was altered slightly, as my understanding developed further. I found this circular notion particularly useful as it helped me reinterpret my preconceptions about the therapist’s experience in times of crisis.

Knowing when enough was enough and leaving the hermeneutic circle, however, was difficult given that the hermeneutic circle potentially has no end (Boell & Cecez-Kecmanovic, 2010). Boell and Cecez-Kecmanovic suggest that one way the researcher can recognise a point of ending is when they reach a point of saturation. At the point of saturation, identifying new texts only slightly increases the understanding of a phenomenon. Smythe and Spence (2012) refer to ending the hermeneutic circle as a moment of synthesis where the research must stop, despite this being a journey with no end. At this point, precious new understandings have

emerged which may contradict those pre-understandings brought to the process by the researcher.

### **Strengths/Limitations of a Hermeneutic Approach**

The very fact that hermeneutics is, at its heart, about interpreting and understanding, is one of the greatest strengths of this approach (Lavery, 2003). In Heidegger's (1962) view, interpretation and understanding are synonymous with humanness. Thus, there is inherent value in a philosophy of research that values the essence of what it is to be human, particularly when researching a human phenomenon. This is particularly true given that life is dynamic, unknown and unpredictable (Smythe, 2012). Ultimately, "experience is how life 'is'" (p. 36) and a hermeneutic approach offers a way to understand more deeply each unique experience.

The hermeneutic circle allows the researcher to "draw forth key insights passed over in an earlier read", ultimately leading to the emergence of new questions (Smythe & Spence, 2012, p. 21). This is another strength of a hermeneutic approach, and one that is emphasised further by Smythe and Spence's suggestion that it is the thoughts that are stumbled upon that can most powerfully shape research. The hermeneutic circle is a method that allows for stumbling, searching, discovering and thus, understanding. For Lavery (2003), this process brings "life" to the research.

Departure from the objectivity of more systematic approaches is seen by some as a limitation given their status as "gold standard" (Evans & Pearson, 2001). It can be argued, however, that due to many systematic studies selecting only specific journals and databases, they are often inherently biased (Boell & Cecez-Kecmanovic, 2010). Such studies are problematic as they can make broad assumptions and conclusions based on limited datasets, becoming, as Evans and Pearson suggest, "gatekeepers" of knowledge. Moreover, Boell and Cecez-Kecmanovic point out that, for the systematic approach to work, a research question must be set prior to the research being undertaken. Consequently, if the emerging research is not concordant with the question, the research can be abandoned or inhibited.

Furthermore, it has been suggested whether within hermeneutics there can only ever be “interpretations of interpretations”, resulting in an “inescapable circularity” (Mills, 2011, p. 238). Mills observes that, when compared to objective and systematic empirical studies, hermeneutic studies are more difficult to replicate and may be over-reliant on the researcher’s interpretation of a phenomenon. According to Mills, this makes it difficult to distinguish whether one interpretation is superior to another. However, within hermeneutics, it is not a question of superiority. Instead, hermeneutic researchers view meaning as unique to the person constructing it, considering context, worldview and belief system. In this way, hermeneutics seeks to uncover meaning hidden in the texts, rather than ranking the “best” interpretation.

One key methodological issue I encountered was the lack of literature on therapist experience of adversity. This was particularly problematic given that hermeneutics necessitates engagement with texts. I combatted this issue by remaining flexible around my search terms. Another methodological limitation specific to my research subject was that hermeneutics encourages the researcher to draw on their own experience. Within the psychotherapeutic fraternity, this is a particularly daunting task considering the inevitable complexities in making public those aspects of oneself more easily, or in some cases necessarily, kept secret. In fact, it is precisely this issue that Comstock (2008) conjectures is the reason for the lack of research on therapist experiences of adversity.

### **Chapter Summary**

I began chapter two with an attempt to illustrate some of the challenges on my journey toward a qualitative and interpretive hermeneutic research paradigm. Following this, I described the philosophical underpinnings of a hermeneutic research paradigm, why it is relevant to my research question and I underlined the practicalities encountered while undertaking a hermeneutic literature review. Finally, I sought to highlight some of the strengths and limitations of doing hermeneutic research with a view to further strengthening the applicability of this approach to my research question.

In chapter three, which I consider an addendum to this chapter, I describe five important encounters that helped to further shape my hermeneutic journey.

### **Chapter Three: Finding my Way**

Smythe and Spence (2012) suggest that “moments of vision” are crucial to the hermeneutic process. These are moments in which the researcher goes from a position of pre-determined understanding to one of “seeing”. Five distinct moments of vision helped to shift and develop my thinking around therapist experiences of adversity, profoundly shaping my research and helping me find my way. These were moments of inspiration, challenge, enlightenment and epiphany. In a way, they became signposts for my research journey. These moments were fundamental to further cementing me in my hermeneutic position and developing a more secure framework for my research.

#### **Two Conversations**

In early summer 2016, I visited my parents at their holiday home. I remember quite clearly a conversation with my father under watery sky and pale sun in which I laid out my frustrations with the vagaries of my ambiguous research interests. To this point, I had not been able to decide on a research topic. The university required us to hand in a proposal that was to form the initial outline for this project and the due date for this was looming. I had struggled for months to come up with a subject area that appealed to me, let alone develop an appropriate research question. Upon reflection, I believe I was already beginning to embody my (not yet even chosen) phenomenon – the internal crisis, overwhelm and cognitive blocking that can occur in times of great personal difficulty (which is explored in much greater depth later). My father’s response was that he felt I should write about what felt close and personal, rather than the array of other, more distanced topics I had suggested. As he spoke, it occurred to me that perhaps I could write in some way about the experiences that had made this process so difficult in the first place.

Around this time, I also confided in my own therapist that I was struggling to begin this process. I told him about the conversation I had with my father, and that I felt I needed to find a topic close to my own experience. He thoughtfully responded that “death in the life of a therapist” sounded like a particularly challenging and

fruitful area of research and one that was prevalent in my own life. His comment gave me some much-needed direction. I would not be researching my client's, or anyone else's, experience of adversity. Instead, I would examine *my* experiences of adversity and, by extension, the *therapist's* experience of adversity. Finally, I felt I had found my research area. The subject matter was personal, real and something I could relate to.

### **An Awakening**

In May of 2017, while this project was still very much in its infancy, I read a book called *When Breath Becomes Air* (Kalinathi, 2016). I was absolutely enthralled by this autobiographical narrative and found myself recommending it to anyone who would lend an ear. In the book, Paul Kalinathi, a neurosurgeon at Stanford University who was diagnosed with terminal lung cancer at age 36, documents his journey towards death. Something about the deep, visceral suffering that he experienced touched me to my core. Paul resolutely faced into his illness while courting job offers and further honours after a decade of celebrated study. He also decided to have a child with his wife, knowing he would not be there to see her grow old. Reading Paul's narrative, I became curious about the capacity of the human mind to somehow overcome – to some degree – the terrible reality with which it was faced.

I read Paul's book at a time when I was feeling comparatively uninspired and blocked from my own writing. During this period, whole days that I had dedicated to research were written off as I stared blankly at my computer screen or notepad before becoming distracted by something else. I wonder if researching the impinging qualities of adverse events and poring over others' experiences of being blocked or otherwise inhibited trapped me in a parallel process of sorts. It was as if researching the "fog" had exacerbated my own.

Somehow, though, Paul's book cut through this fog. I devoured it in two days. His writing touched something for me, triggering my mind into action. I was deeply moved by the way he faced into perhaps the greatest crisis of all – his own

imminent premature death – and found myself reminded of the whole reason I began this project – to explore the experience of coming to terms with crisis. On a more personal level, this book connected me with my own fears of premature death and, like Paul, missing out on the career – as a psychotherapist – that I, too, have strived for over the better part of a decade.

This was a moment of illumination – I had begun to dwell with the parlance of my thesis, an important aspect of hermeneutic research (Smythe & Spence, 2012). I was beginning to read texts through a hermeneutic lens. It was also a moment of entering the hermeneutic circle. I had begun to read, experience and examine through a hermeneutic lens that incorporated my interest in experiences of crisis and adversity.

### **A Memory**

Another moment that influenced my approach to this topic involved a memory that came to me around the time of reading Paul's book. I remembered that, in my first year of postgraduate training, a well-regarded lecturer had narrated his experience of falling from a ladder during renovations to his home. He said that, after the fall, his immediate concern was not what might have happened to his body. Instead, he feared that his *mind* might somehow have become compromised. I was struck by his sentiment. He was not concerned with spinal damage, paralysis or enduring bodily injury. Instead, he was concerned about his brain and how damage to this precious organ might impact his ability to work as a psychotherapist. It occurred to me that, as a therapist, my brain and by proxy my mind is one of the most potent instruments in the orchestra of therapeutic engagement. Could a carpenter work without a saw? A dentist without a drill? How would a pianist play without keys? Consequently, *thinking* became a particularly relevant seam running through the coalface of my burgeoning understanding of therapist experiences of adversity.

