

Psychotherapists' experience of the psychotherapy process: A salutogenic approach

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SUMMARY

Literature regarding therapists' experiences of psychotherapy has highlighted the sometimes challenging and emotionally draining nature of the work of psychotherapy. These challenges have been found to be related to elements of the psychotherapeutic process and impact therapist effectiveness. Consequently, this might affect therapeutic success and outcomes. Numerous researchers have investigated this from a pathogenic perspective to try understand the nature of these challenges and how they could potentially lead to burnout. However, limited studies have focused on this phenomenon from a salutogenic standpoint. Antonovsky's findings regarding stress and wellbeing led to the formulation of the Sense of Coherence Theory (SOC). According to this theory, the more meaningful, manageable, and comprehensible a person perceives a stressful situation to be, the closer to ease and further from disease they may find themselves on the mental health continuum.

The present investigation sought to address the following question: What makes the therapeutic process meaningful, manageable, and comprehensible from the perspective of the psychotherapist? The aim of the study was to explore and understand how psychologists, make sense of the psychotherapeutic process by employing the lens of Antonovsky's Sense of Coherence Theory (SOC).

The study was conducted utilizing a qualitative approach. During this study, interviews were conducted with 12 psychologists in private practice, some of whom were also involved in academics. The participants took part in semi-structured interviews which were transcribed and subjected to a hybrid approach of thematic analysis. Firstly, three major themes were identified under the construct of

meaningfulness, namely: (1) the therapeutic relationship; (2) the person of the psychotherapist; and (3) the change process. Secondly, five major themes were identified under the construct of manageability, namely: (1) consultations; (2) formal training; (3) practical strategies; (4) evidence-based practice; and (5) self-care. Finally, three major themes were identified under the construct of comprehensibility, and these included: (1) feedback; (2) practice-based evidence; and (3) specific techniques.

The findings demonstrated sources of meaningfulness, manageability, and comprehensibility which psychotherapists found valuable in their experiences of the psychotherapeutic process. Therefore, the results were useful in attempting to understand psychotherapists' experience of SOC during the psychotherapeutic process. Moreover, it was found to contribute towards psychotherapists' wellbeing and thus, it created an opportunity for improving effective psychotherapeutic practices.

PREFACE

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- This mini-dissertation forms part of the requirements for the completion of the Master of Arts Degree in Clinical Psychology. It has been structured in an article format while adhering to rule A.5.4.2.7 of the North-West University Potchefstroom campus yearbook.
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Dr. Rümendo Kok

Supervisor

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Section 1

Introduction

Introduction

The first section provides an in-depth overview of the constructs that were explored in the present study and relevant literature regarding these constructs. The reader is given an opportunity to gain a better understanding of the theoretical constructs used as the foundation of this study. The literary overview commences by providing a basic history of therapeutic process research and its various components. Thereafter, there is an examination of the practice of psychotherapy, the therapist's role in the outcome of psychotherapy, and coping and resilience among psychotherapists. The literature review then explores the concept of salutogenesis and how it links with, and possibly benefits, the field of psychology by furthering our understanding of therapeutic processes. The section is concluded with the aim and problem statement pertaining to the study.

Literary Overview

Section 1 of the present study offers an overview of the following literary: (1) the psychotherapeutic process; (2) the practice of psychotherapy; (3) coping and resilience among psychotherapists; and (4) salutogenesis. These topics were researched using various databases which included Google Scholar, EBSCOhost and JSTOR.

The Psychotherapeutic Process

The *APA Dictionary of Psychology* defines the psychotherapeutic process as “Whatever occurs between and within a client and therapist during the course of psychotherapy. This includes the experiences, attitudes, emotions, and behaviour of both client and therapist,

as well as the dynamic or interaction between them” (VandenBos, 2015, p.863). The study of psychotherapy first emerged as popular in the 1980s when researchers became interested in how psychotherapy works. This led to a call for studies to be conducted which would resolve questions regarding the process and outcomes of psychotherapy.

An area of psychotherapy research that has received considerable attention in literature was that of the outcome of psychotherapy. Outcome research refers to the process of evaluating psychotherapy from the beginning to the end in order to determine the changes that occurred throughout treatment (Greenberg, 1986). Moreover, Greenberg (1986) refers to this as efficacy research due to the emphasis being solely on the outcomes of the intervention. However, over time, questions regarding the factors that occur between the start and end point of psychotherapy gave way, marking the birth of psychotherapeutic process research. According to Hardy and Llewelyn (2015), psychotherapeutic process research has generally aimed to: (1) understand the mechanisms of treatment and client change processes; (2) improve the quality of therapy through understanding what is effective; (3) contribute to the development of theories to ensure evidence-based practice and (4) assist in the development of effective, evidence-based training. The rebirth of evidence-based research in the field of psychology provided psychotherapists with the means to examine the validity and effectiveness of their theories which allowed professionals to gain a fundamental understanding of various strategies and which were most effective for a particular client or diagnosis (Katsikis, 2014)

Another relevant construct that has not received the same attention and has caused controversy in the field of psychotherapy research is that of practice-based evidence. Practice-based evidence integrates both individual clinical knowledge and practical experience factors with the best available evidence derived from rigorous research conducted in normal clinical settings (Barkham & Margison, 2008). Essentially, practice-

based evidence demonstrates whether a certain strategy or theory is clinically useful (Lung, 2018). Barkham et al. (2010) called for the implementation of a complementary paradigm which includes both evidence-based practice and practice-based evidence. The authors argued that this shift might produce a broader, deeper and more collaborative knowledge base regarding psychological intervention which in turn, might assist practitioners in the application and incorporation of this knowledge in practice.

Other contemporary literature regarding psychotherapeutic process research described elements of the therapeutic process, such as: (1) the working alliance; (2) therapy outcomes; and (3) changes brought about by therapy. Elliott (2010) refers to numerous factors that impact therapeutic success as indicated by a decade of research, with much emphasis having been placed on the therapeutic alliance, or the relationship between the therapist and client. Furthermore, the therapeutic alliance appeared to be the best predictor of effective therapeutic outcomes. Additionally, factors such as the suitability of therapeutic strategies used to treat a specific client and the environment in which psychotherapy was conducted, have been determined to play a major part in the effectiveness of psychotherapy. Moreover, process research has indicated the importance of the psychotherapist as a person and their impact on the psychotherapy process, which was reported to explain between 5-10% of outcome variance (Lutz et al., 2007; Wampold & Brown, 2005). Additionally, Beutler et al. (2004) conducted an extensive review of therapist variables and found that therapist well-being had a significant connection with outcome. This demonstrated the importance of gaining insight into the psychotherapist's experience of practicing psychotherapy.

The Practice of Psychotherapy

The word psychotherapist is a broad term commonly used to refer to practitioners of psychotherapy in the fields of social work, marriage and family therapy, counselling,

psychiatry, and psychology. For the purposes of this study, the term psychotherapist is used to refer specifically to psychologists who practice psychotherapy. The practice of psychotherapy inevitably consists of ongoing psychotherapy processes and includes coping with a wide variety of intense feelings, client distress, and complex interpersonal dynamics that might occur in the therapeutic relationship (Safran & Muran, 2000). Furthermore, the practice of psychotherapy has been described as a stressful activity regardless of the psychotherapist's clinical orientation. For this reason it seems fair to conclude that the ability to cope with, and manage, perceived challenges is important for both the effectiveness of the psychotherapist and the quality of the psychotherapy (Hayes, 2004). The significance of these statements garners additional support when considering that studies exploring psychotherapist's in-treatment experiences, typically focus on how psychotherapists react and manage particular challenging clinical situations (Beck et al., 2005; Coutinho et al., 2011; Hill et al., 1996; Moltu et al., 2010; Williams et al., 2003), or how they experience working with difficult client groups (Bimont & Werbart, 2018; Binder et al., 2008; Roubal & Rihacek, 2016; Treloar, 2009).

The ongoing survey of the Society for Psychotherapy Research Collaborative Research Network is one of the largest and most well cited studies investigating the work experiences of psychotherapists. Since 1990, the Development of Psychotherapists Common Core Questionnaire (DPCCQ) has been used to collect information from more than 10,000 psychotherapists worldwide. Information is obtained through therapists self-reporting on: therapeutic skills, theoretical orientations, standard therapeutic goals, therapist feelings in session, challenging encounters, coping methods, interpersonal styles with clients, and various personal and private life characteristics (Orlinsky et al., 2005). The authors determined that therapists engage in two dimensions of work involvement, namely *Healing Involvement* (HI) and *Stressful Involvement* (SI). HI was empirically

characterised by factors that demonstrate the therapists': (1) *basic social skills*; (2) ability to be *accommodating, invested, and affirming* towards clients; (3) capacity to be profoundly engaged or experience *flow* during sessions; and (4) employ *constructive coping* when challenges arise. Furthermore, it describes a therapist who, at a personal level, interacts with clients, feels motivated during sessions, experiences themselves as productive, and has a variety of supportive methods to cope with challenges. Conversely, SI represents the therapist's experiences of: (1) *frequent difficulties* during sessions; (2) non-constructive *avoidance coping*; and (3) in-session feelings of *boredom and anxiety* (Orlinsky et al., 2005). Moreover, therapists can then be divided into four distinct patterns of work involvement based on the degree of HI and SI reported: (1) *Effective Practice* experience defines those with high HI and low SI; (2) *Distressing Practice* describes those with low HI and high SI; (3) *Challenging Practice* refers to those with high HI and high SI ; and (4) *Disengaged Practice* reflects those with both low HI and low SI (Orlinsky et al., 2005).

Zeeck et al. (2012) built upon this theory and examined the stressful involvement of psychotherapeutic work with the aim of identifying possible risk factors associated with therapists' stressful involvement. Their investigation focused on areas relating to the psychotherapeutic process, therapist characteristics, severity of client symptoms and context or treatment setting. The author's findings suggested that stressful work experiences emanate from the ongoing psychotherapeutic process and the therapists' personalities pertaining to *paradigmatic difficulties*. Paradigmatic difficulties were defined as persistent personal qualities of a therapist that necessitate personal change (Schröder & Davis, 2004).

Schröder and Davis (2004) have called for psychotherapists to be viewed as people with a clinical background, unique personalities, diverse life circumstances, and varying

capacities to cope with challenging conditions during the psychotherapy process. Zeeck et al. (2012) argued that the psychotherapist might feel more effective with some clients than with others, more or less successful when navigating particular difficulties during the psychotherapy process, and more or less effective in their personal lives because of occasional burdens. In more severe circumstances, some therapists may feel increasingly bored or anxious because of distressing work, begin using avoidance coping mechanisms, or adopt a more dominant and remote way of dealing with challenging situations. This type of practice experience has been shown to correlate with *burnout*, a term used to describe a state of being emotionally drained, experiencing depersonalisation, and having decreased motivation or performance capacity (Zeeck et al., 2012). In their study, Yang and Hayes (2020) identified various factors associated with an increased risk of therapist burnout, including perceived job control, the nature of psychotherapists' caseload, countertransference reactions, supervisory support, and psychotherapists' mental health history. If not attended to, these factors could potentially result in burnout. Consequently, these authors advised that strategies to reduce and prevent burnout should be implemented, including adaptive coping strategies such as mindfulness practices, emotional support from colleagues, supervisors, friends and family, and balancing work demands with leisure activities. Additionally, Rupert et al. (2015) reported that personal resources, such as self-care, self-awareness and self-monitoring, and having active cognitive techniques for attaining a constructive view of work, are essential for minimizing the risk of burnout.

