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# What Therapists Learn from Psychotherapy Clients: Effects on Personal and Professional Lives

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## What Therapists Learn from Psychotherapy Clients: Effects on Personal and Professional Lives

### Abstract

While considerable research has examined how clients learn from psychotherapists, there is only sparse literature on what therapists learn from their therapy clients. In a qualitative, exploratory study, nine researchers interviewed 61 psychologists from across North America in order to see what psychotherapists may have learned and how they have been affected by their clients both personally and professionally. Participants responded to nine open-ended questions on learning about life-lessons, relationships, ethical decision-making, coping, courage, wisdom, psychopathology, personality, cultural differences, lifespan development and more. Participants' richly elaborated responses were coded thematically and narrative data illustrates the most frequent themes. Therapists reported learning a great deal across each of the questions, consistently expressing respect for their clients' resilience, courage and moral sensibilities.

### Keywords

Therapist Development, Therapy Relationship, Client Wisdom, Cultural Difference, Life Lessons

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What psychotherapists learn from their clients and its impact on therapists' personal and professional lives has been a source of interest in recent years. Most, though not all, of the work in this area has appeared as anecdotal accounts (Callahan & Dittloff, 2007; Goldfried, 2001; Guy, 1987; Katz, 2002; Orlinsky et al., 2005; Rønnestad & Skovholt, 2003; Rosenthal, 2006; Russel, Henry, & Strupp, 2000; Yalom, 2002). Describing the findings of one of the handful of systematic studies, Rønnestad and Skovholt asserted that "Counselors/therapists at all levels of education and experience expressed in a unison voice that interacting with clients is a powerful source of learning and development" (p. 32). In a survey of 5000 psychotherapists on the impact of different influences on professional development, Orlinsky, Botermans, and Rønnestad (2001) found that experience with clients contributes most importantly to professional development, regardless of therapist ethnicity or theoretical orientation.

Therapists negotiate developmental and personal change in the course of clinical practice, especially with regard to significant others in their lives. As Guy (1987) pointed out, "Since their personality is the 'tool' used to conduct this clinical work, who a psychotherapist 'is' undergoes constant challenge, review, and transformation" (p. 105). Skovholt and McCarthy (1988) noted that therapy sessions are akin to a research lab in which "clients' reactions, successes, and failures 'prove' and 'disprove' theoretical ideas and methods" (p. 71). Kahn and Fromm (2001) argued that empathy constitutes a key mechanism of change for both client and therapist, so that by "putting themselves in the shoes of the patient and taking on the deep inner feelings of various patients, we, the therapists, broaden our perspectives, and expand our own personalities" (p. xv). Similarly, Wick (2001) stated that a therapist's experience with clients promotes subtle

changes in the professional that are rarely detected as they occur. Therapists may become aware of such changes upon realizing the presence of new thoughts, feelings, and attitudes. In another of the few systematic studies, Stahl and colleagues' (Stahl et al., 2009) qualitative inquiry found that 12 post-intern trainees reported learning therapy skills, self-awareness, and boundary setting from work with their clients. Trainees also reported an increased sense of competency gained from conducting therapy and participating in supervision and case conferences; overall they reported an increased sense of value and meaning in their own lives.

Many highly experienced psychologists also maintain that moments in which they feel changed by their clients represent the very best of their professional experiences (Freeman & Hayes, 2002; Kottler, 1993; Yalom, 2002). For example, Freeman and Hayes (2002, p. 13) say, "Troubled yet resilient clients, who work tirelessly through adversity in counseling, seem to inspire counselors." Although compelling narratives written by experienced therapists bring to life examples of the impact of clients on therapists, the aim of this study was to enhance this work by conducting a more organized, systematic and in-depth inquiry into what therapists learn from their clients. Focusing on both professional and personal influences, we sought common themes across the experiences of many therapists through a semi-structured interview protocol and systematic qualitative analysis of their responses. In the spirit of qualitative inquiry, our report will rely whenever possible on the words of our therapist participants who shared their experiences so generously.

## **Method**

### **Participants**

Upon gaining IRB approval and informed consent from our therapist participants, nine researchers each interviewed five to ten clinical psychologists in their widespread, respective geographic regions across North America, for a total of 61 licensed psychotherapist participants. Half the sample was male, half female; 80% were Caucasian, 12% East Asian, 2% African-American, and 2% Latino/a. One-third stated no religious preference, 1/3 identified as Protestant, and another 1/3 included those from Catholic, Jewish, Buddhist, Unitarian, Bahai, Muslim, and Sikh religious backgrounds. One third of the sample was over 60 years of age, 1/3 between 51 and 60, and 1/3 between the ages of 31 and 50. Approximately 55% of participants reported 20 or more years in clinical psychology practice, 18% 11-20 years, 23% 6-10 years, and 4% 1-5 years. In terms of theory orientation, psychologists were evenly divided at 30% each in Cognitive Behavioral (CBT), Psychodynamic, and Humanistic/Integrative practice. Another 10% reported Existential, Solution-focused, Constructivist, or Systems approaches as their preferred modes of practice. One therapist participant, however, suggested, "Therapists normally start out their practices very closely to their frame of reference but they become eventually more client-centered as the time goes by."