### Three Authors

A fourth shift occurred while I was up to my eyeballs in literature on adversity. This was a time of excitement. I had started to consider the myriad of possibilities that could guide this research. I found myself wondering where might this project go? What might come of it? What would I *discover*? These individual questions formed a collective epiphany of sorts, allowing me to engage more deeply with my research topic.

Around this time, several authors had become prevalent in my reading. Chasen (2013), Morrison (2013) and Hanscombe (2008) all allude, in their own ways, to the importance of *writing* traumatic experiences. As a relatively seasoned tertiary student, writing generally comes easy to me. It is something I pride myself on and something that has been an important regulator of my academic self-esteem. When I begin a new paper I often feel I am an artist staring at a lump of clay, ready to be moulded into something beautiful. It is not an overwhelming sensation, it is more a question of what I might be able to craft. *This* process, though, was different. Early on, I hid behind the literature, afraid to identify myself. It was easy to paraphrase, to quote other authors and to stay removed enough that I did not truly have to examine my own experience of crisis. I began to reconsider my approach as I read Chasen and noticed her delicate desire to be *seen* in her suffering, as I pored over Morrison's writings, his honesty spilling forth from the page and as I read Hanscombe, her pain so evident between the lines. These authors, and others, inspired me and cemented in me the desire to move closer to my own experience, which I hope will also be evident throughout the remainder of my research.

### The Fog

This burgeoning inspiration led me to my final shift. As I stumbled around in relative darkness early in the research process, I came across the poem *Fog* (Clampitt, 1997). I immediately felt a strong connection with this poem as it was a direct point of reference to my own experience. The poem, which I offer as an introduction to my first findings chapter, describes the nature of a fog settling and inhibiting one's

ability to make out what was once so clear. This metaphor offered me a tremendous sense of comfort as it captured in a very complete way my own experience – crisis forcing itself into my mind as if it were a fog. That one word captured the moments of feeling blank with clients, the moments of worry about the effect of my personal life on my work, the anxiety about disease and the future and the many moments of pain shared with both sides of my family.

Throughout the research process, isolated fogged-in thickets of trees and snowy tundra would often play across my mind's eye. Far from distraction, this vivid and wild imagery seemed to speak to the essence of this project, setting the tone. In a way, by researching crisis and adversity and how these environmental factors impinge on and are dealt with by therapists, I believe I have been trying to find my own way back from being lost in a fog. Whole chapters began to grow out of this imagery and so the project began to take on some sort of form.

### **Chapter Summary**

In this chapter I have described my process of finding my way with this hermeneutic research and I have noted five instances of inspiration and epiphany that helped to shape my approach.

In chapter four, I introduce the findings from my literature review.

## Chapter Four: A Vagueness Comes Over Everything

A vagueness comes over everything,  
 as though proving colour and contour alike dispensable:  
 the lighthouse extinct,  
 the islands' spruce-tips drunk up like milk in the universal emulsion;  
 houses reverting into the lost and forgotten;  
 granite subsumed,  
 a rumour in a mumble of ocean...

*Fog* by Amy Clampitt (1997, p. 5)

Perhaps the most disconcerting component of my encounters with personal adversity has been the onset of an overwhelming feeling of vagueness, or fog. In moments of crisis, I have been struck by how quickly my ability to think with clarity – a key navigational tool as a psychotherapist – has been lost. Like a nightmare, it can feel as if I am being chased by some invisible tormentor and I have nowhere to hide. This fog does not gently roll in, it violently and immediately floods everything. As colour and contour disappeared in my mind, I often feared I was going “mad” (Symington, 2016). This extreme and inescapable sensation could pervade my whole existence, becoming very unsettling.

### **Tearing Away at the Root**

More than a century ago, Freud wrote of an internal, psychological “tearing” that can occur during times of loss (Clark, 1980). Reflecting on his father’s death, Freud writes “I feel now as if I had been torn up by the roots” (p. 160). I was struck by this line as it so accurately captured my own experience. In his seminal *Mourning and Melancholia*, Freud (1917) observes a similar phenomenon, suggesting that “the ego debases itself and rages against itself” when the individual is in mourning (p. 257). I, too, felt that debasing, raging and tearing had occurred in my own mind, having experienced something of this internal violence Freud seemed to be describing.

Although Freud was one of the first within the psychotherapeutic discipline to attribute a personified “root” to the human psyche, recognising that this root can be somehow damaged by trauma, poets and philosophers have long emphasised the

significance of similar phenomena. In Plato's *The Symposium* (380-375BC/1989), he records that a central belief within Greek mythology was that humans initially had four arms, four legs and two faces. However, after becoming increasingly concerned about their power, Zeus split them in two, condemning them to live in a perpetual search of their other halves. This act served to split in two the very core – the root – of the human being. Moreover, in the late 18<sup>th</sup> Century Hebel wrote, “we are plants which – whether we like to admit it to ourselves or not – must with our roots rise out of the earth in order to bloom in the ether and to bear fruit” (as cited by Heidegger, 1966, p. 47). Additionally, in 1918, Hoyt wrote the poem *The Root*, essentially a lover's lament about a root becoming torn in one's heart after loss. The human experience of being torn at the root is something that has long been acknowledged, more recently being employed within the psychotherapeutic lexicon.

Klein (1940), for example, noticed a similar phenomenon, which she outlines in *Mourning and its Relation to Manic Depressive States*. Klein refers to internal chaos in her discussion of the tearing up, of “Mrs. A.” who lost her son to a sudden medical event while he was at school. Attempting to re-establish social connections after this traumatic event, Mrs. A. takes a walk down a familiar street only to find herself quickly overwhelmed by her strange and alien sense of what should have been a familiar place. After retreating to a restaurant for relief, Mrs. A. finds herself feeling “vague and blurred” (p. 144). Gradually, she manages to recover her sense of connectedness but not until she has endured a period of internal detachment.

Klein's narrative is important because Mrs. A. was, in fact, a metaphor for Klein's own experience of grief (Glover, 2009). Thus, like Freud, Klein's account provides insight into her experience as a therapist who has experienced personal trauma. Klein's son, Hans, had fallen from a precipice and died while out for a walk not long before her writing of this article – in eerily similar circumstances to the sudden passing of Mrs A.'s son. Intrapsychic detachment, then, seems to be a common thread running through Freud and Klein's experiences of personal trauma. For me, this is significant as these are two of the most recognised pioneering theorists and practitioners of psychotherapy.

I was also reminded of this idea of tearing up or detachment while reading a more recent book written by Stolorow (2008). In his aptly titled *Trauma and Human Existence*, Stolorow's personal account of losing his wife alerted me to more recent literature documenting the phenomenon of internal tearing. Stolorow writes "her death tore from me the illusion of our infinitude" (p. 41). Throughout his painful account, Stolorow refers to a more existential collapse which precipitated major changes in the way he perceived the world.

Pines (2014) also writes of her encounter with mortality in terms of "tearing", after experiencing a stroke. Pines expresses that her "life was torn asunder" after this traumatic event, documenting her problematic and challenging journey back to health after her literal and metaphorical neurological tear. (p. 224). What captured me about Pines' article was her discussion of shock. She describes feeling as though someone had broken into her house and beaten her. She had been in excellent health and could never have predicted this terrible event. This description was analogous to my own difficult experience and led me to wonder if shock itself causes this internal tearing.

The idea of shock is also picked up on by Hanscombe (2008), whose experience of ejection from psychoanalytic training offers another example of intrapsychic detachment. After Hanscombe's removal from training, which came without explanation, she notes that one of her primary responses was shock, which involved the sensation that her mind no longer belonged to her. For me, this spoke to another form of what Freud might refer to as "debasing". Hanscombe's experience of otherworldliness is echoed by Stolorow (2008), who refers to his own mourning leading him to feel that he was not of this world anymore.

These alien feelings of overwhelm, tearing and detachment capture the essence of my experience of personal crisis. In their own way, each author has described an internal tearing which, in my opinion, often precludes difficulty thinking clearly. I do not believe these experiences exist in isolation, only occurring "out there" in the psychotherapist's personal life. On the contrary, I feel that they must impact clinical work in some way. As Stolorow (2008) suggests, trauma can

nullify all possibilities for being, reducing us to “skeletal consciousness” (p. 41). The pervasive and reductive impact of trauma leads me to wonder about what neurological mechanisms are at play in the brain when we experience the internal tearing of trauma. It seems to me that by first understanding this, we might gain a more comprehensive understanding of what happens in the therapeutic relationship during experiences of adversity in the therapist’s life.

### **Trauma and Thinking**

The notion of intrapsychic tearing, given that it is so prevalent in its differing forms in the literature, constitutes a central part of the psychotherapist’s lived experience of adversity. This phenomenon, I think, points more generally toward cognitive impingement during times of crisis. Ringstrom’s (2014) poetic but troubling lament: “trauma, trauma everywhere and not a thought to think” captures the limited cognitive state, the “skeletal consciousness” that can be evoked by trauma (p. 147). Ringstrom describes trauma as an assault which can incapacitate the mind. This resonated closely with my own experience as I had not expected to be confronted with crisis and encountering such difficult circumstances served to “shatter heretofore illusions about reality” (p. 149).

