

# The person behind the therapist: a recall study on significant events that contribute to therapists' personal and professional development

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## ABSTRACT

This study explores the interconnexion between personal and professional development in therapist growth. This research examines a self-integrated perspective on training, by looking at the equal importance of nurturing personal development alongside professional skills cultivation. The study uses the concept of Significant Events (SE) which was originally developed to understand client change processes and applies the concept to investigate the development of the person-of-the-therapist. SE is events that are experienced in the therapy process and that are experienced by the client as being helpful or hindering for therapeutic change. Similar to the process of therapy, professional development is not a linear process of acquiring skills and knowledge but a discontinuous process that is driven by SE. The goal is to explore transformative moments in therapists' development. 281 participants completed an online questionnaire, evaluating: i) therapists' personal and professional characteristics, such as their age, gender, supervision, personal therapy, and the level of training and ii) therapists' SE. Participants were asked to list helpful or hindering SE's that influenced their personal and professional development. Thematic analysis uncovered three main themes: i) personal events (physical and mental health, interpersonal relationships, exploring the world, losses and deaths), ii) professional events (training, clinical experiences, relationship with colleagues, challenges due to work position), and iii) hybrid events where personal and professional aspects intertwine (personal therapy and societal context inducing insecurity). Findings suggest a more integrated self in personal and professional development. The study contributes to ongoing discussions on professional development, revealing the interplay between personal and professional spheres of therapists.

**Key words:** personal and professional development, person-of-the-therapist, significant events, therapist growth.

## The person behind the therapist

There is a growing interest in personal and professional development (PPD) of therapists, but little is known about what types of experiences make therapists into who they are as professionals. PPD is defined as “the integration of professional skills and personal development necessary for engaging with clients, facilitating transformative processes, and addressing the challenges inherent in professional practice” (de Condé et al., 2023, p. 59). This study is focused on the person-of-the-therapist and which significant life experiences contribute to their PPD. The present study applies the significant events approach to explore the important moments within the personal and professional evo-

lution of psychotherapists (Elliott, 1983; Timulak, 2010). Within this approach, significant events are defined as events that are experienced by a person as key moments of change, varying in scale and impact, which can be helpful or hindering (Elliott *et al.*, 1985; Elliott, 2010; Timulak, 2010). This approach is mostly used in psychotherapeutic studies that focus on client change processes and is often best identified through clients' self-reports (Timulak, 2011). The aims of this study were to explore which significant events are experienced by therapists as playing a role in their PPD, and whether therapists would recall and report personal in addition to professional events as having been influential for their development as therapists.

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## The person-of-the-therapist

Although the client's motivation to change is responsible for 30% of variance for treatment outcomes, the therapy relationship (15%), the treatment methods (10%) and the person-of-the-therapist (7%) also have an impact on therapy outcomes (Norcross & Lambert, 2019). While many studies until now have focused on effective therapeutic relationships and treatment methods, studies addressing the characteristics of the effective person-of-the-therapist are more recent and less frequent (Clements-Hickman & Reese, 2023; Evers *et al.*, 2019; Heinonen & Orlinsky, 2013; Wampold & Owen, 2021). A recent meta-analysis by Heinonen and Nissen-Lie (2020) examined the types of pre-treatment therapist characteristics that would predict treatment outcomes. In the 31 studies identified, professional characteristics, such as the ability to deliver therapy, were stronger predictors of outcomes than personal characteristics, such as intrapersonal and interpersonal styles. Results indicated that more effective therapists possess interpersonal skills that are fostered by professional practice but that they could also be rooted in their personal experiences. The authors suggested that the predictive effect of therapists' personal characteristics on therapeutic outcomes may have been attenuated because therapists tend to align their preferred intervention model with their professional demeanor. For example, person-centered therapists might typically be people who are more open and empathic in general. The recognition of the personal characteristics or experiences of the person-of-the-therapist might thus interact or be blurred by a focus on professional skills.

In fact, other research has suggested that it is the interaction between personal and professional functioning that might lead to a better therapeutic alliance (Nissen-Lie *et al.*, 2017). In this case, therapists actually synchronize their personal characteristics with their professional skills in order to deliver effective interventions (Nissen-Lie *et al.*, 2017). As a matter of fact, therapists' personal and interpersonal attributes have proven to influence therapeutic outcomes and to influence how they will be responsive to clients and thus attune themselves or the therapeutic process and methods they propose to the client's characteristics (Norcross & Lambert, 2019). This idea is in line with a *self-integrated perspective of PPD*, where the personal development of the therapist is as important as the development of their professional skills (de Condé *et al.*, 2023), because it likely helps therapists attune to the client's characteristics (Swift *et al.*, 2019).

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## Personal and professional development

Given the impact of the person-of-the-therapist on treatment outcome, there are reasons to believe that psychotherapy training

should emphasize the development of the person-of-the-therapist within the development of professional skills (Norcross & Lambert, 2019). Consequently, the professional development of the therapist and psychotherapy trainings should take into consideration both personal and professional characteristics of the person-of-the-therapist. Most clinicians and researchers consider that PPD is a long continuing process, and sometimes even take it as a never-ending journey (Rønnestad & Skovholt, 2003; Rønnestad *et al.*, 2019). Personal development could be stimulated through various types of reflective practice, such as the experience of personal therapy, supervision, encounter groups or role-playing (Bhola *et al.*, 2022). However, it seems that there is currently more emphasis on learning professional skills and less recognition of enhancing personal development, which is in line with a *self-compartmented approach to PPD* (Hill & Norcross, 2023). Traditionally, psychoanalytic and person-centered approaches recognize the importance to enhance therapists' personal development for the benefit of clients and do so more than CBT and systemic approaches (Orlinsky *et al.*, 2011). Nevertheless, third wave cognitive-behavioral therapies like ACT or MBCT also tend toward an integration of the therapist's personal and professional development (Collard *et al.*, 2008; Pakenham, 2015). Personal development facilitates reflective practice that could benefit therapist effectiveness because it may play an important part in enhancing interpersonal skills and in fostering successful therapeutical outcomes (Bennett-Levy, 2019). Although the person-of-the-therapist is a recognized factor of effective treatment, there remains a lack of recognition that activities of personal development should be an important part in psychotherapy training programs (Bhola *et al.*, 2022).

From a *self-integrated approach* to the therapist's PPD, acknowledging personal growth within training is expected to mitigate adversities in the therapist's professional life, such as burnout, exhaustion, anxiety, or suicide (de Condé *et al.*, 2023). This perspective on PPD also recognizes that therapists might need to take into account how their own personal life experiences might interact with their professional skills and client's disclosures and ways of being (Regas *et al.*, 2017). A qualitative study by Rønnestad and Skovholt (2003) has supported that the process of integration of the personal and the professional selves and the influence of personal life on PPD.

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## Adapting the significant events approach to study the person-of-the-therapist

As any human being, the person-of-the-therapist develops thanks to the integration of experiences, coming from personal and professional spheres. No matter its origin, any experience is integrated into the narrative of the person (Bohart, 2013). A bad dream or the smell of one's favorite pie will be part of the variety of experiences one could live and integrate throughout one's life. Any individual experiencing life events is endeavoring to integrate those events into their narrative (Bohart, 2013). If these individuals are congruent, it implies that they are capable of integrating various types of events, whether helpful or hindering, into their sense of self and tend toward becoming a fully functioning person (Bohart, 2013). Similarly to other people, and also as shown within client's therapy processes, therapists may experience a quick process of developmental change through a significant event that generates insights and inspiration (Rønnestad & Skovholt, 2003). Some psychotherapy re-

searchers underline the importance of personal events for therapists to continue developing as a person: “The events and self-events that are touchstones for us – events and self-experiences from which we draw considerable strength, and which help to ground us in relationships as well as making us more open to and comfortable with a diversity of relationships” (Mearns & Cooper, 2018, p. 163).

