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Being a Therapist - an Art of Balance

Three family therapists' experience and awareness of managing their own feelings in meeting with clients.

Master Thesis in Counseling

Trondheim, Mai 2012

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Abstract

This study has looked at self-awareness of three Family therapists when it comes to managing their own feelings. The data collection method used is qualitative semi-structured interview, with a phenomenological background. To analyze the data, The Constant Comparative Method from Grounded Theory (Postholm, 2005) was used as inspiration.

Three main themes emerged from the data; 1) "The art of Balance", which is a theme shining through the whole thesis. 2) "Human meets human" is a theme that provides important background information on the way the therapists think about their practice and helps us understand their kind of awareness. And 3) "Meeting with one's own feelings" which contains the research participants understanding of feelings in general and how they relate to and manage their own feelings.

In order to shed light on the data and contextualize them, different theories have been used. For instance, Rogers (1961) is used to shed light on the relationship between client and therapists, Jordan (Jordan, 2001, 2011) for understanding self-awareness and Kvalsund (2005), Damasio (2002) and Hørven (2004) in order to explore the phenomenon of feelings. In addition, new research has been used to show the relevance of this study, such as Moltu, Binder, Nielsen and Høstmark (2010).

The study shows that self-awareness is important for therapists in order to manage their own feelings in meeting with clients and that becoming aware of the process going on inside oneself and reflecting upon it is an invaluable resource for a therapist. The research participants highlighted *inner dialogue* as a tool for doing this, and the inner dialogue is a process of reflecting upon and realizing what is going on inside, and what that is about.

Acknowledgements

This has been a wonderful journey, and I feel that I have not walked it alone.

First I want to thank my research participants. Without you there would have been no thesis. You are all very brave and I have learned so much from what you openly told me in the interviews. Jonathan, my supervisor and the most extraordinary teacher I have ever met. Through your way of teaching and meeting me I have grown and learned to trust the process. Thank you for being patient and supportive.

My fellow students and friends, thank you for the discussions and interesting conversations, for all the sharing and taking care of each other. I will always remember these two years together as the best study-years of all. Thanks also to Kaja for volunteering for my pilot-interview, and to Vera for good conversations and help with finalizing the whole thesis by teaching me how to please the reader.

I also want to thank my whole family for always being there, learning me about life and relationships and supporting me through our life together. Love you all. To my mother I will give special attention, for endless hours of phone calls discussing interesting issues, often related to the theme of this thesis. Your energy and the warmth from your heart spread around, and you have taught me so much! Thank you.

My other friends in Trondheim, Moltebæra, you have all made this journey easier by supporting me even though I have in times been tired, and given me energy by just being who you are. And Siri, you have been the best roommate ever, I will always remember our time together in Bakkegata 8 with a smile on my face.

Last but not least, Torbjørn, my dear. I long to move to Bergen and not being separated from you anymore. Thank you for always supporting me, sitting by my side reading sentence by sentence through the whole Method-chapter, laughing together and for hours of phone calls that have given me new energy. Love you.

Lina Lien Bruland

Trondheim 15.mai 2012

Contents

1.0 Introduction	1
1.3 Clarifications	2
1.4 Structure of the thesis	2
2.0 Theory	3
2.1 Family therapy and systemic practice	3
2.2 The relationship between therapist and client	4
2.2.1 Building trusting relationships	4
2.2.2 Knowing oneself	6
2.3 Feelings.....	8
2.3.1 What are feelings?.....	8
2.3.2 Why is it important to be aware of one’s own feelings?.....	9
2.4 Self-Awareness	11
2.4.1 What is self-awareness?	11
2.4.2 Why is self-awareness important?	12
2.4.3 How can awareness be developed?.....	12
3.0 Choice of Method.....	14
3.1 Qualitative research- why?	14
3.1.1 Phenomenological background.....	14
3.2 Me- the researcher	15
3.3 The process of qualitative interviewing.....	16
3.3.1 Research participants	17
3.3.2 Interview guide and pilot interview	17
3.4 Analyzing the data material.....	18
3.4.1 Transcription	18
3.4.2 My journey into the data material.....	19
3.5 Ethical considerations.....	22
3.6 Quality in the study.....	23
4.0 Presentation of findings.....	25
4.1 “Human meets human”.....	25
4.1.1 Research participants` orientation.....	25
4.1.2 Research participants` way of being with clients.....	27
4.1.3 Professionalism and the art of balance.....	29
4.2 “Meeting with one’s own feelings”	30

4.2.1 Feelings and their role.....	31
4.2.2 Ways of dealing with feelings.....	33
4.3 Summary.....	34
5.0 Discussion	35
5.1 Introduction to discussion.....	35
5.2 “Human meets human”	35
5.2.1 Research participants` orientation.....	36
5.2.2 Building a trusting relationships	37
5.2.3 Knowing thyself.....	38
5.2.4 Professionalism and the art of balance.....	39
5.3 “Meeting with one’s own feelings”	41
5.3.1 Feelings and their role.....	41
5.3.2 Ways of dealing with feelings.....	44
5.3.3 It takes experience.....	47
6.0 Final thoughts	48
6.1 Summary.....	48
6.2 Limitations of this study	49
6.3 Implications for further research	50
6.3.1 Other interesting topics.	50
6.4 The End.....	50

1.0 Introduction

“What you are aware of you are in control of; what you are not aware of is in control of you.” This quote is from De Mello’s book “Awareness” (1990, p. 71), and it points directly to one of my main interests, which is awareness. When I started the counseling program at NTNU my journey of personal development really began. I have learned about myself in ways that I couldn’t imagine. The notion of self-awareness and its importance in life, in counseling and therapeutic settings have especially excited me. For every person wanting to help another person, the starting point from where one can help is oneself and hence one’s self-awareness can be seen as crucial.

I want to look at self-awareness, but from which perspective? A summer job at the local family counseling office made me curious about learning more about family therapists’ practice. “Familieverket” is a service provided to people with different types of cohabitation and relationship challenges. Individuals, couples and families can use this facility for free. The therapeutic variety in this service seemed very interesting and challenging at the same time. What really caught me is their systemic way of thinking, which means that an individual’s dysfunctional behavior is viewed as a product of flawed relationships between members in a family. *“The relationship becomes the center of therapeutic attention instead of the individual processes and behavioral patterns”* (Goldenberg & Goldenberg, 2004, p.13). The bottom line is that we are all relational beings, and this kind of thinking has boosted my curiosity and hence family therapy is a field I want to study. Naturally my choice of research participants then became family therapists.

An own experience in therapy inspired me to look closer into feelings and their consequences, which has been an important issue for me. My experience was that the therapist’s feelings also needs to be attended to. *“Therapists must sense themselves, and be sensed by their patients, as fully and emotionally involved in the treatment”* (Lichtenberg, 2005, p. viii). It is known within psychotherapy theories that the therapists’ way of relating to one’s own feelings and how they relate emotionally to the client is a central factor in the change process (Moltu, et al., 2010). The focus in this thesis will be in how the *therapists* manage their own feelings in meeting with clients. As Grendstad (1996) points to, it is important to be intentional towards one’s *feelings* because when feelings are suppressed they will lead the attention away from what is

going on in the relation. For the therapist this may result in giving less attention to for example signals from the client.

One way of being intentional towards ones feelings is to be self-aware. By self-awareness I mean awareness of everything that goes on in one`s own interior, like the behavioral habits, emotions, desires, thoughts and images that tumble through our being (Jordan, 2011). To me this knowledge together with my own experience both personally and professionally, made me think that therapists` kind of awareness will help them manage their own feelings in meeting with clients. Having this as an assumption and hypothesis allows me to focus more on *how* this self-awareness is helping. Hence, my research question developed to be: *How does self-awareness help family therapists manage their own feelings during meeting with clients?*

1.3 Clarifications

In this thesis I have chosen to use the words “research participants” to describe the family therapists that I have interviewed. The word “clients” is used to describe the people who come to the family counseling offices, and who seek help from the therapists. When talking about a client, I will be using the pronoun “he”. “Therapists” are used when talking in general terms about therapists, and I will use the pronoun “she” when talking about one single therapist. I will also use the phrase “meeting with clients” instead of “therapy”, since the research participants problematized the use of the word therapy. Later in the thesis more terms will be clarified when needed.

1.4 Structure of the thesis

The thesis is divided into six parts. First this introduction chapter in order to help the reader get an understanding of what this thesis is all about. Chapter two contains presentations of different theories and theorists concerning topics related to those of this thesis. Following this presentation, chapter three presents the kind of methodological choices made for this thesis. Chapter four presents the findings, where I attempt to give the reader a sense of the “essence”; the wholeness of the participants` expressions. For spatial purposes I will not present all of my findings in the text. For a more thorough overview of my findings see Appendix A and B. In chapter five the findings and the theory will be linked together and discussed, before chapter six offers some concluding comments, some limitations of this study as well as a few implications for further research.

2.0 Theory

The theory has been chosen as a mixture of the content of the research question and to shed light on what the research participants emphasized in the interviews. To give an understanding of the research participants' context, I start by introducing family therapy. The research participants can be seen to be in a therapeutic relationship, and hence Rogers is a natural theorist to use to shed light on the special character of this relationship for it to be a helpful one. Because there is some disagreement on what feelings are, I have chosen to use several different theories on this phenomenon, based on what emerged in the data. To show what awareness is, why it is important and how it can be developed, I have used theorists such as Jordan and DeMello.

2.1 Family therapy and systemic practice

Ivey, D`Andrea, Ivey, Simek-Morgan (2009) present the major theories that influences therapy of today, and point to the basic issues that all theories agree on. Ivey et.al (2009) see it as the task of professional therapists to be familiar with as many theories and techniques as possible, and to select from each theory and practice which is most helpful to the client. Earlier therapy focused mainly on the individual as the target and agent of change, and still most models continue to have this focus (Ivey, et al., 2009). However, today there is a growing awareness on the importance of the family context in which individual behavioral occur (Goldenberg & Goldenberg, 2004). So, what is family therapy?

The relationship between family members is the focus in family therapy (Goldenberg & Goldenberg, 2004; Ivey, et al., 2009). From this view, an individual who manifests dysfunctional behavior is seen as a possible representative of a system that is faulty, and the family members together are helped to seek new solutions, (Goldenberg & Goldenberg, 2004). Family therapists don't see the source of the problems as originating from within a single "sick" person, individuals are rather seen as symptom bearers, expressing the family's problems (ibid.). This has therapeutic consequences. When the dysfunctional behavior of an individual is viewed as a product of deficient relationships between members in the family, the *relationship* becomes the center of therapeutic attention, instead of the individual processes and behavioral patterns (Goldenberg & Goldenberg, 2004). These thoughts are also shared by the online sources Bufdir (BUFDIR, 2009) and helsenett.no (Reichelt, 2008), where people can find information about the family counseling

system in Norway. “(...) a change in the interaction between family members are seen as the best way to help the individual who has problems” (Reichelt, 2008) (my translation).

Within different theoretical practices there are also different preferred choices of methods (Ivey, et al., 2009). Family system counselors are trying to organize and synthesize traditional and alternative approaches, because they see that this ever changing world we live in needs multiple perspectives and broader maps (Ivey, et al., 2009). Ivey (2009) highlights that just as it is important to be familiar with the major paradigms of individual theory, family theorists believe that it is important to become skilled in multiple orientations. But as Rogers (In Thorne, 2003) points to, reliance on theory may lead to a situation where the therapist attempts to fit the client into preconceived structures rather than engaging with the client’s world as he sees it.

2.2 The relationship between therapist and client

“One’s self comes into being and is maintained as a self-with-other” (Hycner & Jacobs, 1995, p.217)

The relationship between family members can be described with Hycner and Jacobs (1995) who confirms that one is always a self-with-other. But how can the relationship between therapist and client be understood, and what is the role of a therapist?

Buber (In Hycner & Jacobs, 1995) says that the therapeutic relationship is a “one-sided inclusion”. The therapist strives to imagine the reality of the client, but the reverse does not ordinarily happen and is not intended (Hycner & Jacobs, 1995). In this way it is not an equal relationship. It is also, as Buber in Hycner and Jacobs (1995) puts it, the therapist’s responsibility to meet the client, not for the client to meet the therapist. According to Rogers (1961) it is the therapists` responsibility to build a genuine relationship with the client, which is part of the content of the next section.

2.2.1 Building trusting relationships

“The security of all relationships is based first on acceptance of the other” (Lichtenberg, 2005, p.94).

Carl Rogers is best known for creating what is known as client-centered therapy, a nondirective approach that places the client in control of the therapeutic process (Thorne, 2003). As one of the leaders of the humanist movement in psychology, Rogers believes that people are essentially good and healthy. Rogers (1961) sees it as a therapist’s job to provide a relationship which clients might use for their own personal growth. He points to some important conditions for facilitating this growth and development in the client, and said that he want to be a therapist characterized:

“by a genuineness and transparency, in which I am my real feelings, by a warm acceptance of and prizing of the other person as a separate individual, by a sensitive ability to see his whole world and himself as he sees them” (Rogers, 1961, p. 37)

So, what are these conditions about? Rogers (1961) says that the more he as a therapist could be genuine in the relationship, the more helpful it was. Hycner and Jacobs (1995) shed light on this in the story where Hycner first meets his client in a not genuine way, and then shows his vulnerability by revealing that he feels stuck, which leads to progress for the client. The client then trusts the therapist enough to show his own vulnerabilities (Hycner & Jacobs, 1995). This means that therapists need to be aware of own feelings, as much as possible, rather than presenting an outward façade of one attitude, while actually holding another attitude at a deeper or unconscious level (Rogers, 1961). Being genuine also involves the willingness to be and to express, the various feelings and attitudes which exist in oneself (Hycner & Jacobs, 1995; Rogers, 1961). Rogers (1961) says that it is only in this way the relationship can have a reality, and this reality is very important because it is only by providing the genuine reality which is in the therapist, that the other person can successfully seek for the reality in himself. Rogers highlights that this is true even when his attitudes are of a character which he does not like, or attitudes that may not be seen as developing to a good relationship. *“It seems extremely important to be real” (Rogers, 1961, p. 33).*

Rogers (1961) emphasizes that the more acceptance and liking he feels toward the client, the better the relationship between them becomes for facilitating growth. Acceptance means to him warm regard for the client as a person of unconditional self-worth, respect for the client’s way of possessing his own feelings in his own way, and an acceptance and regard for the client’s attitudes in the here and now moments. This acceptance of the various aspects of the client, creates a warm and safe relationship for the client (Rogers, 1961).

“Acceptance does not mean much until it involves understanding” (Rogers, 1961, p. 34). Understanding means a sensitive empathy with the clients’ feelings and communication as it is for him in the moment. This can be seen in relation to what Nome (Oterholt & Karlsson, 2010) highlights, that empathy is about understanding, but that this understanding requires more than a cognitive approach in order for the client to feel seen and loved. The therapists need to understand the feelings and thoughts that are in the client, and see them as the client sees them (Rogers, 1961). When this is done, the acceptance of the different issues and the client will shine

through, and because of this the client can feel free to explore his hidden inner experiences. This freedom is an important condition for the relationship. As Kvalsund (2005) points to, it means to be able to listen to the client in a way that really makes the client feel understood. This can give the client the experience that the therapist is genuinely interested in him, as Rogers (1961) also stresses.