This emphasis on the reductive nature of trauma in the literature, coupled with my experience of neurological suffocation by the pervasive fog I described earlier led me to consider what neurological mechanisms are at play when the human brain encounters trauma. The human brain is “the master organ of stress and adaptation to stressors” (McEwen, Nasca, & Gray, 2016, p. 18). When confronted with psychological stress, two main mechanisms are activated to help restore neuropsychological equilibrium – known as homeostasis (Pabst, Brand, & Wolf, 2013). The first mechanism is faster-acting and involves the activation of the sympathetic nervous system (SNS), which is responsible for stimulation of the fight or flight response. By releasing catecholamines such as dopamine and norepinephrine, the SNS readies the body for “action”.

The second mechanism is slower and involves the hypothalamic-pituitary-adrenal axis, which releases the glucocorticoid cortisol from the adrenal cortex (Pabst et al., 2013). The increased release of catecholamines and cortisol can lead to impairments in thinking and decision making as they affect the prefrontal cortex, where numerous glucocorticoid receptors – important moderators of stress – are located. Moreover, increased SNS activity has been linked to negative affect, which can also impact neurological processing. Worry and other types of stress-related thinking have been shown to prolong this neurophysiological response, which can have neurological ramifications weeks and months later (Connor, Walker, Henrickx, Talbot, & Schaefer, 2013). Stress-related thinking has also been shown to contribute to disease and reductions in cognitive performance.

Van der Kolk (2000) discusses the “disintegration of experience” as being one of the primary stress-related symptoms limiting one’s ability to think when facing trauma. For me, this concept jumped off the page as it seemed to be linguistically aligned with the concept of tearing. According to Van der Kolk, the neocortex, brainstem and the limbic system are those regions in the brain tasked with maintaining homeostasis and, put simply, overwhelming these areas results in difficulty thinking, placing oneself in the world and finding words and language by which to describe one’s experience. Although this allows the individual to maintain a certain emotional distance from the trauma, it inevitably reduces some areas of cognitive functioning.

### **Into the Fog**

Fog is a concept long associated with trauma. “The fog of war”, for instance, is a term that has become synonymous with the depiction of traumatic events arising from conflict situations. To me, the concept speaks to a situational uncertainty regarding one’s own capabilities – a reduced ability to think. The questions that the phrase “the fog of war” evokes for me are; can I do this? Do I have what it takes? How will I survive? And, how will I get through this?

Lieberman et al. (2005) use this phrase specifically to describe an observable reduction in cognitive performance and the emergence of mood difficulties under conditions of war. The authors observed that cognitive impairments were evident whenever study participants were placed in simulated conditions of war. Lieberman et al. assert that cognitive deficits under such conditions include problems with basic functioning such as reaction time and visual perception. The authors suggest that this phenomenon is ubiquitous in that it is not only specific to susceptible individuals – it impacts everyone.

To illustrate in lay terms Lieberman et al.'s (2005) observations, I turn briefly to a personal encounter. Halfway through the research process for this project, I watched the film *Dunkirk*. As I sat in the cinema, letting the visceral experience of Christopher Nolan's (2017) epic wartime audio-visual masterpiece wash over me, I noticed my mind return to this notion of the "fog of war". There is a scene in the film in which several soldiers shelter in a beached boat while enemy troops take shots at its side as the tide frustratingly creeps in. This scene devolves into a terribly anxiety-filled moment as the tide continues to rise and water begins to flood the vessel. Simultaneously, the soldiers become embroiled in a fight about whether one of them is a spy. In the chaos and terror of a life-threatening situation, these soldiers choose to argue amongst themselves, somehow losing sight of the most primary issue – the possibility of drowning within the bowels of the boat. It seems to me that the environment in which these young men found themselves caused cognitive dysfunction not dissimilar to that observed by Lieberman et al. refer.

Although I certainly did not find myself in a warzone, the fog that I found myself in as I was confronted by a personal battlefield of adversity is eerily akin to symptoms described in the aforementioned fog of war study. This experiential similarity is described by Frankel (2002), who observes that trauma symptomology can also emerge in those who have been exposed to events that are more implicitly traumatising such as isolation or abandonment. According to Van der Kolk (2000), regardless of severity or origin, trauma more generally involves "the overwhelming intensity of the stressor, the inability to change one's condition by words or deed, and

the sudden confrontation with the inescapable [causes] the mental apparatus to be flooded”, all central features of my experience (p. 242).

### **Psychotherapeutic Thinking**

The correlation between trauma and cognitive impairment led me to consider what stress might do to psychotherapeutic thinking. The broad concept of psychotherapeutic thinking is frequently mentioned in the literature, yet few authors offer a concise definition (Speeth, 1982). Fewer still discuss the concept in relation to therapist experiences of adversity. Speeth hypothesises that this is likely a consequence of psychotherapy being “an undefined technique applied to unspecified problems with unpredictable outcome” (p. 142).

Freud (1900) outlined the importance of the psychoanalysts’ evenly hovering attention. To this end, Freud encouraged the analyst to become free from all preconceptions to appreciate everything the patient said equally. Speeth (1982) draws on Freud’s early conceptualisation, developing a contemporary model of panoramic psychotherapeutic attention which emphasises that all therapists, regardless of orientation, are confronted with the same raw data – what they can see, hear or sense as well as what they have going on inside them. Paying attention to this raw data is, for Speeth, the essence of psychotherapeutic thinking.

More recently, Mozdierz, Peluso, and Lisieki (2014) suggest that thinking like a therapist requires the ability to formulate cases and to interpret the meaning behind certain behaviours, the need to understand the client’s position and the ability to develop a plan that incorporates the unique set of social and emotional circumstances that the client finds themselves in. Mozdierz et al. also emphasise the importance of “non-linear” thinking in psychoanalysis. This concept pertains to seeing “beyond the facts to the patterns that emerge” and realising “that there may be more to a situation than is presented on the surface” (p. 2). Mozdierz et al. assert that the benefit of therapeutic thinking is that it “maximises therapist flexibility in dealing with the infinite variety that clients and their circumstances bring to the treatment setting” (p. 2). Moreover, the authors contend that therapeutic thinking can

transcend the constraints of preconceptions and worldview, important factors when attempting to attune empathically to a client.

Heidegger (1966) differentiates between calculative and meditative thinking, the latter of which, to my mind, bears strong similarities to psychotherapeutic thinking. According to Heidegger, calculative thinking is always happening as we consciously and unconsciously make plans and process increasingly “economical possibilities” (p. 46). Conversely, meditative thinking floats “unaware above reality” (p. 46). This form of thinking exists outside normal understanding, requires practice and patience and must be carefully crafted. This is not dissimilar to the type of thinking one must do when sitting with clients – a form of *reverie* which involves “our ruminations, daydreams, fantasies, bodily sensations, fleeting perceptions [and] images emerging from states of half-sleep” (Ogden, 1997, p. 568). Heidegger emphasises the importance of this form of thinking, suggesting that it is awakened, facilitating deeper understanding, or the noticing of “what at first sight does not go together at all” (p. 53). Given the obvious significance of this thinking state, I feel it important to consider what can happen when it is interfered with.

### **Preoccupation**

In the depths of my fog, it was easy to become preoccupied with those events raging in my personal life. Consequently, the clear meditative and psychotherapeutic thinking previously mentioned became significantly more difficult. As I reflect on this experience, I am reminded of the popular use of the term “unthinkable” in relation to experiences of trauma (Foehrenbach & Lane, 2001; Ringstrom, 2014). For me, there was something unthinkable about my personal experience which fed into my professional life. Mendelsohn (2013) calls this unthinkability “preoccupation”, suggesting traumatic preoccupation can reduce the therapist’s ability to be cognitively present during times of crisis. Mendelsohn describes his sense that he had lost his own “clinical bearings” after the loss of his young daughter, who had a congenital heart condition.

The concept of losing one's clinical bearings reminded me of a wayward compass (Lombardi, 2010). I imagine the adventurer encounters a great amount of despair when the compass, a utilitarian object, whose only purpose is to aid navigation, becomes useless. This despair is picked up on by Mendelsohn (2013), who remembers anxiety and self-interest emerging amid frequent hospital appointments, detracting from his ability to think psychotherapeutically. He recounts the turmoil of being told that his daughter would die soon only for her to recover and then decline once more. He also recalls the constant feeling of fear while under the cloud of his daughter's inevitable yet unpredictable death. Over time, Mendelsohn worried that preoccupation with his daughter's precarious medical situation was impacting his clinical judgment.