The challenge of PPD is to enhance the ability of therapists to meet the client where they are, therapists need to be grounded, as meeting a client could facilitate the emergence of self-doubts (Nissen-Lie *et al.*, 2017). The goal of PPD would be for the therapist to be the kind of person with whom any client would be ready to engage in a deep relationship with a therapist and to feel secure enough to take the risk of having a relationship in which the client is vulnerable (Mearns & Cooper, 2018; Tangen & Cashwell, 2016).

Obviously, not all events have an equivalent impact on one’s life. What matters is whether an event has a significant impact on the person. The concept of significant events was firstly developed in the context of clinical practice to explore clients’ experiences of therapy (Elliott, 1983; Timulak, 2007). For example, clients identify helpful events as those facilitating awareness or solutions as well as when they felt reassured or understood by the therapist (Timulak, 2010). Those helpful significant events could be seen as moments of change. It is an experience in which a client has the experience of a meaningful insight in him- or herself. Carl Rogers described such an event:

*“It is the immediate and complete experiencing by the client, in a psychologically safe relationship, of a feeling which has hitherto been too threatening to experience freely. (...) The moment in which the subject or patient experiences anxiety simultaneously with a comfort situation which is incompatible with anxiety is the moment of change”* (Rogers, 1963, p. 11).

Initially, Elliott and colleagues had coincidentally identified significant events while conducting a Therapeutic Impact Content Analysis System (Elliott *et al.*, 1985). They highlighted two sorts of impacts in therapy: helpful and hindering impacts. Helpful impacts are experiences linked with tasks such as enhancing awareness or involving an interpersonal interaction. Hindering impacts are negative experiences like unwanted thoughts, misperceptions, repetitions, or a negative therapist reaction. Helpful events contribute to the therapeutic alliance and to positive outcomes within the session like insights, relief, empowerment, new feelings and behavioral changes (Timulak, 2010). This concept, originating in change process research and applied to clients, serves as a means for therapists to inquire about what has worked for clients, thereby exploring their clinical experiences.

The type of events found with clients in therapeutic context must be distinguished from the significant events that can play a role in therapists’ PPD. Client events occurring in a therapeutic setting through psychotherapeutic work reveal insightful moments that facilitate deep personal changes (Elliott, 1983). Personal therapy can elicit a process of change in the therapist, but the person-of-the-therapist also changes as a consequence of events that occur throughout life (Rønnestad & Skovholt, 2003). Through the lens of a qualitative approach within psychotherapy research, it seems reasonable to adapt this participant-centered exploratory method to examine the process of change in the person-of-the-therapist.

## What types of events influence the person-of-the-therapist?

The answer on what types of events influence the person-of-the-therapist and their PPD can be drawn from three perspectives. First, personal experiences, positive or negative, seem to play a role in the motivational process to become a therapist (Messina *et al.*, 2018; Rønnestad & Skovholt, 2003). Personal struggles leading to seeking professional aid and going to personal therapy support the motivation of becoming a therapist (Chetna Duggal & Sriram, 2016; Farber *et al.*, 2005). Those struggles might have improved their ability to meet clients, their empathy skills, their curiosity as well as their willingness to help others (Fussell & Bonney, 1990; Nikčević *et al.*, 2007). Taking on specific family roles, like assuming the role of a parent while being a child, seems to be a common characteristic for therapists (Chetna Duggal & Sriram, 2016). Some significant events were also linked with marginalization (social or cultural) and traumas in childhood (Farber *et al.*, 2005).

Second, there are indications that life experiences and encounters help therapists to develop, with a particular focus on early experiences (Elliott & Guy, 1993; Farber *et al.*, 2005). The encounters shape early self-perception, and the familial framework transmits a certain type of culture, values, and implicit messages. Both personal and professional developments are facilitated through relationships and through the adaptation to challenges linked with conflicting emotions and independence (Nam, 2011). Professional challenges are also a source of impact. Self-doubt and self-confidence experienced outside of training also appear to influence self-growth through supervision (Chircop Coleiro *et al.*, 2023; Hill *et al.*, 2007).

Third, Rønnestad and Skovholt (2003) developed a life-span perspective of therapists’ PPD. The results of their study suggest that PPD involves: (1) an increasing integration between the personal and professional selves, (2) an influence of personal life on professional practice, (3) continuous learning and reflexivity, (4) the acknowledgement that many therapists experienced anxiety in early practice which is then mastered, (5) clients being an essential source of knowledge and interpersonal are better sources of knowledge than impersonal ones, (6) an increasing capacity to fully accept the variety of human experiences who face multiple experiences of suffering, and (7) an attitude of attunement facilitating a shift from a position of authority to humility, thereby empowering the client in the therapeutic process.

These three perspectives support a self-integrated approach of PPD. As a mean to contribute and refine such self-integrated approach of PPD, this study explores the experiences that influence the person-of-the-therapist, and the way therapists develop professionally. This study aims to explore this process of integration between therapists’ personal and professional lives. The significant events approach was therefore adapted from its original application in the study client change processes to the study of the person-of-the-therapist. This study examines the significant events that therapists consider as having influenced their PPD. In particular, we examine if they will spontaneously report personal events in addition to professional events as having particularly influenced the person they are as therapists and/or their current practice. As we were interested in exploring how personal and professional lives can interact and influence each other, our research question was: Do they spontaneously report personal life events that impacted their professional development?



## Methods

### Participants

The inclusion criteria were to be at least 18 years old, to have an experience of clinical practice, and having a good level of French. The questionnaire was written only in French. Only participants who were eligible could complete the questionnaire. Before accessing the questionnaire, participants had to give their informed consent. Participants were informed about the research topic without revealing the research questions and the fact that the participation is on voluntary basis. Participants were reminded that there are no wrong answers. They were asked to answer authentically. We told them that we wanted to study therapists' professional development as it is, not as a perfect, smooth, ideal process. We presented the study as an opportunity to reflect on their own professional practice. We chose to include also students with a bachelor's degree in psychology who had an experience of professional practice in the context of their clinical internship. As we are interested in exploring PPD in all levels of experience, we saw an opportunity to recruit a heterogeneous sample of therapists or soon to be.

The final sample of this study consists of 281 participants. The sample consisted of females mainly (N=232; 82.6%). Mean age was 39.07 years old ( $SD=13.34$ ; minimum=20; maximum=78). Most participants were Belgian (70.5%) or French (22.4%). Most participants were in a couple relationship (73.7%).

A large proportion of the participants was actively practicing with 54.1% working full-time and 21% working part-time, while 15.7% of them were students. More than a third of the sample were salaried employees (38.8%), and a third worked in a private practice (34.1%). Most of the sample held either a master's degree (40.6%), or a post-master certification (43.1%). A smaller proportion held a bachelor's degree (10.3%) and 6% had completed a PhD. Most of the sample had turned to personal therapy (63.7%) and supervision (79.7%) at least once during the past year.

About half of the sample had completed a psychotherapy training (53%) and 11.4% were in training. It is quite surprising to find that most of the sample was trained or being trained as psychotherapists because of the legal framework in Belgium. Until now, after completing a 5-year university degree in clinical psychology (300 ECTS, including clinical internship), those who are affiliated to the Regulating body organization of psychologists (*Commission des psychologues* in French) may hold the title of Clinical psychologists. In Belgium, only clinical psychologists and medical doctors can legally practice psychotherapy after succeeding an additional 3 to 4-year psychotherapy training program (min. 70 ECTS). Although the *practice* of psychotherapy is recognized and protected by law, the title of psychotherapist *per se* is not. Regarding the discipline of education, psychology was the most frequent (96.8%), while 3.2% were from the medical field such as medical doctors and psychiatrists. The remaining participants who identified as *other* like coaches, social workers and speech therapists were removed from the sample (n=21). Participants' most endorsed approach was humanistic (M=4.35; SD=1.42) followed by systemic (M=4.03; SD=1.45), cognitive (M=3.77; SD=1.46), behavioral (M=3.67; SD=1.47), and psycho-analytical approach (M=2.88; SD=1.6).