Furthermore, Craig and Sprang (2010) conducted a study regarding the impact of using evidence-based practices on compassion satisfaction, compassion fatigue and burnout among trauma treatment therapists. The authors found that the use of evidence-based methods led to decreased compassion fatigue and better client outcomes and therefore, it

could be regarded as a protective factor against professional stress. The literature appeared to demonstrate that an increase in healing involvement has been associated with perceived effective practice, while an increase in stressful involvement has been associated with perceived challenging practice. Consequently, it may be concluded that to minimise the risk of possible burnout, it would be beneficial to increase therapists' experiences of healing involvement in the therapeutic process.

The only study that was identified as having explored the significance of the psychotherapeutic process from the perspective of both psychotherapists and clients, was a study conducted by HÎRJU (2019). The primary goal of the study was to gain insight into how psychotherapists and clients understand what happens during psychotherapy sessions. The findings regarding psychotherapists' perspectives and the meaning they attributed to psychotherapy were found to be the most relevant to the present study. Using a form of grounded theory analysis, the following themes were highlighted: (1) psychotherapy as a form of change; (2) personal development; (3) solution; (4) healing; and (5) self-knowledge, of which personal development was considered the most significant factor contributing to the meaning of psychotherapy. HÎRJU (2019) noted that multiple experiences of perceived failure in therapy might affect the therapists' whole view of therapy and the meaning they attribute to therapy. Furthermore, Hill et al. (2017) studied meaning in life and work among counsellors and found that experienced psychotherapists stated that their professional experience created feelings of being rewarded, alive, gratified, satisfied, and fulfilled.

Coping and Resilience Among Psychotherapists

Existing literature regarding psychotherapists' coping and resilience was limited, but focused on identifying factors that contribute to sustained resilience to inform interventions and prevention practices related to burnout and improved wellbeing among health care

professionals. Clark (2009) investigated the resilience of practicing family therapists and discovered that a profound sense of respect for the self and others, as well as maintaining an I-position, a unique sense of self and commitment to personal principles, contributed to increased resilience. Various themes emerged from Clark's (2009) study, which notably involved the importance of finding meaning from a vocation and fostering of a friendly working environment. Emotional attunement, or the awareness of one's own feelings, also contributed to resilience. Moreover, discussing challenging clients with peers and colleagues was found to assist psychotherapists in coping with their daily stressors. Similarly, Linley and Joseph (2007) explored the characteristics that contribute to psychotherapists' resilience and wellbeing lead to resilience and wellbeing among psychotherapists. The authors discovered that various occupational characteristics contributed to therapist resilience and wellbeing, including personal therapy, supervision, therapeutic training and theoretical orientation, career duration, and present treatment workload. Furthermore, a sense of coherence, social support, and empathy were psychological factors that were shown to contribute to resilience.

Moosath (2014) studied the internal and external factors that enable psychotherapists to cope with stress and the environmental factors that contribute to resilience. Intrinsic coping factors which were found to increase resilience included a passion for the profession, a sense of purpose, understanding role limitations and boundaries, and confronting and resolving personal issues. Conversely, extrinsic factors included, but were not limited to, training, supervision, peer relationships, and benefits emanating from the profession. The author further demonstrated that psychotherapists' coping strategies often included relationships with family and friends, participating in non-professional activities, and others. Furthermore, a study that explored characteristics that sustain therapists' resilience over years of practice, was conducted by Hou and Skovholt (2020). The authors

discovered that highly resilient therapists have been drawn to strong interpersonal relationships, actively engaged with the self, possessed a defined framework of core values and beliefs, and a desire to learn and grow.

Salutogenesis

The term salutogenesis refers to an approach used to study the origins of health that focuses on factors that support human health and wellbeing as opposed to factors that cause disease (Mittelmark & Bauer, 2022). More specifically, the *salutogenic model* is concerned with the relationship between health, stress, and coping (Eriksson & Mittelmark, 2016). This model is situated in the positive psychology paradigm and Antonovskys's outline of salutogenesis has taken on various meanings. A comprehensive definition of salutogenesis describes it as a paradigm which purports that life experiences facilitate the formation of a sense of coherence. Furthermore, Antonovsky (1979) referred to the constructs of health and wellbeing as falling on a continuum from health/ease to disease. In an effort to conceptualise salutogenesis, Antonovsky (1979) dedicated his research to finding out what makes people healthy. The author's findings resulted in the emergence of the Sense of Coherence Theory (SOC). Antonovsky (1979) defined the SOC as:

A global orientation that expresses the extent to which one has a pervasive, enduring thought dynamic feeling of confidence that one's internal and external environments are predictable and that there is a high probability that things will work out as well as can reasonably be expected (p. 123).

A strong SOC underlies a person's capacity to successfully deal with stressors and manage tension by utilising available resources (Eriksson & Mittelmark, 2016). This was said to be noticeable in three behavioural experiences, namely: (1) meaningfulness; (2) manageability; and (3) comprehensibility. According to Antonovsky (1987), the motivation aspect, meaningfulness, refers to the conviction that demands are obstacles deserving of

investment and work involvement which enhances the ability to emotionally identify and attempt to resolve these demands. Manageability, the psychological aspect, refers to an individual's resources which are accessible to meet the demands presented by the stimuli and thus, make it possible to cope with these demands. Comprehensibility is a cognitive aspect which refers to the perception of stimuli generated from the structure, predictability, and interpretation of the internal and external environment, and enables the person to make sense of such stimuli(Eriksson & Mittelmark, 2016).

The SOC construct has been found to be helpful when counteracting professional stress among psychotherapists. In a study by Linley et al. (2005), SOC was found to be the factor that was most protective against negative psychological changes and compassion fatigue, while SOC and the therapeutic bond were the factors most protective against burnout. Linley and Joseph (2007) later reported a strong correlation between SOC and psychotherapists' wellbeing. Moreover, Lakioti and colleagues' (2020) findings regarding therapist resilience indicated that a sense of meaning was a predictor of increased compassion satisfaction, decreased burnout, and possibly served as a protective factor against job stress. When considering the theory of SOC in the context of psychotherapists' experiences of the psychotherapy process, it is plausible that the stronger the psychotherapists' SOC pertaining to the psychotherapy process, the higher they would find themselves on a continuum of positive to stressful experiences.

Although there seems to be extensive literature regarding the psychotherapist's experiences of difficulties and challenging processes in psychotherapy, less is known about positive processes involved in psychotherapy. Furthermore, literature did not appear to indicate the factors that make the psychotherapy process meaningful, manageable, and comprehensible. These identified gaps in existing literature highlight a need to describe psychotherapists' positive experiences and their SOC pertaining to the psychotherapy

process. As indicated previously, research has demonstrated that psychotherapy processes involve numerous strenuous aspects and challenges for psychotherapists which have the potential to affect the wellbeing and experiences of the psychotherapist and the client negatively. During an extensive search on available international and national databases, there seemed to be no existing literature on this topic.

Problem Statement

During the literary overview it became evident that there is minimal qualitative research regarding the meaningfulness, manageability, and comprehensibility of the therapeutic process and how these constructs link with the experiences of psychotherapists. For this reason, the primary problem statement of the present research is: *What makes the therapeutic process comprehensible, manageable, and meaningful and what role does SOC play in the psychotherapists' experiences of the psychotherapy process?*

Exploring the psychotherapy process through the lens of the SOC theory might lead to valuable insights regarding the manageability, comprehensibility, and meaningfulness of the psychotherapy process. Furthermore, knowledge about psychotherapists' experiences of the manageability, comprehensibility, and meaningfulness of the psychotherapy process could provide information regarding positive psychotherapeutic processes, contribute toward increased positive experiences, and improve the efficacy of psychotherapeutic processes in the future.

Aim of the study

The aim of the present study is to understand and describe how psychotherapists make sense of the psychotherapy process from a salutogenic perspective. The focus is on the therapist's experiences of Sense of Coherence with specific reference to the psychotherapeutic process. Information regarding psychologists' experiences of the

therapeutic process from a salutogenic perspective might offer a more comprehensive understanding of other important psychotherapeutic processes.

Methodology

This study employed a qualitative descriptive research design to gain a better understanding of psychotherapists' experiences of the psychotherapeutic process. According to social constructionism, humans' perceptions of knowledge are false. Conversely, it is only real because humans give it meaning through social consensus and by doing so, make it a reality (Seamon & Gill, 2016). This highlights why psychotherapists' perspectives and their experiences of the psychotherapeutic process should be taken into consideration; the significance that is placed on psychotherapy may greatly influence its efficacy (Zeeck et al., 2012). People's views of reality can vary greatly depending on their life experiences, perceptions, and relationships with others and therefore, social constructionism has relevance in the study of psychology (Moore et al., 2017).

Structure of the Research

This mini-dissertation consists of three sections. Section 1 provided an overview of relevant literature and the methodology utilised by this study. Section 2 is the manuscript and has been presented in article format. It contains the methodology, the research findings, discussion, and conclusion. Thereafter Section 3 consists of a critical reflection by the researcher.

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Section 2

Manuscript

Psychotherapists' Experience of the Psychotherapy Process: A Salutogenic Approach

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ABSTRACT

Research has confirmed that psychotherapy processes involve numerous strenuous aspects and challenges for psychotherapists. Simultaneously, little is known about the psychotherapist's positive experiences during psychotherapy processes and how psychotherapists' make sense of psychotherapy processes. Moreover, literature does not indicate what makes the psychotherapy process manageable, meaningful, and comprehensible. The primary aim of this study was to describe how psychotherapists make sense of the psychotherapy process using a salutogenic approach. The objective was to describe and understand psychotherapists' experiences of the manageability, comprehensibility, and meaningfulness of the psychotherapy process. The present study utilised a qualitative descriptive research design. Expert purposive sampling was used to recruit twelve registered psychologists in independent private practice. Data was collected with semi-structured interviews and was then analysed using a hybrid approach to thematic analysis. The three aims identified under the construct of meaning included: (1) the therapeutic relationship; (2) the person of the psychotherapist; and (3) the change process. An additional five themes emerged under the construct of manageability and included: (1) consultations; (2) formal training; (3) practical strategies; (4) evidence-based practice; and (5) self-care. Furthermore, three themes were identified under the construct of comprehensibility, including: (1) feedback; (2) practice-based evidence; and (3) specific techniques. The findings highlighted key sources of meaning, manageability, and comprehensibility and provided valuable insights into therapists' experiences of a Sense of Coherence in the context of the psychotherapeutic process.

Keywords: psychotherapist, psychotherapy, psychotherapy process research, salutogenesis, sense of coherence

Orientation and Problem Statement

Substantial therapist variability has been found in both the outcome of psychotherapy and the process. Several studies have demonstrated that the therapist is one of the most significant determinants of outcome among the variables that have been evaluated and reports a variance in outcomes of 5–9%; this was greater than the variance for both treatments and therapeutic alliance (Duncan et al., 2010; Lutz et al., 2007; Wampold & Brown, 2005).

