Motivations of counselling and therapy professions

" A friend in need is a pain indeed." With bumper stickers like that, it is hardly surprising that people might wonder about the counselling and therapy professions: Why would anyone in their right mind want to spend their working days listening to other people's tales of woe, whether stranger, friend or foe? Is the desire borne of altruism, voyeurism, narcissism, masochism, egoism or some other " ism"? Could it be based in guilt, power, control, compassion, inferiority, a passion for puzzle solving, an urge to rescue or unmet intimacy needs? After all, the saying says " you teach best what you most need to learn". Many therapists and counsellors may well be trying to work out their own " stuff" and that may even be useful if it is accepted that " the person", self and psyche of the practitioner is an integral part of their working day. However, the so-called " wounded healer" must be extremely careful to ensure their own " stuff" does not get in the way of the job: To help their clients help themselves.

This paper will review literature related to the reasons people select a career in counselling or therapy. While some authors group counselling and psychotherapy – the so-called " fifth profession" – others lump together social workers, psychologists, psychiatrists and/or psychoanalysts. For the purposes of brevity, this paper will use the word " therapist" to refer to counsellors and psychotherapists, as does apparently much of the literature.

To limit the scope of the review, it does not include literature focused on specific fields or client groups, such as school counselling. As most in-depth research related to professional motivations was undertaken before the 1980s – when the social and professional landscape was considerably different – most of the material reviewed has been written in the past decade

as much refers to the earlier sources anyway. The major work in the field – a classic two-volume study on the career determinants of psychotherapists by Henry, Sims, and Spray – is more than 30 years old. While some more recent books touch on the topic through the personal stories of working therapists, new research is surprisingly scant.

Various studies and surveys show the most common reason given for studying counselling or therapy as the predictable " I want to help people" but that is just the tip of the iceberg. As Farber and Northcross (2005) point out, the decision is not as simple as that and involves many conscious and unconscious motives, a little bit of chance and the real reason may not even be fully known until late in a therapist's career. Motivations seem rarely discussed in mental health journals or coursework and are more likely to arise in informal conversations or therapy sessions (Farber & Northcross, 2005). The question as to why the profession seems so uninterested in its own motivations would, in itself, be worthy of exploration.

Sussman, through his 2007 book, and Barnett, in her journal article the same year, provide more recent insights into the unconscious motivations of those who choose to train and work as therapists. Sussman contends that the decision to become a psychotherapist involves multiple factors, some healthy and others neurotic (or psychotic), with " motives and personality patterns deeply rooted in the therapist's developmental past and the dynamics of the family of origin" (Sussman, 2007).

Barnett's study of therapists' unconscious motivations for their choice of profession arose from her observation of the recent substantial increase in

the number of counselling courses on offer and the number of people wishing to become counsellors and psychotherapists. In her interviews with nine experienced psychoanalytic and psychodynamic psychotherapists about their professional and personal histories, Barnett noted two major themes of early loss and narcissistic needs, emphasising the need for personal therapy for safe and effective practice. Farber, Manevich, Metzger & Saypol (2005) took a two-pronged approach to the question, " Why do people become psychotherapists?", by looking both at common elements and specific factors. Interestingly, the approach is similar to efforts in identifying the factors effecting psychotherapeutic change (Imel & Wampold, 2008).

Several distinct themes recur throughout the literature but most authors seem to agree that no single factor is responsible for a person's motivation to become a therapist. Just as the " nurture or nature" debate is inconclusive, so too may be the question of professional motivation. On the whole, two broad factors seem to draw therapists to the profession: Personal needs, whether conscious or unconscious; and the possession of attributes or talents lending themselves to the therapeutic role.

Themes

While a therapist's personality naturally influences theoretical orientation and techniques, the emphasis on therapist variables in outcome research does not help explain what initially attracts people to the profession. A common theme in the literature is that of cultural or social marginalisation, the external counterpart of inner feelings of alienation and " difference" which may lead to concern with others and where we fit in society – the concept of " the wounded healer". Many writers – mostly therapists –

contend that painful, early childhood experiences lead to a heightened awareness of distress in self and others, predisposing career choice. Considering the number of people who might have painful early experiences, the theory does not explain why only a small proportion of them choose to become therapists. Becoming a writer, or creative artist in any field, is perhaps as likely a response to early childhood pain as becoming a therapist.

Psychological-mindedness – an interest in why people think, feel and behave the way they do – whether genetic or arising from childhood experiences, may be another core component in the would-be therapist's make-up. Psychoanalytically, a wish to understand is in essence a wish to control one's experience or to avoid pain.