### Measures

This study explored the significant events reported by therapists with a qualitative methodology. Therapists' personal characteristics were also measured.

First, the following demographics were measured: age, gender (female, male, gender-queer), nationality, marital status (single, in a couple relationship, separated/divorced, widowed) and their professional situation (working full time, part-time, student, retired, invalidity, without job, other specify). Regarding their level of training, participants were asked about their highest diploma, the discipline in which they studied and if they were trained as psychotherapists (yes-no?). Other questions assessed their clinical practice, *e.g.* when they started it and the context of their practice (employee, self-employed, volunteering, internship, other). Participants were asked the extent to which they had used supervision or personal therapy in the previous year. This was measured using a 5-point Likert scale (0=no; 1=a few times a year; 2=once a month; 3=twice a month; 4=weekly). Finally, participants could range their level of endorsement towards each of five main therapeutic approaches from 1 (not at all) to 6 (very strongly) using some questions of the Development of Psychotherapists Common Core questionnaire (DPCCQ) (Orlinsky, 1999).

The next section investigated the significant events that therapists had experienced in their lives that they felt had influenced their development as therapists. We were very careful not to suggest that personal events might impact their professional development, ensuring that therapists were free to report them or not. In a first step, Significant events were explicitly defined as:

*"Representing certain important experiences in your life that prompt a marked change in your personal or professional development. There are different types of changes that can impact you either positively or negatively. An event is considered significant as soon as it is experienced as important by the person who is going through it."*

Second, participants were asked to recall significant events that had influenced their professional selves. Participants were asked to list all SE they wanted, focusing on those that had particularly influenced them:

*"Can you list any significant events that have particularly influenced the person you are as a therapist and/or your current practice? You should list these events without explaining them in detail. These events can be related to what you have experienced, said, or done. You may respond using bullet points."*

Third, they were asked to pick one of the most significant. *"Among the events you mentioned in the previous section, please now select an event that you believe has had a significant impact on your professional life. Could you describe this significant event in detail?"*. These written descriptions served as data for the thematic analysis.

### Procedure

An online survey was developed via the Qualtrics platform. Before the recruitment phase was launched, we conducted a pre-test period during which eight researchers evaluated the questionnaire, providing feedback for correction or adaptation of its presentation. The study took place during the month of March 2023. Participants were recruited through different communication channels such as social medias, e-mails, professional associations, or word of mouth. The study was approved by the Ethical Committee of IPSY-UCLouvain, Project 2023-02, on January 20<sup>th</sup>, 2023. This research respects the General Data Protection

Regulation (GDPR) and the confidentiality of the dataset. Some data were used only to describe the sample. The completion of the questionnaire took approximately thirty minutes.

The research was presented as a study on professional development of therapists. The order of the survey's questions was arranged in a way that avoids suggestive effects. Neither the research title, nor the questions mentioned personal development. We were careful not to explicitly mention *personal development* because one of our objectives was to see if participants would recall both personal and professional experiences. The question asked to the participants was as broad as possible, allowing them to recall any experiences, whether personal or professional, as long as these experiences significantly impacted the person they are while practicing. We were aware that this approach might implicitly invite participants to also explore their personal development, because of the words *who you are*, within the context of their professional lives, but without compelling them to focus on personal experiences.

## Data analysis

We used thematic analysis (TA) to identify themes within data about significant events. TA is “*a method for identifying, analyzing, and interpreting patterns of meaning (themes) within qualitative data*” (Clarke & Braun, 2017, p. 297). An identified theme represents a proportion of the dataset, a prevalence. TA is purely qualitative because it is a flexible method where both induction and deduction processes take place (Braun & Clarke, 2021). Each theme should emphasize an essence that explains the unity of the significant labels assembled (Clarke & Braun, 2018). They should tell a story about what gathers the data. One problem of TA is often to summarize data without trying to extract the meaning of the data (Braun & Clarke, 2023).

We respected the guidelines of such an analysis, following its six phases: (1) familiarizing with the dataset, (2) generating initial codes, (3) searching for themes, (4) reviewing the themes, (5) defining and naming the themes, and (6) producing the report (Braun & Clarke, 2006). We initially conducted a top-down data analysis to categorize events into two categories: *personal* and *professional* (phase 2). Then, we proceeded with a more in-depth analysis to highlight the nuances of the collected data. This is how a *hybrid* category emerged through a bottom-up perspective (phases 2 and 3). The hybrid category encompasses events that are not solely personal or strictly professional, but rather straddle the line between the two. To proceed through the six phases, we used the NVivo 14® software. Thanks to this software, we were more comfortable searching through the data without losing our past analysis and comments, each time we wanted to recode or delimit a subtheme (phases 3 to 5).

Two periods of analysis were implemented. During the first, three master students conducted the analysis, supervised by the first author. During a second period, the first author reviewed the analysis and merged the preliminary results. The second and third authors supervised the complete process from conceptualization until the redaction of the results. During the analysis, any answer to the second question that was not presented through the experience of an event was rejected and not coded (*e.g.*, personal qualities or characteristics).

## Researchers' role and reflexivity

It is essential to be aware of our own biases as researchers and therapists. In TA, the subjectivity of researchers is seen as a rich

resource where meaning is built, but we also wanted to control the impact of our subjectivity and potential personal biases on the process of data analysis (Clarke & Braun, 2018). In order to stay open to new insights emerging from the data, there is a need for reflexive thinking throughout the research process (Braun & Clarke, 2006).

As a statement of good faith, we would like to clarify our theoretical background. The research team is constituted of three persons that are both researchers and clinicians. The principal investigator is trained as an integrative-CBT therapist and is currently training as a person-centered and experiential therapist. The second author is trained as a person-centered and experiential therapist and the third author is trained as a psychoanalytic therapist. As our sample integrates different theoretical approaches, we find it important that all data should be treated with respect and equity.

## Results

This section presents the results in relation to the following research question: what types of events were reported by therapists regarding their personal and professional development? Participants highlighted significant events that influenced the way they are as a therapist and as a person. Three themes were enlightened by the data analysis (Table 1). The first theme is about personal life experiences that influenced the PPD of therapists (51.2%), the second theme is about professional events that impacted their PPD (38.6%), and the third theme is about hybrid events that relate both to personal and professional experiences and fostered their PPD (10.1%). It is important to say that all events reported by therapists are unique and full of richness. These results do not intend to identify the perfect way to develop but instead want to explore what was spontaneously reported by therapists. Table 1 explains the representativity of all themes and subthemes analyzed by the research team.

### Theme 1. Personal events that impact personal and professional development

Personal experiences comprehend events happening in private contexts such as: physical or psychological health events, during childhood, adolescence (before starting to practice as a trainee), in interpersonal relationships in the context of family, romantic relationships, friendships or in the loss of a person. The last subtheme *Discovering the world* emphasizes all events that therapists experienced on their own and that facilitated insights through traveling, moving away, or spiritual activities.

#### Subtheme 1.1. Interpersonal relationships

##### *Nuclear family*

The participants reported having experienced a complex range of significant family interpersonal experiences, especially with their parents. The reported experiences of the nuclear family were mostly on the negative side and several included violent events such as domestic violence, both psychological and physical (see theme 1.2.2.). Some participants expressed a deep sense of longing, desiring the consideration of their parents (“*the lack of consideration and unconditional love from my parents*”, T-4), while others found a source of strength and appreciation of their parents

and family (“*The way my parents accepted, valued, and encouraged me*”, T-42; “*united family*”, T-94).