As shown, building a trusting relationship requires genuineness, acceptance and empathic understanding from the therapist (Rogers, 1961), and in order for the therapist to manage this it is important that she knows herself (Allgood & Kvalsund, 2005; Skau, 2011).

2.2.2 Knowing oneself

“By knowing oneself and ones reactions one has a good foundation for understanding others” (Skau, 2011, p.50). (My translation).

Postmodern family therapists believe that there can be no outside independent observer of a system (Goldenberg & Goldenberg, 2004). When attempting to observe and change a system one will become a participant who both influences and in turn is influenced by that system. From this perspective a family is composed of multiple perspectives and realities, and thus the therapist has a part in constructing the reality being observed (Goldenberg & Goldenberg, 2004). Because of this, the therapist needs to know herself, as Kvalsund (Allgood & Kvalsund, 2005) points to.

Lichtenberg (2005), Kvalsund (Allgood & Kvalsund, 2005) and Michael De Vibe (Oterholt & Karlsson, 2010) point to the importance of therapists having developed considerable knowledge of and intimacy with themselves. This was recognized as important already in the ancient times, and Socrates has said that the key to all knowledge is the knowledge about oneself (Oterholt & Karlsson, 2010). “I” has to be aware of as many aspects of “me” as possible, as Løvlie (1982) says (Allgood & Kvalsund, 2005). This helps when trying to differentiate between what is mine and what is yours, which is important for a therapist. Unconscious parts of “me” will tend to live their own lives if I am not aware of them. This can also be seen in light of what Rogers (1961) says about the need of being aware of own feelings, and the willingness to be and to express, and the various feelings and attitudes which exist in the therapists. If a therapist does that, the client may experience her as genuine in the relationship. Being genuine can be seen as being the same as being congruent. Congruence means that the words being spoken matches the feelings in the person (Rogers, 1961). And only to the degree that the therapist is congruent, can she be fully open to what the client brings into the meeting and in an efficient way use herself as

an instrument in the process (Løvlie 1982, in Allgod and Kvalsund 2005). as Løvlie (1982) in Allgood and Kvalsund (2005) says.

How can one get to know oneself this way? The therapist's personal dimension can be seen as a part of the essence of therapy. Kvalsund (2005) say that it is absolutely necessary for the therapist to work on her personal growth and development in order to develop an empathic attitude towards the clients. Lichtenberg (2005), however, talks about therapists in the psychotherapy field, and goes as far as saying that the degree of self-knowledge and introspective potential can only develop from the therapists own participation as patients in an exploratory psychotherapy. This is supported by research which found that personal therapy leads to higher professional self-awareness and better professional functioning (MacDevitt, 1978). But there are other ways, which I will now describe.

In his chapter "Phenomenon in academic guidance" Michael De Vibe (Oterholt & Karlsson, 2010) writes about presence in what he calls guidance. De Vibe says that one way to get to know oneself is through practicing in presence. This can also be seen as an important tool in the meeting between therapist and client in the counseling situation. According to De Vibe, the quality of the guidance will depend upon the relationship between the therapist and the client, and the therapist can only work on their own ability to be present in the relationship. So what is it to be present? According to de Vibe, Zinn describes attentive presence as a state of consciousness where one actively is aware of and pays attention to what happens in every moment in and outside us. This involves both an experience of before-reflective being, before any mental process has started, and to observe, describe and act based on this being. One can practice being present by trying to meet the world as it is. This is done by possessing a non-judging attitude towards everything that occurs in and outside ourselves.

The Gestalt orientation also talks about presence that involves bringing the fullness of oneself to the interaction. Therapists must be willing to allow themselves to be touched and moved by the patient (Hycner & Jacobs, 1995). Being present also involves being both powerful and powerless. Powerful healing influences the client by showing a loving attitude and thereby providing an experience of grace for the patient. But at the same time the therapist is not the one who can change the client, which can be painful because the therapist wants to make the clients life better. The therapist who is present brings this pain into the meeting between them (Hycner &

Jacobs, 1995), and the relationship becomes real as described earlier. To know oneself means also to know one's feelings and how one reacts to them, this is the next topic.

2.3 Feelings

"We don't choose our feelings, but we choose how to relate to them" Aristoteles (Ekeland, 2010, p. 84).

In this thesis the term *feelings* is a main concept. There is not one way to define *feelings* and terms like "emotions" and "affects" may be used interchangeably which may be confusing. This section will clarify the use of these concepts in this thesis, and point to how *feelings* can be understood. Theorists with various kinds of background have been used in order to shed light on the different issues related to feelings, because their way of understanding feelings is important for this thesis.

2.3.1 What are feelings?

Emotions are the center of human mental life and they link what is important for us to the world of people, things and happenings (Oatley & Jenkins, 1996).

Feelings and relations are closely interlinked, because feelings give us insight into the quality of the relationship (Kvalsund, 2005). But feelings are not only relational, they are also completely subjective (Grendstad, 1996; Kvalsund, 2005), because they can only be felt by oneself and no one else. That they are subjective means that the *feelings* cannot be labeled as right or wrong, bad or good etc. Only how one expresses or how one decides to act upon the *feelings* can be right or wrong, good or bad. Often it can be clarifying to differentiate between having *feelings*, *being aware of one's own feelings*, *expressing one's feelings* and *acting upon one's feelings* (Grendstad, 1996).

There are different meanings to the term *feelings*. *Feelings* have here been used as a synonym to the term *emotions*, and this will continue throughout this thesis. This is mostly because in daily life people use the word feeling to cover both terms (Kvalsund, 2005). But different theorists differentiate between these two terms, which I now will describe. Damasio (2002) argues that emotions are reactions in the body, like increased pulse or flushing. Feelings on the other hand are the private interpretations of the emotions. An example is that the feelings that come with flushing can vary from person to person (Øiestad, 2009). Hørven (2004), on the other hand describes this differently. He says that feelings are *both* bodily sensations and emotions. Bodily sensations are one's experience of bodily or physiological processes, emotions

however, are the feelings that can be a direct reaction to our different thoughts. These feelings express the experience of the inner world as a reaction to our conceptions and thoughts of our inner and outer world. In Hørvens' view feelings will as describes always be a reaction to a cognitive activity like thoughts.

2.3.2 Why is it important to be aware of one's own feelings?

Emotions and feelings can be triggered in an unconscious way, due to people not being in contact with their emotions and hence do not know the cause of the feelings. (Grendstad, 1996; Øiestad, 2009). When it comes to the importance of being aware of one's own feelings, there are also multiple and different theories, and to shed light on what the research participants said in the interviews, I will present several of those theories here.

Kvalsund (2005) points to the difference between being overwhelmed by ones feelings and managing and controlling one's feelings. Closely related to this Grenstad (1996) writes about the importance of being intentional towards ones feelings, because feelings that are suppressed will cause trouble in our psyche and wear out our organism. He also points to that when feelings are suppressed they will distract your attention. This, in turn, leaves us with less attention to give to other conditions in the relationship, such as signals from the other person (Grendstad, 1996). Grendstad claims that when one knows how to react emotionally in different situations, and dares to acknowledge that "this is what I feel", no matter what kind of feeling it is, then one will be more confident in a similar situation at a later time.

In the meeting between therapist and client, the notions of transference and countertransference can also shed light on why it is important for therapists to be aware of her own feelings. Transference has to do with feelings that the client can have towards his therapist and countertransference is the therapist's feelings and thoughts towards the client (Gelso & Hayes, 2007; Ivey, et al., 2009). When countertransference happens, the therapist may lose sight of the therapeutic role (Zachrisson, 2008), and the most usual way that this manifests itself is by the therapists avoiding or withdrawing from the client and his material. Ivey et.al. (2009) emphasize that feelings that the counselor has towards her client must be isolated, identified and worked through. It is important that therapists are aware, either when experiencing incongruence or when new and unusual emotions arise in them. This can be a sign for the therapists that she needs to look inwardly to see what is being stirred up and why (Gelso & Hayes, 2007).

Another interesting aspect to point to when talking about why it is important to be aware of one's own feelings, is that our feelings can be sensed by other persons. Teigen (2011, p. 42) points to Buber explaining this;

It seems that there are different kinds of meetings happening in the space between us: meeting between bodies and signals, between selves that reside inside the bodies, between zones or boundaries, between expectations connected to evaluations of touch, intentions behind touch and perceptions of touch, and finally there is potentially a meeting between I and You (Buber 1947/1998; 1970/1996).

This meeting between bodies and signals is closely described by neuroscience. McCraty, Atkinson, Tomasino, and Bradley (2009) found that of all the organs, the heart generates by far the most powerful and most extensive rhythmic electromagnetic field produced in the body. It appears that our feelings will not only have a significant impact on the body and brain but also generate a field that can be detected by other people, because this electromagnet field,

(...) can be measured several feet away from the body with sensitive magnetometers (McCraty et al., 1998). These energetic emanations and interactions provide a plausible mechanism for how we can "feel" or sense another person's presence and even their emotional state, independent of body language and other signals (McCraty,2004). (McCraty, et al., 2009, p.55).

As a therapists, it is also important to be aware of the differences between being personal, private and professional (Skau, 2011). Skau claims that to be personal is not in contrast to being professional. One has to dare to be touched by the other person (Skau, 2011; Teigen, 2011) and use oneself as a fellow human being (Skau, 2011) in a way that can also touch the other. This can be seen in relation to Nome (Oterholt & Karlsson, 2010) who describes a pendulum where the one extreme is to be overwhelmed by the emotional content in what the other person expresses, and the other extreme is when the helper is too preoccupied with the cognitive aspects in the conversation. Both extremities lead to difficulties in being a good helper (Oterholt & Karlsson, 2010), because it preoccupies the helper's attention.

The notions of being professional, personal or private can be seen as a balancing act that the therapist needs to be aware of, and can be linked to the notions of empathy and sympathy. These terms are often used interchangeably (Lichtenberg, 2005). Empathy, according to Lichtenberg, is essentially value-free and seen in a therapeutic setting, the empathic mode of perception is a mode of investigation. When using empathic listening, the therapist can get knowledge of the clients' inner world, in this way empathy can be seen as a technique in the meeting between therapist and client. Sensing into the clients inner world however, may awake

feelings of sympathy in the therapist instead, for example because of the situation the client is stuck in. This feeling of sympathy can be seen as the pendulum turning to the position where therapist can be overwhelmed by emotions, as Nome (Oterholt & Karlsson, 2010) describes.

The emphasis in this section has been on why it is important to be aware of own feelings, and as Kvalsund (2005) points to; even though one may feel something, a person can to a varying degree have the ability to be aware of his or her own feelings and talk about them. So, how can one learn to get in touch with these feelings? Kvalsund (2005) highlights the importance of having a practice at the working place where awareness of feelings, power and effects are discussed. Kvalsund (2005) and Grendstad (1996) also point to the importance of working more systematically and learning about oneself and ones feelings, such as knowing when one is controlled by the feelings, when one manage them and when one controls ones feelings. This can be seen as self-awareness, which will be described in the next section.

2.4 Self-Awareness

2.4.1 What is self-awareness?

Self-awareness can be seen as awareness of the processes that is going on inside a person (Jordan, 2011), and can be perceived in different ways. Morin (2006) points to Mead (1934) and Duval and Wicklunds (1972) distinction between consciousness and self-awareness. They describe consciousness as being about focusing attention outward toward the environment, and self-awareness as focusing inward toward the self. A person is self-aware when he/she has the capacity to become the object of his/her own attention (Jordan, 2011; Morin, 2006). This is similar to how Jordan (2011) defines self-awareness, which is having awareness of the process going on inside oneself. Goleman (2004) sees it differently, he defines self-awareness as an ability to recognize and understand your moods, emotions, and drives, as well as their effect on others. Goleman's definition covers both the inward and the outward focus as Morin (2006) points to. Another aspect mentioned by Jordan (2001) is *meta*-awareness, which means that awareness itself as an object of attention.

Jordan (2001) also talk about the *witness self*, which is attention that is not embedded in the contents of awareness, but free from the pressing forces of emotions, desires, impulses and mental interpretations. This *witness self* can be developed in the same way as self-awareness, which will be shown in section 2.4.3.

2.4.2 Why is self-awareness important?

DeMello (1990, p. 56) writes “*You only change what you understand*”. For the therapist this self-awareness will influence how one chooses to relate to what happens in therapy. Good choices require that you know what is “driving you” (Iyengar, 2010). Self-awareness is important because it makes us able to take care of our own reactions and develop strategies for transforming own habitual ways of thinking, feeling, wanting and behaving (Jordan, 2011). Earlier research also shows that the more self-aware the therapist reported feeling in the session, the higher were the helpfulness ratings they were given by their clients (E. N. Williams & Fauth, 2005).

Another important issue around self-awareness is the effect it can have on the notion of transference and countertransference (see section 2.3.2.). Regarding therapy, the notion of power has also been emphasized (Ivey, et al., 2009). Buber (Buber & Smith, 1958) for instance writes about the importance of “I-Thou” relations between people. This is a relationship where the other is seen as a person, as opposed to when the relationship has the character of an “I-it”, where people are seen as objects (Buber & Smith, 1958). This can be seen in relations to the subject-object shift highlighted by Rogers (1955) in Allgood & Kvalsund (2005). Rogers points to that if there emerges a subject-object relation between the guide and the client, the client will tend to become an object. This is not good for the growth of the client (Allgood & Kvalsund, 2005).

2.4.3 How can awareness be developed?

It is now described what self-awareness is and why it is important. In this section how one can develop self-awareness will be in focus. The theorists De Mello and Jordan will be used, because they both give interesting perspectives that can shed light on this.

Awareness is something that can be learned and developed, and De Mello (1990) talks about self-observation as one tool to become more aware. It is about observing everything in and around you as much as possible, and observe as it is happening with someone else, it is an “I” observing “me”. This self-awareness can be developed, and Jordan (2011) describes the development of self-awareness in relation to six ego processes in four phases.

The six ego-processes that Jordan (ibid) describes are thinking, desiring, feeling, emotions and behavioural reflexes. An individual can develop self-awareness in one or several of the ego-processes, more than in others (Jordan, 2011)(Jordan, 2011)(Jordan, 2011). Jordan has developed

a “self-awareness mandala” which gives an overview and show how these ego-processes can vary, this mandala is presented in appendix C. In the first phase one is subject to the ego process, for example people think and feel but do not necessary attend to the process of thinking and feeling. In the second phase one has the ability to notice what is going on in one’s own interior.

