# Feelings of Incompetence in Novice Therapists: Consequences, Coping, and Correctives

Anne Thériault
Nicola Gazzola
Brian Richardson
*University of Ottawa*

ABSTRACT

Feelings of self-doubt and insecurity about one's effectiveness are frequently reported by mental health professionals, regardless of their experience level. In novice therapists, feelings of incompetence (FOI) are a central feature in the development of their professional identity. A first-person perspective of FOI will provide insight into its impact and its potential resolution. Ten novice therapists discussed their FOI during a 45–90 minute semi-structured interview. The authors analyzed the transcripts using procedures inspired by grounded theory methodology and distilled a conceptual scheme outlining consequences, coping mechanisms, and self-care training needs. Implications for counsellor education and supervision are discussed briefly.

RESUMÉ

Les sentiments de doute de soi-même et d'insécurité concernant la compétence sont souvent rapportés par les professionnels de santé mentale, indépendamment du niveau d'expérience du thérapeute. Parmi les novices, les sentiments d'incompétence sont centraux dans leur développement professionnel. Une perspective première personne de cette expérience nous permettra d'en comprendre l'impacte et la résolution potentielle. Dix thérapeutes débutants ont participé à une entrevue semi-structurée de 45-90 minutes. Les chercheurs ont analysé les transcriptions avec des procédures inspirées de la méthodologie de la théorie ancrée et ont élaboré un cadre conceptuel qui décrit les conséquences, les mécanismes d'adaptation, et les besoins de formation en autosoins rapportés par les participants. Les implications pour la formation et la supervision sont examinées.

True to the Socratic view that the unexamined life is not worth living, introspection has become an effective means toward a revered end: self-awareness. The term *introspection* means "looking within" (from the Latin *spicere*, meaning "to look," and *intro*, meaning "within"), and it is considered to be instrumental in the achievement of self-awareness.

Within the field of psychotherapy, clinician self-awareness is considered beneficial for both therapists and the therapeutic process (Norcross, 2000). For example, introspection is considered essential to the successful resolution of counter-transference phenomena (Gelso & Hayes, 1998). The knowledge base on which this virtually uncontested endorsement for clinician self-awareness, or *mindfulness*, is based is often allegorical. Empirical accounts of the actual experiences of clinician self-awareness are scarce (Williams, Hurley, O'Brien, & DeGregorio, 2003).

When the clinician's internal experience of therapy is examined, results depict an unexpected, and counterintuitive, experiential feature; some forms of self-awareness are actually a hindrance during therapy (Williams, Hayes, & Fauth, 2008; Williams et al., 2003) and they often create ongoing disturbances in the life of the practitioner. Safran and Muran (2000) argue that antecedent attempts to clarify the relationship between self-awareness and process have been hampered by the lack of distinction between self-knowledge (insight) and self-awareness. Whereas *self-knowledge* is defined as a retrospective understanding of internal processes and is considered beneficial, *self-awareness,* or immediate consciousness, refers to ongoing internal states that may be distracting within the counselling process (Safran & Muran).

Among the forms of self-awareness that are potentially distracting and destructive for therapists, feelings of incompetence and self-doubt about one's effectiveness figure prominently (Dryden, 1992; Kottler, 2002; Thériault & Gazzola, 2005, 2006, 2008). Feelings of self-doubt, insecurity, and uncertainty about one's effectiveness are among the most frequently endorsed and consistently reported hazards of the psychotherapeutic profession, regardless of the experience level of the practitioner (Mahoney, 1997). Feelings of incompetence (FOI) are the emotions and thoughts that arise when therapists' beliefs in their abilities, judgements, and/or effectiveness in their role as therapists are reduced or challenged internally (Thériault, 2003). FOI are the result of therapists' self-depreciating, subjective evaluations of their own performances as practitioners; although they generally elicit anxiety, they can also be used for growth (i.e., FOI are not indicative of actual incompetent performance) (Thériault & Gazzola, 2005, 2006, 2008).