Participants also reported not having had an authentic relationship with their relatives (“*The fact that I don’t have an authentic relationship with my family*”, T-81) or the absence of a parent. Some wrote about family conflicts (“*Explosion of the family system (...) with the discovery of adultery of a stepfather with an aunt for several years*”, T-165). For one participant, it was a “*Difficult debate on feminism with my mother*” (T-12). Another participant said how tensed the relationship with her family was during her adolescence: “*Adolescence period with a lot of turmoil, strong opposition*” (T-48). At last, some participants reported that their parents were too demanding.

Two therapists explained how their position in the family initiated a desire to heal and mediate the relationships. Some explained also the parentification they were experiencing.

*“The place and function I had and have in my family greatly influences my therapeutic style. I have always been the mediator; trying to make everyone get along. I supported my parents and my sister. I also learned that it was a place that could be overwhelming, so I learned to find a more comfortable place for myself in family therapy”* (T-40).

### Becoming a parent and parenthood

Some participants reported the significant event of becoming a parent (n=13), and one participant talked about becoming a grandfather. They did not explain in great depth how they experienced it, except when parenthood brought challenges. Three participants explained the painful experience of undergoing in vitro fertilization. One participant shared about what she called a traumatic childbirth: “*My pregnancy and its end through delivery,*

*which went wrong: The pregnancy was highly anticipated. The delivery was traumatic: emergency cesarean section with a 2-liter hemorrhage. But my son was healthy. The postpartum period was very difficult”* (T-96). Five participants talked about how difficulties for their children at school is taking them a lot of emotional energy. At last, one participant explained how being the parent of a child with behavioral difficulties helped him to bring concrete material of theoretical assumptions: “*Being a parent of a child with behavioral difficulties has taught me to observe, reflect, and interact with a systemic vision and from a biopsychosocial perspective, relying on the child’s resources and seeing them as capable of development if the context is favorable for it*” (T-28).

### Romantic life

Several participants shared that their romantic relationships have been significant events in the context of their PPD. On one hand, aspects of romantic commitment were illustrated by moving in with their partner (“*Moving in with my boyfriend*”, T-12) or by their marriage (n=4). Some expressed the value of being able to live in a healthy and fulfilling relationship, contrasting with less positive past experiences (“*Toxic relationships: having lived in a toxic relationship for years and getting out of it (...) being able to experience healthy love in a relationship*”, T-40). Encounters with their partners were reported as significant events, marking the beginning of important relationships (“*meeting my wife*”, T-70). One participant testified about living with his wife and its ups and downs: “*living with my wife following a breakup and then a resumption of the relationship*” (T-80).

On the other hand, participants also shared difficult experiences, and these significant experiences were further elaborated upon. In addition to toxic relationships, some individuals described painful separations, particularly divorces marked by conflicts.

**Table 1.** Presentation of themes and sub-themes emerging from the data analysis.

Themes and sub-themes	Proportion,* %
Theme 1: Personal events that impact PPD	51.2
1.1. Interpersonal relationships	26.5
1.1.1. Nuclear family	7.3
1.1.2. Becoming a parent and parenthood	6.6
1.1.3. Romantic life (getting together and breaking up)	7.8
1.1.4. Friendships and other types of relationships	3.1
1.2. Physical and mental health	12.5
1.2.1. Personal health	4.9
1.2.2. Physical and psychological violence	2.8
1.2.3. Suffering of a close one	4.8
1.3. Exploring the world	6.9
1.4. Losses and deaths of a significant person	5.3
Theme 2: Professional events that impact PPD	38.6
2.1. Training	15.8
2.1.1. Training in general	7.1
2.1.2. Discovery of an approach	4.7
2.1.3. Supervision	2.5
2.1.4. Reading	1.5
2.2. Clinical practice with its challenges and benefits	12.6
2.3. Relationships with colleagues	5.2
2.4. Work setting	5
Theme 3: Hybrid events that impact PPD	10.1
3.1. Personal therapy	8.9
3.2. Societal context inducing a feeling of insecurity	1.2

\*This column reports for each theme and subtheme the percentage of participants who report this type of event. PPD, personal and professional development.



*“The divorce. The conflict within the couple, the feeling of loss of meaning and life that led me to consult a psychologist and start in-depth psychotherapy. The decision to leave my ex-husband. The emotional reactions of my family of origin, rejection, judgment.” (T-21)*

In some cases, the breakup acted as a catalysator for personal growth, pushing them to focus on themselves after years of complicated or toxic relationships:

*“it’s rather the reasons behind it (the breakup) that made me grow as a person. I ended it because I didn’t find myself as an individual. The purpose was to put myself back at the center of my life. This impacts my daily life and my position as a therapist.” (T-60)*

Post-breakup challenges, such as guilt and uncertainty about identity and personal goals, were also emphasized. One experience of ghosting by an ex-partner was also mentioned.

### Friendships and other types of relationships

Participants shared experiences of interpersonal relationships. They emphasized the importance of loyal and sincere friendship (*“Having experienced loyal and sincere friendship”*, T-40). Relationships with positive and caring individuals were particularly valued, with these inspiring encounters having a significant impact on their emotional well-being. Additionally, the love and support of their loved ones have been key elements in their personal journey (*“The love of my loved ones”*, T-97). Three participants also mentioned adopting a dog as a significant experience (*“Adoption of my first dog”*, T-219). Sharing with friends was mentioned by one participant (T-33). A few participants (0.5%) reported the influence of their family and friends on their career choice, as they motivated them to become therapists.

## Subtheme 1.2. Physical and mental health

### Personal health

Therapists reported significant events linked to their health on both psychological and physical levels. On the psychological level, a large group of therapists shared experiencing episodes of depression, burnout, and other psychological difficulties, like: *“The depression that I experienced for a long part of my childhood/adolescence. (T-17)”* Or *“My anorexia (having been anorexic for 12 years). (T-13)”* A small group expressed having to deal with anxiety or attachment troubles (*“Social anxiety since the end of primary school”*, T-67). A participant talked about substance abuse during late adolescence (T-137).

On the physical side, only one reported breaking her ankle was significant for her (T-55). Other participants also narrated physical events linked to an intense emotional distress like facing cancer or having a diagnostic of another life-threatening disease: *“I was diagnosed with pancreatic cancer at the age of 28. I underwent nearly 3 years of treatment (chemotherapy, surgeries, radiation). I have been in remission since I was 31 years. (T-69)”* Another participant talked about her experience of fighting for her life after a double pulmonary embolism:

*“Following a double pulmonary embolism, I arrived at the emergency room around 9:30 p.m. After making a diagnosis, the doctor explained to me that I had been very lucky, that I would receive treatment overnight under sur-*

*veillance in a room in the emergency department... While I was fighting against death, my roommate was fighting against life; she had just attempted suicide and blamed her husband for coming home too early. (T-35)”*

### Physical and psychological violence

Participants also reported experiences of physical and psychological violences. Those events were happening mostly during childhood or adolescence. The context of those events is often related to the family or the school. At school, participants shared experiences of failure and harassment: *“Harassment at school. Regular bullying based on my appearance (weight). (T-82)”*. Some participants depicted the consequence because of repetitions of those events such as social withdrawal, *“a fragile self-esteem (T-75)”* or juridical decisions: *“Major problems with my father to the point of almost being placed in a foster home when I was 14 (T-19).”* One participant described the chain of actions generated by such events: *“Following a ‘failure’ at school and a toxic relationship, I sank into depression for 2 years. I had self-punitive behaviors (scarification). And very strong emotional isolation (T-45)”*.