### **Procedure**

A survey was prepared including the demographic items reported above and a set of nine semi-structured interview questions with follow-up inquiry. The first and last questions were general and open-ended while the middle questions served as probes for more specific questions related to what therapists say they have learned from their clients personally and professionally.

These seven questions were generated by a group of senior, practicing clinical psychologists versed in the literature on therapists' life experiences. The interview protocol consisted of the following questions and additional probes:

1. Please give an (anonymous/disguised) example of some important life lesson you feel you learned from one or more of your psychotherapy clients.
2. What have you learned from your psychotherapy clients about relationships?
3. What have you learned from your psychotherapy clients about resolving moral or ethical dilemmas?
4. What have you learned from your psychotherapy clients about coping mechanisms?
5. What have you learned from your psychotherapy clients about courage?
6. What have you learned about the relationship between personality style and psychopathology?
7. What have you learned about individual cultural differences from your psychotherapy clients?
8. What have you learned from your psychotherapy clients about life stages?
9. Is there any other variety of wisdom you have gained from your psychotherapy clients that you would like to share at this time?

Follow-up probes were suggested as follows:

1. Asking participants to note (at least one de-identified) clinical example for each question.
2. Inquiring on how the examples they gave may have affected them (a) emotionally, (b) Behaviorally, and (c) in their clinical work with psychotherapy clients.
3. Pursuing other areas of interest as they emerged from the interview responses.

The resulting data, primarily qualitative, included a small quantitative component to track frequencies of typical and atypical responses. Interviews were audio-taped, transcribed and coded for themes. Participants were identified by code number only in the written transcripts and each interview lasted approximately one hour.

This study is anchored in qualitative methodology and takes an interpretivist perspective on the responses that our experienced therapists gave to our questions, stressing that "it is possible to understand the subjective meaning of action...yet do so in an objective manner" (Schwandt, 2000, p. 193). Our goal was to discover the key themes of therapists' responses to our open-ended questions concerning what they learned from their psychotherapy clients.

Our method was largely based on the qualitative analytic method detailed by Miles and Huberman (1994; see also Ryan & Bernard, 2000), and involved sequential steps to identify and confirm thematic categories. The bulk of the data consisted of grouping participants' responses to thematic questions, thereby reducing the amount of inference involved in identifying thematic categories. In light of this, we focused our member checking on validating the accuracy of the transcripts as expressions of the participants' views. After the interview data were collected and transcribed, the transcripts were sent to participants to review for accuracy and to be sure that they felt their views had been expressed as intended. Participants also gave permission, in a second informed consent, for publication of quotes from their transcripts. Only in two cases did participants ask that a brief paragraph be redacted.

The data were coded by nine coders: eight doctoral students, each with over five years of training in clinical psychology and one faculty member with over 35 years experience. To make optimal use of the large (for qualitative studies) sample, each of the nine questions was analyzed separately. Each question was analyzed by two coders from the group. Thus each coder analyzed two questions, and each coder pairing was different for each question. The coder pairs, working separately at first, read each of the 61 responses for a given question, identifying key themes.

Additional readings of the responses were used to refine the themes, and frequencies across responses were recorded. Then the two coders compared the identified themes and collaboratively resolved any disagreements to yield a consensus set of themes. Within coding pairs, few disagreements were found. After this process was completed for all nine questions, the entire rating group, along with the lead faculty member, conducted an audit of the coding pairs' work, meeting together to review, confirm, and refine their categories (Miles & Huberman, 1994). In several day-long meetings, each coding pair made a detailed presentation of their reasoning and findings to the total group in order to challenge interpretations, biases, and conclusions. Research team members drew upon their experience developing themes for other questions to challenge, refine or confirm the categories derived by other groups, which were subsequently modified accordingly.

The data analysis showed that the two broad, general questions generated confirmation of categories that emerged from the analysis of the specific, focused questions, providing evidence of triangulation (Miles & Huberman, 1994). Triangulation was regularly found between themes from the general questions (1 and 9) and those from the specific questions (2-8). For example, themes regarding the importance of "relationship" emerged for the first, general question that repeated those found in the specific question about relationships. An instance of this was the frequent theme found in Question 1, as exemplified by this quote: "Love seems at once incredibly deep and enduring, and fragile and susceptible to retreat, inertia, withdrawal, and neglect." A similar theme emerged from the question specifically focused on what therapists learned about relationships as exemplified by, "Relationships produce anxiety, tension, and disappointment. It's normal to have appropriate negative feelings in a relationship." Another example of triangulation is found in responses to Questions 1 and 9, where respondents spoke of how much they learned from their clients' resilience, voicing a theme that was repeatedly echoed in response to the specific question on courage, as in the response that clients typically "(Place) one foot in front of the other no matter what life's difficulties."

Although detailed records were kept for frequencies of the themes for each question, we have chosen to present only the most representative themes across questions in order to maximize readability of the results.