Mendelsohn (2014) develops the idea of preoccupation in writings about his divorce. He describes his decision to separate from his wife of 29 years as both hopeless and hopeful – an act that risked long-term security and the disruption of familiarity yet one which was bold, offered the promise of new possibilities and required the facing into of powerful and destabilising forces. Mendelsohn remembers this as a time of pain, loss and grief – all of which contributed to an overall preoccupation, making it difficult to think psychotherapeutically. He relates the experience of divorce back to the death of his daughter, suggesting that during this time he felt he was under a “shadow” that made it hard to think. This impacted his connectedness with clients and made him worry about his continued effectiveness and ability to think as a therapist.

Preoccupation is a concept that emerges elsewhere in the literature. Adams (2014), for example, writes of the anxiety that followed a professional complaint a client had made about her. At the time, she felt she could “bracket” her distress but, after the complaint had been resolved, many of her clients and supervisees advised her they had felt something was wrong throughout this arduous period in her life. This led her to wonder retrospectively about whether, under stressful conditions, she could retain a level of thinking light enough to continue to spark connections and remain attuned to the needs of her clients.

I encountered a similar phenomenon when I read Flax's (2011) reflection on her experience of serious illness in the family. Her daughter experienced an unexpected seizure, leading to the discovery of a brain tumour which ultimately damaged her ability to speak. Flax's reflection on this time is underpinned by resentment toward her clients as she remembers the struggle to continue caring for others while being preoccupied with her ailing daughter. This resentment is a familiar sensation for me as I have sometimes wished I could just be alone with my difficulties, rather than continuing to make myself available to others.

### **Thinking Again Through Writing**

Ogden (2004) describes writing as the "profoundest thinking we have", likening the act of writing to the process of therapy in that it can be at once a meditation *and* a wrestling match (p. 20). He suggests that writing can initiate fresh ways of thinking, explaining that metaphor is an important part of this, as metaphor can "mean much more than [writing] can say" (p. 22). Metaphor is itself an important part of psychotherapeutic work, allowing issues to be thought of in a more indirect and thus less distressing way (Tay, 2013). For Ogden, metaphoric writing is a physical and emotional endeavour which can engage, encourage and facilitate a revival of cognition, new thoughts and new ways of approaching and perceiving adversity.

Ogden's (2004) musings about the ability of writing to facilitate new ways of thinking reminded me of Hanscombe's (2008) assertion that writing is about "reconsideration". Hanscombe draws on Freud's concept of sublimation which, put simply, is about transforming inner pains and hurts into something else – emotional reconsideration. Her own experience of writing was an attempt to find a voice for the helplessness, rage and rejection she experienced after being ejected from psychoanalytic training. She found that writing her pain allowed her to see more clearly the link between her present experience of trauma and that of her childhood, helping her process her difficult feelings.

As I read Ogden (2004) and Hanscombe (2008), I began to think about the healing potential of writing, especially its ability to allow the author to find some

form of cognitive reconnection. I found myself considering the power of writing to alleviate affect and facilitate mourning (Ornstein, 2014). Moreover, I began to view writing as a vehicle through which we can be reminded that the world is flexible and full of possibility as “the act of writing...creates...a type of “space”, a mental territory” that is not otherwise accessible (Grossman, 2007, p. 18). Hustvedt (2006) beautifully illustrates the healing capacities of writing in times of adversity:

Is the wounded self the writing self? Is the writing self an answer to the wounded self? Perhaps that is more accurate. The wound is static, a given. The writing self is multiple and elastic, and it circles the wound. Over time, I have become more aware of the fact that I must try not to cover that speechless, hurt core; that I might fight my dread of the mess and violence that are also there. I have to write the fear. (p. 228)

Writing can be healing as not only does it have the capacity to re-engage cognition, it can facilitate a living connection with the world (Ogden, 2004). Chasen (2013) wrote “because part of me wanted the world to know” after her only son Shaun was tragically hit by a car and killed at age 12 as she walked with him along a country road after a concert (p. 7). Chasen suspected some of her clients might read her personal account of processing the grief she felt about her son’s death, however, this was no deterrent. For Chasen, it was imperative that others – even her own clients – knew of her suffering. In this way, writing helps to make the unknown known and gives voice to silent suffering, which might be thought of as “an attempt to come out from hiding” (Basescu, 2013, p. 106).

Basescu’s (2013) idea of coming out from hiding is reminiscent of a core assumption of psychotherapy – that getting something *out* helps move us towards understanding and, ultimately, healing. This indelible concept of catharsis – an emotional release from pent up pain facilitated by psychotherapy – may help to explain the healing mechanism underpinning writing (Von Glahn, 2009). If writing enables catharsis, liberating the cognitive and relational capacities of the therapist, serving to facilitate the mourning process and ultimately healing, then perhaps writing is a part of *being* itself (Morrison, 2013). Certainly, writing conveys meaning far deeper than language or thoughts alone (Ogden, 2004). Thus, writing might be thought of as a key tool to process the intrapsychic challenges of therapist

experiences of adversity. On a personal note, writing this dissertation has been an imperative part of my search for a way back from a traumatised state, and one which has afforded me the opportunity to convey meaning far deeper than I might have been able to do in a more conversational forum, clearing both my mind and my affective state.

### **Chapter Summary**

This chapter has focused primarily on the intrapsychic processes that may occur when a therapist encounters adversity, with reference to my own experience. Specifically, I have examined the concept of intrapsychic “tearing” from one’s foundations, those internal supports so critical to survival, and how this has the potential to lead the therapist into an intrapsychic fog. This foggy place is directionless, a place where the usual navigational tools no longer operate in the way they once did. I ended this chapter by discussing the potential of writing to clear this fog. In the next chapter, I examine the intersubjective component of adversity, exploring what happens between therapist and client during times of crisis in the therapist’s life.

## Chapter Five: A Rumour in a Mumble of Ocean

A vagueness comes over everything,  
as though proving colour and contour alike dispensable:  
the lighthouse extinct,  
the islands' spruce-tips drunk up like milk in the universal emulsion;  
houses reverting into the lost and forgotten;  
granite subsumed,  
a rumour in a mumble of ocean...

*Fog* by Amy Clampitt (1997, p. 5)

This chapter takes its title from another evocative line in Clampitt's (1997) poem. My interpretation of Clampitt's verse is that she is speaking of something deep and vast that has become somehow unattainable – now just a rumour, a drop in a vast ocean. As I endeared myself to her beautiful and expressive lyrics, I began to think of the disconcerting juxtaposition between feeling periodically overwhelmed by *and* bereft of emotion in therapeutic work during my own time of crisis. Sitting calmly in my therapist's chair while chaos raged in my personal life became a far more difficult proposition than it had been before I encountered crisis. At times, it was difficult to leave my feelings at the door while other times I felt I could barely conjure any feelings in at all. This powerful emotional component of my experience has contributed to an interest in the impact of adversity in the life of the therapist not just on the therapist's mind, but on the therapeutic relationship itself.

### Relating through Trauma

Trauma can evoke alien feelings, feelings of overwhelm, distraction, disturbance and, perhaps most troubling – occasionally it may provoke emotional deadness – causing those affected to feel nothing at all (Stolorow, 2008). This contrast between affective chaos and numbness in times of personal crisis can be unsettling (Morrison, 2013). Some authors suggest that such disruption to the therapist's affective equilibrium can result in “problems” in the psychotherapeutic relationship (Colson, 1995; Goldstein, 1997). Others, such as Adams (2014) suggest that the experience of personal trauma can draw the therapist nearer to their client. Thus, the destabilising

of one's "emotional radar", how this impacts on the therapeutic relationship and how therapists might deal with this constitute the central enquiries of this chapter.

### **Countertransference**

Countertransference is a fundamental tool in the work of a therapist (Racker, 1957). Initially, countertransference was understood primarily as a disturbance within the therapist which needed to be worked through in personal therapy as it must be an impediment to the work (Frank, 2014). Since then, however, countertransference has come to be thought of as the multiplicity of feelings and emotional responses experienced by the therapist – everything that arises within the therapist (Racker, 1957). The therapist's feelings are no longer pathologised or thought of as detrimental to the therapeutic process, instead they are viewed as guidelines to understand more fully the client's experience and to assist interpretation and intervention.

The scope of countertransference has been further broadened by the idea of "subjectivity" – the notion that the therapist is completely *involved* in the relationship (Gerson, 2013). In classical psychoanalysis, the patient divulges their mental content which is then interpreted by an analyst who serves a purely objective function (Mitchell, 2000). Benjamin (1990) critiques approaches which define the "other" as object, suggesting they deny both parties full experience of their own subjectivity. Benjamin offers an antithesis, postulating "where objects are, subjects must be" (p. 184). As such, countertransference reactions have more recently been reconsidered and are now thought of as "essential and necessary aspects of who we are" (Gerson, 2013, p. 14).