Apart from thinking style and experiences, some therapists are no doubt drawn to the field by the promise of career satisfaction through personal and professional rewards. Other motivations might include a desire to understand or help people, enhanced sense of identity, self-growth, intellectual stimulation, autonomy and independence, freedom, making a difference, controlled intimacy, self-expression and authenticity. These motivations are likely to vary between private practice and the modern managed care environment (short-term, evidence based, red tape-ridden and lower paid favouring CBT, medication and the medical model).

Many therapists hope to become " an ascendant agent in intimate relationships without some of the risks for hurt and disappointment that we experienced in our earlier attempts at love and friendship, particularly within our own families" (Goldberg, 1986, as cited in Farber et al., 2005). The need

to help and understand self through the suffering of others may be a less conscious need. A career as a therapist might attract people who feel frightened and impotent, giving them a chance to control and influence their clients' lives (Bugental, 1964, as cited in Farber et al., 2005).

The " parentified child", a role reversal where the child sacrifices his or her own needs for a parent and/or sibling, might also be a would-be therapist. Maeder (1989) asserted that therapists, as children, were often in the role of caretaker and confidante and chose their profession to fill their own emotional void. They were lured, " knowingly or unknowingly, by the position of authority, by the dependence of others, by the image of benevolence, by the promise of adulation, or by a hope of vicariously helping themselves through helping others" (Maeder, 1989, as cited in Farber et al., 2005).

Sussman, through interviews with 14 therapists, found that therapists' unconscious motivations reflected psychological needs related to sex and aggression, being affirmed by others, and feeling intimately connected. For example, a therapist's needs for sexual gratification could be indirect (voyeuristic interest in patients' sex lives) or, more rarely, direct (sexual relations with clients). Sussman posited that a career as an altruistic healer could be a defence against unpalatable aggressive instincts. A sadistic aspect of the profession was that, in often focusing on patients' weaknesses, the therapist shatters their illusions and sense of grandiosity (2007). Ghent goes as far as to suggest that therapists are masochists: " What other occupation has built into it the frustration of feeling helpless, stupid, and lost as a necessary part of the work?" (1999).

Sussman (2007) also suggests the existence of an element of narcissism among therapists who might benefit as much as their clients from the safety of a structured, boundaried " holding" environment on a regular basis (in fact, he devotes an entire chapter to therapist narcissism in his book based on a comprehensive survey of motivations, an extensive review of the literature and discussion of the results of his qualitative study of therapists). Narcissism featured strongly in another qualitative study involving talking with 11 experienced therapists (Barnett, 2007). Nine made reference to experiences of early loss and deprivation and eight to narcissistic needs. Alice Miller, in The Drama of the Gifted Child, proposed that future therapists often had narcissistic mothers and learnt to tune into others to stay connected (Miller, 1995). Of course, narcissistic personalities may adopt many careers other than therapy – creative writers may also strongly tend to narcissism.

Wheeler too warns of narcissistic therapists using patients as self objects who potentially " massage egos with their adoration and appreciation, or support the therapist's self-esteem with their dependence and vulnerability" and " they gaze into the pool of the clients' eyes to see themselves" (Wheeler, 2002). The therapeutic relationship is unusually demanding and involves being tested emotionally, intellectually and even practically and physically. Training and personal therapy can help with tolerance and understanding but the therapist needs the emotional capacity at the start. If the calling to this work is fuelled by the " wounded healer" hypothesis, the key question must be how psychopathology can be used to serve, not exploit, the client. Wheeler posits, if somewhat obviously, that the student's

desire to work with a particular client group might come from unresolved conflicts and represent a projection of the wounded parts of self. Interestingly, she questions whether the practice of matching " like with like" – for example, pairing therapists who have been abused with other abuse survivors – should be encouraged. Along with the possibility of greater resonance and empathy lies the opposite – over-identification, projection, collusion, merger, denial or abuse. Perhaps trainees should be steered away from working with client groups with whom they have shared experiences to see " whether they can genuinely enter the world of the other and whether there is a capacity for tolerating difference when there is less potential for self gain" (Wheeler, 2002). However, surely the training of therapists should tell neophyte therapists before they start work with " real" clients whether they have the capacity to enter the world of another and tolerate difference without self gain.

In their ground-breaking 15-year international study, Orlinsky and Ronnestad (2005) focused broadly on the formative experiences, practices, and development of psychotherapists at all career levels through a series of systematic, controlled, clinically and theoretically informed analyses. In response to a question asking " To what extent do you feel that your development as a therapist has been influenced by the motivation to explore and resolve your personal problems?" about the relationship of personal problems to career choice, nearly half (48%) of 3577 respondents answered " much" or " very much" and only 16% said " not at all" or " slightly" (Orlinsky & Ronnestad, 2005).