### **Investigator Background, Assumptions and Biases**

The first author (Hatcher) came to this research having been a practicing and supervising psychologist for over 30 years. She recognized that she had learned from and had been deeply affected by her psychotherapy clients. She believes this important aspect of the therapists' experience, both in practice and training, has been underrepresented in the literature. Her graduate research assistants were drawn to this study when, after becoming aware of this topic they, too, realized how strongly affected they were personally and professionally by their practicum clients.

All of us value the richness of a qualitative approach to this topic. Although quantitative research can be informative for many studies, our assumption has been that a narrative approach to this particular research area is most vital and aligns closest to the actual experience. More often than not, clinical psychology training tends to emphasize the benefits of the psychotherapy client without fully recognizing how much the therapist may learn and develop as well. We as practitioners view therapy as a relational experience that shapes our identities as people and professionals in profound ways.

In addition to the two general questions we posed to our participants (1 and 9), we assumed that most salient therapist learning occurs within the areas we inquired about, which reflect a developmental perspective (e.g., life stages, relationships, personality and psychopathology, and cultural identity).

## Results

Our results are presented according to most frequent themes related for each of the nine interview questions. Insofar as possible, findings are reported in the rich and affecting language of our participants.

### First Responses: An Important Life Lesson

All respondents described important life lessons they had learned from their psychotherapy clients with an overriding theme perhaps best described by one of the respondents: “We learn more from our clients as the years roll on and more from [each subsequent] client to pass on.” In particular, therapists report learning lessons of patience, resiliency, non-judgmental listening, and respect for difference from the clients with whom they work. As one therapist said, “I used to believe that there could be one moment in therapy or one moment in life where things get solved...and then life becomes easy...I’ve come to understand that...conflicts are slowly resolved.” Another participant noted,

*If I can find that little nugget, then I can help people change. No matter how bad things seem to be there has to be a silver lining, something where I can begin to work towards the positive. Thinking like that makes me feel more hopeful, even when difficult things happen in my life.*

From the first question onward, the therapists spoke a good deal about the resilience of their clients, including those with physical limitations or dealing with emotional abuse, grief, terminal illness, and mental illness. As one reported, “[A client] just kept plugging away and refused to give up even though I think if I were in her shoes I might have.” Another said, “A client...taught me about my needs to have the world the way I want it to be, [and that] I had to accept ambiguity and life without control...”

Even while learning from clients, therapists recognize that they must focus on maintaining a professional boundary. Said one, “Even after all these years as a therapist, I can be drawn into drama... if I am not... very, very careful.” Maintaining a professional boundary also involves not passing judgment. As one respondent said, “I think you really have to try to understand where the person is coming from and... along with that, not have stereotypes of other people when they come in.” Withholding judgment seemed to open therapists to new learning.

For example, a therapist reported learning about less judgmental parenting through his client's experience. Though he reported feeling initially judgmental of a "very hard edge" the client demonstrated when discussing his son with ADHD, after having his own child similarly diagnosed, the therapist reported changing his perspective. Another noted, "I have become less judgmental; I'm not so quick to make judgments about people; I'm not so quick to stereotype or...label." A third respondent observed, "The [clients] who have all the odds stacked against them can be more resilient and benefit from therapy and life experience... than someone who seems to have been given all the opportunity in the world."

## **On Relationships**

When we asked therapists what they learned from their clients about relationships (Question 2), 95% indicated their own relationships were affected by their practice. Therapists reported that doing therapy facilitated change and reflection in their personal relationships. A typical response was, "...I think about my relationships more carefully, and more thoughtfully, and more lovingly than I used to." One therapist noted in particular, "My knowledge helps me in dealing with my children." Another said, "I think all my work with couples and.. individuals...has really influenced my relationship with my husband in ...a really, positive way," and, "Watch[ing] couples work and love each other is inspiring and it challenges me to be a better husband..." Still another said, "I have been moved to tears in a session when a couple connects [well]... part of me goes to a place that I want more of that myself, in my own relationships." Therapists report a sense of commonality with their clients in dealing with relationships: "I don't view myself as different [from] anyone I work with, and I certainly have patterns in my own life...I'm pretty much analyzing my own relationships all the time to keep a check on them."

Some participants reported learning what not to do in personal relationships from their clients. For example, "When you see how much wasted time and energy goes into hurting each other you think that is not what I want for my own personal life." Similarly, one therapist said "...when [clients] come in and use sarcasm or criticism...I am so aware that I don't want that in my house..." A few therapists reported feeling negatively affected in their own relationships as a result of clinical practice. A typical response along those lines was, "Because of my work I think my view of couples and relationships has become very skewed...I'm getting a really warped view of what normal is." Another commented, "Being a therapist makes one really aware; sometimes it would be nice not to be so aware..."

Therapists in our sample reported refining their theory of practice in consideration of relationship issues. Said one: "If you want to make progress in an endeavor, having a good relationship is going to be fundamental and essential..." In general, therapists reported increasingly flexible use of theory, with particular regard to facilitating the therapy relationship. As one said, "I'm behavioral, but how I work with relationships is a little bit psychodynamic as far as how people's initial relationships have evolved and how they can relate to each other." Said another therapist in our sample, "...I have learned that by watching and experiencing the closeness that happens and doesn't happen between my patients and myself – the way in which that closeness between myself and a patient is empowering or healing but also terrifying...I have a much deeper appreciation of the courage involved in being close to another human being – the vulnerability and volatility of it."