### **Countertransferential Disequilibrium**

Therapists may respond to trauma in their personal life in ways which can disrupt "stability, tranquillity and equilibrium" (Morrison, 2013, p. 43) in their professional environment. Morrison coins this experience "countertransferential disequilibrium", suggesting that upsetting the delicate and finely tuned emotional compass that the

therapist relies upon to attend to countertransference responses can make the process of therapy difficult. He suggests the therapist *is* the analytic instrument and, therefore, any instability in this instrument can have disastrous consequences for the work. Specifically, he points out that disruption to the “self-state” – or sense of self – of the analyst “shakes up the calibrations on that delicate appliance” (p. 44). This makes it difficult to truly “hear” the client, to appreciate their emotional states and to unpick and understand the subtle transference elements of the therapeutic relationship.

Khan (2003), too, employs the word “disequilibrium”, observing that “personal crisis...is a time of acute emotional disequilibrium in which the boundaries that people set up to protect themselves are bombarded by the presence of immediate situational stress” (p. 51). For Khan, the “explosion of regularity and dependability” (p. 51) in the therapist’s personal life is only exacerbated by the anxiety of disruption to clients. This sensory bombardment can impact the way clients are perceived and understood, especially given that therapists often rely heavily on emotional and bodily responses (Rytohonka, 2015).

Ringstrom (2014) takes a different approach, asserting that countertransference can be *played* with during times of personal adversity. According to Ringstrom, the therapist’s ability to play can reduce rigid adherence to theoretical systems, alleviating some of the constrictions noted by Khan (2003) and Morrison (2013). Ringstrom points out that improvisation is a key part of this because it allows therapist and client to move away from rules that may have limited previous engagements with reality. Mendelsohn (2013) refers to this as “accessibility”, suggesting that it is not a question of whether trauma in the life of the therapist will influence the relationship, it is a question of how accessible countertransference is to both therapist and client in the context of this trauma. Thus, it seems that remaining open and flexible to what arises during times of personal crisis may allow the therapist to continue to work with countertransference, despite the challenges such moments pose to this significant part of the work.

## **Enactment**

Enactment is another aspect of countertransference that can be impacted by emotional disequilibrium (Bemesderfer, 2000). Mann (2009) ratifies this, asserting that “trauma is particularly prone to expression through enactment” (p. 12). Traditional psychoanalytic theorists initially described enactment as non-verbal interactions occurring between therapist and client (Jacobs, 1986). Some authors such as McLaughlin (1991) suggest enactment can encompass all behaviours that emerge within the therapeutic relationship. According to McLaughlin, these behaviours are generally defensive and transference in nature and are usually triggered by the touching of the therapist or client on some event or trauma that causes the other to regress to a less evolved perceptiveness. Hirsch (1993) offers a similarly useful definition, suggesting enactments can be thought of as “unconsciously communicated feelings translate[d] into unwitting participation” (p. 345). Enactment is not about the conscious, it is about the archaic, the primitive and the fantasised (Mann, 2009).

Bemesderfer’s (2000) experience provides one example of enactment in therapy emerging because of issues in her personal life. Bemesderfer’s son was diagnosed with stage two Hodgkin’s lymphoma when he was 26 years old and, throughout his illness, she found herself dealing with anxiety, rejection and frustration – a broad spectrum of emotions that, she felt, impacted the way she decoded unconscious dynamics in her relationships with clients. She remembers these difficult feelings contributing to the gradual cluttering of her office, inadvertent disclosures, attempts to reassure herself and outbursts of anger. She describes often feeling shocked at and frightened of her impulsive and sometimes inappropriate responses to her clients, reflecting that many interactions throughout this time were enacted as her life became increasingly coloured by her son’s illness.

In one pertinent interaction, Bemesderfer (2000) describes her most difficult client, a young man of a similar age to her son, disclosing the discovery of low sperm motility and a subsequent year-long struggle to have a child with his wife. Bemesderfer describes her reaction to this disclosure as “hostile”, responding that

she was shocked he had concealed this from her and that she felt the therapy would suffer if he continued to omit painful material from their sessions. A myriad of unconscious determinants including her unconscious projections about her own son's low motility contributed to her reaction – a dynamic Hirsch (1993) might refer to as “unwitting participation”.

## **Disclosure**

Disclosure is a hotly contested topic that also falls within the relational scope of this chapter and is interwoven throughout the literature on the implications of therapist experiences of adversity (Comstock & Duffey, 2003). It is a concept synonymous with countertransference and enactment and there are many differing opinions on the subject (Foehrenbach & Lane, 2001). Many therapists who have written about their experiences of adversity refer to disclosure as problematic, recognising that the very act of writing about personal trauma is essentially disclosure (Chasen, 1996; Morrison, 2013). It seems, however, that writing is generally perceived as a safer and more grounded option than openly disclosing to clients in session (Mendelsohn, 2014).

There are some who staunchly deemphasise any benefits of therapists disclosing difficult life events, inferring that this can only collide with or intrude upon the therapeutic relationship (Comstock, 2008). Ivey (2009), for example, postulates that disclosure of adversity constitutes a contradiction of “the analytic attitude and the very essence of psychoanalytic inquiry” (p. 86). For Ivey, such disclosures create narcissistic potential as they can become about the therapist's needs. Moreover, clients may find therapist disclosures of personal crisis to be burdensome (Morrison, 1997). They may feel that their own issues are trivialised by the difficult experiences of their therapist or may lack the tools to engage with such expressions by the therapist. This thinking appears to be underpinned by the notion that “one cannot determine...that self-disclosure is a manifestation of anything in the psychoanalytic moment” (Busch, 1998, p. 519).

There is also some argument that client knowledge of their therapist's personal crises can encourage transference and countertransference enactments that negatively influence the therapeutic relationship (Colson, 1995). Colson observed that his own clients fantasised about the catastrophic consequences that may occur if they did not protect him after learning of his wife's terminal illness. He concludes that this largely had a detrimental effect on therapy. Similarly, Morrison (1997) posits that client knowledge of difficulties in their therapist's life may foster the need to care for their therapist, which can convolute the delicately balanced dynamics in the therapeutic relationship. Thus, the therapist's disclosure of challenging personal events can make them vulnerable to analysis by their clients (Mills, 2012).

Mendelsohn (2013) takes a different position, arguing that the self-disclosure debate comes down to "the question of acceptability, to both participants, of the analyst's emotional situation" (p. 39). Mendelsohn wonders whether it is appropriate to disclose aspects of the therapist's personal situation to some clients, while for others, it may be entirely inappropriate to disclose anything. Additionally, Comstock and Duffey (2003) suggest that as the role of the therapist is to assist the development of the client's relational capacities, by ignoring the influence of crisis in their personal lives on their professional relationships, they may inadvertently teach clients how not to access their own emotional world.

Bemesderfer (2000) discusses the capacity of adversity and trauma to disrupt usual boundaries around self-disclosure. Upon learning of her son's cancer diagnosis, she experienced the activation of heightened maternal awareness and noticed herself become more reactive to anything that would stir this awareness in her. Consequently, she found herself making both inadvertent and more conscious disclosures than she felt she would otherwise have done. In one interaction, she startled herself by responding openly to a client's constant questioning about her family that she was married and had four children. Bemesderfer concedes that while this was an unnecessarily full disclosure, it allowed her client to explore more deeply the dynamics around her own large family and stimulated the admission that she felt in competition with her therapist, which was ultimately useful for the therapy.

Others openly discuss the benefits of disclosure as breaking “through the fiction of psychotherapy that the therapist is some kind of superhuman being and is there only as the total transference object” (Greenspan as cited by Comstock, 2008, p. 184). Morrison (1997) also suggests that disclosure of personal adversity can augment the humanness of the therapist, thus fostering a realness in the relationship. In this way, disclosure might be thought of as augmenting the therapist’s genuineness and authenticity and can help the client to feel included and important, reducing the possibility of the client feeling betrayed by their therapist should they discover an event such as a life-threatening illness has not been related.

Amy Morrison’s (1997) account of her decade-long battle with recurrent breast cancer is a moving depiction of the challenge of unavoidable disclosure. At the time, she was willing to disclose to those clients who asked, but was not willing to reveal anything to those who appeared not to notice. An interesting dynamic that emerged was that the clinical material presented by those who did not directly enquire about her illness or feelings tended to centre on struggles with wanting to know, yet not wanting to know. Khan (2003), too, was diagnosed with breast cancer and, after a course of rigorous chemotherapy, also needed to wear a wig. Khan notes that, around this time, frequent last-minute cancellations of appointments and fluctuations in health and energy levels were prevalent, which meant her clients came to know of her illness.

Unavoidable disclosure is a theme picked up on by Andrew Morrison (2013) in his discussion of “enforced disclosure”. According to Morrison, enforced disclosure occurs when there is no way of concealing the event or its impact from clients. In Morrison’s case, because his ailing wife’s office was next door to his own, his clients inevitably discovered her illness. Morrison discusses struggling with pervasive shame and guilt around the imposition of his personal circumstances on his clients as he observed them become less able to freely explore their own associations and inner processes.

Despite the discussed dangers, self-disclosure presents an opportunity to explore client reactions and responses, offering a chance to deepen the therapy

(Mendelsohn, 2013). This can allow for development and acknowledgement and, as Mendelsohn observes, can foster expressiveness and closeness. In fact, when circumstances are left more ambiguous, surely there is an equal chance that estrangement and caution could proliferate.