The third phase is reached when one is able to not only notice, but also evaluate the contents of the process, such as asking oneself “what do I think about me having these kinds of feelings?” In entering this phase *a witness self* has been developed, that can start to relate actively to the coming and going of emotions, desires and thoughts. When reaching the fourth phase, the individual starts to develop strategies to actively influence the ego process, such as having a technique for transforming one’s own recurring moods (Jordan, 2011)(Jordan, 2011)(Jordan, 2011). Then the self-sense has stably relocated from embeddedness in the ego processes to the witness self-position

In this part of the thesis theory has been presented in order to shed light on what the research participants emphasized in the interviews and to give the reader a background from which to understand the rest of the thesis. Family therapy has been introduced because that is the context of the research participants’ work. Further the relationship between the therapist and the client has been in focus, and both feelings and self-awareness have been shed light on by using different theorists.

3.0 Choice of Method

The meaning of the word “A method” originates from Greek and can be interpreted as “*A road that leads to the goal*” (Kvale, 1997a, p.18). This section will guide you through the process of this study, and describe how this road has evolved. I will point to important choices regarding the method for this thesis, like for instance why I chose a qualitative method, my role as a researcher and the process around the interviews and analyses. Finally, the ethics have been evaluated together with the quality of the research.

3.1 Qualitative research- why?

Postholm (2005) writes that the research question will determine what kind of method to use in a research study. My research question are: *How does self-awareness help family therapists manage their own feelings during meeting with clients?* The wish was to come to an understanding of a phenomenon and to explore human processes in a real setting, which also suits the goal of qualitative research (Maykut & Morehouse, 1994; Postholm, 2005). The purpose of qualitative method is to understand reality as it is perceived by the research participants (Dalen, 2004; Postholm, 2005; Thagaard, 1998). In this study the research participants are family therapists. I want to understand how these therapists handle their feelings in meeting with clients, how they reflect on their practice and how aware they are of themselves in the process. These were reflections and arguments that convinced me to choose a qualitative approach to my research.

3.1.1 Phenomenological background

Doing qualitative research requires flexibility and ingenuity in adapting methods to fit the requirements of the specific research question (McLeod, 2011). As I want to get into therapists understanding of their work, a phenomenological background is suited and was used for inspiration during this research. As Moustakas says “*The aim is to determine what an experience means for the persons who has had the experience and are able to provide a comprehensive description of it*” (Moustakas, 1994, p. 13).

Phenomenology has its roots from Husserl philosophical principles (In Moustakas, 1994; Postholm, 2005). “*The world phenomenon comes from the Greek “phaenesthai”, to flare up, to show itself, to appear*” (Moustakas, 1994, p.26). Husserl was again influenced by Descartes, who claimed that one need the subjective interpretation in order to understand or give name to the

“objective” reality. This means that the perception of reality of an object is dependent on a subject. If one wants to understand a person’s experience with a phenomenon, one has to listen to the subjective experience of the research participant (Moustakas, 1994; Postholm, 2005).

Phenomenology can be divided into two different perspectives (Postholm, 2005). The social- phenomenology perspective looks at groups of people as objects for investigation, and how these consciously develop meanings in social interaction. My study is inspired by the psychological- phenomenological perspective where the individuals are in focus. The goal is to seize the individuals’ experience, and simultaneously understand how this phenomenon is experienced by several individuals (Postholm, 2005).

3.2 Me- the researcher

Doing a qualitative study it makes it important to have in mind that the study will be colored by the researchers assumptions based on earlier experiences and theory (Postholm, 2005). This makes it essential to emphasize the researcher’s subjectivity (Dalen, 2004; McLeod, 2011; Postholm, 2005), which may help the reader to place the research in its proper context, hence understand it better (McLeod, 2011).

As presented in the introduction, my awareness and personal development have broadened since I started the counseling program. I have learned to know myself better, and can now say that my goal in life is to become a good helper. With helper I mean a person who’s task is to help or support other people in their lives, like the family therapists do. To learn to become a good helper can be seen as a main personal goal for this thesis, and hopefully the reader can get some new ideas on how this can be done. One theme that I am interested in is the impact of feelings on human relations. My own experience in therapy made me think about feelings as a main issue in humans that often needs to be attended to in therapy. And I also think that in our daily lives feelings could have been listened more to, to make relations better.

Since I first started to think about this thesis, I have talked to a lot of people about these issues. My family, friends, co-students and strangers have all been interested in sharing their experience. These conversations have boosted my curiosity and given me new ideas along the way. I have during this process been discovering new territory. All together, these meetings and conversations have colored this thesis, and made its content the way it is.

3.3 The process of qualitative interviewing

Seidman (1998) describes that interviews are suited for studies where people's stories are important. It was important for me to get a deep understanding of the therapists' own experiences. I will now look closer into the process of interviewing. A qualitative interview is used since it is particularly well suited to gain insights in the informants' own experiences, thoughts and feelings (Dalen, 2004). "*An interview is a conversation that has some kind of structure and goal*" (Kvale, 1997a, p.19) (my translation). Interview questions were not only prepared to assure that the research questions were answered, but also formulated such that the therapists could share their own thoughts and experience. This is called a semi-structured interview (Dalen, 2004; Postholm, 2005).

The research depends on the research participants' willingness to share their therapeutic practice, and the challenge was to build a relationship that could nurture this. This points to what Seidmann (1998) writes about the interview as a "relationship", and the importance of establishing an "I- Thou" relationship with the research participants, as Buber (Buber & Smith, 1958) first pointed to. I tried to build an "I-Thou" relationship as Buber describes by showing the research participants that I cared for them by e.g. using attention skills. This can be seen in relation to Kvalsund (2006) who writes about attention skills for helping relationships. I think that some of these skills can be helpful when interviewing. A good example is to be an active listener, highlighted by Kvalsund (2006) as a useful tool if one is aware of the power that lies within. During the interviews I also used paraphrasing actively in order to ensure that I understood the research participant. Hopefully, this gave the research participants the impression that I was present and understood them. Smiling and nodding were used as tools to show interest in the conversation. Importantly, I experienced the interviews as interesting meetings. The family therapists shared a lot of experience and I managed to show a genuine interest during the whole interview.

During the interviews I tried to be as present and self-aware as possible, because as mentioned in section 2.4 self-awareness is important. This can be seen in relation to the ability to be reflexive: "*To be reflexive is to have an ongoing conversation about experience while simultaneously living in the moment*" (McLeod, 2011, p. 48). This was challenging. During every interview I was thinking "Is this what I mean? Are we talking about what I think is important?" It was a battle between letting the research participants talk freely, and trying to guide them in a

direction where the research questions could be answered. Right after the interviews I felt that I had been too polite and that I may have gotten more reflective answers if I have had the courage to interrupt more. I guess this is something a qualitative researcher learns along the way.

My first challenge was: Where do I find my research participants?

3.3.1 Research participants

When choosing research participants it is important to be systematic and thoughtful (Dalen, 2004; Kvale, 1997b). In this study the most important criteria was that the family therapists were capable of expressing themselves and sharing their practice. Dalen (2004) describes that research participants can be chosen through outreach work. This means having conversations with persons interested in the field of study to get a broader network. I have experienced many interesting conversations and wonderful meetings with reflective individuals. This made the selection of research participants easy, since many of the family therapists recommended other therapists that suited my criteria. Dalen (2004) refers to this method as “the snow-ball method”, when one person conveys contact to other persons.

“Building the interviewing relationship begins the moment the potential participants hear of the study” (Seidman, 1998, p.39). When I first contacted potential participants, I presented the research plan and explained why they were potential participants. After a conversation, where I provided more information, all three participants wanted to be a part of the study. These conversations were important, because the research participants got to know me better as a researcher. My second challenge was how I should plan the interviews. How would I be sure that I remembered all I wanted to ask for? The answer is: by making an interview guide.

3.3.2 Interview guide and pilot interview

An interview guide contains the interview questions. The process of making the interview guide was a good learning experience, and I figured out what I wanted to look at in my research. To formulate questions, try to figure out what the questions really implied, to revise the questions, get feedback and reformulate them- all of this was a clarifying process. I learned that using enough time, and even sometimes take a break in the process to get a “distance” from the questions, made a difference.

The interview guide is built up with main questions and sub-questions (See appendix E). The sub-questions are guidelines to keep the conversation within the planned themes. Every

question is written as a whole sentence, so I feel more confident and do not have to build up questions from keywords. It is important, according to Kvale (1997a), to remember that the questions in a semi-structured interview are only proposals, you don't have to ask them.

In order to test my questions, I had a pilot interview. Doing a pilot interview is important in order to test the interview guide, and to try out being an interviewer (Dalen, 2004). I experienced that most of the questions were suitable. However, some of the questions were clarified; others removed, to reduce the length of the interview. A limited time frame was set to the introduction questions, to give sufficient time on the more important in-depth questions.

Interview guides must be used with caution and it is important to avoid imposing own interest onto the experience of the participant (Seidman, 1998). As I understand this, I have to allow for the possibility that what may interest me may not be the same as what my participants are interested in. This became clearer to me during the pilot interview. I felt that I could relax during the interview because the pilot answered many of the sub-questions without me even asking them. I also learned that I know what I am interested in and that I used the questions for guiding rather than following them strictly. This was almost like a flow experience. The interview became more like a natural dialogue, and this made me think less about the questions.

After the interviews, the next challenge was a tricky one. What to do with the interviews?

3.4 Analyzing the data material

As Postholm (2005) points out, analyzing happens during the whole research process, from the moment one decides upon a research question, and during the whole research process. It is important to have in mind the inductive approach that the qualitative research requires. This means that what becomes important during the analyzing procedure, emerges from the data itself, not from hypothesis generated a priori (Maykut & Morehouse, 1994). In this part of the thesis I will write about the process of transcribing and analyzing the data material and get into the challenges met.

The first step in the analyzing process was to transform the spoken word into text.

3.4.1 Transcription

The interviews were transcribed right after each of them was conducted. For me it was important to focus on one interview at the time, in order to have the mood from the interview fresh in mind.

I also wanted to do the transcription myself in order to get close to the data material, which is an advantage when one later is going to analyze them (Dalen, 2004).

Since my interviews were done in Norwegian, so were the transcription and the analysis. The quotes were translated into English for the presentation of the findings. I am aware that some of the meaning may have got lost in the translation, but my informants have confirmed that the translations are okay, and that the quotes still reflect their meanings.

Transcribing is not just about writing down what was said, it is also an interpretative process (Kvale, 1997a). During the transcribing process it was for instance easy to assume meanings if the sound was unclear. But in order to get it right I listened to the interviews several times. During this process topics became clear, both in the individual and across the three interviews. This is further described in the next sections.

3.4.2 My journey into the data material

There are different approaches on how to analyze research material. Common to all of them is that they have an interpretative approach to the data material (Dalen, 2004). When the transcriptions were finalized I had an overview of the content in the interviews and a growing awareness of the meaning in them. To really understand what the research participants were telling me, the interviews needed to be analyzed further. This was an interesting and frustrating process in the beginning, but became easier when I started to trust that I could make decisions as long as I justified my choices. One can talk about being inspired by different analyzing approaches, and then in the end find the road that fits best for your data-material (Dalen, 2004). I will now describe how my road has evolved.

Of all the analyzing methods studied, I found that the “constant comparative method of analyses” was a method suited for this research. This method, developed within Grounded Theory (Postholm, 2005), is used for categorizing and coding. The main focus of Grounded Theory is that data should control the development of new theory, not the other way around (Postholm, 2005). I used the coding steps open coding, axial coding and selective coding for inspiration. Coding means taking raw data and raising it to a higher conceptual level. It means interacting with the data (analyzing) by for example asking questions (Corbin & Strauss, 2008). In the beginning of the analyzing process I found that I got stuck following this method closely because the steps didn't always fit with how I understood my data material. Hence, with help from fellow students and supervisor, I saw that it was better to let go of the strict rules of

methods, and rather try to describe my own process and develop my methodological approach through this. All kinds of challenges arose during this process.

3.4.2.1 Challenges

The process of dividing the data material into different themes was one of the challenges. Often I experienced that one quote could fit with several themes. Therefore I had to justify why that quote ended up under that theme. This process also helped me clarify the different themes, and to understand what the research participants were telling me.

During the analyzing of the interviews I sometimes got confused. It was difficult to trust my own skills as a researcher, but it helped getting feedback from other students and from my supervisor. Often a confirmation that my analyses was going in the right direction, was all I needed. Strange as it may seem, I had the experience that the meanings in the interviews just waited to be discovered. Analyzing the interviews gave me a holistic view of the data material, and instead of putting the quotations into different categories, as a never changeable box, using the word “theme” felt much more suitable.

3.4.2.2 The process of identifying themes

In order to identify themes I read through the interviews separately, and wrote down keywords from the different sections. After a while I realized I had not considered which lenses I looked through at the transcriptions. Then I thought “So, what now? What do all these keywords mean?” Through conversations with a co-student, I found that it could be a good idea to go through the interviews again, and look for the meaning in each sentence. This is what Giorgi in Kvale, Brinkmann et al. (2009) does in his phenomenological analyzes, try to get to the meaning of what is said. At first this was hard, but it helped to have something to look for. Here are a few examples: One of the research participants said: “*She appreciated that I was direct with her.*”, “*I use a lot of humor.*” and “*I believe in following my intuition.*” Going through these and similar statements closely, I realized that they all described the therapists way of behaving towards their clients. I call this theme: “Therapists ways of being”.

Another example: “*I have experienced sitting on the other end of the table in different settings, both as a father and as myself in different settings*” (Reidar), and “*I have experienced a break up with children some years ago. (---) I think I have a special competence in this field*” (Helge). Both Reidar and Helge talk about their own experiences in life, and they see these

experiences as a resource in their practice as family therapist. This theme I call: “Using own experience”.

Last example; *“So to build a relationship and make the client want to come back, these are my two main goals in the first session” (Reidar). “So I think I can use a bit of humor. (---) And in some situations I use some time to make people experience that this is not dangerous” (Elsa). “It didn’t take long before I noticed that she appreciated me being so direct” (Reidar).* All of this can in my opinion be connected to ways of building trust with the client. Based on what Reidar and Elsa talk about here I have labeled this theme “Building trust”.

Later I saw that “Therapists ways of being” could be a theme covering both “Using own experience” and “Building trust”. I understood that it was important for me to put away my thoughts regarding the content, and to look for what was really said in the interviews. When I read the interviews again I wrote down my own thoughts, which could be useful in the discussing part. I also wrote down emerging themes by asking myself “What is this really about? What theme may this sentence or sections belong to?”

In the same way as mentioned above, I also found the other themes. I will now present most of them here before I show how I reorganize them. The themes were “Professionalism”, “Power”, “Humanistic existentialistic”, “Holism”, “Eclectic”, “Inner dialogue”, “Curiosity”, “Good therapy”, “Feelings and its role”, “Empathy”, “Modeling”, “What are feelings”, “Countertransference”, “Feelings in between”, “Human potential” and “Methodological choices”.

During the process of finding and exploring these themes, an emerging main theme also grew before me and showed itself. The research participants also mentioned in different ways that a main challenge is often about keeping a balance in therapy, regardless of talk about methods, strategies or ways of attending to situations. One research participant mentioned that it is often a balancing act between keeping feelings for oneself, and talking about own feelings with the client. Another example is when it is good for the client to be challenged, and when the client just needs to be supported. I asked Reidar about how he dealt with his own feelings in therapy and he said; *“Yes, good question, because that is in a way an art of balance. I think that therapy sometimes have an element of artistry in it.”(Reidar).* This made me think of the therapist’s job as “The art of balance”. I understood it as something that is moving and something that can change. When this theme emerged, I realized that all the other sub-themes in one way or another could be linked to the “Art of balance”.