Studies that have explored therapist experiences of the psychotherapy process, mainly related to difficulties and challenges experienced during treatment. These studies indicated that the work of psychotherapy can be stressful and demanding for the therapist and impacts the process and outcomes of psychotherapy. Hayes (2004) noted that the capacity to cope with, and to manage, perceived difficulties is critical for both the psychotherapist's efficacy and the quality of psychotherapy. HÎRJU (2019) argued that multiple experiences of perceived failure in therapy might affect the therapist's entire view of therapy and the meaning they attribute to therapy. Furthermore, research has shown that therapists' wellbeing and resilience are strongly associated with therapeutic effectiveness and client outcomes (Pereira et al., 2017). A widely cited study that explored psychotherapists' work experience was conducted by Orlinsky et al. (2005). The authors' findings yielded two dimensions of work involvement: (1) healing involvement (HI) which was characterised by experiences of being *affirming*, feeling *invested* and *accommodating*, a feeling of *flow* during sessions, and using *constructive coping strategies*; and (2) stressful involvement (SI) which was characterised by *difficulties in practice*, feelings of *boredom and anxiety*, and the tendency to deal with difficulties by *avoiding therapeutic engagement*. Thereafter, Zeeck et al. (2012) studied the dimensions of therapists' stress in

psychotherapy and reported that therapists' experiences of stress appeared to be related to ongoing therapeutic processes.

From the Salutogenic perspective, Antonovsky (2012) referred to a Sense of Coherence (SOC) and stated that it consists of three elements, including manageability, comprehensibility, and meaningfulness. Moreover, the author described these as central to successfully coping with challenges. Increased SOC has been found to be useful in reducing professional stress. In a quantitative study, Linley et al. (2005) discovered that SOC was one of the most protective factors against negative psychological change and compassion fatigue, whereas SOC and the therapeutic alliance were the most protective factors against burnout. Additionally, a strong correlation was found between SOC and psychotherapist wellbeing (Linley & Joseph, 2007).

When investigating therapists' experiences, existing research highlights the negative effects of therapist work from a problem orientated and pathological perspective however, little is known about therapists' experiences from a nonpathological perspective (Hou & Skovholt, 2020). Furthermore, studies employing the SOC construct have mostly utilised quantitative research methods. The present study aims to fill this gap by attempting to view the psychotherapeutic process through the lens of SOC to understand what makes the therapeutic process manageable, meaningful, and comprehensible from the therapist's perspective. Results obtained from the present study might benefit the field of psychotherapy research by contributing a better understanding of psychotherapy processes and thereby, possibly providing an opportunity to improve the quality and effectiveness of psychotherapy as stated in the proposed aims of psychotherapy research.

Research Method

This study focused on eliciting a greater understanding of psychotherapists' experiences of meaningfulness, manageability, and comprehensibility during the

psychotherapy process. Although existing quantitative studies found SOC to be a protective factor against burnout among professionals, the nature of the sources of meaningfulness, manageability, and comprehensibility remained unclear. A qualitative research approach was used in this study. Qualitative methods are used to answer questions regarding experience, meaning, and perspective which typically emanate from the participants' point of view (Hammarberg et al., 2016). Rather than explaining or predicting, qualitative research has focused on describing and understanding human behaviour (Fouche & Delport, 2011). Moreover, qualitative research has the advantage of discovering additional gaps in relation to the research topic and allows future researchers to investigate these areas (Vaismoradi et al., 2013). The present study sought to understand psychotherapists experiences regarding the meaningfulness, manageability, and comprehensibility of the psychotherapy process. According to Antonovsky et al. (2022), qualitative inquiry appears to be particularly suited for investigating meaningfulness, manageability, and comprehensibility as interconnected, but separate components of SOC which can be operationalised and studied individually. The qualitative method of study enabled the researcher to take a broad look at the topic under investigation.

Research Design

A qualitative descriptive research design underpinned the exploration of psychotherapists' experiences of the psychotherapeutic process. In this study, the research question related to the meaningfulness, manageability, and comprehensibility of the psychotherapeutic process and the potential role they play in the therapist's experience thereof. Qualitative descriptive research has been described as relevant and appropriate for research questions that focus on describing the who, what, and where of events or experiences and gathering information from sources about a perplexing or novel

phenomenon (Kim et al., 2017). The present study employed a qualitative descriptive research design because it permitted the researcher to closely examine the data by integrating the data collected from qualitative research, thereby gathering a comprehensive description of the phenomenon of interest (Sandelowski, 2000). To provide an in-depth and comprehensive description of how the constructs present themselves in the specified environment, the researcher endeavoured to collect detailed data to better characterise the phenomenon and how this phenomenon was perceived by the participants. The researcher's aim was to report on psychotherapists' experiences of the psychotherapeutic process and thus, this design best fits the aim and objectives of the present study.

Participants and Research Context

To participate in the present study, participants had to meet certain criteria which aligned with the aim of the research. In this study, the criteria of participants were refined by the use of purposive sampling. The researcher formulated specific inclusion and exclusion criteria to ensure that the research aims would be met. The inclusion criteria were: (1) clinical, counselling, or educational psychologists; (2) registered with the HPCSA; (3) with at least five years of experience in psychotherapy; (4) that have been actively practicing psychotherapy in the last five years; (5) working in the Dr Kenneth Kaunda District; and (6) working in the context of a private or group-based practice. The criteria excluded: (1) registered counsellors; (2) research psychologists; (3) industrial psychologists; (4) psychologists in academia or other settings who do not actively practise psychotherapy; (5) pastoral counsellors or life coaches; (6) any psychologist with fewer than five years of experience practising psychotherapy; and (7) psychologists practising in state hospitals only.

An independent person contacted the participants and provided information about the research to invite them to take part. Following their agreement to participate, each participant was provided with an informed consent form by email which they were required to sign and return to the independent person. Participants were informed that they may withdraw from the study at any point should they wish to do so. Once informed consent was obtained, the researcher was provided with their information to schedule appointments. The researcher then scheduled an online appointment at their convenience to conduct the interviews. Table 1 presents the demographic information of participants.

Table 1*Demographic Information of Participants*

Participant Number	Gender	Registration category	Year of registration	Number of years in private practice	Theoretical Approach	Age range of clients
P1	Male	Clinical Psychologist	2009	11 years	Psychodynamic	18-40 years
P2	Female	Clinical Psychologist	2007	15 years	Integrated Approach	6-80 years
P3	Female	Clinical Psychologist	1998	17 years	Eclectic and Faith based	4-90 years
P4	Female	Clinical Psychologist	2001	17 years	CBT	9-80 years
P5	Male	Clinical psychologist	2001	17 years	Integrative approach	13-30 years
P6	Male	Counselling Psychologist	1997	5 years	Eclectic approach	18-29 years
P7	Male	Clinical psychologist	2005	17 years	CBT	20-60 years
P8	Male	Clinical Psychologist	2002	12 years	Eclectic approach	14-55 years
P9	Female	Clinical Psychologist	2017	3 years	Integrative approach	4-60 years
P10	Female	Clinical psychologist	2016	7 years	Integrative approach	3-12 years and 18 upwards
P11	Female	Clinical psychologist	2017	5 years	Integrative approach	7-70 years
P12	Female	Clinical psychologist	2001	18 years	Jungian analytical	15-74 years

Data Collection

Semi-structured online interviews were conducted with the participants using the Zoom Online Platform to adhere to the Covid-19 regulations in place at the time of data collection. During the first part of the interview, questions pertaining to demographic information were asked to ascertain whether participants met the inclusion criteria. The second part of the interview consisted of six key questions- three of which specifically

addressed meaningfulness, manageability, and comprehensibility respectively and three broader questions regarding SOC. Follow-up/probing questions were used to supplement the main questions and is commonly used during semi-structured interviews for the purpose of clarification (Guest et al., 2006). The interview questions were formulated by the researcher in collaboration with the research supervisor and were designed to address the specific research question.

The online interviews were video recorded and permission was obtained both in the signed informed consent form and verbally online by the researcher prior to the start of the interview. Thereafter, the researcher transcribed the recordings to provide data for the present study. The transcripts of the interviews enabled the researcher to undertake an in-depth examination of the data and identify emerging themes. Participants were provided with operational definitions of the major constructs referred to during the interviews. The six key questions included:

1. Tell me about the meaningfulness of the psychotherapeutic process for you
2. Tell me about the manageability of the psychotherapeutic process for you
3. If you think of the psychotherapeutic process, how is it comprehensible to you?
4. What is your understanding of a sense of coherence?
5. What helps you create and/or maintain a sense of coherence?
6. What does sense of coherence mean to you in practice?

Data Analysis

Following the verbatim transcription of the interviews, the data were coded and analysed using a hybrid approach to thematic analysis. This involved utilising both deductive and inductive data analysis. According to Swain (2018), inductive and deductive approaches are used in data analysis when theory is both a precursor to, and the outcome of, a study; this is referred to as a hybrid approach to analysis. A deductive approach

includes a set of *a priori* codes which was identified through the research aims and was used when the researcher codes according to a specific research question. Constructs from SOC, including meaningful, manageable, and comprehensible, were used as *a priori* categories in the present study. Conversely, an inductive approach results in a series of *a posteriori* codes which are generated from an examination of the collected data. Inductive data analysis was used in the present study to identify themes in the data. The analytic process started with *a priori* categories and ended with emerging themes.

Swain (2018) recommended three phases with seven stages when conducting a hybrid approach to thematic analysis. The first phase involves the development of a code and information table to document codes and transcribe responses which facilitates the formulation of *a priori* codes and familiarity with the data. The second phase entails the application of the *a priori* codes, while simultaneously creating a new series of *a posteriori* codes and adding information from the transcripts into the table. During the third phase, the researcher inserts transcriptions from interviews into a Microsoft Word document and reduces the *a priori* and *a posteriori* codes into family codes to minimise the large number of codes so they can be used to structure the findings in the report.

In the present study, the coding process was completed by the researcher after which it was reviewed and revised by the supervisor. The researcher and supervisor separately analysed the codes and identified possible themes. Thereafter, the researcher and supervisor compared and discussed their findings and consensus was reached. Following this agreement, the themes were finalised and reported in writing which was overseen by the supervisor.

Trustworthiness

Qualitative research seeks to generate knowledge based on human experience and therefore, it is essential to conduct it in a rigorous and systematic manner to produce

trustworthy, meaningful and relevant findings (Nowell et al., 2017). Credibility, transferability, dependability, and confirmability are four criteria which can be used to evaluate the quality and trustworthiness of qualitative studies (Korstjens & Moser, 2018). Trustworthiness was reviewed and considered by the researcher throughout the preparation, organisation, and reporting phases of the study and guidelines proposed by Elo et al. (2014) were adhered to.

According to Korstjens and Moser (2018), credibility addresses the truthfulness of the research findings by ensuring accuracy of information and interpretations which are based on the participants' original views. In this study, the researcher remained transparent about the process which was followed during data analysis and thereby, enhanced credibility. Furthermore, the researcher reflected on field notes and recordings when data was analysed and interpreted to facilitate the researcher's bracketing out of personal biases and to limit pre-existing assumptions about the topic. The second criterion, transferability, refers to the extent to which aspects of the findings may be transferred to other populations and contexts. In this study, transferability was enhanced by clearly stating the guidelines and criteria used to select participants and detailing the participants' main attributes so that transferability to other contexts could be assessed. Moreover, the researcher followed specific steps for employing a hybrid approach to thematic analysis which were outlined by Swain (2018). This further enhanced the transferability of the study.