### **Shame and Guilt**

As I read more about therapist self-disclosure, and particularly Andrew Morrison's (2013) account, I began to think about shame and guilt, difficult emotions that seem to emerge not only when the therapist must decide whether to disclose difficult personal circumstances with their clients, but more generally with the experience of adversity itself. To make this point, I turn first to a personal vignette. A little over halfway through this project I was tasked with presenting the progress of my research to a room full of faculty members and peers. This was a difficult and interesting experience in which various useful criticisms, wonderings and encouragements were shared. I was surprised by the responsiveness of my audience to the specific ideas of shame and guilt. After presenting, I was approached by several individuals, each very generously wanting to share their own experiences of divorce, difficult clinical encounters and other very challenging personal circumstances. Each narrative was underpinned, in its own way, by a pervasive sense of shame and guilt for not having "done enough", been "available enough" or "attentive enough".

I felt it important to include the above responses of my audience in this dissertation as they indicate to me that the experience of shame and guilt felt by the therapist in times of crisis may, in fact, be commonplace. Moreover, they helped enhance my understanding of the topic. Each response was, of course, coloured in a slightly different way, revealing to me different aspects of each account of shame. Consequently, it was no surprise to me that shame and guilt are themes that also proved to be prevalent in the literature. Comstock and Duffey (2003) suggest therapists are especially vulnerable to such feelings because they receive the covert message "handle yourself as a professional regardless of what happens to you in your life" throughout the course of their training and into clinical work (p. 77).

Mendelsohn (2014) captures this well, writing of his divorce “my internal experience – particularly insofar as it is suffused by shame and guilt – works its way into the...field” (p. 195). Shame may emerge around lacking the energy and passion for the work and guilt may be felt about continuing work while not knowing if we “should” be doing so.

The challenge of facing shame and guilt when crisis emerges in the personal life of the psychotherapist is acknowledged by Comstock and Duffey (2003) who observe that the implicit discourse within the broader psychotherapeutic community suggests “if...it does affect your work, know it’s affecting your work and take time off” (p. 77). Comstock and Duffey also recognise a more insidious element of this discourse which implies “but take care not to take too much time off” (p. 77). I have felt this deeply in my own moments of crisis, an invisible motor driving shame and guilt. I worried about how much time I could take off, if any. What about my clients? When would my mind settle and clear? What if I could not meet mounting academic and clinical demands?

Henry (2009) experienced a similar dilemma when facing illness. She writes “I can’t keep [my client] afloat when I feel like I’m drowning. Yet I feel I can’t abandon her while she is barely holding onto herself” (p. 296). Similarly, Rosenfeld (2016) illustrates the therapist’s internal struggle with putting him or herself to one side asserting “this is not about me, it is about my patient” (p. 10). She continues, “fundamental to the job is to consciously put our own cares and anxieties elsewhere, in every session” (p. 10).

As beginning therapists, we are not taught that a “good enough therapist” also experiences struggle and painful distractions (Comstock & Duffey, 2003). It can be difficult to know when to “down tools” and when to continue working. Consequently, the expression of overwhelm, preoccupation and countertransference disequilibrium, all often underpinned by some form of shame and guilt, can be difficult, potentially leading the therapist into hiding (Schlachet, 2013).

Miller and Ober (1999) discuss a similar theme, pointing out that sometimes adverse experiences can be unspeakable, and leave the therapist “crouching in the shadow of [their] lives, unpredictable, a locus of rage, of despair, of fear, looking for an opportunity to be heard” (p. 21). Hirsch (2008), too, discusses the wish for emotional tranquillity in times of crisis, suggesting that conditions that disallow this can lead the therapist into an unspeakable realm. This unspoken, shameful realm seems almost “secretive”, as if it must be kept hidden (Chasen, 2013).

Reading about shame and guilt in the face of adversity led me back to Pines (2014), who outlines the challenge inherent in processing and expressing shame in the wake of crisis. Pines writes that, after experiencing a stroke, she felt she *had* to return to work, a step that was complicated by the fact that she was now bereft of many of the skills that she had previously taken for granted. She found she had to develop a new way of working with her clients while simultaneously having to process the shame and self-doubt associated with feeling that she was somehow now “less” than her clients and colleagues. I was struck by Pines’ desire, and ability, to “press on” through the pain and her ability to acknowledge that things were different. Chasen (2013) eloquently summarises this hope for continuing on, writing “the stabbing pain has turned to a dull agony. I am aware of the constant presence of an absence. I function. I more than function. I’ve changed” (p. 20).

### **A Thick Skin**

Recently, a client spoke to me of feeling that he had to develop a “hardiness” in response to shame he felt about the constant neglect in his life. He spoke of guilt at not being able to find his way through this. His narrative conjured in my mind’s eye the metaphor of a “thick skin”, armour to deflect these difficult experiences, protecting his more vulnerable inner world. As we worked with this, it became apparent that while his hardiness protected him from unbearable experiences, it also inhibited his ability to access his emotional states – something he had a deep desire to do. When I asked what he felt brought him back out from under this thick skin, he replied “relationship”.

## **Finding a Relational Home**

An idea that continued to percolate following this significant interaction is that, rather than being a “problem” that must be entirely resolved before continuing clinical work, perhaps it is relationship that can allow the work to continue. Certainly, recovery from trauma “can only take place in the context of relationships; it cannot occur in isolation” (Herman, 2015, p. 133). In the context of relationship, empowerment, diminishment of hopelessness and restoration of autonomy become possible. According to Herman, many different relationships can offer different ways of healing from trauma. For me, this speaks to the significance of finding a “relational home” for trauma.

Adams (2014) points out that a meaningful awareness of loneliness, trauma and disappointment can open the way to deeper human connections and a fuller valuing of life, nature and the client’s experience. Thus, I wonder whether the therapist’s own experience of suffering might enhance their ability to engage with the suffering of others. It is often not until we have experienced significant trauma ourselves that we can truly understand other’s experiences of it (Rosenfeld, 2016).

As I digested the ideas of Adams (2014) and Rosenfeld (2016), I began to consider in a new way the significance of the therapeutic relationship during times of personal crisis. Mendelsohn (2013) writes that adversity in the therapist’s life “may afford a chance to deepen analytic collaboration if patient and analyst are able to enlist their capacities for flexibility, resilience and generosity of spirit” (p. 39). This is a unique collaboration, and one which takes on an even more special quality when client and therapist can journey through crisis together (Gerson, 2013). Although we may at times become lost in fog, developing thick skins to protect us from the unbearable circumstances with which we are faced, maybe finding a relational home for these crises in the therapeutic relationship can ultimately enhance these relationships.

In psychotherapy training, great emphasis is often placed on attending personal therapy alongside clinical training (Adams, 2014). This mandate is passed

down with a view to enhancing the trainee's ability to self-reflect and develop personally. By extension, this helps the trainee better understand their client's experience. Reflecting on my own experience, I feel it would have been impossible to complete without this "relational home" acting as a container for the trauma of training.

In the same way, personal therapy can help the therapist make it through trauma in their own lives. Here, the container of personal therapy helps therapists stay in connection rather than isolate into shame and increases their ability to reflect on current difficulties (Stolorow, 2008). Therapy is a space where we can "dig out the roots" of our experience (Adams, 2014, p. 58). The roots are not just torn away, they are delicately unearthed, examined, repaired, and planted again. Moreover, how we make use of childhood experiences to deal with current personal crises is a significant predictor of bearing with and healing from difficult experiences (Gerson, 2013). An effective way to ensure our developmental patterns are processed, known and utilised to cope with such circumstances is to be in personal therapy.

Supervision, too, falls within the rubric of a relational home and has been called by Adams (2014) a "mainstay" of the therapist's professional life during times of crisis. Supervision is especially useful in times of crisis as it is a relationship that functions to keep therapists from losing sight of themselves or their clients. This is a relationship that can provide reassurance and dispel self-doubt (Mendelsohn, 2013). As Adams points out, supervision can also be a valuable container for shame which, as discussed, is a potentially detrimental aspect of encountering adversity while working as a therapist. Supervision can nourish and fortify and can help us understand when it is appropriate to keep working and when it is necessary to take a break (Rosenfeld, 2016). Being in supervision, according to Adams, means somebody is always looking out for you.

My own supervisor's response to the more challenging aspects of my personal life was that the intersubjective component of my work necessitated careful monitoring. She spoke of her own painful experience of personal loss and how difficult it was for her to know when she needed a break from clinical work,

recalling with some fondness that her own supervisor expertly guided her through this process. It is, after all, “the unexpected for which planned protocol needs to be in place” (Foehrenbach & Lane, 2001, p. 61). Upon reflection, these supervisory sessions helped me to know when it was necessary to take a break, kept me more in touch with myself and prepared me for operating differently to how I had before (Pines, 2014).