Sexual violences were also mentioned. Mostly, they happened during childhood and adolescence, but some therapists also experienced it during their adulthood: *“Domestic sexual violence (T-122)”*. When the participants brought up sexual violence, they often did so in a very short description without explanation.

### Suffering of a close one

Many therapists experienced the suffering of a close person due to health issues having a psychological impact on the close one and the participants. Those suffering concerned most of the time the parents (*“My mother’s illness when I was a child”*, T-38), the siblings (*“a transgender brother”, T-19; “My autistic brother decompensated into a psychotic state. (...) he was hospitalized for 6 months”, T-9*), the children (*“My eldest has cystic fibrosis”, T-59; “My eldest son attempted suicide”, T-157*) or the partner (*“The cancer of my partner”, T-198*). Participants reported events linked to close ones having cancer, disabilities, substance abuses, psychological suffering or getting old (*“The end-of-life care for a loved one”, T-20*). For 3 therapists, there were several relatives who were in suffering: *“The mental disorders some of my relatives suffer from (depression, paranoid personality disorder, addictions, ...)” (T-17)*.

Some shifts of positions within the family were observed in the data. On the one hand, some therapists reported being parentified. Parentification was more reported when the parent presented substance abuse. Here is an example of parentification and how facing mental illness or recovery might induce interests in mental health:

*“Mental illness in one of my parents that began when I was in the final year of my master’s studies in psychology. Strong feelings of concern, seeking solutions from professionals to provide assistance. Temporary reversal of parent-child roles. Subsequent recovery of my loved one following the implementation of appropriate therapy. Development of a significant interest in this mental health issue thereafter” (T-92).*

On the other hand, another type of shift was for parents to take the healer’s position for a child: *“Anorexia of my daughter (...)*

The treatment was very burdensome for the whole family but particularly for me because I found myself compelled to take on a caregiver role for my own daughter. This resulted in psychological exhaustion" (T-89). The example illustrates also how therapists being informal caregiver can lead to exhaustion.

### Subtheme 1.3. Exploring the world

Several participants shared experiences related to geographical mobility, including migration, expatriation, and travel. For many, being far from their loved ones was a source of challenge. One participant explains her experience of studying abroad:

*"I didn't really feel ready to go live abroad, far from my family - I had a lot of trouble finding supportive contacts with others (...), I felt excluded and humiliated many times, excluded because of my nationality, my accent ..., I felt really alone, I developed panic attacks on Sunday nights when I had to go back to campus, I cried a lot."*(T-42)

Some experienced significant events when traveling either geographically or spiritually (*"My road trip, solo car journey for 2 months in France which allowed me to be alone with myself"*, T-23). Two participants described how encountering a spiritual community had been beneficial for them. A spiritual retreat depicted by one participant profoundly influenced her personal development:

*"Spiritual journey in Peru (...), 9 days of introspection and 5 ceremonies. I can't really describe what I experienced, but I came out changed. The setting, the people, but above all the experience itself changed me. I am not the same as before. It's like several years of therapy in one week."* (T-36)

Insight experiences were also pointed out when one gains perspective on oneself or societal questions. Two participants mentioned social challenges about privileges and insights related to them: *"the day I became aware of being a woman and all that implies, it had an influence on my work"* (T-63), *"awareness of the state of the world (ecology...)"* (T-75). These insight experiences were facilitated by inspiring readings or artistic works. The beginning of a self-care practice like yoga was mentioned by one participant:

*"I started practicing yoga at the age of 13, at my own request. Practice without any connection to the culture or cultural openness of my family of origin."* (T-113)

### Subtheme 1.4. Losses and deaths of a significant person

For many, the death and grieving process of their parents were reported, including one case of suicide (T-19). One participant explained the process of losing her dad due to cancer diagnosis:

*"During my second year of college, my dad was diagnosed with incurable pancreatic cancer. He was supposed to die 'quickly,' (...) A surgeon decided to attempt the operation. Either he would die on the operating table, or his life expectancy would be less than two months. The operation was successful. After that, I didn't feel anything any-*

*more, as if I knew it was the end, but I had to make the most of this 'respite'. It lasted for a year. My father passed away (...) almost 2 years after his diagnosis and in the context of COVID."* (T-13)

One participant reported the sudden death of two of her pets within less than 24 hours (T-65). Lastly, interpersonal relationship breakdowns with other family members were also reported by three therapists (*"Breaking ties with certain family members (mother, sister, ...)"*, T-35; *"my son's existential crisis and breaking ties"*, T-97). One participant elaborated on the rupture with her father:

*"I've always known my father to struggle with alcohol. From ages 16 to 18, contact with him became scarce, and I initiated the process to receive child support to start my studies. This event triggered a major conflict where I received insulting calls from him. After a year, I decided to cut ties"*. (T-55)

## Theme 2. Professional events that impact personal and professional development

In this section, all events reported had happened in a professional context such as training (supervision, theoretical courses, ...), clinical practice, or professional meetings.

### Subtheme 2.1. The experience of training

This subtheme assembles events that took place into the context of training, mostly in postgraduate training. Events reported in this subtheme illustrate how significant it is for therapists to receive support.

Mostly those events seemed to have a positive valence helping therapists to enhance their therapeutical skills, but also their interpersonal skills. *"I started a third cycle in integrative psychotherapy a few months after my first job (September 2020). I clearly lacked tools, and it seemed necessary for me to provide quality support to my patients"* (T-116). It seemed that training helped young therapists to obtain concrete knowledge as well as practical advice. Therapists reported how important it is to deepen their practical knowledge. *"I participated in a training that was the first one I had attended since the beginning of my practice. Having had an academic training that focused on research and less on clinical aspects (...)"* (T-28) Most therapists highlighted the importance of being able to meet and exchange with other trainees, trainers, and supervisors during training. One participant also explained how the experience of training in person-centered approach was confrontational in the sense that the integration of theory with experience was not as easy as imagined:

*"This change has been indeed positive but intense, destabilizing, sometimes almost brutal. The three days allowed me, both quickly (feeling like being in a whirlwind) and laboriously, to change both as a person and technically (realizing that this therapeutic approach is lived primarily, and that its simple, even simplistic technique on paper was both more complex and extremely relevant in the reality of exchanges)." (T-143)*

Some therapists reported also negative valence type of events in the context of their training. On the one hand, participants' re-



ports illustrated how pressuring and destructive training is if there is no match between the person and the therapeutical approach. One participant told her feeling of not fitting in the expected model. That experience seemed to be damaging because it diminished her enthusiasm and her willingness to learn. In that event, she reported her frustrations of not recognizing the clinical experiences she already had as a trainee. She was also terrified to go to her training, fearing being criticized and diminished.

*“The fact of having been confronted with trainers who were not very empathetic, harsh, and not very open to exchange taught me about professional standards, but the impression that they were unloading and imposing their “knowledge” without considering that some of their students had already been engaged in professional life for years and had significant life experiences also shattered my enthusiasm, my joy of learning” (T-62).*

On the other hand, being coherent with a therapeutical approach was significant and positive for therapists. An example here expresses how matching a therapeutical approach could be beneficial for therapists. *“The discovery of the Palo Alto approach and brief therapy, which seemed to resonate perfectly with my worldview, whereas the teaching I had received so far was based on a psychoanalytic approach that convinced me little...” (T-5).* It argues the idea that therapists need finding a therapeutical approach that matches their vision of the profession and who they are as a person.