Although their link to actual performance quality is considered weak (Johnson, Baker, Kapola, Kiselica, & Thompson, 1989; Ridgway & Sharpley, 1990), FOI have been shown to have a negative impact on the psychotherapy process as well as on the overall well-being of the counsellor/practitioner. FOI have been linked to psychotherapy process disturbances, such as premature or delayed termination (Brady, Guy, Poelstra, & Brown, 1996), alliance ruptures and untimely interpretations (Strean, 1993), and disengagement and withdrawal (Thériault & Gazzola, 2006). It is also suspected that FOI may play a role in serious ethical breaches and misconduct, such as sexual involvement with clients (Wood, Klein, Cross, Lammers, & Elliott, 1985). Furthermore, the importance of FOI have been underscored in studies that examine therapist distress.

FOI have been linked to several impairments in therapists, including stress (Farber & Heifetz, 1982), burnout (Deutsch, 1984), depression (Mahoney, 1991), low self-esteem (Thériault & Gazzola, 2005), and premature career abandonment (Thériault & Gazzola, 2005). It is becoming increasingly clear that therapist struggles with self-doubt are prominent and potentially damaging for both the therapeutic process and the practitioner, yet FOI have not received legitimate scientific attention until fairly recently (McLeod, 1990). The knowledge acquired has been unfocussed and the links made remain unconfirmed. In

particular, the plight of novice clinicians is relatively unexplored. It is assumed that practitioners-in-training struggle with insecurities (Skovholt & Ronnestad, 1992; Stoltenburg, 1981, 2005), but the impact of these self-doubts and the coping mechanisms employed for dealing with these insecurities are not generally topics of structured inquiry.

While tentative links have been made between FOI and both process and practitioner disturbances, very few training programs have responded with self-care training that mitigates this problem; the topic remains somewhat taboo in most programs of counsellor education. Indeed, the fact that most training programs do not systematically address therapist self-care and FOI is puzzling, and it is a concern that needs further investigation (Brady, Healy, Norcross, & Guy, 1995; Schwebel & Coster, 1998).

In an effort to address these gaps, the present study was guided by the following research questions: (a) What are the short- and long-term consequences of FOI for novice clinicians? (b) How do novice therapists cope with self-doubts? and (c) What can novice therapists identify as self-care and training needs in response to their FOI experiences? A qualitative approach was favoured because it offers an opportunity to gain in-depth, context-bound, and subjective information.

## METHOD

### *Participants*

#### SAMPLING

Criterion-based sampling guided the selection of participants (LeCompte & Goetz, 1982). With this approach, participants are selected for their ability to inform and offer insight into the phenomenon of interest. Specifically, we identified the following four inclusion criteria as desirable for this study: (a) to have accumulated between one and five years of counselling experience, (b) to be currently practicing counselling, (c) to hold a master's degree in counselling, and (d) to be English-speaking. These criteria were established and then instances of these profiles were sought through networking. Colleagues of the first author offered lists of potential participants, and candidates were approached and directly enlisted as voluntary participants in the study. All of the participants were unknown to the principal researcher and to the interviewer. Several of the participants had been students of the second author. He, however, had no contact with them throughout the study and was only exposed to transcripts that had been rendered anonymous through the use of codes to replace names and any other identifying information.

Participants continued to be recruited until the coding results (generated concurrently) indicated that no new categories were being generated. Theoretical saturation was reached at Interview 8. Two subsequent interviews and analysis confirmed that no new meaningful information was being generated, and the interview process was terminated after 10 interviews were analyzed.

### DESCRIPTIVE DATA

The participants included nine women and one man with an average of 2 years and 2 months of counselling experience. Five were between 20 and 30 years old, two were between 30 and 40, three between 40 and 50, and one was between 50 and 60 years old. Their preferred theoretical orientations were cognitive/behavioural (three participants), humanistic/existential (three participants), solution-focused (two participants), eclectic (one participant), and art/play therapy (one participant). All participants were given pseudonyms by the first author to ensure confidentiality.