Maybe, then, finding a relational home for trauma when in the darkest throes of shame, guilt and self-doubt offers the therapist an opportunity to be nourished and fortified. Perhaps the process of facing personal adversity can also deepen appreciation for the sacredness of life and of our own need for others (Comstock & Duffey, 2003). According to Comstock and Duffey, dealing with shame and self-doubt of our own has a profound ability to increase our compassion for ourselves, which surely influences and enhances our relatedness to others. My own experience of this is that it has indeed deepened my capacity to relate to my own clients. *I feel* the suffering of the individual sitting opposite me in the therapy space more now that I have come to know suffering so intimately in my personal life.

### **Chapter Summary**

The focus of this chapter has been on the relational aspect of crisis in the therapist’s personal life – those elements impacting the therapeutic relationship. The chapter began by examining some of the challenges of working with countertransference during times of adversity. Following this, a discussion of self-disclosure was presented which contributed to a dialogue around therapist experiences of shame and guilt during times of adversity. This chapter closed with a discussion of what therapists might do to cope with relational challenges that arise in times of personal crisis. In the next chapter, the discussion, I summarise these findings.

## Chapter Six: Meeting the Powerful Stranger

Stand still. The trees ahead and bushes beside you  
Are not lost. Wherever you are is called Here,  
And you must treat it as a powerful stranger,  
Must ask permission to know it and be known.  
The forest breathes. Listen. It answers,  
I have made this place around you.  
If you leave it, you may come back again, saying Here.  
No two trees are the same to Raven.  
No two branches are the same to Wren.  
If what a tree or a bush does is lost on you,  
You are surely lost. Stand still. The forest knows  
Where you are. You must let it find you.

*Lost* by David Wagoner (1999, p. 10)

In the preceding chapters, I have addressed the myriad issues that arise at the border of the psychotherapist's personal and professional worlds during times of crisis. Specifically, I have explored how such moments impact the mind of the therapist (intrapsychic) and the therapeutic relationship (intersubjective). At times, this complex meeting point of the personal and professional has felt like a destructive collision, each world invading the other, creating volatility and instability. At other times, it has felt as if they co-exist, amicable yet uneasy neighbours entwined together in an existential journey toward healing.

In what follows, I discuss the main findings of this research: the therapist's experience of thinking and being during personal crisis and the impact such crises have on the therapeutic relationship. I then explore a question that emerges from these findings – that of whether to continue working. I finish with a brief exploration of the implications of my findings and some more general concluding remarks.

### **My Position**

This project began with an acknowledgement of my own position as someone who has experienced personal trauma while in pursuit of a career as a psychotherapist. I have found a relational home within this research, feeling less alone with the turning

of each page. As I become saturated with the stories of other therapists who have encountered personal crisis while engaging in clinical work, connectedness with myself and others increases. This has helped to deepen my position as a hermeneutic researcher – someone who lives and breathes their research. In a very real sense, I *am* the phenomenon that I have chosen to research. This serendipitous and disconcerting embodiment has been at once the most significant challenge I have ever faced and one of the most liberating experiences I can begin to imagine.

My original interest in the phenomenon of crisis in the therapist's life was very much focused on my lived experience – particularly of cognitive impairment – as I attempted to understand the fog that overwhelmed my mind after facing difficulties in my own life. As I have learned more about others' experiences of this, however, I have broadened this scope. I now believe that every facet of the therapist's experiential world, be it personal or professional, is touched, in some way, when adversity strikes. This broadened scope has helped to define my approach to the literature, as I seek to understand the whole experience of adversity as it correlates to the therapist's life. In this way, I am a participant in this research, not just an observer (Smythe & Spence, 2012).

### **Thinking: The Psychotherapist's Internal Experience**

One of the main findings of this study is that, during times of crisis, the psychotherapist may experience variance in their ability to think psychotherapeutically. This begins at a neurological level as, under traumatic conditions, the brainstem and limbic system become overwhelmed and can no longer maintain homeostasis (Van der Kolk, 2000). Experientially, this may take different forms including fogginess, detachment or preoccupation – the inability to think of anything but the traumatic events occurring in one's life (Mendelsohn, 2013).

In my opinion, Freud identified this cognitive overwhelm in metaphorical terms when he described being torn at the root after the death of his father (Clark, 1980). I felt a visceral connection with his observation of the impact of internal detachment, noticing that similar metaphorical imagery has been utilised in for

centuries. This imagery captured the essence of my experience of feeling torn, displaced and lost. This internal (intrapsychic) tearing in times of crisis is also identified by Klein (1940) and more recently by Stolorow (2008) and Pines (2014) who both specifically write of the experience of something in their internal world being “torn”. To me, the “tear” speaks of violence inherent in experiences of trauma. It is a term that acknowledges that one can be so impacted by their experiences they may feel as if they are torn in two. This is important as so often, the therapist’s experience of detachment is unspoken and therefore unacknowledged (Adams, 2014).

Changes in the therapist’s ability to think psychotherapeutically can be destabilising and upsetting. Writing, the “profoundest thinking we have”, is one way in which the therapist might combat this issue (Ogden, 2004). Writing can spark fresh ideas, creativity and can shift the mind into a more open space. It can help us reconsider our most difficult experiences, transforming them into something new (Hanscombe, 2008). Writing helps us to “feel the world move”, allowing it to once again become “flexible, [and] crammed with possibilities” (Grossman, 2007, p. 19). I share these experiences as the writing part of this research process kept me engaged with myself, encouraging me to stay out of isolation and bringing about new ways of understanding the challenges I faced.

### **Feeling: The Interfacing of the Personal and Professional**

Enquiry into the phenomenon of therapist experiences of adversity has also revealed that *every* aspect of the therapist’s world – the therapist’s mind and the therapeutic relationship, the decision about whether to go to work, the emotional state of the therapist, the therapist’s personal and professional relationships, the very fabric of being a therapist – is touched, in some way, by personal crisis. Encounters with adversity have the potential to throw the finely tuned emotional equilibrium so critical to the therapeutic relationship into disarray (Morrison, 2013). Equally, however, such moments can deepen the therapeutic relationship by affording us a window into our client’s experiences of distress and suffering. As Gerson (2013)

posits “personal struggles with crises...sometimes enhance, sometimes limit but always affect our clinical work” (p. 13).

Until recently, this phenomenon was often hidden and treated as taboo, as if discussion about the impact of analyst subjectivity – that is, the interaction of the analyst’s personal world with the therapeutic relationship – would somehow set the discipline of psychotherapy on a slippery slope (Gerson, 2013). Indeed, Kuchuck (2014) suggests that for some this is still true. Kuchuck points out the irony of adhering to the ego ideal of abstinence while engaging in the process of assisting the client to access a fuller range of emotional states and encouraging them to come out of hiding themselves. This may also have to do with a discourse that permeates from our very conception as beginning psychotherapists which emphasises the importance of being available for clients under the guise of “professionalism”, regardless of what happens in our personal lives.

Fortunately, as Gerson (2013) observes, more recent conversations about the inevitability of interplay between therapist and client have begun to spring up. These conversations have paved the way to new understandings. In fact, the intersubjective dynamics of the therapeutic relationship are now understood as akin to any other relationship between two people in which there is dyadic interaction. Despite this, it is important to acknowledge the unique asymmetry of the therapeutic relationship. This is not a relationship that is entirely analogous to other relationships. It is a unique and special relationship in which power dynamics are omnipresent and one in which the therapist must take absolute responsibility.

This relationship is a matrix, multifarious interactions encapsulating the uniqueness of therapist and client and involving the intermixing of individual histories and experiences (Gerson, 2013). According to Gerson, to be most effective, the therapist must be positioned inside this relationship, engaging with the fullness of their responses to clients. Levenson (2017) argues that the therapist must bring “authenticity” to the relationship. He elaborates on this, suggesting the therapist must respond to their client by being “in touch...with one’s experience and the situation”

(p. 108). For Levenson, the therapeutic relationship is characterised by “who the therapist is and what he brings to the therapy encounter” (p. 108).

Thus, we might think of the psychotherapist’s experience of adversity as similarly constituting part of this interactional matrix, impossible to avoid and inevitably influencing the therapist and, by intersubjective extension, the relationship (Gerson, 2013). If we acknowledge that general life circumstances impact, in various ways, this relationship, we are really acknowledging that there is already an inevitable touching of the personal and professional whenever therapist and client meet. Perhaps, then, it is also feasible to assume that personal crisis will impact the mind of the therapist and the therapeutic relationship in a myriad of ways which may sometimes be helpful and other times harmful.

To mitigate the harm personal adversity may cause, therapists can, and often should, seek their own therapy, supervision and collegiality (Adams, 2014). This reduces vulnerability by creating a support network while simultaneously increasing transparency. Importantly, Herman (2015) argues that recovery from trauma can only take place within the context of relationships.