The next step in the analyzing process was to compare the different themes and look for similarities in order to put together new groups with a broader label on. From having many “small” descriptive themes, I linked them together and put them in two main groups with new name tags:

“ (---)Then it is about sensing the interaction between my feelings and your feelings and what that is, it is an recognition that we are not neutral, it is an recognition that it is not a profession meeting clients, but that it is human meeting humans” (Elsa Quote 1).

It is all about humans meeting humans! As I see it a humanistic existentialistic and holistic view of people, the therapists eclectic methodical choices, how the therapists view professionalism and how they use their own experiences in meeting with clients all fits under the main theme “Human meets human”.

Due to this sentence from one of the therapists the themes “Humanistic existentialistic”, “Holism”, “Eclectic”, “Professionalism” and “Using own experiences”, were linked together under the main theme “Human meeting humans”. Later I reorganized the themes into “Therapist orientation” with sub-themes “Human potential”, “Methodological choices” and “Good therapy”. Likewise “Therapists ways of being” got the sub-themes “Building trust” and “Using own experience”. “Professionalism” ended up standing alone under “Human meeting humans”.

I went through the same process with the remaining sub-themes. What can link them together? I saw that the remaining sub-themes could be linked to how therapists see and relate to own feelings. Because of this, “Inner dialogue”, “Modeling”, “Countertransference”, “Empathy” and “Feelings and its role” are placed under the main theme “Meeting with own feelings”. I divided them like this: “Feelings and their role in therapy” with sub-themes “What are feelings?”, “Feelings in between”. And finally the last theme became “Ways of dealing with feelings” with sub-theme “Inner dialogue”.

3.5 Ethical considerations

Ethical considerations have to be thought about during the whole research process (Kvale, 1997a). As a researcher it is important to know what kind of ethical dilemma that can show up in the different stages of the research process. The first I did in this study was to apply Norwegian Social Science Data Services (NSD) and get the research approved (Appendix F). In this process I also wrote an informed consent (Appendix D), which gives information about the study and the research participants’ role. After getting the informed consents from the research participants,

more information was given about the process of anonymity, confidentiality and about the study in general.

“Most types of qualitative research are ethically sensitive because they involve some form of relationship being developed between the researcher and research participants (...)”

(McLeod, 2011; p. 65). I want to stress that my research participants are the number one most important part to highlight regarding ethical considerations. They are very brave volunteering for my research, and I owe them to present the research in a way that they are satisfied with. During the interviews I felt that we had a good connection, even when talking about issues that wasn't easy for the research participants to talk about. It was important for me that this closeness showed also through the analyzing process, and that the research participants could recognize the same understanding from my side in the analyzing part. This was challenging because I had to balance between what I thought was most important for the research, and what I thought was most important for the research participants.

Through member checking (Maykut & Morehouse, 1994) I gave my research participants the opportunity to give me feedback on how they understood my writing and interpretation of the interviews. I sent my presentation of findings chapter to the research participants and encouraged them to read through it. In this way the research participants got the opportunity to correct me as Maykut and Morehouse (1994) point to. This is also highlighted by Lincoln and Guba in Creswell (2007) as the most important technique for establishing credibility in the research. The research participants said that they agreed with what I wrote and that it was nice to read.

3.6 Quality in the study

In addition to the ethical considerations that have to be taken, there are other important issues qualitative researchers have to address. Kvale (1997b) write about quality in qualitative research, and point to generalizability, reliability and validity as the holy scientific trinity. These concepts are often considered of a positivistic character, but Kvale (1997b) tries to give the terms a meaning that fit into today's qualitative research. I will here describe how I consider these terms in regard to the work of this thesis.

Generalizability, to generalize the results from one case to a bigger population, is not a goal in this research. The knowledge shared is closely connected to a particular place and time, however, the knowledge can be transferred to other similar situations (Postholm, 2005). This is called naturalistic generalization (Kvale, 1997b; Postholm, 2005). When the reader can recognize

his/her own situation in the descriptions, and the experiences and the findings in the text can be seen as useful for his/her own situation, it may generate new ways of seeing and interpret the field of practice (Postholm, 2005). In order to explore the findings in a best possibly way, thick descriptions are used (Creswell, 2007; McLeod, 2011; Postholm, 2005). These are rich descriptions which makes the reader able to consider the research transferability.

Reliability has to do with dependability (Kvale, et al., 2009; Postholm, 2005). The question is if the research be trusted? To assure this I have presented my awareness of own subjectivity, as Postholm (2005) points to. Through the method chapter I have shed light on my background as a researcher, as Creswell (2007) underlines, and tried to describe the choices I have made when working with this thesis. I have tried to make my work transparent, and I hope that this gives the reader an understanding of which lenses I have been looking through during the process of writing this thesis, so that the reader him/her-self can consider the reliability in the study. Kvale and Brinkmann (2009) mentions that reliability can also be understood as whether the results can be reproduced in another time by other researchers. They question this because a high reliability may counter creative thinking and variation, like the interviewer following his/her own style, improvising during the interview and following sensations along the way. I agree with Kvale and Brinkmann (2009) and think that this research cannot be reproduced in exactly the same form, because of my subjective influence in the research process. I do not think this makes my findings less important.

Validity focuses on whether the research is credible: am I actually examining what I intended to examine? (Kvale, et al., 2009; Postholm, 2005). I have used triangulation in order to corroborate and support my findings. Triangulation is a method of providing corroborating and supporting evidence for your research by using different sources, methods, investigators and theories (Creswell, 2007; Postholm, 2005). This research have continually been compared and corroborated by different up to date theories and earlier research. Also member-checking, described in the ethical considerations, was an important tool to assure that my research is corroborated by others.

4.0 Presentation of findings

I have now described how the interviews were conducted and how I have chosen to delineate and divide the data material through the analyzing process. In this part of the thesis, the focus will be on the findings, illustrated with concrete quotes. In this way I will present the meaning that the research participants have shared in the interview. When working on presenting the findings, it was important to have the research question fresh in mind: *How does self-awareness help family therapists manage their own feelings during meeting with clients?*

Elsa points to several issues central to this research and it works as an introduction;

“ (.....)Then it is about sensing the interaction between my feelings and your feelings and what that is, it is a recognition that we are not neutral, it is a recognition that it is not a profession that meets clients, but that it is humans meeting humans” (Elsa Quote 1).

4.1 “Human meets human”

“Human meets human” is one of the meta- level themes. This theme contains sub-themes that may not be seen as directly connected to awareness or dealing with feelings. But through evaluation of the research participants’ statements I found that this theme provides a lens to understand how they deal with own feelings, and it also reveals what the research participants are concerned with, and what they give attention to. All of this serves as a good background for understanding their kind of thinking and awareness. The data also points to, through the research participants’ view of their clients and their own way of meeting them that this is about one human being meeting another human being.

4.1.1 Research participants’ orientation

This section is meant to be a background to shed light on the findings. It shows what kind of attitude the research participants have towards their clients, the ways in which they do therapy, and also what they think is good therapy.

The research participants have different backgrounds, but common to all of them is that they have a family therapist education. They have worked in the field for different lengths of time, from 6 to 20 and 30 years. In order to understand the research participants, presenting their choice of method can be useful. The research participants says that they don’t have a special kind of method that they follow strictly, as Elsa puts it: *“I have lived and worked for such a long time so that I now think that methods are good as tools, but not good as Masters” (Quote 2).* I

understand Elsa and the other research participants as what they are doing is that they at any time focus on what they perceive as the clients' needs. In other words, they have an eclectic or integrative attitude to methods.

The research participants' orientation can also be shed light on by Helge, who says that the clients are the experts on their own life and that he thinks that everyone has a human potential that lies within. Helge also mentions that people have everything in themselves, all the pieces are there, and all that is needed is to place them in their right positions. *“People already have everything in themselves; (...) it is about finding the pieces and putting them in the right position” (Quote 3).*

The presented issues can provide a good background for understanding how the research participants think about their clients, and this can be linked to what will be presented in the next section, where the focus will be on what a good therapeutic session is.

4.1.1.1 Good therapy

The research participants refer to how the clients can be understood, and use different concepts that in my opinion describe the same phenomenon, namely what good therapy is to them. I will highlight the research participants' use of “blank sheets”, to see the whole person and being curious when meeting the clients, to present their views.

The research participants express that they all give their clients “blank sheets”, and they explain this by saying that they don't want to be prejudiced by referrals or by what other therapists think of their clients.

The research participants have emphasized different aspects connected to the notion of seeing the whole person. Elsa, for instance, points to the importance of people feeling seen, understood and challenged:

“I think that good therapy is for me when people feel that they are seen and understood and challenged. A suitable amount of challenged, (.....). I believe more and more that they [clients] should be seen on their feelings, not only on what they mean. Opinion or opinions and thoughts, that is a bit superficial if you don't get in touch with the feeling” (Quote 4).

This quote also shows that Elsa thinks feelings themselves are central, and that feelings are a natural part to pay attention to in order to see the whole person and have a good therapeutic session. In section 4.2 feelings will be more closely described.

Helge says that he tries to make himself and the client working together as equal partners, rather than him being the expert. He also mentions that he tries to be curious “*which implies an open attitude regarding me not automatically understanding people*” (Quote 5). Helge describes that his curiosity contains an open attitude and an awareness in him about the fact that he doesn't automatically understand people. Reidar also talks about curiosity as a capacity in the therapist that needs to be in place in order to have a good session.

I have now pointed to a few issues that describe how the therapist tries to create a good therapy session. Summarized, it is about seeing the client as a whole person, not being prejudiced, and the use of curiosity as a tool to reach the overarching goal. The rest of the sections within “human meeting humans” will also go deeper into what the research participants think is good therapy. First we start with the research participants' way of being with the clients.

4.1.2 Research participants' way of being with clients

Through the interviews I got a lot of information about the research participants' way of being with their clients, and what they think is important for having a good session. In the following I want to present two aspects that can shed even more light on my research question, namely how the research participants build trust and use their own experience in therapy.

4.1.2.1 Building trust

Underlying the research participants' expressions I found what I see as different ways in which they manage to build trusting relationships with their clients. In this section some elements I see as representative for building this trusting relationship will be presented. For instance quotes about how the research participants give meaning to what clients express and how they use humor, confrontation and modeling in meeting with clients.

The research participants use different approaches in their work to do what I would call building a trusting relationship with their clients. They all say that they try to take responsibility for their own feelings in meeting with clients, and Reidar talks about “modeling” as one way to do this. He also says that being present with his whole self is to provide the clients with a space where they can let their feelings show: “*I think that I often experience that this gives space for others, and in a way, let their feelings be expressed in the therapy room. That it is kind of a modeling act*” (Quote 6).

The research participants also talk about checking their understanding with their clients, which is more closely described in “ways of dealing with feelings”, but can also be seen as a way to build a trusting relationship with clients. Helge talks about using his curiosity in order to try to give meaning to and clarify what clients say, and in his shows the kind of work he is willing to do in order to understand his clients. “(...) *try to give it meaning, what they say. (...) as much as possible avoid having people feel that they are met with judgment or a rejection*” (Quote 7). This can also be linked to giving the clients “blank sheets” as mentioned before. The therapist gives the client an opportunity to not be judged, and rather be met with an open mind.

Both humor and confrontation is mentioned by the research participants, and can be seen as tools in order to build trust with the client, even though they may seem to be very different. Elsa can exemplify this when she talks about using humor in this way: “*So I think I can use a bit of humor. (...) And in some situations I spend some time on making people experience that this [the therapeutic session] is not dangerous*” (Quote 8). The research participants also point to that being direct with their clients, and sometimes confront them, may be necessary, and an example of how to do this is when Reidar says: “*It does something to me when you talk to your wife like that*” (Quote 9). Here Reidar is direct with his clients by using himself and his own feelings as reference. This can be seen as him taking responsibility for his own feelings, as well as modeling how one can deal with what comes up in oneself, by simply pointing to how a situation makes him feel.

4.1.2.2 Using one’s own experiences

The research participants all describe how they use their own personal experience in meeting with clients. They see their life experience as a competence on its own, and they use it.

“I have experienced a break up which include children some years ago. (...) I think I have a special competence in this field. I have had the bodily experience of how it is to miss someone and be insecure, and those periods when it feels very unsafe” (Helge Quote 10).

Helge also mentioned that this happening in his life affected how he listens. Reidar has in the same way experienced sitting on the other end of the table in different settings, both as a father and as himself. And he describes the difference in the experience of a therapist that is engaged and one that is not engaged in trying to get to know him. He says that he has managed to use his own experiences in meeting with clients, and integrate the experience as part of his role as a therapist, which he hope can be helpful for people.

Elsa talks about recognizing some topics in the conversation that she don't like because it is too close to her own life. She has an ability in recognizing own feelings, and is aware that her own life experiences do influence how she relates to different themes.

Reidar has experienced a shift in focus, and he now recognizes his body as a natural starting point when meeting clients. Reidar also mentions that he after some time has learned to trust in following his intuition. This raises a question in me: "Does it take some experience to trust the feelings in your body, and your intuition as a therapist?"

"(...) I have to a bigger extent the last years, my starting point has more and more become things that I feel in my body. Distress, yes it can also be comfort or joy, that there are a kind of joy or expectation" (Reidar Quote 11).

The research participants use their own personal experience in meeting with clients; this can be closely linked to the notion of professionalism and being private versus being personal which is the next section.

4.1.3 Professionalism and the art of balance

In this section I will go deeper into some of the themes the research participants mentioned as professional issues. Taking responsibility for own feelings, the balance between being private and being personal, not getting too close to the clients and the notion of power are some issues emphasized here. I understand them as all connected to the art of balance.

"The conversation is much more than just words" (Quote 12), Reidar says, and this shows a way of thinking that sees the bigger picture, a therapist who thinks holistically. This is a quality that can be found with all the research participants in this research, and in different ways it will show through this thesis.

"Professionalism is many things, it is one thing to be competent at your subject, but another thing is to be competent in the mastery of your own feelings and emotions" (Helge Quote 13). Taking responsibility for one's own feelings is also mentioned by Elsa and Reidar. Elsa expresses that it is professional to take responsibility for own feelings, and that it may be of help in therapy by not making the client feel accused. This is elaborated by Reidar. He reveals that he three times has fallen in love with clients. Two times he has ended the sessions, but the last time he sought guidance. He tried out different solutions in order to learn how to cope with his own feelings. Reidar is ready to seek guidance for himself, that means he takes responsibility for own

feelings and does something about it. This is also closely connected to the notion of being professional versus being personal.

“Sometimes I have been wondering what in that despair and pain are professional and what is maybe a sign of me being to close. Do I feel too much pain now?” (Quote 14). Reidar talks here about being in clients funerals when working in psychiatry, and this quote points again to the art of balance. It raises a question: How to know when one is getting too close to the clients?