## *Data Collection*

Each participant was interviewed by the third author using a semi-structured interview protocol. The protocol outlined a pool of potential questions with some suggested prompts (e.g., Question: "The literature suggests that many therapists experience moments in therapy where they feel momentarily inadequate. Does this sound familiar to you?" If response is "yes," then prompt: "What would you say are the most important aspects of this experience for you?").

As the study evolved, the interviewer elaborated his own prompts that reflected a growing understanding of the phenomenon under study. The interviews lasted between 45 and 90 minutes. The interview recordings were then transcribed and analyzed.

## *Data Analysis*

The data were analyzed using procedures borrowed from grounded theory methodology (Glaser & Strauss, 1967). Grounded theory (GT) was selected for this study because it is anchored in a philosophy of discovery. Although highly organized and structured, GT relies partially on induction, a process whereby the observer derives concepts directly from the data. It is ideally suited for this situation in that the accumulated knowledge about FOI is scant and the nature of the construct under study is highly abstract and subjective (Rubin & Rubin, 1995). Studying such a loosely defined and experiential construct requires an approach that will enable access into a subjective process and allow the observer to infer the meaning of this experience for the participant. GT procedures result in thick descriptions of the phenomenon and are recognized mechanisms that can be used to systematically analyze verbalized introspections without losing the participants' context.

### DESCRIPTION OF DATA ANALYSIS PROCEDURES

Specifically, open coding, axial coding, and constant comparative analysis were utilized to distill a conceptual scheme that positioned abstracted categories of phenomena in relation to each other.

*Open coding*. The most basic exercise in the process of open coding is to label or name an idea, event, incident, or act using a descriptive "code" that represents the data as faithfully as possible. This exercise generally elicits a number of elementary labels that can be synthesized along common elements into categories

that are more abstract and comprehensive. As the coding continues, some new categories are generated, others eliminated, and still others relocated within the scheme under different labels. They serve as a basis from which to engage in the next level of analysis, axial coding.

*Axial coding*. This level of analysis uncovers relationships between categories, such as causal, cyclical, or interactional patterns. Comparing instances of observed phenomena allows for the specification of conditions that gave rise to a category and the context in which it appears.

*Constant comparative method*. In order to refine themes and categories, instances of a phenomenon are compared to each other in order to tease out subtle differences and exceptions, or to further identify levels within a category.

The coding was done by the principal investigator (first author) and a student research assistant (third author). The codes generated by each were amalgamated into an evolving category scheme. Although most of the themes identified by the two coders were the same, several themes were identified solely by the third author, himself a novice clinician. The decision to use a second coder, not typical in grounded theory methodology, was made, first, to guard against biases that could potentially be introduced from the first author, who had previously conducted similar studies with experienced clinicians. Secondly, the involvement of a novice-clinician coder was an embedded measure of viability. He was able to identify more closely with the data and thus able to verify that the category scheme was faithful to the lived experience of the novice clinicians. The result is a category scheme that represents the researchers' thematic interpretation of participants' disclosures about specific aspects of the experience of FOI, their felt consequences, practiced methods of coping, and suggested correctives.

## RESULTS

The results depict the major categories abstracted and the subcategories that gave rise to them within each of the three areas of interest: consequences, coping, and correctives.

### *Consequences/Impact*

FOI had both positive and negative impacts within sessions and beyond.

#### INCREASED RESPONSIVENESS: BEING MORE DELIBERATE WITHIN SESSIONS

The positive in-session results associated with the experience of FOI are increased intentionality, desirable tactical changes, and a deliberate attempt by the counsellor to change the pace of therapy. In the first instance therapists disclosed an increased level of concentration; they became more reflexive and analytical about the dynamics of the exchanges with clients and felt compelled to be more selective and strategic in their responses, for example:

> *Katie*: I think, you know … thinking about what I do, being reflective in my session, questioning my competency, all that sort of stuff, I think is a good

> thing because it keeps me on my toes … I don't get into this relaxed "I know it all" kind of stance; I wouldn't want that. So, yeah, I have moments of it but I think it's a good thing.