Dependability addresses the consistency of findings over time by ensuring that the process of analysis aligns with accepted standards pertaining to a specific research design. In this study, code-recode strategies were employed and used to compare emerging codes to ensure that all themes were identified and thereby, enhancing dependability. The fourth criterion of confirmability refers to the extent to which the

accuracy of the data and the research findings can be verified by independent researchers. The final themes were only reported in writing after having been thoroughly discussed with the supervisor after which, an agreement was reached which enhanced the confirmability of the data and research findings.

Ethical Considerations

Ethical approval for the present study was obtained from the Health Research Ethics Committee (HREC) of the North-West University (Ethics approval code: NWU-00500-20-S1). Once ethical approval was obtained, an independent person contacted the potential participants from a pre-existing database and sent them an invitation to participate in the study. This invitation included information regarding the nature of the study and the expectations from participants. The participants who were willing to participate in the study were sent an informed consent form to complete and return to the independent person. The informed consent form contained all the relevant information regarding the study, including the ethical aspects to be considered. Following the acquisition of informed consent, the participants' contact information was given to the researcher and appointments were scheduled for online interviews. After commencing with the online interview, the meeting was locked to prevent intrusion and interruption from outside sources which promoted the privacy and confidentiality of the interviews. Verbal consent for recording and transcribing the interview was obtained by the researcher and factors such as anonymity, confidentiality, and withdrawal from the study were discussed. Thereafter, participants were informed that the recordings would be stored on a password-protected laptop and that the North-West University would be responsible for the safekeeping of all the transcriptions and data.

Findings

Data was analysed using a hybrid approach to thematic analysis. Utilising both

deductive and inductive analyses, the primary themes and subthemes were identified for each of the *a priori* categories independently- meaningfulness, manageability, and comprehensibility. Although Antonovsky (1987) maintained that these constructs were uni-dimensional, other scholars have argued in favour of conceptualising the SOC construct as tri-dimensional. Antonovsky et al. (2022) noted that the components of SOC can be conceptualised and studied separately. For the purpose of this study, findings regarding themes and subthemes of meaningfulness (see Table 2), manageability (see Table 3), and comprehensibility (see Table 4) in the psychotherapeutic process are presented independently.

Meaningfulness

The following themes and sub-themes were identified and have been presented in Table 2 below.

Table 2

Themes and Sub-themes Regarding Meaningfulness

Theme One Sub-themes	The Therapeutic Relationship Person Centred Therapy (PCT) Principles Therapist Responsiveness
Theme Two Sub-themes	Person-of-the-Psychotherapist (POTP) Part of Something greater Observing “Ah-ha” Moments Privilege
Theme Three Sub-themes	Change Process Increased Awareness/Insight Extra-Therapeutic Change Learning Experience (for client and therapist)

The themes and sub-themes are discussed below and supported with the provision of verbatim extracts from the transcripts.

Theme One: The Therapeutic Relationship. During data collection, it became apparent that participants were referring to aspects of the therapeutic relationship which they found important and meaningful to themselves and their clients. Therefore, this theme

addresses aspects of connection and relatability in the therapeutic relationship which the participants regarded as important. Two main sub-themes emanated from the analysis, namely: *Person Centered Therapy Principles and Therapist Responsiveness*. Each sub-theme is unpacked and explained below.

Person Centred Therapy Principles. When discussing the meaningfulness of the therapeutic relationship, participants often referred to *Person Centred Therapy Principles* in relation to the conditions of the therapeutic space which clients were met with. These conditions were noted to contribute to the connectedness and relatedness in the therapeutic space. Participant 1 stated: “*So I also think that the therapeutic relationship is very important, as it is an honest relationship where the client gets the opportunity to really see themselves in a non-judgmental and an empathic environment*”.

Participant 9 reflected on the impact of the relationship by saying: “*And I think it's in terms of what I have been able to see and witness within people and what happens when someone meets you where you're at, with no expectation of what you should or shouldn't be*”.

Therapist Responsiveness. Therapist responsiveness refers to the therapists' ability to be fully present in the session while letting go of their own concerns and conflicts. This is important for fostering connections which the therapeutic relationship relies on. Participants expressed the following in this regard:

For me, the most important thing is to be fully present in the session. I think the most important thing for the client, from my experience, would be that for 50 minutes there's absolutely nothing else that's going to distract me, that's going to take my attention away. That is the most important, that they are the most important people in that space of time. So I think that also gives me meaning and it gives the session meaning (Participant 1).

...a space where you can be met with everything that you have to bring... happiness, sadness, anger, pre-existing ideas, troubles. And someone is willing to sit there and put what they feel and believe about it in the background to address what you're going through (Participant 9).

Theme Two: Person of the Psychotherapist. Participants often referred to their views on the meaning and impact they feel they make.

Part of Something Greater. This sub-theme refers to participants' sense that what they are contributing to clients' lives is greater than just on an individual level and has a greater purpose. Participant 4 illustrated this by stating:

Transcendence is a very big value of mine. In other words, there is something bigger than I am that I need to contribute to, that I need to assist with. So it gave me a lot of meaning because it lives into that value of mine- that everything is not just for my comfort or my improvement. I'm part of a bigger system that keeps me going to get that feedback of really making a difference.

Observing Ah-ha Moments. Observing *ah-ha moments* also emerged as a sub-theme among participants. Participants stated the following in this regard:

And that is the meaningful part for me. It is what happens in their eyes when they discover that they are actually helpful, or they are courageous, or they have, you know, wisdom to make the right decisions and choices (Participant 5).

That's the reason why we do this, you want to see symptom alleviation. You want to feel that people are learning something. There are few things as great as that occasional aha moment the client gets when some of these concepts gel together (Participant 7).

Privilege. This sub-theme focused on the participants' sense of privilege and the importance of respect when allowed into the client's life. Participant 5 conveyed this by stating:

I think the fact that it feels to me like when you engage with clients, you are really on holy ground. They lead you into very private and very personal spaces. And that for me, is always a privilege. I try not to go sort of window shopping through clients lives and always try and be respectful and not take for granted the fact that they are letting you into spaces where they've really been hurt or where they've really experienced tremendous difficulty.

Theme Three: Change Process. Participants' experiences of meaningfulness were often described in terms of their views of what psychotherapy offers clients and the changes that take place as a result. The following sub-themes emerged under change process.

Increased Awareness and Insight. This sub-theme refers to a motivational aspect and addresses participants' beliefs that the process is worthy of investing time and energy. Participant 2 stated:

I think to make it worthy to push through the challenges is that, I think the insight that you see develops from the patient's side. You can see sometimes that certain things just become more clear to them. You see that as the insight develops you can see how the shifts are taking place. And I think if you can pick up those insights, and you can pick up the progress, that is really very much fulfilling.

Extra-Therapeutic Change. This sub-theme focuses on participants' experiences of meaningfulness emanating from changes in the therapeutic space expanding into changes outside of the therapeutic space. Participants expressed the following:

It's not only the one life that you have managed to, for that one person to make a difference, but they will also be paying it forward. Their marriage will be better, their relationship with their children will be better (Participant 3).

... you can see there's been progress and people can start that principle of see one, do one, teach one. When they can start talking about the concept and say they've talked to other people about the concept, you can see there's been real growth and they've internalised the process and there's definitely a lot of satisfaction in it (Participant 7).

Learning Experience. This sub-theme describes what participants gain from their therapeutic processes and interactions. Participants explained that:

Because people allow you into their worlds, into their lives, it opens up different points of view, different lifestyles, different views on life in general. But the challenge is in that growth- it is in the process of allowing yourself to go there and to understand and to learn to push yourself, to push your own boundaries in terms of people's views and take on stuff, but the challenge lies in going there, allowing yourself to go there (Participant 2).

The more you get to know people, the more people you see, the more your own perception of things changes. I feel that a lot of people's changes have facilitated change within myself. So you know, people always say we see our clients or our patients, and we also learn from them (Participant 8).

Manageability

Table 3

Themes and Sub-themes Regarding Manageability

Theme One	Consultations
Sub-themes	Discussion with Colleagues/Peers Supervision
Theme Two	Formal Training
Sub-themes	Theoretical Knowledge and Understanding Continuous Professional Development/Lifelong Learning Adherence to Evidence-Based Framework

Theme Three Sub-themes	Practical Strategies Referrals Flexibility/Adaptability Collaboration
Theme Four Sub-themes	Evidence-Based Practice Mindfulness Reflection and Interpretation Compartmentalisation Hope and Perseverance
Theme Five Sub-themes	Self-Care Self-Knowledge Balance (Work versus Leisure)

The themes and sub-themes pertaining to manageability are discussed in the below sections. These are further supported with the provision of verbatim extracts from the transcripts.

Theme One: Consultations. During data collection, it became evident that participants often consulted with other professionals when they felt uncertain about a process or when they were confronted with personal challenges related to the process. Participants regarded this as valuable and an important factor which facilitated the manageability of the process. Therefore, theme one mainly addresses participants' experiences of manageability in relation to consultations.

Discussions with Colleagues/Peers and Supervision. Participants often described the use of professional support systems to help them gain a better understanding or a different perspective of processes, especially when they felt uncertain. Although most participants made reference to supervision, it appeared that informal discussions with colleagues or peers were used most often. This is possibly because it is more expedient and easily accessed, as opposed to formal supervision. Participant 4 stated:

I have many psychology friends and there was specifically one in Vanderbijl that I usually consulted with. So, I would often phone him and say 'I'm stuck with this one, can't I refer', or you know that would be part of it. But also having a lot of friends in

psychology, it really inspired me not to get stuck but to get new ideas. So, in consultations, but also in general discussions- not necessarily deep sessions and scheduled meetings- but they are resources which helped a lot.

Furthermore, participants discussed supervision in the context of emotional management of the self, for instance, to navigate transference and countertransference. Participant 10 stated that: “...*after a session, if you've experienced something, to write that down to reflect on it to go for supervision. I also do supervision with clients that I really feel there's countertransference with*”.

Theme Two: Formal Training. Each participant referred to the use of their knowledge, understanding, and skills which they gained through education, workshops, and research to help guide the process on a cognitive level. Moreover, participants often described the unpredictability inherent in working with clients and the use of knowledge and skills to manage that aspect of the process. Therefore, theme two primarily addresses various training factors that facilitate the manageability of the process.

Theoretical Knowledge and Understanding. Participants noted that theoretical knowledge and understanding facilitate the manageability of the process in various ways. Participant 3 explained how theoretical knowledge has assisted in the management of unfamiliar processes by stating:

The first thing is obviously a good education, a good theoretical basis, understanding as much as you can about certain processes on a therapeutic level, even if you haven't made the link to how that looks in practice yet. But it also prepares you when you get confronted with something that you haven't seen before, to at least have a structure according to which you can approach this new problem.

Participant 5 reported that theoretical knowledge adds to the manageability of the process by providing guidelines:

I think, obviously, one always falls back on your therapeutic or your theoretical knowledge and the training that you've received. So, understanding the process and the dynamics and all the different aspects to pay attention to in a therapeutic process definitely makes it more manageable.