Reidar describes that he has never given up on a client because he couldn't stand the person. He also says that it has not been the person but the situation that may have created a feeling of disgust in him. This make me think of Reidar as a therapist willing to try to understand his clients. This is also a balance, because as Elsa mentions, sometimes one have clients with problems that touches something in you as a person. The problem may be too close to the therapist own life and make it hard for the therapist to manage the issue in a professional way. There comes the balance again, when is the problem too close for the therapist, when is it best to step away and let other therapists take over? This is an ever ongoing “seesaw” that the therapist needs to keep in balance.

Last I have to mention Elsa who talks about human meeting humans, and the notion of power;

“And it is challenging to go into this field with own feelings and the others' feelings because we must not fool ourselves into believing that there are no difference between us. Because with regard of position, I have a power position in relation to the person that are asking for help” (Quote 15).

This can be seen as the importance of being aware of own role as a therapist. And as Reidar points to a professional attitude still implies that you are human in a way, and that there is something real about you. That one in the role as therapist also is oneself as a human being. As I understand this, he means that professionalism is also about showing some humanity, for example feelings, and that showing humanity can be a good therapeutic tool. And this again points to what Elsa said that sharing own things is an art of balance, for how to do it inside a professional frame?

4.2 “Meeting with one’s own feelings”

This main theme covers how the research participants see and relate to their own feelings.

“Feelings and their role” contains reflections around how they understand feelings in general and

how the feelings between therapists and clients can be seen. “Ways of dealing with feelings” will describe how the research participants deal with their own feelings in meeting with clients. A tool used by all of them is inner dialogue. This inner dialogue results in the therapists making choices about how to handle the situation. Three different examples are highlighted here. Reidar talk about seeking counseling, Elsa and Reidar talk about checking their understanding with the clients and Helge talk about awareness of own breath.

4.2.1 Feelings and their role

4.2.1.1 What are feelings?

Here I will point to what the research participants think feelings are and their role in meeting with clients. The research participants all agrees that feelings are very important, and that it is what gives meaning to life as Helge puts it, and what make us able to differentiate. Elsa says that feelings are knowledge; it is a story about oneself. These feelings are not right or wrong, but they can be bad or good. She points to that feeling are reactions that sit in the body; *“Feelings occurs in situations, it is something that can be raised awareness on, (...), it is something that can be felt in the body, (...), it can be expressed both bodily and you can tell about it”* (Quote 16).

Helge sees feelings in relation to emotions. He expresses that feelings are of the basal neurologic kind, something that you have with you when you are born. Like the feeling of hunger or the feeling of getting hurt when one falls. Emotions are more socially learned, like being offended, provoked.

Reidar says that it is easier to feel and see than to talk about feelings. He says that for him feelings are often something he can feel and “smell”, and that he trusts his feelings more than the words being spoken, because as he says; words can mislead you and convince you that your body is wrong. Helge points to that feelings can be pre linguistic, and that the language organizes feelings: *“But I think that we often use our language to identify, differentiate, organize experiences, isn’t that right? And experiences are, experiences are both facts and feelings I think”* (Quote 17).

Finally I will mention Helges comment and critique to one part of feelings role in today’s therapeutic settings. He says: *“Feelings have eventually gotten a mandate. If one feels something then its right. I don’t always agree with that.”*(Quote 18). He tells about parents fighting over

their children, and that it often becomes a fight for own feelings. Sometimes what is needed is to put own feelings aside and let others feelings into the light. But as he said, that can be very hard.

4.2.1.2 Feelings in between.

Feelings between therapists and clients can occur suddenly. By paying attention to own feelings, Helge and Elsa are able to use their feelings as a base for understanding their clients. Elsa highlights that their feelings may be triggered by issues that they are not aware of.

Reidar talks about what may trigger feelings in him as a therapist, and he mentions details like movements and shifts in body language. He also says that he often uses these details actively in meeting with clients: *“(...) so it is surprisingly often details, not necessary what we talk about, but what happens in connection to the conversation, that sometimes gets even more interesting than the words” (Quote 19).*

Elsa also emphasizes the importance of clients being seen on their feelings: *“I believe more and more that they [clients] should be seen on their feelings, not only on what they mean. Meaning or meanings and thoughts, that is a bit superficial if you don't get in touch with the feeling” (Quote 20).* As I understand Elsa here, she points to that getting in contact with ones feelings can help one get deeper into the essence of the problem.

Helge and Elsa both describe what I have called their ability to empathize with their clients. They perceive how others are doing by using their own feelings. Helge says that therapists' feelings can be used as a foundation for empathy or understanding. Elsa describes it this way: *“I am in contact with (and recognizes) what I feel of different feelings, and that that [Elsa's feeling] is what also lives of feelings in that family” (Quote 21).* Said with other words Elsa understands her own feelings that come up in meeting with this family as mirroring the feelings that the family members have. Helge also mentions this when talking about feeling powerlessness, that it may be a mirroring of his clients feelings. He says that he tries to put into words his own experiences, and often the clients' reaction to what he says give him an indication on how the clients are doing.

The feelings between therapist and clients can also be connected to the notion of countertransference feelings in therapy. It is about unaware issues in the therapist that can be triggered by something that the client say or do, in which releases the therapists feelings: *“I think that all therapists can meet clients where they are remained of more or less aware themes that concerns them and that can trigger their feelings” (Elsa Quote 22).*

4.2.2 Ways of dealing with feelings

In this section, we will get into the most noticeable way the research participants deal with their own feelings. They all have an ongoing inner dialogue during meeting with clients. Elsa and Reidar also point to how this inner dialogue requires a certain balance, and Reidar thinks that therapy has an element of artistry in it.

4.2.2.1 Inner dialogue

The research participants all talk in different ways about having an inner dialogue during meeting with clients. Elsa describes how she manages her own feelings in meeting with clients: *“Most often I “take it out” afterwards or I can have a conversation with myself in the room, an inner conversation that goes parallel” (Quote 23).*

Elsa mentions that this inner conversation it is about keeping a balance, between feelings that are inappropriate to share and other it can be reasonable to confront the client with, for instance by saying that I feel that what you say now is provoking. Or like Helge who explains that when he feels powerlessness it can be good for his clients to hear, and sharing with his clients often becomes good therapeutic interventions. Helge, Elsa and Reidar talk about this differentiation and how to identify- is this about the persons sitting here or is it also about the relationship between me and her, between me and him or likewise. It can also be about issues that are outside the therapeutic room, in the therapist’s life. Elsa thinks this is a job that every therapist need to be aware of all the time.

Helge states that this inner dialogue determines how he comments on what he sees. And Elsa expresses that it is easier to put issues aside when one can identify them and understand what they are about. Elsa also recognizes that therapists are humans meeting humans, and that it is natural to recognize some things in the client as closer to oneself.

The research participants have different ways of handling issues that arise through this inner dialogue, and during the interview, three different examples were shared. I see the next three sub-themes as results of such an inner dialogue.

Seeking counseling

Talking about one’s own feelings impacts on decision making during meeting with clients, Reidar says; *“(…) I have fallen in love with a client, a woman” (Quote 24).* He reveals, as described in section 4.1.3, that he three times has fallen in love with a client. Reidar also

expresses that he wished to solve this problem, not just by quit working with this client; he thought that there may be another way to do it. Reidar doesn't know if he will do the same again in a similar situation, but so far he hasn't experienced it again. He also says that sharing this issue with a person he has trust in gave him some sort of gained control, and all in all he thinks the therapy with his client became very good.

Checking with clients

The research participants also talk about checking their own understanding of what the clients talk about, of the problem or the situation, with their clients. For instance Helge often makes sure that they talk about things that are important to the client by directly asking. Elsa expresses that she has been practicing the skill of looking at people and comment and clarify if what she sees is right. She is checking whether the physical expression matches what the client thinks and feels: *"If I get annoyed, then I try to investigate, is this something you [the client] are experiencing often, that others get annoyed you?" (Quote 25)*. After the inner differentiation that is described earlier, she can use her own feelings to understand how this client is perceived by other people.

Awareness on breathing

Helge describes an experience when he discovered that he sat on the edge of his chair trying to solve his clients' problem. He knows that taking this position makes him feel worn out and tired, and he forces his client into a role where the goal is to find a solution to the problem. To avoid this he tries to become aware when he sits on the tip on his chair, and rather lean back and try to breathe with his stomach. He explains that for him this is about reconstituting his curiosity.

4.3 Summary

Through the interviews the research participants shared many different aspects of their work as family therapists. I have now tried to delineate and show the issues I find to be most important in answering the research question. The research participants show through examples from meeting with clients their kinds of attitudes towards clients, feelings and therapy in general. They all highlight the importance of being aware of their own feelings being a therapist, and the examples in section 4.2.2 shows how the research participants deal with this in meeting with clients, and the kind of awareness they have developed. This will be discussed in the next part of the thesis.

5.0 Discussion

5.1 Introduction to discussion

I have now presented my findings and illustrated them with some concrete quotes. In this next part of the thesis I will discuss my findings related to relevant theory. Most of these theories are presented in chapter 2, but some places new theories and newer research, have been used in order to shed light on different perspectives. Through the process of discussing there has been many choices to make, and the choices have influenced how topics are presented and from which point of view issues are discussed. This makes it important to have in mind my role as a researcher, as described in the method section.

The discussion is divided into two main parts. Section 5.2: “Human meets human” and section 5.3: “Meeting with own feelings”. By using relevant theory section 5.2 discusses the themes research participants’ orientation, how they build a trusting relationship, the importance of knowing thyself and professionalism. Section 5.3 is further divided into two sub sections. First, in section 5.3.1 feelings and their role will be discussed by using relevant theory, and then in section 5.3.2 ways of dealing with feelings will be discussed by using relevant theory and especially awareness-theory.

5.2 “Human meets human”

So what have I found? Looking at the findings, I see that the lens that the theme “human meets human” offers gives an important background to the way the research participants think about their work and helps us understand their kind of awareness. Elsa gives us a nice perspective for understanding what “human meets human” is all about:

“ (---)Then it is about sensing the interaction between my feelings and your feelings and what that is, it is a recognition that we are not neutral, it is a recognition that it is not a professional meeting clients, but that it is human meeting human” (Elsa Quote 1).

This can be discussed in light of what Skau (2011) writes about, the difference between being personal and being professional. She points to that one has to dare to be touched by the other person, and use oneself as a fellow human being in a way that can also touch the other (Skau, 2011). This is not straight forward and can be discussed, because as Buber (Hycner & Jacobs, 1995) points to, the relationship between a therapist and a client is a “one-sided inclusion” where the therapist wants to understand the reality of the client, but the client does not strive to do the

same towards the therapist. The therapist is the person responsible for facilitating a real meeting between the two (Hycner & Jacobs, 1995). I agree with both Skau and Buber, and think that both perspectives can be valid at the same time. One has to be aware of the imbalance that the relationship contains but at the same time strive to meet the other person as a fellow human being.

5.2.1 Research participants' orientation

Choice of therapeutic method can be seen as the framework from which a therapist works. "*I have lived and worked for so long so now I think that Methods are good tools, but not good Masters*" (Elsa Quote 2). The research participants all agree on this way of using and seeing methods, and it can be seen as closely related to the view of the gestalt therapists. Perls (Hycner & Jacobs, 1995) focuses on gestalt therapists using their own personal experience and their professional skills integrated and accumulated in their relationship with their clients. This point of view is shared by all the research participants. Rogers (Thorne, 2003) experienced that reliance on theory may lead to a situation where the therapist attempted to fit the client into a preconceived structures rather than engaging with the clients world as he sees it. The research participants view of methods fits with both Roger's client-centered view and Pearls point of view. They are aware that different clients may need different approaches.

This can be seen in a different way. Ivey et.al (2009) strongly emphasize the need for therapists to know different methods and theories and on every new meeting with clients choose the most efficient method. Ivey et.al (2009) call this the postmodern view, and emphasize the growing awareness of its content. I think this can be seen in contrast to what the research participants, Rogers and Perls point to, because the focus on choosing the most *effective* method, can contradict what is actually good for the client.

The research participants highlight another important aspect of this. In Elsa's statement (Quote 1) it shows that this kind of method view can take some time and experience to develop. This is supported by Kvalsund (2006) who points to Sloane et.al's (1975) findings about there being bigger differences between novice helpers inside the same theoretical discourse than between experienced helpers from different theoretical directions, when it came to using different tools within the theoretical orientation. In light of this, experience seems important.

From the view on methods, I now move on to look at the research participants' view of humans. For example, Helge talks about the client being the expert on his life and he points to the

human potential that lays in us all (Quote 3). This is the same as the rest of the research participants and Rogers (Thorne, 2003) show, namely an optimistic view of human nature. An example from Rogers (1961) is that he points to that we are all humans with a capacity and tendency to move forward towards maturity. It seems like the research participants and Rogers all believe in clients' inner resources and this view is a core value in this research.

5.2.2 Building a trusting relationships

As mentioned in the presentation of findings chapter, building a trusting relationship is not a theme discussed in the interviews but rather a theme I found could cover much of what the research participants talked about. An example is when the research participants talk about using humor, I see it as a way of being genuine as Rogers (1961) points to, and this genuineness is important for making the clients feel safe. In this section the starting point will be what I understand as the research participants' ways of building a trusting relationship with their clients.

While discussing how to build a trusting relationship, Rogers cannot be missed. Rogers (1961) says that the more he can be genuine in the relationship, the more helpful it is for the client. This genuineness can be linked to Buber (1958) who writes about the importance of "I-Thou" relations between people. Genuineness can be seen as a tool for establishing this "I-Thou" relationship where others are seen as persons rather than when the relationship has the character of "I-it", which makes people objects. In this following part of the discussion different issues related to being genuine, and thereby building a trusting "I-Thou" relationship with the client, will be in focus.

The use of humor and to be direct can in my view be seen as very different tools in order to build trust with the client. These are tools my research participants use in order for the client to feel safe (Quote 8 and 9). They show the therapist as a real person, and this realness can be utilized for growth, and is an important part of being genuine as Rogers (1961) and Hycner and Jacobs (1995) point to. When the research participants use humor and are direct they show a part of themselves, and in this way they are genuine as Rogers means is essential for the client to feel safe in the relationship.

When trust and confidence have been built, Kvalsund (2006) points to that confrontation can be used in order to broaden the clients awareness. But the confidence and the trust in the therapist has to be there first (Allgood & Kvalsund, 2005). In my opinion this points to the balance between confronting to make the client aware of their own feelings and actions and

building trust for the client to feel safe. I think it is also important to be aware that being direct can be perceived as being confronting, especially if the trusting relationship have not been built. This is also dependent upon the way the therapists expresses herself.