## **On Ethics and Morality**

When we asked therapists what they have learned from clients about resolving moral and ethical dilemmas (Question 3), many shared how dealing with ethics and moral dilemmas in psychotherapy influenced their personal decision-making. An underlying tone evident in these responses was empathy and respect for clients' efforts to resolve moral dilemmas in recognition of how challenging such tasks can be. A typical response was, "... [Clients] have taught me the importance of living one's truth, being honest to one's heart..." Altogether psychologists generally viewed their clients as trying to make moral decisions in life. Said one, "I've learned how honest and ethical most people are, and how often they try to do the right thing." And, said another, "It has been very rare that I found a client that didn't really want to be a good person, a better person."

Those in our sample reported needing to be mindful of individual differences in considering clients' ethical and moral dilemmas. As one said, "What I have learned... is you have to really look at that individual's culture, life history, personal beliefs and help them ... explore the feelings around those beliefs and where they come from." Continuing this train of thought, therapists in our sample typically described ethical/moral dilemmas as complex. As one said, "There are certain clear things that are obviously wrong, like stealing [or] killing someone...[however] in the interactions with therapy clients there can be... grey areas sometimes."

Consideration of ethical reasoning in client's lives has an effect on the lives of therapists. Said one, "...I think...this job is very much about behaving in ethical manner with your clients and I ...have the benefit of carrying [this] over into my life in terms of making ethics be more second nature than it would be otherwise."

While therapists demonstrated awareness and knowledge of the APA ethical guidelines, it was noted, with surprise, that some reported relying primarily on "their gut" instincts to guide their reactions to the ethical reasoning of their clients. As one said, "...it is not my job to judge them and nobody who has not walked in their shoes can understand the situation they are in ... I am not here to place judgment on them and their decisions." The complexity of real life decision-making was repeatedly emphasized. "Nothing you learn in graduate school ethics class can prepare you for the real problems of the world. Every day you are questioning yourself about what to do." Said another, "...learning what boundaries are and how to effectively put them in place without putting people at a distance in a therapy relationship has been a real learning [experience] over time and... has directly to do with moral and ethical process[es]."

## **On Coping Strategies**

For our fourth interview question, we asked participants what they learned from their clients about coping mechanisms. The main theme seemed to be "whatever works." Said one therapist, "What I have learned is that there may be as many coping mechanisms as there are people who are in a place of needing to contend with difficulty." And, as might be expected, therapists observed their clients using many impressive coping strategies. One therapist said, admiringly, "I have certainly had clients who can do things that I couldn't do." And, said another, "People cope with the most unimaginably difficult life situations in a variety of adaptive and courageous ways, using everything from religion to psychotherapy to exercise to creative work to confiding in friends and or journals and/or some combination of these."

Therapists note that coping mechanisms are often influenced by an individual's values. In this connection one therapist reported, "I don't think we can give [coping skills] to people. I think we need to help them find it and establish a foothold and expand on it, but it has to come from some kind of internal structure rather than from an external knowledge base." On the other hand, some therapists believe "... that people need to be taught how to cope..." Additionally, they point out that coping strategies may have a developmental aspect, shifting over the course of life. Said one participant, "Sometimes what looks like a block at [one] age was a very effective coping mechanism at a much earlier stage in life."

Therapists report learning from their clients' various modes of coping: One summarized a frequently expressed sentiment: "Because [we] are talking about coping with our clients all the time...I guess we get the benefit of their knowledge to use for ourselves as well as the next client who walks in the door as to what works..." Said another:

*The greatest gift clinically that my clients have given me is what I have learned from them, what has worked for them... not what I have done for them but their self-discovery and what has worked for them. That is retained in my memory and expands my clinical array of what to try to suggest to the next person.*

Another participant observed a recurrent theme regarding development and coping:

*One theme that reappears time and time again is about how in youth we develop coping mechanisms that get us through our youth. And they serve us well to get us through sometimes dramatic childhoods, and then it seems like the coping mechanisms begin to take on a different shape as the person enters into their late 30s, and these coping mechanisms seem to turn around on themselves and now they almost become this person's enemy and begins to cause this person all kinds of problems in relationships...*

A frequent observation was summarized by one therapist: "...just thinking about our clients when we are in dire straits is a coping mechanism [for us] because we can see that if they do it, so can we."

## **On Courage**

Next, we asked therapists a specific question about what they learned from their therapy clients about courage (Question 5). Most of the prior literature on this question has been anecdotal (Freeman & Hayes, 2002; Rønnestad & Skovholt, 2003; Stahl et al., 2009).