Counsellors also reported that they made technical adjustments and modifications when experiencing FOI. They consciously decided to intercede differently. For example, they might self-disclose more, or allow more silence in the exchange.

Changing the pace of therapy was the most common immediate response to self-doubts about competence that was considered positive by the participants. In these instances, counsellors reported "becoming more Rogerian," slowing down, and increasing their focus on the here and now. In the presence of self-doubts, counsellors seemed to naturally gravitate to a focus on in-session process.

### increased knowledge and self-knowledge

Counsellors were able to salvage some growth-enhancing elements from their FOI experiences. They shared the belief that FOI motivated some learning experiences, that it increased their self-knowledge, and that they could use the FOI to coach others experiencing similar struggles. FOI inspired the counsellors in our study to proactively address areas of felt weakness: they read more, consulted, and sought feedback, supervision, and advice. Counsellors also expressed a zest for training workshops that hinted at their belief that true confidence is only a workshop away.

Other positive consequences were the gains in introspection and self-knowledge. Counsellors felt that FOI allowed them to learn about their limits, expectations, and humility. They welcomed the idea that FOI kept competency issues at the forefront of counsellor considerations; in their view, client protection would thus be enhanced. Third, counsellors felt that FOI were useful to the extent that they could be used to normalize FOI experiences for others. Counsellors also spoke of perceived mistakes and how these could serve to prepare others to avoid the same mistakes.

### process disturbances

Participants also disclosed some vivid negative in-session responses to FOI. They can be grouped under the following subcategories: immobilization, reactivity from self-esteem wounds, technical faux pas, and a variety of responses that fall along the distraction-disengagement-detachment continuum.

Counsellors who experienced untameable FOI spoke of becoming immobilized in session. They felt "stuck" and unable to influence the process away from the impasse. For example:

> *Daniel*: I know what she should do, but I don't know how to help her do it, and that makes me feel kind of anxious, and yeah, incompetent, if you want to use that word. Not comparatively, if you know what I mean, it's not that I think

> other people would be doing this better, although maybe they would, it's … in some sort of absolute sense. That I'm faced with the situation, which is by no means unusual, that I don't have much idea about how to help the person.
>
> *Interviewer*: O.K., and there's a sense in there, like, that you're powerless.
>
> *Daniel*: Yes, that's good. Yes, that's a very important part of the dynamic. Because no matter how difficult it was, if I thought, "Oh well, we can, over a period of time, we can do X and Y and Z then, you know, everything would be OK, then I would feel different."

Counsellors became self-conscious and vulnerable when they experienced FOI during sessions. They tended to evaluate themselves incessantly and analyzed individual client statements looking for indices of their impact and competence. Counsellors also revealed what they believed to be technical faux pas or errors committed in the wake of FOI experiences. For example, counsellors disclosed succumbing to the temptation of giving advice, imposing their own agendas, and overstructuring sessions. Another unproductive tendency from their viewpoint was to overcompensate for FOI by talking too much, a reaction referred to as "overkill" by one of our participants.

The most common and complex consequence of FOI is a reaction that can be placed somewhere along the continuum labelled *distraction, disengagement,* and *detachment.* These responses represent the degree of distance taken from a client with whom FOI is experienced. In its less severe manifestation, the distance takes the form of counsellor distraction. The counsellor's preoccupation with self and performance takes the focus away from the client. The internal dialogue of the counsellor is monopolized by doubts about competence and efforts to attend to crippling self-awareness. FOI detract from their ability to be in the moment and become a process barrier for these participants.