Work by Skovholt, Jennings, and Mullenbach identified several themes in the life of 10 " master" therapists they studied, including the presence of " significant but not overwhelming stress in their early years" (Skovholt et al., 2004, cited in Farber et al., 2005). Another theme in the literature is the role of intellectual curiosity, an early interest in reading and the humanities, and a teacher or mentor in the therapist's career choice (Farber et al., 2005). Still, all these factors are common to any form of creative endeavour as an adult – creative, intelligent children are typically curious, read voraciously, are good observers, and seek a mentor or trusted person who will not only teach them but be an " audience" for their thoughts and discoveries.

Psychologists Murphy and Halgin (1995) compared a group of 56 psychotherapists with 53 social psychologists for their study into the influences on career choice. They found that clinical psychologists were more likely than social psychologists to have been influenced in their career selections by distress during their life, desires to resolve personal problems, and opportunities for career achievement and advancement. Most respondents did not view problematic histories as central to their choice of career, and the magnitude of difference between the two groups of professionals was small. The finding is perhaps not surprising considering the " scientific" nature of psychology where " objective" data and " evidence-based" methodologies might hold more weight than the " self of the practitioner.

In a qualitative study of social workers practising as counsellors and psychotherapists, Lewis (2004) found that gender and class had a strong influence on the career choices made by men and women in social work.

Women in the sample had pursued career directions with a strong clinical focus – combined with roles such as management, supervision and training – and were more likely to express the need to balance their working lives with the needs of their families. Men were more likely to pursue careers in management and express feelings of responsibility to provide for their families once children were born. The analysis of data also found that men were more likely to identify their family origins as working class, while women identify their backgrounds as middle class.

Zagier Roberts (1994) maintains that many of the conscious choices made by helping professionals are based on idealism. However, ideals are rooted in the unconscious and can contribute to primitive defenses, such as her example of psychoanalysts who deeply need to believe in their costly and time-consuming approach to continue the work necessary to meet their own unconscious needs. People with similar needs are often drawn to a certain setting to work through their own unresolved issues and this can stir up collective defences (Bion, 1961, cited in Zagier Roberts, 1994). Professional idealism and group identity can blind practitioners to the weaknesses of a particular therapeutic approach while failure in their work can trigger guilt and anxiety, prompting primitive defences to maintain self-esteem. As the person of the therapist is a tool in the work, perhaps workers hope that they have enough goodness to heal others.

Healthy boundaries are necessary to ensure optimal distance between client and helper. Rigid boundaries and labelling clients as " crazy" or " unfortunate" and the helpers as the " sane experts" is not useful. The so-called " charity model" does not honour those who it seeks to help if the

lines between sympathy and empathy become blurred. At the other extreme, professional helpers might feel guilty for being more educated or wealthy than their clients and may unconsciously try to lessen those differences through over-identification, leading to despair and burn-out. The need for clear client-therapist boundaries and realistic task definition is essential (Zagier Roberts, 1994).

Personal therapy is another factor that seems to influence therapists' career choice to varying extents. Having experienced the transformational effect of therapy may well lead to a desire to share the " magic" with others. Using personal experience to help another while continue healing one's self is a powerful motivator for many (Sussman, 2007).

Controversies and debates

The " wounded healer" notion seems to be one of the most common themes but does not explain why everyone damaged as a child does not become a therapist or why some therapists do not have a history of childhood pain.

Farber and colleagues point out that adopted children are more likely to choose a career similar to their biological parents than their adoptive parents (Farber et al., 2005). The authors seem to think that the most essential of all factors contributing to therapy as a career choice is psychological-mindedness, which may be partly innate but increased through personal therapy and distress. They contend that high psychological-mindedness generally leads to a quest for greater understanding of self and others " and ultimately the need to help others in a way that feels personally satisfying" (Farber et al., 2005). However, as they point out, that does not explain why

some therapists are more research oriented. One would not inherit " psychological mindedness" but, rather, a genetic trait of the order of " introversion" which would then evolve into, and be shaped into, what would be called " psychological mindedness".

Another way of understanding would-be therapists' desire to help is through social learning theory – that they have been differentially reinforced for certain activities, including listening to and emotionally supporting others. Perhaps it is not a matter of how much pain potential therapists experienced in childhood but how they perceive or construct those experiences. Rather than minimising, repressing or suppressing the experiences, they try to find meaning and make sense of them.

Childhood, family, society and culture contribute to everyone's choice of profession, not just therapists. The idea of the " wounded healer" makes sense – that the therapist is psychologically curious as a result of his or her own personal suffering and conflicts, providing an awareness and sensitivity to understand and help others. Perhaps the question is not so much about whether or not therapists were wounded as children but whether they have begun healing their own wounds so they do not infect their clients – or at least know they are wounded and are willing to consider the impact of this one their work with clients.