Many participants cited that supervision was essential for them (n=35). It helped them to evolve and reflect on their practice (*“It allows for growth and prompts the necessary questions to turn moments of feeling stuck into learning opportunities” (T-64)*), or to gain new insights (*“Insights gained during supervision” (T-100)*). One participant complained about the price of supervision, saying that she couldn't afford when she needs it: *“Unable to access supervision whenever necessary due to economic constraints” (T-58)*. One participant reported that she was receiving *“support in supervision” (T-106)*.

Being supported in training seems to be important for therapists. The feedback given by the supervisors seems to have a great deal of impact on therapists. A participant reported how positive feedback was significant for him *“The positive feedback from certain professors following academic work” (T-142)*. Some therapists shared how their training supports them to pursue their supervision and personal therapy, helping them to express their questioning and difficulties.

*“Through supervision sessions, I’ve noticed a great interest in regularly sharing my difficulties, questions, and self-reflections, which helps me manage things on a daily basis in my professional life. Taking the time to pause and not being in a “performance urgency” (T-31).*

## Subtheme 2.2. Clinical practice with its challenges and benefits

This subtheme expresses the events that therapists faced in meeting clients. Therapists recounted about how creating and maintaining a relationship with clients can be full of richness. One participant told how all patients help her to develop professionally:

*“In general, all patients without exception who have given me the opportunity to accompany them, to realize*

*how incredibly resilient they are most of the time, that their symptoms, reactions, emotions are adaptations to their environment. It’s through all these encounters that I develop my clinical expertise” (T-48).*

Another participant said that being confronted with clients helps her to be more congruent with herself whatever the situation: *“Confrontation with certain patients in clinical practice has allowed me to be more in tune with myself and to be transparent with my patients, to speak about things as they arise” (T-26)*. It seems very important to therapists to try to create a therapeutical relationship with their clients, even in cases where this is not easy to do.

Positive feedback received by clients or being the witness of positive changes in clients can also be experienced as a significant event. One participant reported how she did not know how to receive the suffering from the clients at first and how she overcame it by having trust in clients' resilience and resources. Trusting the process of resilience helped her to believe in clients' resources and helped her to fully accept clients as they are.

*“Supporting parents who lost their three children in a car accident. Feeling at the moment of not knowing what to do. Embracing the parents’ immense sadness and emptiness, the desire to disappear. The shift for me was tapping into deep resources of survival and desire beyond grief. A turn, a belief in strength. Human resistance. Endurance. Resilience. Power. The value of unconditional presence and the silence of acceptance” (T-112).*

They also reported the essential role of being present for the client. One therapist shared an experience from an internship: *“The observation of my first clinical supervisor who, in just a few minutes, calmed a person overwhelmed with anxiety simply by listening to them and being there with them” (T-32)*. Another participant told her experience of just being present with a patient in palliative care. The patient seemed to be ambivalent and repeatedly pushed away. Even if it not said, it was significant that the presence of her had finally been accepted by this patient.

*“I felt in great difficulty because I wanted to establish this connection, I felt that there was something to be done, but this patient was pushing me away quite bluntly at times. I delayed my visits to his room, and a few days before he passed away, I decided to go back and overcome my apprehensions (almost my fears of going back). When I went to visit him, he took my hand and thanked me for being there; he also said he was glad I was there and that I was welcome to come back to see him. It seemed “simple,” but it meant a lot to me, and it gave meaning to the relationship I had with this patient” (T-27).*

Participants reported the importance of listening to what the client is saying and how it can be helpful. A participant explained an insight she had that was so different from what she had learned before.

*“I eventually had a shock one day when I realized that being fully listened to by someone was enough. In hindsight, I understood that it was a completely fulfilling reflection, without seeking a solution, and that it was simply good to have been listened to and understood. So, “just that” could probably be enough for many people” (T-52).*

Therapists also shared experiences of meeting clients in critical situations, including the challenges of precarious circumstances such as immigration, prostitution, substance abuse, or homelessness: *“Experience in the context of prostitution, confronting the suffering of service users, individuals struggling with personality disorders/addictions/extreme precarity/traumatic pasts/bipolar disorder, etc.” (T-117)*. One therapist talked about an event about the importance of maintaining a balanced relationship with clients. *“Taking a step back in the relationship with a patient to always maintain a strictly professional practice relationship” (T-16)*. Another participant reported an event of trying to build an alliance with a client that wanted to kill herself: *“Try to establish a therapeutic alliance with a person who has attempted suicide and desires to repeat the act” (T-84)*. A few therapists reported the death of their clients, in most cases because of a suicide, as for this participant who had only two years of practice at that time:

*“The suicide of a patient, a woman (...) hospitalized several times due to expressing suicidal ideation with a high risk of acting on it. She set herself on fire (...) having led (...) to believe in the weeks prior that she was doing better” (T-110)*.

Challenging or difficult experiences were also reported by the participants, these experiences highlight how these difficulties they are facing in their practice help them to develop: *“Difficult situations (bereavements, suicides, palliative care, etc.) that I experienced in my work as a psychologist in a nursing home (I learned a lot about myself and refined my practice of supporting residents over time and with experience)” (T-73)*. Participants outlined a series of challenges in therapy sessions, including intense emotional encounters during sessions, patient aggression in the office, client anger, leading to a lawsuit, etc. Two participants explained how meeting an aggressive clients triggered something in them. For one of them, it helped her to communicate in a different way with this client:

*“A very aggressive father, who speaks loudly, makes abrupt gestures, reproaches me, and feels judged in his role as a father. He distorts my words. He has a deep wound of self-confidence and in his role as a father. This allowed me to question myself about this behavior and the reaction it triggers in me. It teaches me to step back from the situation, observe what is at play. Find other means of communication” (T-4)*.

A therapist reported how significant it was to witness a mishandled session during her internship:

*“A family session was very poorly conducted, the mother in question was not able to conduct the interview, and the son was critical. She did nothing but cry and expressed a wish to commit suicide “because it’s better without her”. My supervisor ended the session, leaving the mother alone in the room. Then she left (end of the day), leaving the son alone with his crying mother in the room” (T-87)*.

These challenges also touch on issues with the therapy setting, such as lack of clarity and unpaid sessions, as well as therapies that did not progress due to various reasons. Participants mentioned clients suddenly discontinuing therapeutic support and the decision to end therapy with a client. One participant also reported

the loss of a client, which stopped the therapy without having control over the event. This event illustrates how it can be threatening in early practice:

*“Death of a patient during an internship (...). I lacked enough experience or perspective to deal with it. I felt like my work had abruptly stopped even though I hadn’t decided it. In the sense that it was a patient I regularly followed, and who died suddenly. I felt a sense of failure and unfulfillment. After discussions with my internship supervisor; I came to understand that the therapeutic relationship had ended and that I was not responsible for its interruption. This was an internship experience that stayed with me in the context of my practice as a “shrink”, in a nursing home” (T-73)*.

### Subtheme 2.3. Relationships with colleagues

Some therapists attested that their relationship with colleagues (n=27) and professional meetings (n=11) were beneficial, because of the importance of sharing about their practice and working together: *“sharing in daily life with other therapists” (T-266)*, but also because of the support they received: *“Support from my colleagues, good communication with them, participation in collective interventions” (T-117)*. The importance of having a network of professionals was underlined.

Some negative experiences were also reported by therapists related to their work environment. While good relationships with supportive colleagues and mentors were highlighted by some participants, other ones reported complicated and conflictual interpersonal experiences with their colleagues or their hierarchy: *“Lack of sense in hierarchical decisions” (T-61)*. Some mentioned also issues to talk about disagreements or deceptions of working in some institutions, when faced with inadequate attitudes, treatments or conceptualizations: *“Significant difference of viewpoints with close colleagues and/or team regarding certain patients” (T-61)*.