Humor can not only be seen as a tool but also as a feeling that arises in the therapist. According to Rogers (1961) to be genuine means to be aware of one's own feelings, and also to be willing to be and to express, in one's own words and behavior, the various feelings and attitudes which exist in oneself. The feelings my research participants share with their clients can be understood as a genuine reaction to something in the room or in the therapist. As Rogers (1961) says, when this feeling is shared, the client will experience it as genuineness that in turn is essential for the relationship with the client. This is in my view exactly the same as what my research participants do when their use these tools to make their clients feel safe. This quote from Reidar shows this clearly: "*It does something to me when you talk to your wife like that*" (Quote 9). He clearly has the capacity to use his own feelings in the way Rogers claims is important in order to be genuine, and he is also direct as described above.

Helge talks about using his curiosity in order to try giving meaning to and clarify what clients say (Helge Quote 7). This can be seen in light of the empathic understanding that Rogers (1961) points to, he emphasizes a need to understand the feelings and thoughts that are in the client, and see them as he sees them. I experience all the research participants as engaged in this kind of understanding of their clients, and Helge shows that curiosity can be a tool for doing that.

5.2.3 Knowing thyself

Through the interviews the research participants told in different ways about how they use their own life experiences as a tool for understanding their clients. And as will show here, knowing oneself is important as a therapist. A family therapist will both influence and in turn be influenced by the relationship between the clients and oneself (Goldenberg & Goldenberg, 2004). Ones' own subjective experience is drawn into the meeting between client and therapist whether the therapist wants it or not (Allgood & Kvalsund, 2005). As a result of this my opinion is that it is important for a therapist to develop considerable knowledge and intimacy with oneself.

One part of knowing oneself is to be aware one's own experiences, as the research participants talk about. Their life experience is seen as a competency of its own (Helge Quote 10). Kvalsund (Allgood & Kvalsund, 2005) agrees that it is hard, if at all possible, to understand and perceive the complexity going on in the clients experiential field without having seen or

experienced similar complexities within oneself. This is the same as in the Norwegian saying “på seg selv kjenner en andre.” (Roughly: You know others through knowing yourself).

Elsa’s reflection around topics that get too close to her own life can also shed light on this. She talks about recognizing some topics in the conversation that she doesn’t like because it is too close to her own life, and is aware that her own subjective experience will affect the meeting with her clients. This is what Kvalsund (Allgood & Kvalsund, 2005) points to as important when he says that it is necessary for a therapist to have knowledge about the interactive process that are created between the therapist and the client. Elsa is aware of her subjective role in this relationship. How one can become aware of these subjective experiences is discussed in section 5.2.2.

The importance of working on one’s own personal growth is necessary as Kvalsund (Allgood & Kvalsund, 2005) puts it. Rogers (1961) points to the same when he says that working on personal growth helps one to develop the empathic attitude that is essential in meeting with clients. My view is that personal growth is closely connected to the notion of knowing oneself, and it can be linked to the notion of self-awareness discussed in section 5.2.2.

The research participants use their own personal experience in meeting with clients; this can be closely linked to the notion of professionalism and being professional versus being personal which is discussed in the following section. As Kvalsund puts it: (---) *I will argue that “know thyself” is of the deepest importance in order to develop professionalism* (Allgood & Kvalsund, 2005, p. 110).

5.2.4 Professionalism and the art of balance

“Professionalism is many things, it is one thing to be competent at your subject, but another thing is to be competent in the mastery of your own feelings and emotions” (Helge Quote 13).

In this section I will discuss the managing of one’s own feelings and being professional vs. being personal, as they both can be seen in relation to professionalism and the art of balance that is required for being a professional therapist. This will be further described.

All the research participants highlight the importance of mastering their own feelings in order to be a professional therapist. As mentioned before, Rogers states that as a therapist one has to be aware of one’s own feelings, and be able and willing to express, the various feelings and attitudes which exist in the therapists. This is essential to make the client experience you as genuine in the relationship (Rogers, 1961). Rogers also highlights that it is important that what is

said matches with the feelings in the therapist. If this is done, the therapist can be seen as fully open to what the client is bringing into the meeting and thereby she can use herself as an instrument in the process (Løvlie 1982 in Allgood & Kvalsund, 2005). The research participants try to do this and talk about tools such as using inner dialogue, seeking counseling and checking with clients to deal with their own feelings. This is more closely discussed in section 5.2.2.

“Sometimes I have been wondering what in that despair and pain is professional and what is maybe a sign of me being too close. Do I feel too much pain now?” (Reidar Quote 14). Skau (2011) and Hycner and Jacobs (1995) write about the importance of letting oneself be touched by the other person. Buber elaborates this by saying: *“The therapist must feel the other side, the patient’s side of the relationship, as a bodily touch to know how the patient must feel”* (Hycner & Jacobs, 1995, p. 218). Buber calls this process “inclusion” and explains that it is about imagining the reality of the other and in oneself and at the same time retaining one’s own self-identity. As Reidar expresses, it is hard to know how to manage this polarity and to know where the limit is. Further, this will be shed light on by looking at the difference between empathy and sympathy, and being professional versus being personal.

Empathy and sympathy are often used interchangeably (Lichtenberg, 2005). Seen in a therapeutic setting, Lichtenberg points to empathy as essentially value-free and that the empathic mode of perception is a mode of investigation. This means that seen as a technique in the meeting between therapist and client, empathic listening is central for the therapist to gain knowledge of the clients’ inner world. Sensing into the client’s inner world however, may awaken feelings of sympathy in the therapist, like Reidar who experienced the feeling of pain for the clients’ situation. As I see it he then lost the important limiting attitude of investigation that empathy contains. Reidar’s experience can also be seen in light of professionalism, which is closely described in the next section.

Skau (2011) talks about the border crossing between being personal and being professional. According to her, being personal is not in contrast to being professional, but there are different ways of being personal in private and public settings, and being a professional requires that one know these differences in one’s own culture and act accordingly. How can one learn to know these differences? This can in my opinion be linked to Kvalsund (2005) who highlights the importance of having a practice at the working place where awareness of feelings’

power and effects are discussed. A place where issues like this can be shared and discussed must in my opinion be helpful for every therapist in order to develop their own professional attitude. Finally, to be professional will mean that the objective external knowledge becomes integrated as part of the self-structure (Allgood & Kvalsund, 2005). Reidar exemplifies this when he says that he has managed to use his own experiences in meeting with clients, and integrate the experience as part of his role as a therapist. This can be shed light on by Kvalsund (Allgood & Kvalsund, 2005) who says that without the person there is no professionalism. It is important that the professional self and the personal self is not separate entities (Allgood & Kvalsund, 2005).

5.3 “Meeting with one’s own feelings”

The research participants describe in different ways how they see, relate to, and manage feelings during meetings with clients. In this part of the discussion, feelings and their role will first be discussed by looking at how the research participants think of feelings and what role feelings have in the meeting between therapist and client. Then, the research participants’ ways of dealing with feelings will be discussed.

5.3.1 Feelings and their role

The role of *feelings* in therapy settings has changed. “*We all know that emotions are useless and bad for our peace and mind and our blood pressure*” (B.F. Skinner (1948, p.92) in Niedenthal, Krauth-Gruber, & Ric, 2006). This shows the kind of thinking that flourished in the intellectual world up to about 1970 (Niedenthal, et al., 2006). Emotions were seen as damaging the more desirable and lofty processes of reason. But then, in the 1960s, experimental psychologists started to recognize that emotions are fundamental to human social behavior. It was also noted that the communication of emotions can help clients get more adaptive behavior (Niedenthal, et al., 2006). This leads us to this section about what the research participants think about feelings.

5.3.1.1 What are feelings?

Elsa describes that feelings occur in situations and they can be felt in the body (Quote 16). She does not differentiate between emotions and feelings in the same way as Damasio (2002) and Helge. Damasio (2002) argues that emotions are reactions in the body, and feelings are private interpretations of emotions. Helge, however, say that emotions are socially learned and expresses that feelings are of the basal neurologic kind, something that you are born with. This shows the current disagreement that exists within the field of therapy and psychology. There exist many

ways to define feelings and emotions, as Kvalsund (2005) points to, and people often use the word emotion and feelings interchangeably. With this in mind I have in this thesis used the word feelings to cover both feelings and emotion.

The research participants see feelings as important in the meeting between themselves and their clients. Helge says that feelings are what gives meaning to life and what make us able to differentiate. I think differentiation in this setting can mean for example differentiate between good and bad experiences. Oatley and Jenkins (1996) confirms this by saying that emotions are the center of human mental life and they link what is important for us to the world of people, things and happenings. As I see it feelings can therefore be used as a door into the important issues in a clients` life. These feelings are subjective, which means they can only be felt by oneself and no one else (Grendstad, 1996). Because of this, feelings cannot be put in boxes like right or wrong, bad or good, like Elsa also points to.

Reidar says that it is easier to feel and see than to talk about feelings. This can be seen in light of Kvalsund (2005) who points out that feelings as a bodily experience were present long before we could put labels on them. The baby does not know that it is “anger” it is feeling, but when the baby learns to speak and learns to put its feelings into words, it will learn that “anger” can be connected to this feeling inside him/her (Kvalsund, 2005). Helge recognizes this when talking about how feelings can be pre linguistic and that the language organizes our feelings (Quote 17). Even though one may feel something, persons can to a varying degree have the ability to be aware of their feelings and talk about them (Kvalsund, 2005). Reidar shows through the findings that he tries to be aware of own feelings, but as he says, he finds it harder to describe them with words.

5.3.1.2 The meeting and feelings in between.

In this part of the discussion feelings that arise in the meeting between clients and therapists will be in focus. The importance of recognizing clients` feelings and how therapists can facilitate this process by themselves sharing and being aware of their own feelings will be discussed.

Both Helge and Elsa describe that in meeting with clients they experience their own feelings functioning as a mirror for the clients` feelings (Elsa Quote 21). As I see it, this shows a kind of connection that exists between people and it seems we are connected to each other through all our senses (McCraty, et al., 2009). This can be seen in relation to the different kinds of meetings happening in the space between us, as Teigen (2011) points to. This meeting can for

example be a meeting between bodies and signals, between selves that reside inside the bodies, between zones or boundaries. It can also be a meeting between the electromagnetic fields that our heart produces, as McCraty et.al. (2009) points to. Our emotions can, according to McCraty et.al (2009), be seen as a heart state. They measured it and found that this state will not only have a significant impact on the body and brain but also generate a field that can be detected by other people.

Elsa talks about the importance of clients being seen with their feelings, not only on what they mean (Quote 20). As I see it, Elsa points here to the difference between feelings and cognition, which can be seen in light of Kvalsund (2006) who points to that feelings have importance and affects ones self-understanding. For example feelings will influence ones` own evaluation of what one can do and be in this world. As I understand Elsa and Kvalsund (2006), they point out that getting in touch with ones feelings can help in order to get deeper into the essence of the problem.

As discussed above, seeing clients with their feelings is important, but how can the therapist facilitate this in a way that makes feelings become a part of the conversation? Reidar describes that him being present with his whole self, gives the client space for letting their feelings show (Quote 6). He explains this as a kind of modeling act. As I understand Reidar, when he manages to use his whole self with both his feelings, thoughts and behavior, the clients feel free to do the same. Another example is that both Reidar and Helge try to share their feelings with their clients (Reidar Quote 9). Helge says that when he feels powerlessness in his thoughts and feelings it can be good for clients to hear that. These examples can be linked to Hycner`s (Hycner & Jacobs, 1995) story where he shows that what is really working in therapy is that the therapist is real. Being real and putting into words how the therapeutic situation makes you feel as a therapist, is of invaluable importance. When the therapist dares to show vulnerability and thereby acts as a real person, it makes the client able to show his realness as well. It seems from what the research participants are explaining that to show ones vulnerability by sharing feelings is wise, and a way of being genuine in the relationship as Rogers (1961) talks about.

Elsa says that therapists can meet clients who stir up unaware issues in the therapist, and in this way trigger their feelings (Quote 22). She points to the notion of countertransference which is an important issue in the therapeutic relation that therapists needs to be aware of. When the therapist is not aware of what is influencing her in meeting with clients, these feelings can

make her get out of her role as a therapist (Zachrisson, 2008). For example, a usual way that countertransference manifests itself is by therapists avoiding or withdrawing from the client and his material (Gelso & Hayes, 2007). In the next section what the research participants have described about how feelings can be managed, will be discussed.

5.3.2 Ways of dealing with feelings

Reidar says that to deal with his own feelings in meeting with clients is an art of balance, and that he thinks that therapy has an element of artistry in it. This gives a background to keep in mind when reading the rest of the discussion. The research participants all talk about using inner dialogue as a way to deal with their own feelings, which will be discussed here. Possible outcomes of this inner dialogue will also be in focus, such as to seek counseling, checking with clients and awareness of breathing. The examples on how the research participants deal with their own feelings in meeting with clients, gives an opportunity to look at their kind of awareness, and this will be shed light on by using Jordans theories.

5.3.2.1 Inner dialogue

The research participants talk in different ways about having an inner dialogue during meeting with clients (Elsa Quote 23, Reidar Quote 14). What is this inner dialogue? The research participants call it a kind of differentiation where the goal is to identify- are these feelings that arise in me about the persons sitting here, or is it also about the relationship between me and her/him, or is it about something that is outside the therapeutic room, in my own life? This can be seen as the research participants taking aspects going on inside as objects, and then reflecting them, to make conscious choices based on them, which Jordan (2011) calls self-awareness. In Elsas opinion this is a job that every therapist needs to be aware of all the time. Kvalsund (Allgood & Kvalsund, 2005) gives an example that explains why this is important: If the client says something that influences the therapist in an uncomfortable way, and the therapist does not consciously manage to symbolize what this uneasiness is, then it would not be surprising if unconscious factors control the therapist. As I understand this, the therapists awareness of what is going on inside will keep unconscious issues from controlling the therapist. This shows the importance of the therapists working towards develop their self-awareness.

The research participants also express that the outcome of this inner dialogue is about managing a certain balance, such as to know when it is appropriate to share feelings, and when

other actions or ways of being are needed. In order to know which direction to take, one needs to be sensitive to the signals that the client is sharing, and also to know oneself as a therapist, as Kvalsund (Allgood & Kvalsund, 2005) highlights. Kvalsund also claims that only a therapist that has self-insight and knowledge about herself will symbolize her experience in the here and now situation, reflect upon it and make good use of it in meeting with clients.

The research participants have different ways of handling issues that arises through this inner dialogue. The next two sub-themes can be seen as a result of an inner dialogue like this.

Seeking counseling

“Counselors and psychologists are ethically bound to commit themselves to an ongoing process of professional development” (Ivey, et al., 2009, p.23). As mentioned before Reidar has found himself in a situation of falling in love with his client three times (Quote 24). Two times he has ended the sessions, but the last time he sought guidance. Reidar does as Ivey (2009) highlights, he commits himself to try to find new solutions. And by seeking guidance he learns new ways of coping with and being in meeting with this client, which is a sign of professional development as Ivey (2009) writes about. This can also be seen as a way to manage countertransference feelings, which often manifests itself by therapists avoiding or withdrawing from the client and his material. Ivey also emphasizes that feelings that the counselor has towards her client must be isolated, identified and worked through, which is exactly what Reidar does. This is also confirmed by earlier research where therapists going to personal therapy had higher professional self-awareness and better professional functioning (MacDevitt, 1978).