In our study, responses to this question were often passionate in tone and admiring of clients' courage in the face of adversity, including the courage to engage in psychotherapy. As one therapist said he learned, "...courage is not the absence of fear. It is about trying to muddle through life's difficult times and in fact being fearful of it but still trying to go forward." In this regard, therapists consistently reported a sense of respect and admiration for their therapy clients, as in the following statement: "It really, really just shocks me and amazes me the amount of limitless courage that people have and sometimes we think that great adversities can crush them and it's to the contrary." Many respondents noted that the decision to enter therapy is an act of courage. As one said,

*I think most people who come to therapy are extremely courageous. [A client] said something about how 'it is still pretty scary to come in and see you' and I just said 'thank you so much for reminding me of that because you are so brave to let yourself do that.'*

Similarly, another participant asserted, "Anybody walking into a therapist's office with a genuine willingness to look at themselves is a very courageous person." Therapists also noted that their work requires courage:

*Being a therapist has made me more of an interpersonal risk-taker...I think to be a good therapist you have to take some chances, that the good therapeutic response is not necessarily the socially conventional one. So...I have pushed myself at times to say things to people that I otherwise wouldn't say....*

In a similar vein, a respondent noted, "It took me a long time to be able to deal with anger and not to be terrified by it...That, I think, takes courage on the part of the therapist." Said another, "At times when I sort of think 'oh poor me,' I think of [my clients] and ... I have nothing to really whine about...I feel if they can do it, I can do it. It serves to lift me up."

Therapists almost uniformly report feeling hope from the courage they observe in their clients: As one noted, "To see people struggle with... issues [like cancer], and do well, gives me hope in humanity..." Another noted, "I think if I couldn't see [courage] in people... or if I couldn't in some way collaborate with them to get that, I don't think I would be in this job."

## **On Personality and Psychopathology**

A challenging though somewhat less productive question we asked was what therapists learn from psychotherapy clients about the relationship between personality style and psychopathology. There were fewer in-depth responses to this question than the others, though most responses noted something about the complexity of nature versus nurture. As one therapist noted, "...People are born with specific traits...it is almost always a combination of both [nature and nurture], and one without the other doesn't really do much."

Cultural relativity in labeling psychopathology was noted by several respondents: "What we call pathology in one culture may not be pathology in the other." Others suggested that personality style and psychopathology are on a continuum, that "[For] any kind of psychopathology... you see some of it in everyone." Yet another respondent noted, "You can be more at the rigid, more regressed end of your personality in some situations...and you can work with your personality to help yourself manage the challenges you may have [in other situations]..."

A number of therapists noted the role of personal history in the etiology of psychological problems. As one stated,

*It is the importance of early childhood experiences and how they shape personality and how much effect they have on the adult later. I learned in my own life how important those early years are and how important it is in... mothering...*

Just as some respondents cautioned about cultural issues in diagnosing psychopathology, the issue of what therapists learn from psychotherapy clients about cultural difference more generally was another question we asked (Question 7).

### **On Culture**

The therapists we interviewed believe culture is an essential consideration when facilitating successful psychotherapy. Many respondents believe that cultural knowledge and differences impact/change their own world views, and that culture can be defined in quite atypical ways. As one said, “[Even] working with schizophrenics is akin to working with another culture.” Another offered,

*...I don't think of culture just as ethnic, racial, or national terms, but ...ways of responding...I [attempt] to understand something about the particular kind of milieu that people grew up in... and what their assumptive world is around that.*

Therapists in our sample agreed that one has to understand cultural differences to be effective with clients. As one therapist said, “I think it has been critical for me to spend a lot of time trying to understand the cultural perspective of the person that I’m talking to before trying to assist them.” Most of our participants agreed that working cross-culturally requires flexibility, as in the following example:

*...[A client] came with the expectation that doctors are here to tell you what to do...she needed that in a way, so I had to alter how I work because I don't tend to be very directive; so I found myself being a lot more directive.*

Others caution about over-generalizing even within cultural groups. As one participant noted, “...we can run the risk of generalizing....Not all realtors are the same. Not all people of any given religion or race are the same.” And, as another said, “Even if [a client were] from my country, from my ethnic group [and] grew up in the same neighborhood as I did, [we] would still have cultural differences...”

Many therapists in our sample spontaneously noted that working cross-culturally has changed them. Said one, “I have come to really value and respect cultural difference in terms of some specific things such as how people process grief, respecting family hierarchy....” Other therapists shared that they have struggled with cross-cultural issues. One noted that it was difficult for her to see people who believe they are not free to live their own lives as they choose.

### **Life Stages**

One therapist said that a client’s life stage is almost like a culture (Question 8). In general, therapists noted that development is much affected by life history, including when there has been trauma. As has been discussed in the psychotherapy research literature (see Hatcher et al., 2005), there was controversy among our participants as to whether it is helpful or counterproductive for a client and therapist to navigate a life space with similar issues. Some said they think it helps to be at different life stages, as it may help the therapist to look ahead to his or her future. As one respondent said, “I was touched by a dying patient who made me think of my

own end of life issues.” And, as another noted, “Working with older client’s leads me to reflect on how I want to be remembered.” Alternatively, one therapist said, “I think your best clients are your own age [because] hearing about my clients’ struggles normalizes my own.”