Counsellors also described a more serious threat to the relationship that we labelled disengagement. Among the manifestations of disengagement reported were decreased motivation to help, decreased authenticity, decreased persistence, avoidance of topics that generated emotions, and empathic failure. At the most extreme end of this continuum, counsellors report, albeit reluctantly, having severed their ties or completely detached from clients. They used the terms "withdrawal," "pull back," "dread seeing the client," "shut down," and "reject."

> *Daniel*: First of all, there's this like … it's like a kind of reluctance, you know, where I feel like what they need is for me to be with them, and it's that feeling like, "I don't want to go here" … that it's painful and I don't want to be here.

### SELF-DEPRECIATION

The negative consequences of FOI for the counsellors in our study often extended beyond the session itself; they affected overall self-esteem, carried over into the personal life of the therapist, and generated stress. Participants reported that FOI had contaminated their overall judgements about their worth; FOI that were

generated within a session caused counsellors to devalue themselves. Counsellors admitted that their general levels of confidence and self-esteem were negatively affected by FOI. At times counsellors reported feeling like frauds or imposters; they appeared to function well but they secretly harboured the fear that they would be discovered and exposed as "true incompetents."

> *Lynn*: I've come to a [couples] counselling session, and I've had a big fight with my husband, you know, and then you sit down, you know … it feels, you can feel like a fraud. "Who am I that I should be doing this [when] I can't resolve my own?"

Counsellors also reported that the home–work boundary became more porous when they experienced FOI during their sessions. In other words, they were more inclined to bring their work-related worries across the domestic threshold. Their personal lives became invaded with incessant worry and ruminations about counselling exchanges. As a consequence, their general levels of stress increased when they experienced FOI. Participants reported experiencing physical symptoms of stress, compassion fatigue, worry, and anxiety related to FOI.

### *Coping Mechanisms and Attenuating Factors*

Not surprisingly, counsellors had spontaneously elaborated mechanisms to cope with self-doubts and FOI: making changes regarding attribution and expectations, relying on theoretical prescriptions, making self-protective choices, trusting the process, and active self-care. Also, they had identified attenuating circumstances that mediated the experience: how to measure outcome and maturational factors.

#### COPING MECHANISMS

*Shifting attributions and expectations.* Counsellors recounted instances where they were able to make FOI-reducing shifts in themselves and in the counselling relationship. A common shift was to set or reset the boundary around how to share the responsibility for therapeutic change and progress. Counsellors typically and inadvertently had assumed the bulk of the responsibility for movement within and across sessions and recounted how FOI were reduced significantly when they realized that the work of therapy is not conducted alone. This reattribution of workload occurred overtly and covertly; counsellors first recognized the imbalance and then, at times, confronted clients with it.

Another critical and deliberate shift that counsellors orchestrated was related to self and client expectations. Counsellors recounted being relieved when they were able to admit to mistakes and limitations, both internally and interpersonally. They had to adjust their expectations of what they could do and what could be achieved in therapy. One therapist recalls concluding, and then making peace with, the realization that a situation was unsolvable:

> *Olivia*: I mean, depending on the situation there are times where I think it doesn't matter what I do, it's not going to solve itself, it's not solvable, it's just there, and I have to learn to deal with that.

Counsellors also had to address and monitor client expectations when struggling with FOI. Being upfront with clients about their level of experience as well as regarding the counselling process in general was a powerful mediator of FOI.

*Reliance on theoretical parameters and guidelines*. Counsellors relied on theoretical parameters and guidelines in different ways to cope with FOI. A prominent use of theory in this regard was how it prescribed a role for the counsellor: directive, nondirective, guide, expert, collaborator, and so on. Counsellors retreated into theoretically prescribed roles when they felt uncertain about the process, about how to proceed, or about how to be in therapy. Conversely, some counsellors selected their theoretical approach on the basis of the role it ascribed to them and on whether that role was FOI-inducing or not. For example, several counsellors reported that they felt more confident using models with "quick and tangible outcomes." Some related how they preferred models with concrete activities for the clients to do. For example, counsellors who used cognitive-behavioural models drew some comfort from having exercises to prescribe.