This type of development of a professional attitude may be easiest to see and reflect on when looking at Reidar, who experiences falling in love with his clients. First he solved the “problem” by finding an excuse and quitting the sessions, and this is seen by Jordan (2011) as the first phase in order to develop self-awareness. He was subject to the ego process; he did think and feel but did not necessarily attend to the process of thinking and feeling. But as Reidar explained, this last time when he fell in love, he noticed that feelings started to be too close again, and then decided that he wanted to try something different. This skill of noticing what is going in one’s own interior is the second phase of developing self-awareness (Jordan, 2011).

The third phase of developing self-awareness is reached when one is able to not only notice but also evaluate the content of what one becomes aware of (Jordan, 2011). By seeking guidance, Reidar states for himself that he needs to do something about this, and he says that by

talking to someone he trusts he could actively seek other solutions. Reidar thereby enters the fourth phase when he starts to develop strategies to actively influence the ego process. He describes through his story that he is no longer embedded by the feeling of love, he knows how to relate to it and what the opportunities are if this happens again. This can be seen as Reidar having developed a kind of meta-awareness, where he takes awareness itself as an object of attention (Jordan, 2001).

Rogers (1961) believes that genuineness is the most fundamental of the attitudinal conditions to promote therapeutic growth. Reidar talked openly about his experience, which I think is a brave and mature thing to do. He also shows his real self which is essential for being genuine (Rogers, 1961), and show a capacity to maintain a high level of self-awareness in the process of reflecting upon the experience (Thorne, 2003).

Awareness on breathing

Helge describes an experience that can be linked to his kind of self-awareness. He discovered that he in some situations sat on the edge of his chair trying to solve his clients' problem, and that this position made him feel worn out and tired. Helge shows that he started to *notice* the cognitive processes that was going on in his consciousness, which is the second step in developing self-awareness (Jordan, 2011). To avoid this position he tries to notice and be aware when he sits on the edge of his chair, and lean back and try to breathe with his stomach. Helge tries to observe himself, as De Mello (1990) writes about, an "I" observing "me". He has started to not only notice, but also to evaluate the contents of the process, which is step three in developing self-awareness (Jordan, 2011). As described here, Helge has also reached the fourth phase in the self-awareness development process by finding a strategy for actively influence the ego process as Jordan (2011) describes. Helge is in the process of actively broadening his self-awareness by taking aspects going on inside as objects, reflecting upon them and make conscious choices based on those.

Helge explains that this process of becoming aware of his position sitting on the chair and doing something about it can be seen as reconstituting his curiosity. This can in addition to Jordan's (2011) view on awareness be seen in light of the ability to be present, according to Oterholt and Karlsson (referanse). To be present is a state of consciousness where one actively is aware of and pays attention to what happens in every moment in and outside us (Oterholt & Karlsson, 2010; Torbert, 2004). Goleman (2004) would define this as being self-aware. Seen

here, different theorists can give the same meaning to the terms being present and being self-aware.

5.3.3 It takes experience

The research participants have been working in the family therapy field for different lengths of time, from Helge with 6 years to Reidar with 20 and Elsa with 30 years. This may have an impact on how they relate to therapy, and not surprisingly their kind of self-awareness during therapy. I cannot say that I found significant evidence that the novice therapist acted differently from the two others, or had different level of awareness, but this may be because of the limitations of my study. Earlier research has found that novice therapists use different strategies, but also some that are similar to therapists with longer experience (E. N. Williams, Hurley, Kristin, O'Brian, Kelly, DeGregorio, Alicia, 2003). Reidar says; “(...) *I have to a bigger extent in the last years, my starting point has more and more been things that I feel in my body. Distress, yes it can also be comfort or joy, that there is a kind of joy or expectation*” (Reidar Quote 11). Reidar has experienced a shift in focus over the years, and he now recognizes his body as a natural starting point when meeting clients, and he has after some time learned to trust his intuition.

Summary

In this chapter I have discussed the research participants' experience of being in meetings with clients and managing their own feelings in these meetings with clients. In the last chapter I will summarize the main findings of this research, look at the limitations of this study, as well as implications for further research.

6.0 Final thoughts

6.1 Summary

During the analyzing process three main themes emerged. 1) "The art of Balance, 2) "Human meets human" and 3) "Meeting with one's own feelings".

The name of this thesis is "Being a Therapist – An art of Balance". In every aspect of this thesis, I found that there is always some sort of balance that needs to be taken care of: managing one's own feelings, being professional and not getting too close with the client, knowing oneself, and the use of inner dialogue, are all examples of the need to keep some sort of balance in mind.

I have seen "Human meets human" as an umbrella covering sub-themes that not necessary look like they are directly connected to awareness or dealing with feelings. But through this thesis this meta-theme has served as a lens through which the rest of the research can be understood. Most important is the notion that the research participants view themselves as a human being meeting another human being.

"Meeting with one's own feelings" became the other main theme, covering feelings role in the meeting between therapist and client, and therapists' ways of managing their own feelings. One of the most notable finding in this research is the inner dialogue the research participants use. This inner dialogue can be seen as an important tool in managing their own feelings in meeting with clients.

Through interviewing three family therapists and using relevant theories I have attempted to answer the research question: *How does self-awareness help family therapists manage their own feelings during meeting with clients?* In the introduction it was mentioned that the research question pre-supposes that self-awareness *does* help when managing own feelings, and my hypothesis have been that the therapists' kind of self-awareness will determine how they manage their own feelings in meeting with clients. Summarizing this research by looking at the findings, theory and my discussion of the different themes, it is clearly that the research participants self-awareness does help when managing own feelings. The research participants also confirm the hypothesis by the way they manage their own feelings, and how they reflect upon it.

As discussed, self-awareness is having awareness of the process going on inside, for example feelings (Jordan, 2011). The research participants show through their way of dealing with feelings, by using inner dialogue, that they have this capacity, and that they use it to manage their own feelings in meeting with clients. In order to have an ongoing inner dialogue, the

therapists need to be self-aware as described in section 5.3.2. The research participants also show through their way of managing their own feelings, how this self-awareness can develop. Reidar shows that developing broader self-awareness of issues going on inside him, makes him able to manage his own feelings in a more thoughtful way. The process starts by first noticing that things are happening inside, then evaluate the contents of the process, and at last to be able to develop strategies to actively influence the ego process going on inside. As can be seen there is a development to more complex abilities which the therapist can use in meeting with clients. Further discussed is the importance of knowing oneself (section 5.2.3), which is also a part of self-awareness. It is also shown that in order to be self-aware you have to know yourself.

6.2 Limitations of this study

The research participants reveal that they are self-aware when it comes to dealing with their own feelings. This can be said because of the way the therapists reflect upon their practice and what they highlight, like the use of inner dialogue. But as a researcher I am aware the limitations of my study, and cannot conclude that the research participants are self-aware in every aspect of their practice, or that the self-awareness helps them make better decisions in therapy. As Jordan (2011) describes, people can develop self-awareness in one of several ego-processes, and this study has only looked at the process of feeling. During the interviews I only met the research participants for approximately one hour. For really getting in depth of their inner dialogue, more time would be valuable.

I also have to point out that this thesis is written in English which is not my first language. When translating the quotes from the research participants, parts of the meaning can have been lost because of the different meanings that lie implicit in English and Norwegian language. Here I see the importance of member checking, as describes in section 3.5.

My role as a researcher can also be highlighted here. As mentioned I felt right after the interviews that I had been too polite with the research participants. This may have caused that I did not succeed in getting in depth of what was most interesting, After the interviews I thought that I should have interrupted more. This is an important experience I have learned along the way. I hope I can bring it with me and be a better researcher in the future.

6.3 Implications for further research

There are several areas of interest that I would like to look closer into. For instance it could be interesting to look at the inner dialogue talked about in this thesis. This inner dialogue can be seen as an important tool in managing one's own feelings in meeting with clients. Further research on what this inner dialogue contains, and how it is and can be utilized would be interesting to engage in. For further research it could also be interesting to use Jordan's (2001) "self-awareness mandala" (Appendix C) to look at in which areas therapists have developed self-awareness. It would also be interesting to interview clients about if they sense that they are seen on their feelings. Further on look at the connection between clients' feedback and the strategy the therapist uses. I have also thought that it would be very interesting to go in depth into an experienced therapist's practice.

6.3.1 Other interesting topics.

While working with this thesis I many interesting issues and themes have crossed my way, but some of them are not connected directly to the theme of this thesis. For instance how philosophical and religious standpoints influence therapy of today. I became inspired by Mark Epsteins (2009) book "Going on Being: Life at the Crossroads of Buddhism and Psychotherapy". I have also gain an interest for Integral Theory recently. Mark D. Forman (2010) thoughts about how to use Ken Wilber's four quadrants model to explore therapy have specially exited me. Also because surveys have shown that the majority of therapists believe the future lies in more integrated approached to therapy (Garfield and Bergin 1994).

6.4 The End

Being a therapist is an art of balance. I have gradually come to realize this through my work with this thesis. The picture on the front page is drawn to symbolize this balance and also the inner "condition", the heart which spreads its energy and attention towards the persons we are with. It is a balance between the therapist and the client, between the different signals every person send out all the time. I think the fields our hearths generate meet each other no matter what we think or do, and as a helper it can be important to notice this, or be aware of it as a resource in the meeting with clients.

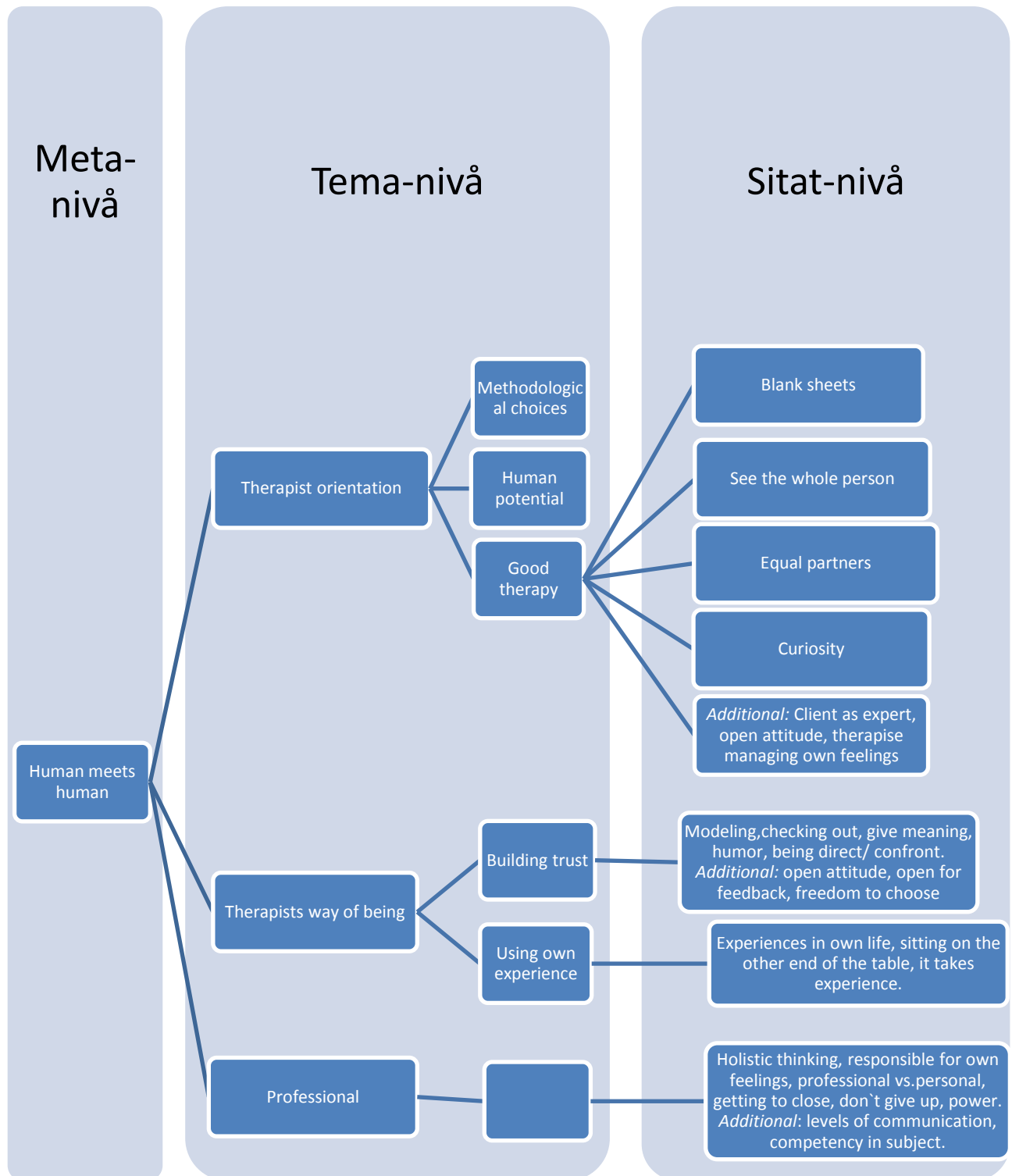
My journey has come to an end. I have learned many things that can be connected to becoming a good helper. I will take this with me in my future work, whether it is as a counselor, teacher or therapist. I want to work with and for people and my work with this thesis have broaden my awareness of what kind of practice I want to conduct and what kind of professional person I want to be. I want to strive to be a helper who works with the art of balance.