Continuous Professional Development/Lifelong Learning. Participants frequently referred to additional workshops and training as a factor that helped them understand the process better and therefore, made it more manageable. Moreover, participants discussed expanding their knowledge by engaging in research and reading to facilitate the manageability of the process. Participant 7 described how additional training provided awareness of easier ways of working and Participant 9 highlighted the importance of lifelong learning:

I continued my studies at the Beck Institute in Pennsylvania USA, just to get a better understanding of the whole change process of therapy, how things work from start to finish. And I think since then, I've really worked in a not rigid framework, but in a decent framework where the whole process of dealing with particular disorders became easier for me (Participant 7).

If there's something you're confronted with that you don't understand, read about it, research about it. And then I think it comes down to that place where you make sure you stay in contact with where you need to grow, where you need to read more, learn more, ask more, keep quiet more, research more, where you need to challenge yourself (Participant 9).

Adherence to Evidence-Based Frameworks. Most participants regarded the theoretical framework as a roadmap which guides them through the process. In this regard, Participant 6 shared the following: *"I work from a theoretical framework. And that sort of gives me the parameters in which I guide a session for instance, and then also the*

intended outcome". Furthermore, Participant 7 emphasised that the framework facilitates manageability of the process:

I think what made my life much easier as a therapist is having a very, very clear framework within which I operate. I truly believe that you need to, and I don't care which theory you are working from, but you have to work within an evidence-based framework. Because as soon as you do this, the process becomes manageable, because it gives you clear guidelines of what you're doing, why you're doing it, how will you get there, and how do you problem solve if you're not getting there quick enough.

Theme Three: Practical Strategies. During data analysis, it became evident that participants often discussed managing the process in relation to specific actions that should be taken to manage the therapeutic environment and the demands placed on them. Therefore, theme three pertains to practical strategies utilised by participants to facilitate the manageability of the process.

Referrals. Participants would frequently utilise referrals to help them manage the therapeutic process in situations where they were unable to meet the demands imposed on them. Participant 3 stated: *"If I see that the situation that they need assistance with is something that I am unable to agree with them on, then I would refer them to another therapist who would be more willing or capable of assisting them with that"*. Other participants noted that they would refer a client when they felt unable to move past a certain point in the process. Participant 8 mentioned: *"I've asked if they'd like to see someone else to get past a certain point"*.

Flexibility/Adaptability. Participants referred to their individualised understanding of their clients and their processes. Participant 10 explained: *"The change is different for each and every client because their processes are different"*. Individuals are known to be dynamic and complex and thus, the therapeutic process also exhibits elements of

unpredictability as stated by Participant 7: *“There's always some variable coming in that you haven't either foreseen or haven't seen before or haven't dealt with”*.

In relation to the above-mentioned extract, manageability of the therapeutic process was typically experienced through participants' ability to be flexible and adaptive in their approach. Participant 7 made reference to adaptability when they explained that:

...in psychology, nothing is a quick fix. So it means stick with the process, at least know what you're doing while you're doing it. If something is not working, you need to be able to problem solve in the process as well. And then the ability to be flexible enough to see where you need to adjust and to change to get you there.

Collaboration. During data analysis, it emerged that there was awareness among participants of their role in the therapeutic process, highlighted by Participant 2: *“You are not the main role player- there, the patient is the main role player”*. Participant 7 shared this sentiment and stated that: *“It's not life according to you, but that we play an important role, and we're a tool in the process”*. Awareness of their role facilitated participants' manageability in relation to the degree of responsibility which is borne during the therapeutic process, for example, Participant 8 mentioned: *“I think that helps in terms of responsibility. So that all of that is not my responsibility to change their life and make it better. It's something that they have to go out and do”*. Moreover, participants described it as a *collaborative process* where clients helped guide and manage the process. Participant 9 summarised this by stating that: *“I feel it's a combination, it's a joint endeavour, it's never only one sided. And I often say to patients or to clients, I can't do this without them”*.

Theme Four: Evidence-Based Practice. Evidence-based practice refers to therapeutic practices which have been researched to identify what works best for which client and diagnosis. During data analysis, it became evident that participants often highlighted

common elements which have been proven to be effective by research. Therefore, this theme expands on participants' experiences of manageability which relate to these elements.

Mindfulness. Participants often referred to the complex nature of the therapeutic process in relation to their experiences of manageability. Participant 1 noted:

So for me, I think the biggest challenge is to maintain focus on all the different processes because there's so much going on at the same time. So, there's a lot of things happening that takes a lot of energy, and that energy then needs to be directed appropriately so that my thoughts don't go off in a tangent or somewhere else, where I'm not focusing on the client.

Participant 10 illustrated how mindfulness contributes to the experience of manageability during the therapeutic process when they stated that:

...presence is, for me, very important in a therapeutic process. And that makes it manageable for me because I can't manage the process if I'm not present in the process, if I'm not there. I always ask myself, 'What am I busy with?', 'What am I doing here?' to just come back and once again be present, be in the moment, just reflect, be mindful of what's going on here.

Reflections and Interpretations. A lack of change and progress in a therapeutic process can become a challenging factor which was mentioned by Participant 6: "...sometimes one does not see the progress that you envisage and it may drag on for a few sessions, that there is no progress. And that I find to be challenging". Participants described reflections, self-reflection and reflections with clients, and interpretations of their observations as helpful in moving forward with the therapeutic process. Participant 1 noted that:

So I'm asking myself why, 'Why am I stuck?', 'What makes me stuck here?', 'Is it something that I don't see, is it something that I don't want to see?'. 'Or is it something that the client doesn't want to show me?', 'Is it part of the client's personality structure?', 'Is it a defence mechanism?'. So all of these questions kind of help me to try and understand why I am stuck. And I think knowing why I'm stuck helps me too. Yea, I think it helps me to move forward then.

Compartmentalisation. Compartmentalisation refers to participants' ability to separate their work life from their personal life. Participants regarded this as an important skill that prevents burnout and enhances their ability to remain present and focused during the therapeutic process. Participants mentioned how compartmentalisation facilitated their ability to be present in the moment:

I think it has become easier for me to kind of compartmentalise my life. So when I'm at home, I don't think about work, when I'm exercising, I'm not thinking about anything else. And the same goes then for therapy, to really just leave everything out and to keep my focus only in the here and now (Participant 1).

...the ability to disengage from work and work problems and leave that behind. I think that's an essential part of it. So the ability to keep that professional distance and help them is important, but from a cognitive empathy perspective, not making the problem yours because I think once you start adding those things in there, your chances of burnout in the long run would be significantly greater (Participant 7).

Hope and Perseverance. There was consensus among participants that therapeutic processes consist of various challenges. Hope and perseverance were frequently noted as factors that helped participants cope with the more challenging processes. Participants shared the following in this regard:

But just to keep on trying because you cannot give up. You have to cling on to hope. You have to always cling on to hope, even if it is a very bad prognosis. If the patient comes to you, I regard it as a clear indication that you offer something that still offers some hope as well (Participant 2).

So it's having the patience and the perseverance to understand that this is the process and sometimes it will take longer. But eventually, as long as people feel they get something out of the session, and they feel they're progressing or learning something, there's still satisfaction. At least in it for me, although not immediate reward because you don't see the results immediately. But you know you're working towards something. And very often, it means you have to stay patient while you're working with human beings (Participant 7).

Theme Five: Self-Care. During data analysis, it appeared that participants understood that they bring themselves into psychotherapy which ultimately influences the therapeutic process. If the psychotherapist is not in a conducive state of mental and physical health, the process will plausibly suffer as a result. *“In psychotherapy, you are the tool. So if you do not take good self-care you know, physically, emotionally, spiritually. If you don't take good care of yourself, there's also no way in which you can manage your caseload”* (Participant 3). Participant 8 reinforced this sentiment by stating that:

I think that for me it's like, it leads to two things ‘How do I stay healthy?’ and ‘How does the psychotherapeutic process?’ because I think they linked. If I'm not okay, then I think the psychotherapeutic process is probably not okay.

Therefore, this theme focuses on aspects of self-care and the manner in which they relate to the participants' experiences of manageability of the therapeutic process.

Self-Knowledge. Working with clients can be demanding. Participant 2 mentioned: *“And yes, you get emotionally drained at times and you get very tired and so on”.*

Therefore, therapists benefit from having knowledge of themselves and their limitations because it enhances their ability to identify and take action with regards to factors that impact their ability to be a good therapist. Participant 2 stated that: *“You need to know yourself to know where you are in the first place, when you need some breakaway. You need to pick up the clues that you are becoming tired, that you're becoming irritable perhaps, and so on”*. Participant 12 referred to the importance of self-knowledge, stating that: *“It took me several years to get to a point where I know what my capacity is in terms of what I can give to patients and still provide the best kind of service to the patients without burning out myself”*.

Participants' knowledge and awareness of the self allowed them to implement certain actions, such as taking a break when they realised that they had reached their capacity, for example, Participant 10 noted:

So I felt that I couldn't, on a deeper level, be present with my clients because I was busy with something in my personal life. So I would tell them ‘Listen, for a few weeks I'm taking a break’. It's kind of like a mini sabbatical or a holiday or whatever.

This sub-theme highlights the importance of self-knowledge to prevent burnout and manage the therapeutic process effectively.

Balance (Work versus Leisure). Maintaining balance was considered a vital aspect of the capacity to manage the therapeutic process among participants. Participants highlighted the following:

I would find that sometimes people or therapists would live through their own patients and not have a life of their own. And I think it's important to also grab life and have a life of your own and not only psychotherapy. And yeah, live life to the fullest yourself (Participant 12).

If you can get that balance right in your own life, you'll be in a better space which is kind of what you owe your client as well. Because if they start dealing with somebody who's not in a good space, you can't be an effective therapist in the process (Participant 7).

Participants considered spending quality time with loved ones as an important aspect of maintaining balance.

Comprehensibility

Table 4

Themes and Sub-Themes Regarding Comprehensibility

Theme One	Feedback
Sub-themes	Feedback from Clients Feedback from Peers/Colleagues Practical Experience and CPD
Theme Two	Practice-Based Evidence
Sub-themes	Experiential Learning Clinical Observations Individualised Understanding of Client Views of People, Psychotherapy, and Psychopathology Self-Evaluations
Theme Three	Specific Techniques
Sub-themes	Collaborative/Shared Formulation of Therapeutic Goals Dealing with Transference and Countertransference

The themes and sub-themes related to comprehensibility are detailed below. In addition to this, verbatim extracts from the transcripts have been included to support the themes.

Theme One: Feedback. This theme relates to different types of feedback which participants highlighted when discussing their experience of comprehensibility. Three sub-themes emerged from data analysis and will be described below.

Feedback from Clients. Referring back to the participants' understanding of their role in the process as being that of a facilitator, participants noted that they draw on clients' responses, reactions, and comments to help them understand different aspects of the

process. This includes gaining an understanding of the client's perspective and needs. In this regard, participants stated the following:

I want to understand clearly from the client's perspective what they want. I want to clearly understand what the problem is, understanding obstacles to change. So, if you didn't do it, let's discuss what might be difficult for you. What stopped you from doing this? What do you think will be the consequences? (Participant 5).

It helps to be honest with yourself and to know and to try and gauge also from your responses, but also from the clients' responses. And that may not necessarily be responses in therapy, but also to how what happened there had an effect outside of therapy for them (Participant 1).