*Making choices.* In addition to influencing the selection of theoretical models, FOI had an impact on other choices as well. Counsellors recounted how they operated within a circumscribed area of practice to avoid FOI; they had refused to see clients who presented with issues that were beyond their comfort zone and they avoided certain client populations that had induced FOI in the past (e.g., involuntary or low-functioning clients). One counsellor admitted to doing only short-term work to mask early dropouts from therapy. This counsellor interpreted dropouts as signs of inefficiency and therefore preferred not to experience it.

*Trusting the process*. Counsellors realized that FOI were reduced when they focussed on the relationship with the client rather than on techniques or on themselves. Indeed, a strong relationship seemed to protect the therapist against FOI. Counsellors also emphasized that when they focussed on the process they were able to avoid questioning and doubting every intervention. They focussed on the therapy more globally and did not engage in microanalysis. One counsellor reported that FOI decreased when she avoided dissecting sessions into compartmentalized actions and instead relied on her intuition and intentionality.

*Self-care.* Participants had developed some effective tools to take care of themselves and attenuate the potential damage of experiencing FOI. Counsellors spontaneously engaged in self-soothing internal dialogue during sessions when FOI surged:

> *Catherine*: I guess it just goes back to reminding myself a lot of "you don't need to be perfect. You don't need to do this right 100% of the time. You're only human. With more experience, you know, you'll catch on to this. It doesn't

> mean you're the worst counsellor that has ever lived, you know; think of all the young women who really enjoy coming to see you." So there's just, you know, I guess that kind of dialogue that goes on where I'm trying to figure out, "OK, it doesn't mean I'm absolutely horrible."

Counsellors also prayed and meditated in efforts to rise above FOI. The most common and powerful self-care decision was to share the emotions associated with FOI with others. Counsellors sought support and feedback, consulted colleagues, and consulted supervisors. They disclosed FOI to significant others, engaged in peer debriefings, and received coaching. The common denominators in all these exchanges were the release from secrecy and the normalizing experience of sharing FOI with others.

#### attenuating factors

*How to measure outcome.* Judging actual performance outcome is not a simple feat in counselling. Counsellors expressed some discomfort with the ambiguity of judging the level of counselling success and mentioned an astonishing variety of indices they used in attempts to evaluate their worth and progress as therapists: the client reports being happy, the client refers others, there is immediate positive feedback, there appears to be progress toward a global purpose, objectives are being met (i.e., the client lives a more meaningful life), there are quickly attained and tangible outcomes, and the client returns for more sessions. All of these were mentioned as evidence that one is on the right track. Although there was no universal measure of positive results in therapy, counsellors relied on these clues for confidence boosters when self-doubts surfaced.

*Personal growth and maturational factors.* Counsellors expressed a growing ability to contain and manage FOI as they gained professional and personal experience. While some had lived through this growth process, others expressed the expectation that FOI would abate with experience and they were hanging on for better times. Counsellors also made a link with inner peace. They felt better equipped to manage FOI as they experienced self-growth and acceptance through life experiences. FOI, however, continued to be an integral aspect of their experience in therapy and in the development of their professional selves.

### *Education and Supervision*

Responses to queries about the role of education and supervision in managing FOI fell into three main categories: confirmation of the "taboo" nature of the subject, identification of what is perceived as helpful, and a wish list enumerating what novices would have liked to receive in terms of preparation for dealing with FOI.

#### experiencing foi as taboo

Counsellors shared their belief that self-doubts were taken as proof of actual incompetence and therefore they deliberately chose not to admit to FOI in their supervision in order to avoid negative evaluations. This stance, which we labelled

"show them the good stuff," was common and seemed to be a self-protective action. Counsellors projected competence to the outside world while secretly harbouring fears about their competency. The participants were cognizant of this schism and felt torn between keeping the secret safe and needing to break free of the isolation created by this nondisclosure. Many criticized the lack of formal discussion about FOI during their training and judged their learning and supervision environments to be unreceptive to this struggle.