Kottler (2004) is brutally honest about the realities, as he sees them, of being a therapist and asserts that most practitioners understand that they risk their own mental health through working so closely with people who are emotionally disturbed, in pain or in crisis. He wonders how therapists cannot

but be polluted to some extent by the suffering of others and whether Freud's notion of detachment was more about protecting the practitioner than the client. Kottler's long list of negatives includes a sense of responsibility, repetition, boredom, feelings of inadequacy, isolation, brain strain, stress from systems and re-opening of one's own wounds. He cites the fact that even person-centred pioneer Carl Rogers nearly had a breakdown after being stalked by a deeply disturbed client, although other factors might also have contributed to Roger's vulnerability at the time.

Yalom (2001) clearly regards therapy as a calling rather than a profession, valuing interpersonal skills, sensitivity, awareness, warmth and humour. He too is a realist – sharing actual stories from his own practice – and his writings inspire trainees. Yalom operates from an existential and interpersonal frame of reference, advocates a pluralistic approach and draws on a variety of theoretical models. He quotes Erik Erikson as describing the post-narcissism late-life stage as " generativity", when people begin to focus less on self and want to pass on their wisdom to the next generation. Perhaps that could be a motivation for older students enrolling in counselling and therapy courses. It might be too that therapists' real reasons for choosing to work in the field can be better understood with hindsight and professional maturity. Yalom writes simply and to the point in snack-sized chapters about balancing the " magic, mystery, and authority" that come with the job of freeing clients of their reliance on therapy. Sussman (2007) too provides inspiration to newcomers to this " curious calling" and both his work and Yalom's would do well as required reading in training for supervisors and students.

Evaluation

Limitations in much of the research to date is that findings are based on small sample groups (fewer than 15) for unstructured interview data and that comparison groups are rarely used to compare therapists' motivations with other professionals. With the exception of studies by Elliott and Guy (1993) and Fussell and Bonney (1990), investigators have not used comparison groups to distinguish therapists' experiences from those of other professions, such as teaching, nursing or accounting.

As stated in the introduction, much of the data on therapists' motivations was collected several decades ago when the profession was dominated by male Jewish psychoanalysts. It should also be acknowledged that personal motives are difficult to investigate, especially if not well understood by the therapist responding to a survey question or interview.

Today's therapeutic landscape is vastly different with more female practitioners and a growing reliance on brief, solution-focused and cognitive modalities. More new studies are needed to determine whether the career motivations of therapists now aged over 50 differ significantly from those of younger therapists. Research on whether therapist career motivations vary with age, theoretical orientation or gender identity remains to be done.

Conclusions

So, what makes a counsellor or psychotherapist? Clearly, the question is as complex as the individuals themselves. It is likely that the answer cannot be found in a single gene, experience, mentor, book, film, event or training course. Most probably, the motivation is drawn from a mix of ingredients in

varying measures including sensitivity, early distress in self and others, an interest in emotion and behavior, personal therapy, being a confidante and having an influential mentor.

It should also be stressed that unconscious, dysfunctional motives for becoming a therapist, such as a need for power or recognition, can coexist with altruistic and caring motives. However, a motivation driven by personal needs, whether conscious or unconscious, carries a risk of harmful or poorly directed practice. Thorough interviews of prospective trainees, supervision focused on the self of the therapist as well as case management, ongoing or intermittent personal therapy, peer support and professional development are critical mechanisms to minimise the risk that motivations associated with personal needs do not impact on clients adversely. Without awareness of their own shadows and blind spots, practitioners risk using clients to fulfil their own unmet needs.

Whether " wounded" or not, anyone considering a career in the field should illuminate their own hidden motivations before trying to enlighten others. Personal therapy and self-monitoring, whether through individual or group therapy, should be a mandatory requirement in training and for membership of all professional associations.

Although the jury is still out on whether personal therapy improves client outcomes it should be stressed that nobody, even therapists with decades of experience, ever finishes his or her own work – it is a lifelong process. Regardless of motivation, aspiring counsellors and therapists cannot be expected to be " healed" when they start their training course but must at

least be open to change and feedback through the process if they are to help others.

Periodically re-examining motivations for working in the field might be a useful exercise during times of uncertainty, fatigue and disillusionment. For example, therapists who enter the field primarily for intellectual and creative stimulation might burn out more quickly working in a managed-care CBT environment than someone with the freedom of private practice. Perhaps it would motivate therapists to attend more professional development events, join a peer network, or explore new theoretical models or client groups.

Re-visiting the motivations for entering such a challenging profession could serve to revitalise, rejuvenate, renew, refresh and remind practitioners of the unique and meaningful benefits of this privileged work. As Norcross and Guy (2007) discovered in their interviews with master therapists, refocusing on the rewards of practising psychotherapy enabled many to reduce their work-related distress: " Much like reminding yourself of why you fell in love with your partner, such reflection on your role as a psychotherapist can refresh our sense of calling" (p. 20).

So, what brings you here today?