Feedback from Peers/Colleagues. Participants reported drawing on feedback from their peers and colleagues to facilitate an understanding of the therapeutic process on different levels. Participant 1 explained:

I have one very, very close friend who is also a clinical psychologist and we will contact each other about once a month and just talk about difficult things we've encountered or so. And she's very honest with me, she will tell me you know, this is because of this or that aspect of yourself which I really appreciate because that might be a blind spot that I'm not aware of.

Moreover, participants referred to discussions with peers and colleagues as a means of facilitating a different or more objective perspective on the process. For example, Participant 8 mentioned that: "...and then they help by saying 'Have you tried this?', 'Have you thought of that?'. They ask a question that might just give me perspective on something different".

Practical Experience. Practical experience allows for the practice and application of knowledge and skills which were gained through formal training. With practice comes a

better understanding of the process because it provides the therapist with feedback regarding their application of theory. Participant 3 described the experience in the following way:

Well, I think the biggest thing would be experience because initially, you know what? I think I had been a psychologist for 10 or 15 years and then one day it was like kaboom. Oh, this is the process that we learned. You don't always link the theory and the practice with each other. So combining the experience and the theory with each other, I think that helps you to understand a lot of processes.

Theme Two: Practice-Based Evidence. Practice-based evidence refers to the application of research findings in practice as a way to assess its usefulness and efficaciousness. Therefore, this theme focuses on aspects specifically related to practice which participants highlighted when describing their experiences of comprehensibility of the psychotherapeutic process.

Experiential Learning. Experiential learning refers to linking theory with practice by means of doing. Participants noted that they often reflected on their understanding and expectations of the therapeutic process after they had completed their training and how reality was different from expectation. Participant 5 reflected on their experience of this and stated that:

During my training and right after my training, I had sort of the idea that the psychotherapeutic process is something that should be relatively structured, that should almost go according to a recipe as you were trained. So almost, the expectation was for textbook cases that fits in with your preferred orientation nicely and that you initiate and go through the psychotherapeutic process and end as it's described in your training. And I was very early on disillusioned in terms of that, with regard to the fact that it's a very individual process.

Furthermore, Participant 3 explained that there are certain elements of the therapeutic process that can only be understood through practice and experience: “...*you learn a therapeutic process, but you don't always understand the application of that in practice. In practice, you also learn it on an experiential level*”. Participant 8 corroborated this perspective by stating: “...*my understanding of the process probably comes from training. It probably comes from what we've done and the experience in doing it*”.

Individualised Understanding of Clients. The participants' experiences of comprehensibility were related to their individualised understanding of clients. Individualised understanding of clients refers to viewing and understanding clients' processes in their specific context. This type of understanding is not a *one size fits all* approach and what suits one person will not necessarily suit another person. Participant 5 described it as:

You work with different individuals that come with different dynamics, with different personalities and there are so many different moving parts to each individual psychotherapeutic session. It's definitely not a recipe that you follow. So I think, in general, my experience has been that it's very complex and it's very individual.

For some participants, this approach facilitated a deeper understanding of their clients' capacities, for example, Participant 2 mentioned:

It's not all patients that's got the capacity to grow. Sometimes growth comes with time, it comes later. So it is something that there is not a clear-cut recipe, it is something that is really different with each and every patient.

View of People, Psychotherapy, and Psychopathology. Participant 7 emphasised the significance of this sub-theme when they stated that:

As a clinician, you have to have a very clear understanding of your definition from an evidence-based perspective of why human pathology develops. Your strategies can

only work if it links to the origin of the problem and to identify the origin of the problem, you need to be able to comprehend what's going on in pathology and the process.

The participants' experiences of comprehensibility of the process were mostly described in relation to their view of people, psychotherapy, and psychopathology. For example, Participant 12 stated:

I think, in terms of understanding the process is, you've got a person that is in crisis- a patient- or is stuck in their lives. And there is a need, something needs to change. And usually with a depression or anxiety or something traumatic happens in their lives, and to start to make sense of where that person is and what's happening in their lives. And what is it that is needed to alter the course of their lives.

The participants' views on people, psychotherapy, and psychopathology facilitates an understanding of why people come to therapy, where the problem stems from and how it can be changed.

Self-Evaluations. This sub-theme addresses the participants' experiences of comprehensibility of the process through the use of self-evaluations and self-reflections. Participants described self-evaluation, questioning themselves and reflecting on the process, as a factor that helps them identify what is effective and what is not effective. Participant 1 described this by stating that:

So, I think this is an important aspect of self-evaluation as well, to really ask yourself 'What am I busy with?', 'Why did I do this in the session?'. And then to try and understand what's working and what's not working.

Other participants noted that self-evaluation facilitates an understanding of the improvements to be made This was described by Participant 9:

...to be self-reflective and to know that when they walk out the door either, I did my best. And whether this does anything, I know I did what I could do or I did not do my

best. I could have improved here or there and then hopefully be granted that chance and to learn from it to assist others in a more improved way in future.

Theme Three: Specific Techniques. During data analysis, it emerged that participants utilised specific techniques to facilitate their understanding of the therapeutic process. Through the use of these techniques, participants gained insight, awareness, and clarity regarding clients' needs, expectations, and problems. This provided a deeper understanding of the process and allowed for more effective interventions and outcomes.

Collaborative/Shared Formulation of Therapeutic Goals. Therapeutic goals inform and guide the strategies which are used for intervention. Furthermore, they become a useful method for measuring therapeutic outcomes. Participants often described this step of the therapeutic process as collaborative because they consider themselves to be a tool or facilitator in a process that it is not about them or what they want- it is about the client. Participant 6 noted that: *"The intended outcome of where we are headed would be defined jointly by myself and the client, with a client giving guidance in that respect"*.

Techniques such as clarification, reflection, and listening were used to facilitate participants' understanding of the clients' needs. Participant 10 explained that: *"I also explore progress with my client. For me, it is important to see you know, 'Alright what do you want to see at the end of this process?', 'What are your goals?'"*.

Dealing with Transference and Countertransference. Transference in the therapeutic context refers to instances in which a client projects existing feelings towards someone else onto the therapist whereas, countertransference is the therapists' redirection of feelings toward the client (Heyes et al., 2011). Participants described their awareness and reflections on transference and countertransference as a salient factor which facilitates their understanding of therapeutic processes and the client. For example, Participant 1 stated: *"...to trying to figure out whether this is an objective or subjective*

countertransference, trying to use that as information to understand the client better and to be sensitive and reflecting of that". Participant 12 added to this by stating that: "...in terms of the countertransference and wondering about is this what the patient's parents might have felt like or is this how the patient may be feeling like. Yeah, it just gives you another perspective on the whole process". Addressing transference and countertransference also facilitates the therapist's emotional regulation which was described by Participant 12, when they noted that:

I can think of a few instances where I thought I was going to lose it and I just had to hold on to it and tell myself that this was playing out. This is a countertransference, this is what actually happens in this patient's life. And that helped me to not react out towards the patient like many people in the patient's life would do.

Discussion

The aim of the present study was to understand and describe how therapists make sense of the psychotherapeutic process by examining their experiences through the lens of Antonovsky's (1987) Sense of Coherence theory. The study focused on therapists' experiences of the three constructs related to a Sense of Coherence by Antonovsky (1987), namely: (1) meaningfulness; (2) manageability; and (3) comprehensibility and how they manifest in the psychotherapeutic process. Furthermore, the study utilised a qualitative descriptive design and was guided by the following research question: *What makes the therapeutic process meaningful, manageable, and comprehensible from the therapist's perspective?*

The identified themes demonstrated key factors that facilitate therapists' experiences of meaningfulness, manageability, and comprehensibility during the psychotherapeutic process. The themes can be interpreted in the framework of Antonovsky's (1987) Sense of

Coherence theory. The following discussion is presented according to the constructs of meaningfulness, manageability, and comprehensibility.

Meaningfulness in the Context of the Psychotherapeutic Process

The analysis led to the emergence of the therapeutic relationship, the person of the psychotherapist, and the change process as key sources of meaningfulness in therapists' experiences of the psychotherapeutic process. Antonovsky (1987) defined meaningfulness as the extent to which an individual is able to see problems as challenges which have meaning and are worth the commitment and effort it would take to overcome them. In the context of the psychotherapeutic process, meaningfulness can be understood as a therapist's feeling that the psychotherapeutic process makes sense emotionally and that it is worth their commitment and investment of time and energy. Drawing on the words of Participant 2: *"But I think the joy is also in the challenge"*, the results of the present study highlights key elements that facilitate therapists' experiences of meaningfulness.

Findings by Clark (2009) indicated that finding meaning in their work was one of the factors that contributed to psychotherapists' enjoyment and longevity in the practice of psychotherapy. Participants in the present study regarded the therapeutic relationship as an opportunity for connectedness and relatedness. They perceived the value of connectedness and relatedness in the impact of the therapeutic process on both themselves and the client. Furthermore, the participants' beliefs that their work made a difference, regardless of how small it might be, and contributed to the overall welfare and common good, gave them purpose and meaning in their work. Witnessing change in their clients was found to be encouraging and rewarding for participants and this was reported to become a motivating force behind their persistence, despite the presence of challenges. This corroborated Hill and colleagues' (2017) findings regarding self and other orientated meaning which experienced therapists derived from their work.

Manageability in the Context of the Psychotherapeutic Process

During data analysis, consultations, formal training, practical strategies, evidence-based practice, and self-care were identified as key sources of manageability in therapists' experiences of the psychotherapeutic process. Antonovsky (1987) conceptualised manageability as the extent to which a person perceives that they have the available resources required to adequately deal with the demands posed by a situation. The practice of psychotherapy inevitably consists of ongoing psychotherapy processes and includes dealing with a diversity of intense feelings, client distress, and complex interpersonal dynamics that may occur in the therapeutic relationship (Safran & Muran, 2000). Feedback from participants in the present study corroborated these findings because they referred to psychotherapeutic processes as both challenging and rewarding. Hayes (2004) argued that the efficacy of the psychotherapist and the quality of the psychotherapy depended on the psychotherapist's capacity to deal with, and to manage, perceived problems. In the context of the psychotherapeutic process, manageability can be viewed as a therapist's perception of available resources which help them deal with the demands of the psychotherapeutic process adequately.

Findings of the present study revealed numerous internal and external resources which were utilised by participants to deal with challenges related to the psychotherapeutic process. Moreover, it was the category that produced the most themes which suggests that participants felt that they had sufficient resources at their disposal to manage demands effectively. In line with Rupert and colleagues' (2015) findings regarding personal resources which reduce the risk of burnout, participants in the present study listed a professional support system, ethical practices, continued education, involvement in non-professional activities, and work/life balance as sources that facilitate the manageability of the psychotherapeutic process. Furthermore, findings from previous

studies have suggested that a professional support system facilitated psychotherapists' ability to manage everyday stressors and challenges (Clark, 2009) by providing an objective perspective and new ideas; this allowed the therapist to explore and address countertransference, which is regarded as a risk factor for burnout (Yang & Hayes, 2020).