### Experiencing FOI Can Be Helpful

The few novices who did decide to openly admit their self-doubts did so with peers rather than with educators or supervisors. Although counsellors rarely addressed FOI directly, a number of elements were identified as having an indirect positive influence (i.e., decreasing FOI). They included being exposed to a number of theoretical models, having informal access to professors, supervision, internships, research assistantships, feedback, being exposed to models, and self-taught self-care mechanisms.

### Counsellor Wish List Regarding FOI

Counsellors were enthusiastic in their descriptions of what they would have found helpful regarding preparation for the FOI moments. Principally, they felt betrayed that the topic was not addressed and felt vulnerable and unprepared for the fall-outs of the practice of counselling. One of the participants expressed anger that this was not formally addressed in her training. Most counsellors simply wished that they had been exposed to this aspect of the profession. Validation and normalization were repeatedly cited as desirable and helpful processes. Counsellors expressed that the knowledge that FOI are normal would have avoided many painful moments of self-doubts and isolation. Clearly the novices wished that this had been done systematically during formal course training or supervision. One participant thought that it could be incorporated into a general self-care training course or class.

## Discussion

The 10 novice counsellors in our study had all come to the realization that FOI were an ongoing aspect of their subjective experience of counselling. They recognized the drawbacks of harbouring self-doubts as well the positive, growth-enhancing aspects. While they were able to spontaneously evolve coping mechanisms, several repercussions are worrisome and warrant our attention as educators and supervisors.

In the first instance our participants did confirm that FOI might negatively influence the therapeutic process. The myriad of examples provided were categorized as *technical faux pas* and as responses that fell along the distraction-disengagement-detachment continuum. Counsellors admitted that FOI led to suboptimal therapeutic decision-making and interventions. More importantly, they disclosed an

antipathy toward clients with whom FOI were regularly experienced. The strength of this urge to pull back varied, but results were in keeping with previously identified breaches (Orlinsky et al., 1999), alliance ruptures (Safran, Muran, & Samstag, 1994), and disengagement and withdrawal (Thériault & Gazzola, 2006).

The second concern is the level of stress generated by FOI. Novices underscored the role of FOI in work-related stress and home–work boundary violations. Counsellors continued to ruminate about the appropriateness of their interventions well beyond the counselling hour. While the stress levels were uncomfortable for counsellors, none of the counsellors in our study reported becoming incapacitated by FOI-related stress. However, similar studies with experienced clinicians indicate that consistently experiencing FOI can be quite destructive, leading to, for example, distress (Farber, 1990) and burnout (Deutsch, 1984). It is possible that the stress experienced by the novice counsellor, left untended, becomes the eventual burnout of the seasoned clinician, which leads to the question, "Is there a preventative mandate for counsellor educators and supervisors?"

According to our participants, the stress generated by FOI is compounded by the isolation of this experience as well as the counsellors' inability to contextualize the experience. Apart from a cursory acknowledgement of therapist insecurity in counsellor developmental models, therapist self-doubts and fears of failure are not often directly addressed in the literature (Mearns, 1990). Having never shared their FOI with peers and supervisors and being unaware of models of FOI, counsellors frequently suspect that they are alone in their struggles with FOI. They also erroneously equate FOI with incompetent performance, secretly thinking that they are truly terrible therapists. This error is magnified by the taboo nature of FOI—neither students, professors, nor supervisors openly acknowledge, discuss, or invite disclosures of FOI. The counsellors' perceptions of therapist success are positively skewed. Thus, novices naturally conclude that their insecurities are unusual and indicative of flawed practice.