Literature

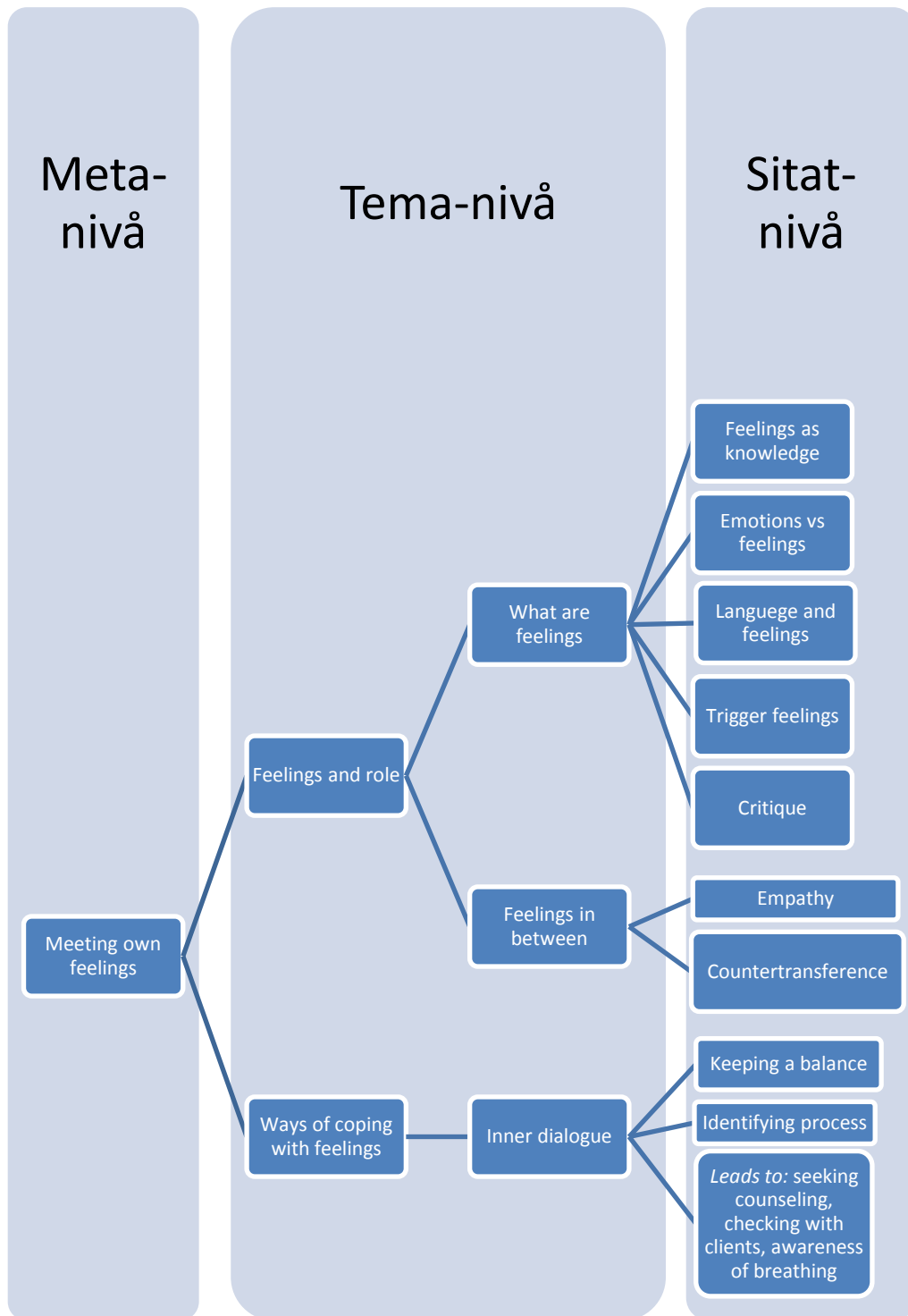
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Appendix A : Presentation of findings



Appendix B: Presentation of findings



Appendix C Jordans (2001) Self-awareness mandala

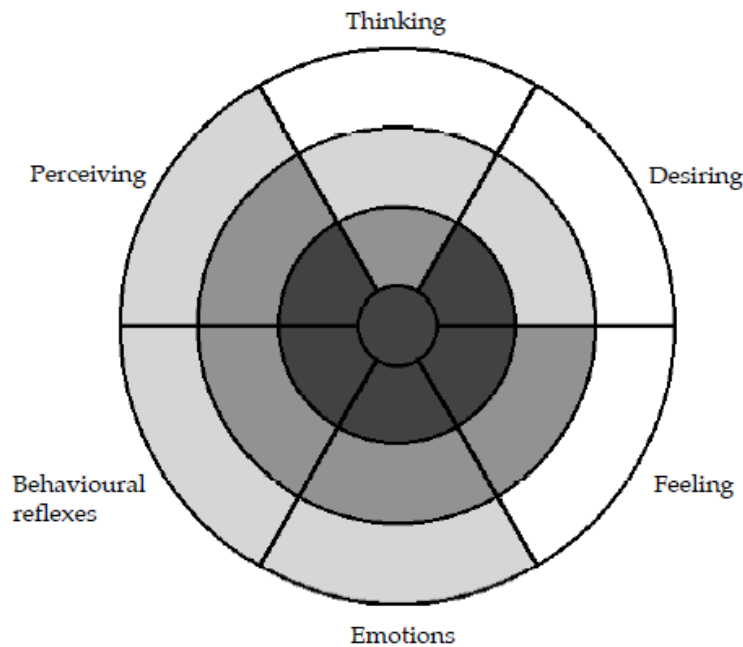


Figure XX The self-awareness mandala: an example

Thomas Jordan “Self-awareness, meta-awareness and the witness self” (Jordan, 2001).

A graphical summary: the self-awareness mandala (Jordan, 2001, p.13).

Keeping in mind that the six ego processes discussed above is just one among many ways to define and delimit ego processes, it is important to point out that an individual might have developed self-awareness regarding one or several ego processes more than for others. The actual pattern is probably highly individual, as is suggested in the graphic below. **In this "self-awareness mandala" the six ego processes and three stages discussed above have been arranged into six sectors of a circle with four rings.** The innermost circle represents immediate experience without any self-awareness at all. The first ring represents the first phase of developing self-awareness, noticing the respective ego process. The second ring represents evaluating of how the ego process is operating in oneself and the third ring represents an ability to intentional transformation of how the ego processes operate. In the graphic, I have suggested how one might represent a particular individual's pattern of self-awareness by shading the cells where some competence has been achieved. I have arbitrarily chosen to use three different shadings, representing a very high capacity, a distinct capacity and a vague capacity to relate to the ego processes. In the example, we have a person who notices that the ego processes operate and who has developed some propensity to evaluate what is going on. Active efforts to influence how the ego processes operate has been achieved only to a small degree, in the realms of perceiving, behavioural reflexes and emotions.

Appendix D Informed consent from research participants.

Forespørsel om å delta i intervju i forbindelse med en masteroppgave

Jeg er masterstudent i rådgivning ved NTNU og holder nå på med den avsluttende masteroppgaven. Hensikten med studiet er å undersøke om og hvordan bevissthet kan hjelpe familierapeuter å håndtere følelser som kommer opp i møte med klienten.

Det er også et mål for studiet å kunne skape økt forståelse for hva det er som fungerer i terapi. For å finne ut av dette, ønsker jeg å intervju tre familierapeuter. Jeg vil bruke båndopptaker og ta notater mens vi snakker sammen. Intervjuet vil ta omtrent en time, og vi blir sammen enige om tid og sted.

Det er frivillig å være med. Opplysningene vil bli behandlet konfidensielt, og ingen enkeltpersoner vil kunne gjenkjennes i den ferdige oppgaven. Opplysningene anonymiseres og opptakene slettes når oppgaven er ferdig, innen utgangen av juni 2012. Du har mulighet til å trekke deg når som helst underveis, uten å måtte begrunne dette nærmere. Dersom du trekker deg vil alle innsamlede data om deg bli slettet.

Dersom du har lyst å være med på intervjuet, er det fint om du skriver under på den vedlagte samtykkeerklæringen.

Hvis det er noe du lurer på kan du ringe meg på 90 58 72 12, eller sende en e-post til linalien@stud.ntnu.no. Du kan også kontakte min veileder Jonathan Reams ved institutt for voksnes læring og rådgivningsvitenskap på telefonnummer 48 14 89 00.

Studien er meldt til Personvernombudet for forskning, Norsk samfunnsvitenskapelig datatjeneste A/S.

Med vennlig hilsen
Lina Lien Bruland
Bakkegata 8
7014 Trondheim

Samtykkeerklæring:

Jeg har mottatt informasjon om studien av “om og hvordan bevissthet kan hjelpe familierapeuter å håndtere følelser som kommer opp i møte med klienten”, og stiller på intervju.

Signatur Telefonnummer

Appendix E Interview guide

Intervjuguide.

Does **awareness** help Family therapists **deal** with **feelings** that come up in them when they are with clients? And how?

Introduksjon

- Takk for at du vil delta
- Bruk av lydopptaker – hvorfor. Er det greit at jeg setter den på med en gang?
- Formålet med intervjuet, tema, bakgrunn, min interesse
- Gjennomgang av intervjuet, tema for tema.
- Anonymitet, signering av papiret.
- Er noe uklart eller har du noen spørsmål?

Introspørsmål

Først så ønsker jeg å stille noen korte introspørsmål for å få litt bakgrunnsinformasjon om deg og ditt arbeid som familieterapeut. Jeg ønsker at vi bare skal bruke ca 15 minutter på denne delen.

- Først så lurer jeg på hvor lenge og hvilken type familierådgivning du har drevet med **de siste årene**?
 - Har du noen metodiske preferanser eller teoretiske retning du er inspirert av?
- Kan du **kort** beskrive gangen i en vanlig terapitime ?
- **Kort-** hva innebærer god terapi for deg?
 - Hvilke *egenskaper* hos deg tenker du at må være tilstede?
- Kan du **kort** si noe om du hvilke tanker du har *før* møtet med klienten?

Oppmerksomhet

Da ønsker jeg at vi beveger oss inn i møtet mellom deg og dine klienter, og jeg er interessert i å få høre om...

- Hva er du oppmerksom på i møtet med klienten?
 - *Indre tilstander* som dine egne tanker og følelser?
 - *Ytre tilstander* som det som uttrykkes verbalt og gjennom kroppsspråk?
 - Hva vil du si er hovedfokus for oppmerksomheten?

Følelser

I en terapitime kan det dukke opp følelser hos klienten, men også hos terapeuten. I det videre er jeg interessert i å få vite hvordan du opplever følelser i møte med dine klienter.

- Ut i fra dine erfaringer som terapeut, så er jeg interessert i å høre **din oppfatning** av og hva du legger i “følelser”? Har du et eksempel?
- Har du lagt merke til om det er spesielle triggere, faser i terapiprosessen, hendelser eller situasjoner som **utløser dine følelser** i møte med klienten?
- Hvordan **forholder du deg til følelser** som kan dukke opp i møte med klienter?
 - Hvordan tror du din måte å forholde deg til følelser på **påvirker** samtalen og klienten?
- Kan du fortelle om en samtale med en klient hvor du opplevde at **dine egne følelser** hadde betydning for de **valgene** du gjorde i forhold til klienten ?
 - **Hva gjorde at du valgte som du gjorde i denne situasjonen?**
 - Hva var **du oppmerksom på** da og hva gjorde at du ble oppmerksom på det?
 - **Hvilke følger fikk denne oppmerksomheten** for samtalen?

Avklaringer om “nødvendig”

- Hva legger du i ordet selvbevissthet?
- Tenker du at selvbevissthet er noe som kan utvikles, om ja -hvordan?

Avslutning

- Er det noe du har lyst å fortelle som du ikke har fått sagt? **Tusen takk for ditt bidrag!**

Appendix F NSD approval

Norsk samfunnsvitenskapelig datatjeneste AS
NORWEGIAN SOCIAL SCIENCE DATA SERVICES



Harald Hårfagres gate 29
N-5007 Bergen
Norway
Tel: +47-55 58 21 17
Fax: +47-55 58 96 50
nsd@nsd.uib.no
www.nsd.uib.no
Org.nr. 985 321 884

Jonathan Reams
Institutt for voksnes læring og rådgivningsvitenskap
NTNU
Loholt allé 85, Paviljong B 253
7491 TRONDHEIM

Vår dato: 12.01.2012

Vår ref: 29118 / 3 / MSI

Deres dato:

Deres ref:

KVITTERING PÅ MELDING OM BEHANDLING AV PERSONOPPLYSNINGER

Vi viser til melding om behandling av personopplysninger, mottatt 19.12.2011. Meldingen gjelder prosjektet:

29118	<i>Familieterapauters selvevissthet</i>
Behandlingsansvarlig	<i>NTNU, ved institusjonens overste leder</i>
Daglig ansvarlig	<i>Jonathan Reams</i>
Student	<i>Lina Lien Bruland</i>

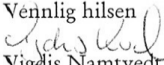
Personvernombudet har vurdert prosjektet og finner at behandlingen av personopplysninger er meldepliktig i henhold til personopplysningsloven § 31. Behandlingen tilfredsstiller kravene i personopplysningsloven.

Personvernombudets vurdering forutsetter at prosjektet gjennomføres i tråd med opplysningene gitt i meldeeskjemaet, korrespondanse med ombudet, eventuelle kommentarer samt personopplysningsloven/-helseregisterloven med forskrifter. Behandlingen av personopplysninger kan settes i gang.

Det gjøres oppmerksom på at det skal gis ny melding dersom behandlingen endres i forhold til de opplysninger som ligger til grunn for personvernombudets vurdering. Endringsmeldinger gis via et eget skjema, http://www.nsd.uib.no/personvern/forsk_stud/skjema.html. Det skal også gis melding etter tre år dersom prosjektet fortsatt pågår. Meldinger skal skje skriftlig til ombudet.

Personvernombudet har lagt ut opplysninger om prosjektet i en offentlig database, <http://www.nsd.uib.no/personvern/prosjektoversikt.jsp>.

Personvernombudet vil ved prosjektets avslutning, 30.06.2012, rette en henvendelse angående status for behandlingen av personopplysninger.

Vennlig hilsen

Vigdis Namtvedt Kvalheim


Marte Sivertsen

Kontaktperson: Marte Sivertsen tlf: 55 58 33 48

Vedlegg: Prosjektvurdering

✓ Kopi: Lina Lien Bruland, Bakkegata 8, 7014 TRONDHEIM

Avdelingskontorer / District Offices:

OSLO: NSD, Universitetet i Oslo, Postboks 1055 Blindern, 0316 Oslo. Tel: +47-22 85 52 11. nsd@uia.no

TRONDHEIM: NSD, Norges teknisk-naturvitenskapelige universitet, 7491 Trondheim. Tel: +47-73 59 19 07. kyrre.svarva@svt.ntnu.no

TROMSØ: NSD, HSL, Universitetet i Tromsø, 9037 Tromsø. Tel: +47-77 64 43 36. martin-arne.andersen@uit.no

Personvernombudet for forskning



Prosjektvurdering - Kommentar

Prosjektnr: 29118

Formålet med studiet er å undersøke om (og på hvilken måte) terapeuters egne tanker, følelser og erfaringer som dukker opp i terapirommet har betydning for terapeutens valg av strategi i møte med klientene.

Utvalget består av tre familierapeuter. Rekrutteringen skjer via eget nettverk.

Det innhentes skriftlig samtykke basert på skriftlig og muntlig informasjon. Personvernombudet minner om at utvalget må få informasjon i god tid før samtykke innhentes. Informasjonsskrivet er tilfredstillende.

Lydopptak av intervjuet behandles på pc. Datamaterialet vil være knyttet til direkte personidentifiserende opplysninger via kode som viser til en koblingsnøkkel. Siden det foretas elektronisk behandling av personopplysninger omfattes prosjektet av meldeplikten etter personopplysningsloven.

Navnelisten oppbevares i låst skap som bare prosjektleder har tilgang til. Det oppgis at datamaskinen er beskyttet med passord og står i et låsbart rom. Det bør avklares med NTNU om personidentifiserende opplysninger kan lagres på privat pc, minnepenn.

Iht. informasjonsskrivet til deltakerne skal datamaterialet anonymiseres ved prosjektslutt, innen utgangen av juni 2012. For at datamaterialet skal være anonymt, må lydopptak og direkte personopplysninger (navn, e-postadresse og telefonnummer ol.) slettes. I tillegg må eventuelle indirekte personidentifiserende opplysninger (som alder og kjønn) slettes eller grovkategoriseres, slik at ingen enkeltpersoner kan gjenkjennes i materialet.