The present study found that evidence-based practice facilitates the manageability of the psychotherapeutic process which aligns with Craig and Sprang's (2010) findings regarding the use of evidence-based practice as a protective factor against professional stress. Furthermore, Hou and Skovholt's (2020) study also highlighted the benefits of using constructive coping mechanisms, such as flexibility and adaptability, self-reflection, case consultations, research and collaboration rather than avoidance coping strategies. This implies that the therapist's experience of manageability during the therapeutic process, contributes to healing involvement which was suggested by Orlinsky et al. (2005).

Comprehensibility in the Context of the Psychotherapeutic Process

During the data analysis, feedback, practice-based evidence, and specific techniques emerged as key sources of comprehensibility in therapists' experiences of the psychotherapeutic process. Antonovsky (1987) defined comprehensibility as the extent to which a person perceives a stimulus, from the internal or external environment, as making cognitive sense. In the context of the psychotherapeutic process, comprehensibility represents the therapist's cognitive understanding of the psychotherapeutic process. The results of this study demonstrated key elements that facilitate therapists' experiences of comprehensibility.

Hou and Skovholt (2020) found that highly resilient therapists maintained core value and belief frameworks which created a worldview containing their understanding of the complexity of human nature, joy, pain, suffering and meaning-making. Findings from this study suggest that these frameworks play an important role in how therapists make sense

of the psychotherapeutic process because they frequently referred to these factors in relation to their comprehension of the psychotherapeutic process. When exploring the second theme, evidence-based practice was noted to provide professionals with a basic understanding concerning efficacious approaches for a specific client or diagnosis (Katsikis, 2014) however, practice-based evidence provides professionals with a greater understanding of the effectiveness and usefulness of these approaches and techniques in practice (Lung, 2018). Findings of the present study support this statement because participants described their theoretical framework as a roadmap to manage the process, but often highlighted the fact that it is not a *one size fits all* approach. Therefore, they considered practice-based evidence strategies as beneficial to gain a deeper understanding of the individual client and their processes.

An interesting finding in this category was the theme of feedback, which also emphasised continued professional development. Rupert et al. (2015) claimed that this has yet to be studied as a potential workplace resource capable of reducing the risk of burnout among psychologists. The present study demonstrated that feedback from peers, colleagues, and clients in addition to continued professional development could provide a better understanding of certain processes and lead to opportunities for more effective management of challenges and demands. This supports Yang and Hayes' (2020) claim that psychotherapists' self-efficacy might be enhanced by engaging in meaningful training experiences throughout their career and therefore, could be a valuable resource for reducing the risk of burnout.

Limitations and Recommendations

The exclusion of psychologists working in the public sector, such as those in psychiatric hospitals and other mental health facilities, was one of the primary limitations of this study. Consequently, the generalisability of the findings of this study are impacted by this

limitation. The public sector would likely present with different types of challenges and therefore, it might be beneficial to conduct this study in the context of the public sector. Another limitation was that the participants were mostly homogeneous in the registration category of clinical psychologist with the exception of one counselling psychologist. Consequently, the findings are not representative of different registration categories which would have been more meaningful. Comparative analyses could lead to a better understanding of the possible differences and commonalities with regards to therapists' SOC in different contexts. A further limitation pertains to the scarcity of research that utilises the Sense of Coherence theory qualitatively and it is thought to be in its developmental stages. As such, there are no clear methodological guidelines regarding the use of this theory in qualitative studies and therefore, there might be alternative qualitative methodologies. The study focused specifically on gaining a general understanding of therapists' experiences of SOC in the therapeutic process. Future research could benefit from understanding SOC as it relates to specific elements of the psychotherapeutic process, such as the therapeutic relationship. Furthermore, although it was beyond the scope and aim of the current study, it was noted that participants' feedback involved both emotional and cognitive levels of sense making. From a research standpoint, it would be advantageous to conduct in-depth analyses to gain insight into the emotional and cognitive levels of sense making and broaden the scope by using more diverse participants from different contexts.

A recommendation based on this study would be for practitioners to utilise the identified themes to facilitate the meaningfulness, manageability, and comprehensibility of the therapeutic process which might enable them to overcome some of the more challenging aspects of the psychotherapeutic process. Furthermore, it is recommended that findings of

this study be included in psychologists' formal training curriculum to promote more effective psychotherapeutic practices and practitioner wellbeing.

Conclusion

This study aimed to understand and describe therapists' experiences of meaningfulness, manageability, and comprehensibility of the psychotherapeutic process. Participants described considerably distinct experiences of the therapeutic process however, similarities relating to their experiences of meaningfulness, manageability, and comprehensibility of the therapeutic process could be identified utilising interpretation and meaning-making. The findings showed that participants generally experienced the psychotherapeutic process as rewarding and something that contributed to their joy, purpose, fulfilment, and gratitude. Perhaps paradoxically, participants also generally experienced the psychotherapeutic process as challenging, complex, and unpredictable. Findings indicated that participants viewed challenges as manageable and experiences that contributed to their professional and personal development. Prominent themes were highlighted under each of the three SOC constructs which is believed to have successfully answered the research question: *What makes the therapeutic process meaningful, manageable, and comprehensible?*

The research allowed for an in-depth understanding of therapists' experiences of SOC in the context of the therapeutic process in private practice. During data analysis, themes which were identified in each construct included: (1) meaningfulness: the therapeutic relationship, the person of the psychotherapist, and the change process; (2) manageability: consultations, formal training, practical strategies, evidence-based practice, and self-care; and (3) comprehensibility: feedback, practice-based evidence, and specific techniques. An interesting finding pertained to the themes of evidence-based practice and practice-based evidence, which confirmed the argument that evidence-based practice and

practice-based evidence should not be seen as conflicting and separate schools of thought, but rather as complementary constructs- both of which are needed to build a robust and rigorous science of the psychological therapies (Barkham et al., 2010). The psychotherapeutic process evidently includes challenging, complex, and dynamic aspects. Finding meaning, and the ability to understand and manage these challenges plays an important role in facilitating effective psychotherapeutic practices and practitioner wellness.

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Section 3

Critical Reflection

Conducting research is as easy as baking a cake, except the researcher does not have all the ingredients and there are limited instructions concerning how best to use the ingredients. At some point during the process, the researcher may find themselves asking: "What am I baking again?".

Initially, the researcher begins with their proposal. It is prepared as best as possible by incorporating the ingredients that the researcher thinks they need to bake their cake. Thereafter, the researcher gains consensus from others concerning the viability of the idea- they would want to try a piece of the cake. Once the proposal has been approved, the researcher attempts to become familiar with their ingredients, including quantity, quality, sources, and why it is essential to the recipe. In the midst of baking, the researcher may realise that they are missing some ingredients and hope that their neighbour or the shop will have this missing ingredient- only to realise that they are out of stock and the researcher will have to wait to get this ingredient. Finally the ingredient is available, but the researcher finds that they do not know how the ingredients should be mixed together. This is resolved by consulting with a professional chef for advice. The next step involves tasting the batter- before baking the researcher should test and taste the mixture. The researcher tastes it, but discovers that it is not as good as others. When asking for others' opinions, they indicate that it would benefit from more sugar. After making the final adjustments, the cake is put in the oven to bake before presenting it to the world- your chocolate cake. The end result is that people state "This is the best banana bread I have ever tasted".

Research can be a challenging process and sometimes only makes sense in hindsight. The research topic centred around the Sense of Coherence theory and therefore, the researcher believed it to be fitting to reflect on their own experiences of meaningfulness,

manageability, and comprehensibility during the research process. The motivation behind this study arose quite surprisingly. Having no specific topic of interest, the researcher took two separate constructs and combined them: (1) the therapeutic process; and (2) the SOC theory. The researcher found the combined idea to be interesting and exciting- unbeknownst where this topic would lead.

To return to the previous analogy of baking, at times the researcher felt as though they knew exactly what the ingredients were and how much to add. At other times, the researcher questioned what they were preparing to bake and if they had access to all the ingredients- or most disparagingly, do these ingredients exist? Despite the many challenges, in hindsight and taken from the words of one of the participants: "The joy was in the challenge and that is what made it meaningful". Meaning was drawn from the researcher's personal growth, understanding the patients, and the knowledge which was gained throughout the process. Baking this specific cake came with numerous challenges, one of which involved spending countless hours attempting to perfect it. After the realisation that it can become consuming, the researcher endeavoured to learn how to maintain balance between work and personal life. On occasion this meant stepping away from the study for a few days to remember that despite being a baker, the researcher retained other important roles such as wife, daughter, stepmother, and most importantly, human. Flexibility and adaptability became two of the most important skills needed to complete the study. Loadshedding is an example of such a challenge which required flexibility. It reminds a researcher that they do not have control at all time and to exercise patience at each step. In the midst of the darkness and uncertainty, supervision and peer discussions offer a flicker of light and clarity.

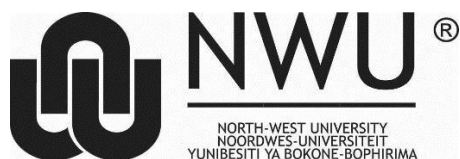
Numerous cookbooks and recipes are spread all over the kitchen in an attempt to understand what ingredients, methods, and processes make the best cake. The

researcher learned that the best cakes were not made by following specific instructions and ingredients, but by taking various aspects of each while adding the researcher's own secret ingredients, methods, and processes. The best way to understand what works and what does not is by actually baking the cake. Upon reflection, the researcher realised that there might have been other elements which could have considered. In such instances, it was beneficial to take note of these elements to ensure that they are not forgotten the next time the researcher bakes a cake.

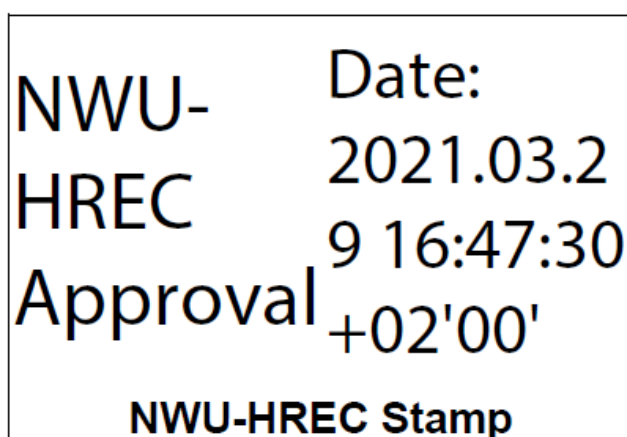
Furthermore, the researcher was able to learn about the therapeutic process through the findings of the present study. A salient insight was that every client that enters the therapeutic space, comes with their own set of ingredients and instructions. The therapist brings knowledge which they gained through revising and researching certain recipes to establish what makes the best cake and how to work with the ingredients that are available in the given situation. In summary, the oven makes the most significant difference when baking a cake. It should be monitored, adjusted to the correct temperature, and the cake has to be nurtured throughout the baking process. This appears to be the factor that makes the baking of the cake effective regardless of the ingredients and methods. In the words of Carl Jung, "Know all the theories, master all the techniques, but as you touch a human soul be just another human soul".