Although counsellors choose not to expose their FOI, they do wish someone else would introduce the topic. Frequently they see the responsibility for defusing the intense emotionality surrounding evaluations of competence as belonging to educators or supervisors. Because educators and supervisors have the conflicting roles of supporting and evaluating the counsellors in development (Worthen & McNeill, 1996), relying solely on counsellor-initiated talks about FOI puts them in a bind; show them the good stuff and suffer in silence, or free themselves from this burdensome secret and potentially fail. It seems rather unjust to expect counsellors in this position to shoulder the responsibility of addressing the topic of FOI. Clearly, supervisors and educators need to assume some leadership in demystifying counsellor self-doubts and FOI at all levels of experience.

## LIMITATIONS

This study suffers from the same limitations as any focussed qualitative study: (a) the accuracy of the self-reports and remembered incidents of the participants;

(b) the limited number of participants and the way they were selected (criterion-based); (c) the inability to say anything forcefully about cause and effect; and (d) the possibility of inadequacies, misunderstanding, or bias in the interpretation of the resulting data. These are, of course, suffered in exchange for a potentially deeper insight into the nature of the phenomenon. In addition, while we purposefully avoided structuring the interview along the three areas of interest (consequences, coping, and correctives), the use of the semi-structured questionnaire entails the risk of preconfiguring the categories. This common risk was mitigated by the use of spontaneous queries, the iterative nature of the interview protocol, and by data analysis procedures designed to ensure that the resulting categories are grounded in theory. While the use of an auditor also acts as a safeguard against bias, our study could have been further strengthened by a member check.

As such, the results of this study must be read with caution and should not be readily generalized outside of the characteristics of the sample group, nor should they be interpreted as proving any causal sequence. What the data do provide is the deep and thoughtful reflection of a selection of novice clinicians on what is a discordant, potentially harmful, and critically important aspect of their experience as therapists.

## Conclusion and Future Directions

The study begins to address the gap in the literature of self-doubt and feelings of incompetence in novice counsellors. Future efforts could expand beyond our focussed questions and culminate in the elaboration of a classical grounded theory. We addressed elements of the experience spanning its description, the perceived consequences, coping, and corrective measures that could be applied. Consequences were both positive and negative inside and outside of the counselling session. Positive consequences included a sense of increased alertness and motivation for learning (when the experience was felt as temporary and controllable), while negative consequences included a feeling of hopelessness, separation, and detachment, both from the client and potentially from the counselling profession as a whole. Coping included self-talk to alter the perceived degree of threat (especially in changing attitudes around levels of responsibility) and attempts to control the actual type of client walking in the door (limiting to more controllable problems), but most especially it helped to know that no one else was doing all that much better, and that no one is perfect. These more philosophical shifts seemed to be principally achieved through talking with colleagues—it helped to disclose and receive sympathetic understanding from peers and supervisors who generally served to normalize the experience.

Although some types of FOI abate over time, how they are perceived and interpreted is clearly of central importance in novice counsellor development. What is needed is a sympathetic dialogue with therapists addressing these issues in a frank and open manner, helping to lessen the "taboo" that has many therapists suffering in silence.

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*About the Authors*

Anne Thériault, Ph.D., is a professor of counselling at the University of Ottawa, Ottawa, Ontario. Dr. Thériault's research interests collectively inform the domain of counsellor education and supervision. Her research program includes studies of counsellors' experience of therapy and supervision, prophylactic therapist self-care, critical incidents in the development of counsellor professional identity, and meaningful supervision encounters.

Nick Gazzola, Ph.D., is a professor of counselling at the University of Ottawa. His primary research interests include counsellor identity, the supervision of counsellors, and the use of interpretations in the process of counselling. He teaches courses in the theory and practice of counselling and supervises counsellors-in-training.

Brian Richardson, M.Ed., holds a master's degree in educational counselling from the University of Ottawa. His research interests centre on philosophy of psychology and education, with an emphasis on existential thought. He was a student during the course of the study. He presently works with the Government of Canada in the area of well-being.

Address correspondence to Anne Thériault, University of Ottawa, Ottawa, ON, K1N 6N5; e-mail <anne.theriault@sympatico.ca>.