As we can see, some therapists found negotiating life issues similar to those of their clients unhelpful. One therapist in her mid-60s who was aware her current life stage was affecting her practice, noted that her mental focus was more attuned when the client was discussing things relevant to her current situation, such as health-related issues. On the other hand, with a difficult adolescent at home, another therapist reported she did not have the patience to work with teens in her practice at that time in her life. Several participants noted it can be tricky for a young therapist to gain the trust of an older client, whereas other respondents noted an older therapist could use his or her life experience to help guide younger clients. There was little disagreement that negotiating across life stages can be seen as an opportunity for both clients and therapists to grow and change because, as one therapist said, “As you navigate the life stages, you gain wisdom and become less judgmental.”

### **Therapist Generated Items**

The final “anything else” question, to which all 61 participants responded, elicited both overlapping and new thematic categories. The overall tone of these responses conveyed a sense of psychologists’ deep respect for their psychotherapy clients. In response to our overriding research question, it is clear that psychologists gain new knowledge from their clients, which then augments their wisdom both personally and professionally. We have identified each sub-theme below in response to the final question:

**Change is difficult.** Psychologists noted that change is difficult. As one stated,

*It’s on the one hand wanting to be helpful...because this is a helping profession,...doing the best you can in (utilizing) all your skill, wisdom and theories...But also understanding it isn’t always going to work...The Gestalt prayer that was written years ago [is about] acceptance...I do my thing and you do your thing and if by chance we can connect and do some good work together, that’s wonderful and if not, it can’t be helped.*

Referring to the process of change as something that sometimes does not take place in treatment, another therapist reported that “people are sometimes stuck in their situation and no matter how much you help them to realize it, they may never realize it...People need time to change or perhaps sometimes they will never change.”

**The working alliance is essential.** A frequently occurring theme identified the importance of trust in the working alliance. As one respondent said, “I am struck by the trust and openness that many clients are able to experience in therapy with me.” Another noted, “I think that the clients I work with truly appreciate patience and listening and trust...they weren’t looking for sharp or witty or brilliant...they were looking for...someone to listen to them.” In a similar vein, one therapist said, “I think I am more than ever appreciative less of technique than of the therapeutic context and relationship itself...more than anything else [clients] value my

presence in their lives....and it rubs off in the sense that I think that's probably true for [my appreciating] relationships too.”

**Therapist characteristics and problems are relevant.** Participants frequently noted both their own strengths and problems that affect their work and life. One respondent described a good therapist as someone who has “...a strong curiosity...You have to be actually interested in other people's lives and you have to communicate that to your client.” Others self-disclosed their own psychological and physical scars. As one related,

*I have a real bad scar on my hand where I almost cut my thumb off. It doesn't hurt and it doesn't bleed, but there's a scar that will be there for my entire life...I think there are things that scar us and things that scar our patients...part of our job is to help them [learn] that you can turn suffering into something useful.*

Another therapist reported, “I know more about psychological trauma than the average person knows on the street because I have been through it vicariously...” Another participant self-reflected,

*I have a depressive constitution myself and so my liability in life is to see the glass as half empty...This has been a great career for me...because I see so many people surviving adversity...and being courageous;... it has really helped me feel like...if they can do that, I should be able to pull myself up also.*

**Resilience is the key.** If there is one response theme that consistently recurred across questions it was the equation of resilience and mental health and how impressed therapists are with the resiliency of most of their psychotherapy clients. As one stated, “People...are capable of...amazing strength...I think what I have learned most is that people can be really pretty impressive in terms of what they are able to accomplish...and [that is] what I have learned about myself, too, from them.”

**Therapy: Art or science?** With regard to theory and evidence-based practice, some therapists reflected on the age-old question of whether psychotherapy is an art and/ or a science. Said one,

*I use my left brain to determine where the posts are...and I use my right brain to go as far as I can....with a hunch...as long as it doesn't go outside the boundaries of propriety and what is cogent or helpful for the client.*

Another respondent noted, “It's an irrational wish...on the part of Psychology to emulate natural sciences...We don't explain like the chemist does. We aim to understand.” Another therapist stated, “I think psychotherapy is an art itself. It is not just the knowledge and the education ...but I think you have to have the skills to relate to people.” Other therapists talked specifically about their theory of practice:

*I like to think theoretically...it's very clear to me that the way in which you work...is in very large part shaped by your client. There are some people who are*

*just psychodynamic clients and there are some people who are just Carl Rogers clients...*

A most commonly expressed theme was that "... it's just a lifelong learning...the science is constantly changing the collaboration process with other professionals [and clients]."

**Wisdom is gained from therapy clients.** The mutuality in the therapy relationship that therapists in our sample consistently noted is something of which many clients are likely unaware. For example, would a client guess that a therapist might say something like the following? "I think when clients are really...insightful clients then you can learn a lot more from them than they can from you. You are just sort of facilitating..."

Therapists told us they learn, not only from their own mistakes, but also from mistakes clients make. As one reported:

*One important thing I've learned [and] I used to be a community activist, is that whenever [clients] try too hard to correct injustices or struggle so much with how life has been horrible and unfair and tragic, ...that for their wellness they had to learn to let go. So I have gone from a...high internal locus of control to much more of a Buddhist kind of stance, acceptance...*

Another participant noted that therapists sometimes make errors if they are too inflexible or not open to listening for new things from their clients: "You have to...realize that you never know what people are capable of and you have to let them surprise you."