### Subtheme 2.4. Challenges due to work position

This subtheme highlights events related to therapists’ professionally challenging, negative, as well as emancipatory experiences within the work setting. Some participants shared their experience of burnout or professional exhaustion (1.9%). About ten therapists reported the benefits of starting out as freelance therapists, increasing their self-esteem and their freedom: *“An opportunity to start in a private practice as a self-employed practitioner: being able to experiment with my own setting, gain confidence in myself (T-64)”*. Having a private practice has allowed them to flourish, to trust themselves, and to be able to adapt their practice as they see it. For instance, one participant shared that having her private practice allowed her to have a dog during her sessions. Another participant illustrated this process of actualization of his practice due to having freedom:

*“My move to private practice has opened up a path of great freedom to express the professional tools I have accumulated over many years. This move has also led me to enrich them through new training sessions that have nourished my practice and updated it” (T-178)*.

Developing a private practice seems to have helped therapists

to develop, provoking a sort of shift in their practice and their confidence in themselves. One therapist reported a shift when he felt being a therapist. Also, some reported the recognition of professional accomplishment and qualities as significant. For instance, when they were offered a new position or promotion. Some senior therapists reported that becoming a supervisor was a significant event: *“Perception of having become, myself, a reference for young psychologists as well”* (T-29).

Therapists also mentioned how leaving a place can be complicated but also liberating. Some also spoke of moments when they were able to leave an institution and the well-being it brought them afterward. One therapist also stated that changing jobs allowed him to question and deepen their practice: *“New job... questioning of my theoretical references, awareness of a new therapeutic approach, revelation of what I wanted to deepen”* (T-34).

Some therapists also faced dismissal or job suspension. One therapist experienced an unjust contract termination after being deeply committed to his institution:

*“Dismissal after 19 years of deep commitment to an institution. No warning. I received a letter while I was sick (...). Completely unfair and abusive! (...) No farewell or official thanks. Despite being highly involved in my work and providing good quality work all along”* (T-99).

## Theme 3. Hybrid events that impact personal and professional development

### Subtheme 3.1. Personal therapy

Lots of therapists reported personal therapy as a significant event for their professional development. Getting helped by a therapist as a therapist seems to have positive effects both in personal and professional lives. Most therapists said that personal therapy was essential as one of the most significant events they experienced as they could overcome personal and professional issues (*“Meeting a therapist who supported me in overcoming a difficult professional episode that led to a change in activity and status: beginning of an activity under independent status”*, T-8). One participant reported how personal therapy profoundly helped her with the loss of her mother due to cancer: *“This therapy did not prevent the inevitable and did not cancel out the violence of this loss, but it was of essential assistance in rebuilding myself”* (T-70). Therapists going into personal therapy reported a better acceptance of themselves as a person, which leads to personal growth, as illustrated here:

*“Before becoming a psychologist, there was a period where I felt very anxious in my relationships with others. I consulted a therapist to talk about it. After several sessions, I was able to understand the connection between certain past events and (my) current anxiety. This understanding helped me develop a kindness towards myself that didn't exist before. It was the beginning of an increasingly gentle relationship with the vulnerability within me, which also helped me maintain important relationships that I doubted I could maintain due to the anxiety I was feeling.”* (T-91)

Personal therapy seems to facilitate an awareness of one's qualities and difficulties, which is beneficial for the therapist and

the clients. It seems to help to be more adequate and effective as a therapist. As a participant said:

*“Doing a personal therapy allows me to know myself better, to become aware of my history, my vulnerabilities, my strengths, ... which enables me to be aware of them when I am confronted with patients. I remain a human being and I do a job that involves other humans. Knowing oneself better and doing personal work enables one to be fairer and more suitable in professional relationships.”* (T-47)

Personal therapy was significant because it helped to understand better how the personal self of therapist influences the therapeutic process. *“My personal therapy (...) has brought me an understanding of psychic conflicts but also a recognition of the question of freedom, authenticity, or transference.”* (T-88)

The experience of being listened to, as one participant reported: *“Personal conflicts and existential questioning led me to desire to undertake psychoanalysis. From the first consultation, for the first time, I felt listened to without being given advice or solutions. This made me want to continue”* (T-128). At last, one participant mentioned the death of his therapist.

### Subtheme 3.2. Societal context inducing a feeling of insecurity

Those events reported here seem to be linked to an insight in a societal crisis, inducing insecurity, or a misunderstanding in the person. Those events have an impact on both personal and professional spheres of the person and on the societal level. It is an event that people did not necessarily live personally but through which they experienced some insight or feeling. This subtheme highlights that being aware or caught in an event of human violence significantly changes the person. In this case, we chose not to classify them into personal events of violence or into a professional event of dismissal because it was related to a societal context.

A variety of events were mentioned like the COVID pandemic, a terrorist attack, war, genocide, or police violence. The most predominant event evoked was the COVID pandemic: *“COVID pandemic (...) significant questioning of the resumption, of the use made by politicians of the psychologist's role.”* (T-121) Here the participant explained how politics can affect the therapist position. Another therapist reported also not to be authorized to work in September 2020 because she was refusing the injection of a vaccine. Being aware of a violent event provoked a feeling of non-sense. Another therapist claimed that a significant event was being aware of undecidable suffering and violence that happened in the past, the Shoah:

*“(...) this fundamental incomprehension at the time of the reasons that led men to exterminate others, the images seen were particularly shocking: in black and white, the discovery of mass graves filled with bodies, and the realization of the unspeakable suffering and of what man can generate as horror.”* (T-48)

Three therapists reported being close or personally enrolled into a war event. For one, she had to be repatriated: *“Emergency return due to the onset of genocide (Rwanda).”* (T-90). Two others experienced an attack: *“Experience of a terrorist attack that guided my first professional choices (crisis work, choice of thesis on trauma...)”* (T-48)



At last, two therapists reported how a high-profile pedophile case in Belgium in the nineties affected them: “*The Dutroux case led me to become aware of my perceptions regarding the education of children, (...) to realize that it is indeed the parents who protect the children and not the other way around.*” (T-166).

## Discussion

Studying the professional development of therapists helps to understand how to enhance professional growth (Orlinsky *et al.*, 2005) and how to improve psychotherapy training (Hill & Norcross, 2023). As more health practitioners are facing exhaustion, there is a need to develop a psychotherapy training approach that fosters resilience and personal growth (Bridgeman *et al.*, 2018). The purpose of this study was to explore the type of significant events that therapists would report as being important for their PPD and their clinical practice. With regards to the research question, three types of significant events were found: professional, personal, and hybrid.

Our results can be summarized in two major findings. The first is that participants spontaneously reported many personal events, even though we were careful not to make any suggestion in that sense. Although the research team was expecting to find significant events in both the personal and professional spheres, it was the predominance of personal events (51.2%) in comparison to professional events (38.6%) that was most striking. This first result is in line with the self-integrated perspective of PPD. Indeed, this perspective integrates personal life experiences into the therapists’ professional sphere – shaping who they are as therapists and influencing their practice. This is evident in what participants spontaneously recalled when asked about the most influential event of their lives, the one that most influenced their professional development. While 39% of the sample reported professional events, more than half of the therapists in this sample chose events from their private and intimate lives. Thus, the results do not support the self-compartmentalized perspective of PPD, where psychotherapy training is primarily focused on mastering skills (Hill & Norcross, 2023). The significant events from the personal sphere reported by the participants were typically linked to their childhood or adolescence. Participants also brought up health issues due to personal situations, violent experiences, and the suffering of close ones. Moreover, experiences within the context of the nuclear family, parenthood and romantic relationships were identified. Finally, travelling and insights linked to spiritual and artistic experiences were also mentioned as experiences of growth. Those experiences helped therapists to facilitate awareness and autonomy. The significant events reported in the present research are consistent with previous literature, recognizing the influence of personal experiences on PPD (Lorentzen *et al.*, 2011; Messina *et al.*, 2018; Rønnestad & Skovholt, 2003). Lots of participants seem to have faced experiences of suffering in their private lives, which recalls the concept of the ‘wounded healer’ (Cvetovac & Adame, 2017; Fussell & Bonney, 1990; Messina *et al.*, 2018; Nikčević *et al.*, 2007). The importance of self-care and self-awareness seems crucial for the benefits of therapists (Figley, 2002; Willemsen *et al.*, 2023). Other events like difficult events happening during childhood influence the professional trajectory of therapists (Chetna Duggal & Sriram, 2016; Farber *et al.*, 2005). The capacity to adapt and to be resilient towards challenges seems to be significant for therapists and in line with previous findings (Nam, 2011; Skovholt & Trotter-Mathison, 2016). The significant events from the pro-