Addendums

Addendum A: Informed consent



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INFORMED CONSENT DOCUMENTATION FOR REGISTERED PSYCHOLOGISTS IN PRIVATE PRACTICE

TITLE OF THE RESEARCH STUDY: Psychotherapists' experience of the psychotherapy process: A salutogenic approach

ETHICS REFERENCE NUMBERS: NWU-00500-20-A1

PRINCIPAL INVESTIGATOR: Mrs. Ilse van Aardt

POST GRADUATE STUDENT: Mrs. Jené van der Walt

ADDRESS: North-West University, Potchefstroom Campus, Private Bag X6001

CONTACT NUMBER: 083 712 3403

You are being invited to take part in a **research study** that forms part of a Masters dissertation. Please take some time to read the information presented here, which will explain the details of this study. Please ask the researcher or person explaining the research to you any questions about any part of this study that you do not fully understand. It is very important that you are fully satisfied that you clearly understand what this research is about and how you might be involved. Also, your participation is **entirely voluntary** and you are free to say no to participate. If you say no, this will not affect you negatively in any way whatsoever. You are also free to withdraw from the study at any point, even if you do agree to take part now.

This study has been approved by the **NWU-Health Research Ethics Committee of the Faculty of Health Sciences of the North-West University (NWU-00500-20-A1)** and will be conducted according to the ethical guidelines and principles of Ethics in Health Research: Principles, Processes and Structures (DoH, 2015) and other international ethical guidelines applicable to this study. It might be necessary for the research ethics committee members or other relevant people to inspect the research records.

What is this research study all about?

- *We plan to understand and describe how psychotherapists' makes sense of psychotherapy processes.*
- *This study will be conducted online, using Zoom as an online platform as this would most likely be most convenient for you in terms of comfort and time. Interviews will be done by the post-graduate student who is trained in Clinical Psychology. A minimum of 13 participants will be included in this study dependent on data saturation.*

Why have you been invited to participate?

- *You have been invited to be part of this research because you are a registered Clinical, Counselling or Educational Psychologist with at least five (5) years of experiences in psychotherapy with an active private practice.*
- *You will unfortunately not be able to take part in this research if you are a Registered Counsellor, Research or Industrial Psychologist or if you are employed in state hospitals and/or are not in active practice as a psychotherapist.*

What will be expected of you?

- *You will be expected to participate in a once-off individual interview of approximately 60 minutes between January and June 2021 and you will be asked several main questions and possible follow-up questions, should the researcher feel the need to do so, in order to get more clarity on the information provided*

Will you gain anything from taking part in this research?

- *There will be no direct gains for you in the study.*
- *The indirect gain of the study is for the access of knowledge into the profession of psychology and how professionals experience certain aspects linked to processes in psychotherapy.*

Are there risks involved in you taking part in this research and what will be done to prevent them?

- *The risks to you in this study are minimal and limited to any aspects involving confidentiality but will be addressed by providing debriefing.*
- *There are more gains for you in joining this study than there are risks.*
- *A Counselling Psychologist, Mrs. Monique de Klerk, will be available for a debriefing session, if required.*

How will we protect your confidentiality and who will see your findings?

- *Anonymity of your findings will be ensured by protecting your identity through use of a numbering system. Your privacy will be respected by ensuring that no personal information is revealed when the results are published. Your results will be kept confidential by not disclosing any private information. Only the researchers, study leader and the independent person will have access to your identifying details. These three parties have signed a code of conduct to illustrate their commitment to ensure your anonymity and to protect your confidentiality. A co-coder will be responsible for reviewing the data analysis process. As mentioned above, data analysis will follow a numbering system to ensure confidentiality thus the co-coder will not have any access to identifying or personal particulars but will however also sign a confidentiality form for confidentiality purposes. Findings will be kept safe by locking hard copies in locked cabinets in the researcher's office and for electronic data it will be password protected. As soon as data has been transcribed it will be deleted from the recorders. Data will be stored for seven (5) years.*

What will happen with the findings or samples?

- *The findings of this study will only be used for this study.*

How will you know about the results of this research?

- *We will give you the results of this research when the manuscript is completed, and examination process finalised which would be by January of 2022 at the latest.*
- *You will be provided with a pdf-copy of the manuscript via email, upon your request.*

Will you be paid to take part in this study and are there any costs for you?

You will not be paid to take part in this study as it will be conducted at a time that is convenient to you. Furthermore, your participation in this study will not be during a time that you scheduled for seeing clients for psychotherapy. You will however be reimbursed with a 1 GB data voucher to cover the internet costs for using Zoom. There will also be no costs involved for you if you do take part in this study.

Is there anything else that you should know or do?

- You can contact Jené van der Walt at 083 712 3403 if you have any further questions or have any problems.
- You can also contact the NWU-Health Research Ethics Committee via Mrs Carolien van Zyl at 018 299 1206 or carolien.vanzyl@nwu.ac.za if you have any concerns that were not answered about the research or if you have complaints about the research.
- You will receive a copy of this information and consent form for your own purposes.

Declaration by participant

By signing below, I agree to take part in the research study titled: **Psychotherapists’ experience of the psychotherapy process: A salutogenic approach.**

I declare that:

- I have read this information/it was explained to me by a trusted person in a language with which I am fluent and comfortable.
- The research was clearly explained to me.
- I have had a chance to ask questions to both the person getting the consent from me, as well as the researcher and all my questions have been answered.
- I understand that taking part in this study is **voluntary** and I have not been pressurised to take part.
- I may choose to leave the study at any time and will not be handled in a negative way if I do so.
- I may be asked to leave the study before it has finished, if the researcher feels it is in the best interest, or if I do not follow the study plan, as agreed to.

Signed at (*place*) on (*date*) 20....

.....
Signature of participant

.....
Signature of witness

By signing below, I give consent for recording of the interview.

.....
Signature of participant

.....
Signature of witness

Declaration by person obtaining consent

I (*name*) declare that:

- I clearly and in detail explained the information in this document to.....
- I did/did not use an interpreter.

- I encouraged him/her to ask questions and took adequate time to answer them.
- I am satisfied that he/she adequately understands all aspects of the research, as discussed above
- I gave him/her time to discuss it with others if he/she wished to do so.

Signed at (*place*) on (*date*) 20....

.....
Signature of person obtaining consent

.....
Signature of witness

Declaration by researcher

I (*name*) declare that:

- I explained the information in this document to
- I did/did not use an interpreter
- I encouraged him/her to ask questions and took adequate time to answer them.
- The informed consent procedure was witnessed and co-signed by an independent person.
- I am satisfied that he/she adequately understands all aspects of the research, as described above.
- I am satisfied that he/she had time to discuss it with others if he/she wished to do so.

Signed at (*place*) on (*date*) 20....

.....
Signature of researcher

.....
Signature of witness

Current details: (23239522) G:\My Drive\9. Research and Postgraduate Education\9.1.5.6 Forms\HREC\9.1.5.6_NWU-HREC_ICF_Template_Feb2019.docm 7 February 2019

File reference: 9.1.5.6

Addendum B: Ethical approval for this study



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Tel: 086 016 9698
Web: <http://www.nwu.ac.za/>

**North-West University Health Research Ethics
Committee (NWU-HREC)**

Tel: 018 299-1206
Email: Ethics-HRECAppl@nwu.ac.za (for human
studies)

29 March 2021

ETHICS APPROVAL LETTER OF STUDY

Based on approval by the North-West University Health Research Ethics Committee (NWU-HREC) on 29/03/2021, the NWU-HREC hereby approves your study as indicated below. This implies that the NWU-HREC grants its permission that, provided the general and specific conditions specified below are met and pending any other authorisation that may be necessary, the study may be initiated, using the ethics number below.

Study title: Psychotherapists' experience of the psychotherapy process: A salutogenic approach																														
Principal Investigator/Study Supervisor/Researcher: Ms I van Aardt																														
Student: J van der Walt - 21619484																														
Ethics number:	<table border="1"><tr><td>N</td><td>W</td><td>U</td><td>-</td><td>0</td><td>0</td><td>5</td><td>0</td><td>0</td><td>-</td><td>2</td><td>0</td><td>-</td><td>A</td><td>1</td></tr><tr><td colspan="3">Institution</td><td colspan="3">Study Number</td><td colspan="3">Year</td><td colspan="3">Status</td></tr></table>			N	W	U	-	0	0	5	0	0	-	2	0	-	A	1	Institution			Study Number			Year			Status		
N	W	U	-	0	0	5	0	0	-	2	0	-	A	1																
Institution			Study Number			Year			Status																					
	Status: S = Submission; R = Re-Submission; P = Provisional Authorisation; A = Authorisation																													
Application Type: Single study		Risk:	<table border="1"><tr><td>Minimal</td></tr></table>	Minimal																										
Minimal																														
Commencement date: 29/03/2021																														
Expiry date: 31/03/2021																														
Approval of the study is provided for a year, after which continuation of the study is dependent on receipt and review of an annual monitoring report and the concomitant issuing of a letter of continuation. A monitoring report is due at the end of March annually until completion.																														

General conditions:
<i>While this ethics approval is subject to all declarations, undertakings and agreements incorporated and signed in the application form, the following general terms and conditions will apply:</i>
<ul style="list-style-type: none">• <i>The principal investigator/study supervisor/researcher must report in the prescribed format to the NWU-HREC:</i><ul style="list-style-type: none">- <i>annually on the monitoring of the study, whereby a letter of continuation will be provided annually, and upon completion of the study; and</i>- <i>without any delay in case of any adverse event or incident (or any matter that interrupts sound ethical principles) during the course of the study.</i>• <i>The approval applies strictly to the proposal as stipulated in the application form. Should any amendments to the proposal be deemed necessary during the course of the study, the principal investigator/study supervisor/researcher must apply for approval of these amendments at the NWU-HREC, prior to implementation. Should there be any deviations from the study proposal without the necessary approval of such amendments, the ethics approval is immediately and automatically forfeited.</i>• <i>Annually a number of studies may be randomly selected for active monitoring.</i>• <i>The date of approval indicates the first date that the study may be started.</i>• <i>In the interest of ethical responsibility, the NWU-HREC reserves the right to:</i><ul style="list-style-type: none">- <i>request access to any information or data at any time during the course or after completion of the study;</i>

Addendum C: Proof of language editing



Certificate of Editing

This serves to confirm that copy-editing and proofreading services were rendered to **Jené van der Walt** for **PSYCHOTHERAPISTS' EXPERIENCE OF THE PSYCHOTHERAPY PROCESS: A SALUTOGENIC APPROACH** on **15 March 2023**

I am a member of the Professional Editors' Guild (member number ELS002) and commit to the following codes of practice (among others):

- I have completed the work independently and did not sub-contract it out
- I kept to the agreed deadlines and/or communicated changes within reasonable time frames
- I treated all work as confidential and maintained objectivity in editing
- I did not accept work that could be considered unlawful, dishonest, or contrary to public interest

I uphold the following editing standards:

- Proofreading for mechanical errors such as spelling, punctuation, grammar
- Copy-editing that includes commenting on, but not correcting, structure, organisation and logical flow of content, basic formatting (headings, page numbers), eliminating unnecessary repetition
- Checking citation style is correct, punctuating as needed and flagging missing or incorrect references
- Commenting on suspected plagiarism and missing sources
- Returning the document with track changes for the author to accept

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Addendum D: Turnitin report

12429252:Jené_van_der_Walt_-_MA_Clinical_Psychology_-_Dissertation_(Turnitin).docx

ORIGINALITY REPORT

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3	Jian-Ming Hou, Thomas M. Skovholt. "Characteristics of highly resilient therapists.", Journal of Counseling Psychology, 2019 Publication	<1 %
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