Therapists in our sample also discussed learning from clients' spiritual beliefs: "One of my clients was an atheist...I [sometimes worked] in an annex to a church building...his manner and his themes changed...when he was in that annex above the church. It was like his consciousness was raised." Another therapist reflected,

*I have wise clients like a Muslim woman whose husband had a massive stroke and she takes care of him...She has a lot on her plate. I think I learned from her. She really uses her Muslim faith...She talks about how grateful she is...I just stand back and I am a little bit in awe of the greatness of her...spirit.*

Therapists emphasize, in a myriad of ways, how much they learn from their clients who are possibly quite unaware of this aspect of the mutuality in a therapy relationship. As one therapist summarized this theme, "I gained wisdom from every client; there is another aspect of the universe that I learn from every client, how they look at life, how they look at relationships, their health issues." A very particular example of this was offered by a female therapist in our sample:

*We need to be available [at home] and still take care of clients...and the person that's teaching me a lot of that is one of my patients who's a stay-at-home dad...I've got to do it all, I've got to be the great mom, the great therapist. I have to take care of everybody in the world. I have to do that and I have to use my brain all the time...and his kids are such a priority for him. So it's great to have it coming from a man about priorities...It's something I gained from him...*

A male therapist said: “I work with a lot of women and my female psychotherapy patients taught me a lot about [being] a woman in the world...understanding the other half of humanity.” As one respondent summed up this theme,

*When we are challenging others in therapy to communicate effectively or teaching them how to ...work at relationships, it is practice for us too. I don't think a lot of people realize that. You will often hear (therapists) talk about something that happened with their client and then a month later there was something in their own family where you could deal with it because you had just talked about it with your client. It's good clients don't know or they would be asking us to pay them.*

**Therapists reflect on their career choice.** In response to our final interview question psychologists frequently chose to discuss how they value their careers. These responses were particularly rich and well-elaborated as the following examples illustrate:

*It's a great career for learning to be compassionate and feeling connected to everybody...Some of my patients report having that same experience from therapy...They feel their hearts kind of opening up which is such a lovely thing.*

Another therapist stated,

*I move between feeling very wise and very naïve...there are days I practice I feel that I'm this incredibly wise savant and other times when I feel ...I have very little to contribute to the person I am seeing...I credit clients, I credit friends, I read, I credit family members and students. All...contribute to making me both a better therapist and...an increasingly aware person...*

Still another noted:, “Being able to be privy to some else’s story, to the narrative of their life... is a blessing really, I think for both parties.” Another added, “I think it is such a luxury [to be a psychologist]. I love my patients, I love my work and I love the opportunity to be with people as they heal...that’s a real privilege and I treasure it.” And still another said,

*I am continually struck by what a privilege it is to do this work, that people trust us as therapists with the most intimate details of their lives and how we have to honor that trust with confidentiality, doing our best and most ethical work each and every session. Also I think about what a private profession this is and how one has to be satisfied with very private accomplishments.*

Yet another participant reflected, “You have to be allowing the person to teach you...and I feel like I learn something from every single patient I see. I mean I really love them--- well not every single one of them, but most of them.” And still another said, “I’ve learned to like people more...I’ve gotten more comfortable with silences.” And, “one of the major things I have learned from my clients...is that it is never too late to change.”



It was also not uncommon that therapists said things like, “I’ve learned that getting to connect with another human being at an honest and authentic and vulnerable level heals us both,” or, “When I sit there and listen to what [clients] have learned from their struggle... they are imparting wisdom to me. They don’t even know it.” Still another therapist discussed the role of clients in her life cycle:

*There are a couple of people who have dipped in and out of therapy with me over many years, since I was a young person, with parallels in the ways our lives have developed....It makes you think about lives past and present and how these intersect. It is fascinating! I remember Ralph Greenson saying how when he took on a client...that the person was going to be very important in his life...*

**Therapists comment on our research.** Unsolicited and uniformly positive reactions to the research were of interest because it was apparent that as therapists spend so much time listening to others, they don’t necessarily get to talk about their own experiences in the process. Thinking about what they learned from clients clearly led those in our sample to reflect on their own gains in conducting psychotherapies. As one therapist concluded, “I appreciate thinking about these things. I think this is a good study...I think an effective psychotherapist needs to learn from his/[her] patients every day.” Another therapist reported appreciating “thinking about these things... I mean I haven’t thought about (this) ...systematically, so, I think this is a good study and I...look forward to hearing whatever results, conclusions, implications that you come up with.” Still another respondent noted, “Keeping in mind your interview... I think an effective psychotherapist needs to learn from... patients every day.”