fessional sphere reported by the participants had happened in the context of a professional situation, like training or clinical practice. Most of the events were related to clinical practice, for instance experiencing difficulties in clinical work or witnessing positive change in clients. Professional relationships with colleagues or the institution were also reported, as therapists felt it is important to be able to share and be aligned with one another.

The second main finding is that significant events are intertwined across both private and professional categories. The most obvious illustration is the occurrence of *hybrid* events (10.1%) such as undergoing a personal therapy and societal traumatic events that induced feelings of insecurity or fear. Personal therapy could have been undergone as a personal decision or as part of a training, making it happening in both private and professional contexts. This was reported as being helpful for both personal and professional development. It seemed to help them cope with both personal and professional issues. Personal therapy induced an experience of self-care and being listened to. Moreover, the benefits of personal therapy and supervision on PPD are aligned with two recent meta-synthesis on the matter (Chircop Coleiro *et al.*, 2023; Willemsen *et al.*, 2023). It is known that lots of therapists face violent or traumatic experiences, but we do not know if this is beneficial or dangerous for clients’ outcomes (Saakvitne, 2002). Vicarious traumas happening in therapy, meaning listening to traumatic experiences of clients, could have a negative or positive impact on personal growth of both clients and therapists (McNeillie & Rose, 2021). Furthermore, our results recognize the benefits that personal therapy can bring for therapists’ PPD, although personal therapy should not become an obligation for therapists (Orlinsky *et al.*, 2011). The second category of hybrid events were violent events that shocked the entire society; they could be occurring in private or professional circumstances. The participants did not always experience the event personally, but it helped them to become aware of the nature and impact of ongoing or past interpersonal or systemic violence. Significant events that bring insights or change are likely to impact all aspects of a person’s life, from personal to professional, and vice versa. For example, having children is likely to profoundly change the life balance and interpersonal style of therapists, which could directly or indirectly influence the way they interact with clients. The interplay between personal and professional experiences found in this study is consistent with previous qualitative research (de Condé *et al.*, 2023; Rønnestad & Skovholt, 2003). The results are also in line with previous research on the topic of personal characteristics of therapists (Heinonen & Nissen-Lie, 2020; Nissen-Lie *et al.*, 2017), recognizing that personal characteristics and interpersonal styles play a role in the therapeutic context. Previous research has also highlighted the efficacy of a responsive attitude that is attuned to the singular person therapists meet and that such attitude increases the chances of a good alliance (Norcross & Lambert, 2019; Norcross & Wampold, 2019).

These findings support the idea that therapists’ development, according to their own spontaneous recall, is a process in which personal and professional experiences are integrated. The data contribute to our understanding of specific significant events that influence therapist development. Most of these events highlight the crucial role that relationships with close ones as well as with clients play in both personal and professional growth. The relation with a particular client, colleague, or partner can have a significant impact on therapists’ development, demonstrating how the interpersonal aspect directly shapes the person-of-the-therapist.

Longitudinal studies examining the professional development of therapists align with the findings of the present study regarding

the role of therapists' private life and family background, and personal therapy. Yet they tended to produce a statistical description, offering a less nuanced portrayal of therapists' phenomenological experiences (Heinonen *et al.*, 2022; Orlinsky, 2022). The strength of the present project was to consider therapists' professional development in a more qualitative way (Knox & Hill, 2021). The combination between this type of exploratory research and statistical inferences could be joined together for future studies within a longitudinal study, like the one led by the SPRISTAD (Orlinsky *et al.*, 2015; Rønnestad *et al.*, 2019).

## Limitations and future studies

The sample is only French speakers, mostly in Belgium and France. This should be explored with an international sample of therapists, to see if the types of events are consistent with our results. The data we collected were somewhat limited in their depth, as participants tended to respond in a more descriptive and surface-level manner, often citing events without much elaboration. This limitation is partly due to the nature of the open-ended written questions we used, which probably require more effort and time from respondents. Unfortunately, this format may not always encourage participants to provide more in-depth, phenomenological insights. We acknowledge that richer, more detailed data would have been preferable for a deeper understanding of the participants' experiences. Semi-structured interviews with participants could help to deepen our understanding of significant events for therapists.

The scope of significant events is wide. More studies exist about professional development and the motivation of pursuing a therapist career (Chetna Duggal & Sriram, 2016; Farber *et al.*, 2005), but fewer are interested in a life-span perspective on the trajectories of therapists. It seems that PPD is more like a continuous process rather than the sum of discrete events. As one participant pointed out, she did not think that one single event can determine how we are overall as a therapist. It is more a combination of events, reflection, and awareness that influences the way of being, because these experiences need to be worked on and integrated into a daily life. She pointed out the importance of significant periods, rather than events. Along this line of reflection, two types of events were reported in the findings: specific events at a one precise moment in time (*e.g.*, a wedding or one session with a client) versus unspecific events that are continuous or returning over a longer period (*e.g.*, travelling or therapeutic work with a client). Participants might also not have reported all significant events, because they wanted to protect their confidentiality or personal intimacy. For those reasons, future research on significant events should favor longitudinal designs, combining phenomenological and statistical approaches. Collecting such data through interviews would increase the quality of phenomenological analysis.

To move forward with research on the multiple influences that shape therapists' PPD, three themes emerged allowing interesting directions in future studies. These dimensions not only contribute to a more comprehensive understanding but also provide substance for reflecting on the interaction between private and professional development. It highlights the importance of personal aspects in the development trajectory, directly impacting both the well-being of therapists and their therapeutic effectiveness. Taking personal experiences into account in personal and professional development can help us understand why individuals become therapists and why they continue in the profession. Some partic-

ipants revealed life difficulties, sometimes even traumatic events, and we must acknowledge that these experiences influence who they are as therapists and how they engage with their clients. While these experiences can be a strength for some therapists, they can be a burden for others, so it is crucial to recognize the importance of personal therapy for therapists. This aligns with the concept of responsiveness and the unique way therapists develop therapeutic relationships with each client. Taking those results into consideration, psychotherapy trainings should be more self-integrated and emphasize both the learning of professional skills and the experiencing of personal growth.

## Conclusions

The findings of this study emphasize the importance of understanding the types of significant events reported by therapists. Therapists are influenced by personal, professional, and hybrid events. The interplay between personal and professional lives is highlighted by the participants. Our findings suggest that therapists experience their professional development in a self-integrated approach, recollecting events that are both personal and professional. Hybrid events have also been identified, illustrating the extent to which some events belong to both spheres simultaneously, such as personal therapy, which is not solely private nor solely professional. This illustrates that the person-of-the-therapist develops through clinical practice and training, as well as through personal experiences. Future studies could explore how therapists appraise the significant events they experienced, which could help understand the types of appraisals that support personal and professional development. Psychotherapy trainings should take more into consideration the person-of-the-therapist within personal and professional development.

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