### **Working: Whether to Continue**

Recently my own therapist quipped “if every therapist just stopped working when they encountered personal difficulty, there would be no therapists left”. After this session, I found myself thinking hard about what she had said. She was right, of course. But the question of where to draw the line in terms of continuing to work lingered in my mind. This interaction underscores the final significant finding of this study.

Much of the literature on the therapist’s experience of adversity indicates that during times of crisis therapists worry about how much time to take off, how this might impact clients, what this means about consistency and resilience in the face of difficulty and so on (Comstock & Duffey, 2003). These concerns encompass both the therapist’s mind (intrapsychic) and the therapeutic relationship (intersubjective).

Despite this, sustaining one's practice, financial issues and needing something to keep the mind off difficult circumstances are important factors that may influence this decision (Mendelsohn, 2013).

The desire to "work through" can constitute a means of avoiding unbearable pain by keeping busy (Mendelsohn, 2013). On the other hand, it may be a way of processing traumatic experiences. Mendelsohn points out that, during times of crisis, there is often a *need* "for working, respite and income" (p. 22), as he discovered only a week after his six-week-old daughter, Anna, was diagnosed with a severe congenital heart disease which seriously impacted her prospects of living. The need to keep working is also picked up on by Chasen (2013) who responded to a client's concern for her wellbeing after the death of her son by stating "I am in terrible pain all the time, but when I am working, I am okay" (p. 13).

My experience of working as a therapist who has encountered personal trauma while simultaneously researching this very phenomenon has allowed me to connect with a part of myself that was otherwise very much in the dark. I feel a renewed sense of clarity, an increasing desire to engage with others in their suffering and a deepened appreciation for what suffering is and what it means to the *whole* person (Adams, 2014). It is with a renewed sense of hopefulness that I turn my gaze to Wagoner's (1999) poem *Lost*, which I began this chapter with. In the poem, Wagoner recognises that standing still and listening to the forest can help when one becomes lost in its depths. Reading this, I felt that the forest might, in such a moment, become a companion. In some ways, the hermeneutic process has mirrored this, a silent yet strong companion that I have had to listen to on this treacherous and ongoing expedition through the fog.

Unquestionably, psychotherapists are all mere mortals and are subject to becoming lost and overwhelmed in the face of adversity just like the rest of the human population (Clark, 1995). And like our parents, children, siblings, neighbours, friends and all other human beings, in times of adversity, therapists too must continue to hope and find a way to process the trauma with which they are faced in order to keep working. It is through the support of others, the acceptance of

uncertainty, the deepened understanding of trauma and the enhanced connection to clients that we can work through.

### **Limitations and Strengths**

Given that this hermeneutic research is necessarily founded upon my own experience of crisis and was conducted from an entirely subjective framework, my imagining is that those more inclined toward positivism may take issue with the fact that my findings cannot be replicated. Indeed, what I have discovered about therapist experiences of adversity reflects only *my* perspective, reading and interpretation of the literature. It is true that if a different researcher conducted a similar enquiry their results may be different. Thus, my study is certainly not replicable. However, I did not set out to satisfy those with more positivist leanings. Instead, I am hopeful that I have offered my reader the opportunity to come on a journey with me through my experience, thinking and process. I hope I have created something that affords my reader the opportunity to draw their own conclusions and to perhaps think more deeply about their own experience of adversity and how this might impact their relationships and interactions with others.

For me, one of the great strengths of hermeneutic research is in personal development – the learning and growing that only comes after having been immersed in a topic for a long time. Becoming saturated in the literature, learning more about myself, developing my ability to reflect rather than react and discovering more about what crisis means for the psychotherapy relationship has been invaluable. Through this research process, I have become an even more firm believer in the power of self-reflection, self-care and support seeking and my sense is that these will hold me in good stead moving forward into a career as a psychotherapist. I believe this developed sense of attunement to be a direct result of engaging with the hermeneutic process (Smythe & Spence, 2012).

## Implications and Further Recommendations

When considering the relevance and applicability of this research to the profession of psychotherapy, my mind turns to the juxtaposing split that emerges in much of the literature on therapist experiences of adversity. It seems there are two camps – the first (Comstock, 2008; Adams, 2014; Rosenfeld, 2016) more liberally campaigning for the benefit of adverse experiences and what they can teach us about ourselves, our clients and our relationships. The second camp (Colson, 1995; Ivey, 2009) is more austere, retreating into a conservative space and defining adversity as an “intrusion”, a “collision” and something that must be viewed as detrimental. In this sense, there is enough literature outlining opposing perspectives on the subject. What I have set out to do, however, is to tread the thin line between these two camps, not necessarily agreeing with one or the other, instead examining, exploring and wondering.

The more I persist with this view, looking at both sides, the more I believe that both camps have much to offer. There are many dangers in continuing to work during times of adversity, in disclosing the events in our personal lives to our clients and, at the same time, these are interactions that offer the potential for perhaps the most exponential growth we could imagine. I must say I agree with Colson (1995), who points out that crisis in the personal life of the therapist can be invasive, intrusive and problematic. Furthermore, I agree with Ivey (2009), who wonders whether disclosing such events can contradict the purpose of therapeutic enquiry. These authors suggest that operating in this way may entice the client into caring for the therapist, which is not the goal of therapy. Equally, however, I agree with Adams (2014), who asserts that crises can enhance our capacity to connect with ourselves and our clients and I agree with Rosenfeld (2016), who highlights the need for the therapist to experience trauma before understanding another’s experience of it.

As part of this process, I have needed to expand my gaze from only looking at the therapist’s experience of crisis. Now I realise that the *whole* relationship is impacted by adversity. I think that pursuing this line of enquiry further could be of real benefit to the profession as, to be more effective therapists, we must come to a

more comprehensive understanding about how crisis influences the therapist's mind and the relationship. Moreover, I believe that this is a relatively unresearched area and specific enquiry into the impact of adversity on psychotherapeutic thinking could be very useful.

Perhaps a synthesis of the aforementioned camps is required to move forward. In such a space, wholeness, creativity and possibility would be encouraged. Emphasis should be on the importance of speaking about adversity and discovering *how* it affects us personally and professionally rather than promulgating a culture that devalues this, pushing some into hiding (Schlachet, 2013). It occurs to me that given the subjective, experiential nature of the subject matter, further focus on researching the psychotherapist's experience is likely to add significantly to the existing body of literature and thus to psychotherapists in practice and their clients.

### **Concluding Remarks**

The limitations of this research have already been outlined, specifically the perceived limitations of research undertaken from a subjective position. Despite this, I remain steadfast in my belief that elements of these findings are relevant not just for the profession of psychotherapy but for anyone who works with people and, indeed, the general public too. This belief is founded on the fact that we are all human and that in our work we all inevitably experience the touching of our personal and professional lives at some point.

Arguably, the psychotherapist is particularly well-placed to deal with crisis, having often completed years of their own therapy, already being in therapy or at the very least having ready access to supervision and therapy services (Adams, 2014). This unique position affords close proximity to resources which can help them through circumstances that might otherwise be devastating. However, the therapist must notice when they are overwhelmed by the fog of adversity, paying "deliberate and focused attention to this dimension" (Morrison, 2013, p. 44) and retaining an awareness of both the intrapsychic and intersubjective ramifications of such conditions. This degree of self-awareness may mitigate the impact of the

intrapsychic tearing at the root that I have referred to, and the ensuing countertransferential disequilibrium that can arise during times of adversity. Ultimately, we must be true to who we are as individuals in the world and as therapists whether life is going smoothly or we are facing trauma (Gerson, 2013).

If the psychotherapist remains open to collaborating with clients and bearing pain during times of adversity, there is the potential to increase “flexibility, resilience and generosity of spirit” (Mendelsohn, 2013, p. 39). Coming to know myself better through my own suffering has impacted in a variety of ways on my practice. Adversity can be detrimental or developmental or both, depending on how it is approached, what type of trauma it is, the historical context of the individual facing it and what supports are accessible and engaged with. While the experience of trauma in the life of the therapist will undoubtedly initiate dynamic shifts in “the thematic and tonal qualities of many therapies”, these shifts do not necessarily need to be thought of as destructive or detrimental (Mendelsohn, 2014, p. 202).

My experience of crisis while practising psychotherapy and then of researching this very phenomenon has been fraught with difficulty. I have been faced with what has, at times, felt an overwhelming amount of my own trauma, that of those who sit opposite me in the client’s chair and that of those I have read for this project. This has made writing difficult, it has made clinical work difficult and sometimes, it has made simply getting out of bed difficult. Other times, I have found myself feeling more in touch with myself, my own pain acting as a guide for the pain of the other, invigorating me. In these moments, I have thought “at least I feel *something*”. Regardless of the impact on me, I feel much more whole for having completed this research. I move forward secure in the understanding that there is no way “reality can remain uninfluenced by the milieu that the individual perceiving it provides” (Foehrenbach & Lane, 2001, p. 62). Trauma is unavoidable and often inescapable, touching all our lives to some degree. It is my hope that this research contributes to further understandings of its impact on the therapist in his or her work.

By John C. Francis

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