## Discussion

This study enhances our understanding of how deeply therapists are affected by their work and relationships with their clients. A key finding was that, over time, therapists gain a profound sense of the importance of maintaining their professional role with clients, while being mindful of the boundary between personal and professional relationships. Within this context, however, this study makes it abundantly clear that therapists are simultaneously affected both professionally and personally by their work with clients. An overarching theme is that therapists’ genuine interest in their clients and a deepening respect for the client’s individuality engender new levels of patience, tolerance, flexibility, and humility, both in relation to the clients and in their own personal relationships (see Barton, 2000). Therapists come to value relationships that offer love and understanding, and they acknowledge the power of support and interest that a caring relationship can offer, both in treatment and in personal life. Therapists admire their clients’ strengths – their courage, resilience, steadfastness, and their struggles to do the right thing, and therapists draw inspiration for their own lives from their clients’ example.

Following a major lesson our therapists reported learning from their clients in response to (the most general) Question 1, we have presented their individually-generated items in addition to the responses gathered through our interview protocol. Our therapist-generated items tended to reinforce answers elicited by our interview protocol, but added some new perspectives. These included the importance of the alliance, the effects that their own strengths and problems have on their work as therapists, the balance between art and science in practice, and their own appreciation of the mutuality of the therapeutic relationship (see Bohart, 2004). These findings

are consistent with the burgeoning literature in psychotherapy integration which emphasizes the importance of such “common factors” as empathy and the working alliance across theories of psychotherapeutic practice.

Our study sought to build on the strength and power of therapists’ anecdotes regarding how clients affected their lives by adding a systematic interview protocol and utilizing qualitative analytic techniques and methods to organize the participants’ accounts. In presenting our findings, we used quotes from our participants to represent recurrent themes. The themes themselves were identified through a multi-step qualitative process focusing on each of the interview questions, beginning with individual thematic analyses, which were then checked against a coding partner’s analyses, and then audited by the research group as a whole.

We found that some of the specific questions (2 through 8) were more productive than others. For example, the question regarding personality and psychopathology tapped fewer links to therapists’ personal lives than did their understanding of theory and the DSM. The question regarding life stages elicited responses primarily about how therapy is affected when therapist and client overlap in their current life stage.

### **Implications for training**

The work of a psychotherapist is often difficult since dealing with human suffering can be a constant presence that may lead to burnout, particularly for vulnerable trainees. Understanding how therapists may learn from their clients can possibly help to obviate aspects of burnout, both for beginning therapists and perhaps also for those working over very long periods of time.

Many of our participants said they appreciated the opportunity to consider and share their experiences and that they had not thought of their work in this way before. Supervisors and mentors, in a position to model the benefits of learning experientially from their work as psychotherapists, can choose to convey what one can learn from clients, rather than exclusively emphasizing didactic models of learning. If supervision and training were to regularly include explicit discussions of what therapists may learn from clients, novice therapists may become more open to this variety of open-mindedness in their future work.

Furthermore, since self-awareness is a necessity for any therapist, considering the relational aspects of learning in both directions between therapist and client, this skill can be used to facilitate the kind of therapist self-exploration that is evidenced in many of the narratives we have shared. This line of research suggests that therapists gain knowledge from conducting psychotherapy with their clients and that these gains have potential to lead to forums for discussions of self-development, rather than more exclusively narrow paradigms of professional development.

### **Suggestions for future research**

We think it would be interesting to conduct further studies on our research question, cross-culturally. Indeed, one of the authors of the present study (Kipper-Smith, 2012) has recently completed a doctoral dissertation comparing the responses of twelve Brazilian and twelve North American psychologists using our research protocol. Her findings are consistent with the different cultural emphases on collectivism and individualism for Brazilian and North American psychologists, respectively. In addition, there two more dissertations are in progress

utilizing our dataset. One of these will examine narratives of therapists across theory orientations and also with regard to gender, looking at whether different types of learning are reported. A second dissertation will look at years of professional experience and whether that makes a difference as to the reported scope and nature of therapist learning from psychotherapy clients.

For future research on this topic it might be useful also to reframe some of the more specific research questions (2-8) so as to include questions such as, "What was the most important lesson you expected to learn? What was the most affecting lesson you didn't expect to learn?" Future research could also examine these kinds of questions with respect to client characteristics, presenting symptomology and personality styles as well as with regard to the various settings and configurations (e.g., couples, families, and groups) in which psychotherapy clients are often seen. And, although we had a sizeable sample for a qualitative exploration, it could also be useful to repeat this study with even larger sample sizes to see whether the most frequent themes we found are replicable when analyzed quantitatively.

From the present study, the overall message we gained from our interviews with 61 psychologists in North America focused on abundant examples of ways in which they have benefitted from being a psychotherapist and the sense of privilege in their work. Our therapist participants made clear that their clients are important people in their lives whom they cherish, respect, and whose confidence and trust feel like a blessing. Through helping clients develop better coping strategies, therapists learn to adapt these strategies in their own lives. Furthermore, therapists learn humility and patience in facing difficult challenges, recognizing that change often does not come easily, and cannot be forced or overly guided by theory. With this humility comes recognition that only with careful, patient, individual attention can they adequately address the many ways that people differ. Therapists' reliance on theory and received knowledge is tempered by their empathic engagement with the particulars of their clients' lives and circumstances. These results point to the profound rewards that come to those of us fortunate enough to be therapists.

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