

Research

When Irish Eyes Are Smiling: Irish Therapists' Well-being and their Passion for the Work of Counselling & Psychotherapy.

By Jolanta Burke and Mike Hackett



Introduction

Counsellors and Psychotherapists in Ireland have a tradition of impassioned caring, dating back to the 1970s – a time generally recognised as the birth of counselling and psychotherapy in Ireland (Boyne, 1993). Further, though there now exists an enormous body of knowledge regarding therapeutic models, theories, interventions, tools and techniques, little has been written on role of passion in the work of therapy, the fuel which has inspired the growth of this profession in Ireland the over the last 50 years. Though the motivations for choosing counselling as a profession are extremely varied, our study looks at Irish Therapists' passion for the work of counselling and the types of passion they use

in their work.

Passion is defined as a strong inclination toward a personally meaningful activity that is both loved and highly valued by an individual, which is why they are willing to invest a significant amount of energy and time in its practice (Vallerand, 2008). It has been a topic of interest for centuries amongst philosophers, writers and artists, however, only recently has it become the focus of attention of psychological researchers, most of whom study passion apropos of romantic relationships (Hatfield & Walster, 1978; Krapp, 2002).

However, in the world of work, passion has been linked to venture growth (Baum & Locke, 2004), well-being (Burke & Fiskensbaum, 2009), as well as entrepreneurial

success (Cardon, Wincent, Singh, & Drnovsek, 2009). At the same time, research shows that whilst passion tends to significantly contribute to the quality of one's work life, the consequences of passion may vary between employees (Burke & Astakhova, 2015).

That variance between people is explained by the Dualistic Model of Passion, according to which, having a passion is not enough, because the way in which a passionate activity is internalised, has an effect on individuals' well-being (Vallerand & Houliort, 2003). Therefore, passion can be either harmonious or obsessive. When passion is harmonious, individuals remain in control of their passion, which they engage in because they want to, not because they are driven by the compulsion to work. Moreover, as the name suggest, their passion is in harmony with other life activities. When passion is obsessive, individuals are unable to control their passion, which they experience as feeling under constant pressure to engage with it regardless of how harmful it may be to them (Rip, Fortin, & Vallerand, 2006). This results in them placing disproportionate emphasis on the impact the activity has on their identity and their lives.

Whilst harmonious passion has been linked to many positive outcomes, such as psychological adjustment at work, job satisfaction, positive mental health, flow, vitality and commitment (Forest, Mageau, Sarrazin, & Morin,

2011; Vallerand & Houlfort, 2003; Vallerand, Paquet, Phillippe, & Charest, 2010); obsessive passion is associated with lower job satisfaction, lower commitment to work, burnout, and higher levels of conflict in the workplace (Burke & Fiksenbaum, 2009; Vallerand et al., 2010). From the current literature, these outcomes are particularly pertinent for therapists (Skovholt & Trotter-Mathison, 2011).

In the field of counselling and psychotherapy, little research exists regarding passion vis a vis therapists and, to the authors' knowledge, none for Irish therapists where the possibility of burnout is ever present due to the nature of the work and the vastly diverse contexts in which the work of therapy is conducted (Egan & Carr, 2005; Craig & Sprang 2010; Bria, Băban, & Dumitraşcu, 2012). At the same time, claims have been made in the popular literature about the importance of experiencing passion in therapeutic work (e.g. Duncan, 2016; Talley, 1996). Furthermore, to date, therapists' passion has not been examined anywhere around the world, in the context of the Dualistic Model of Passion.

Well-being

There are various models of well-being that range from simple measures to more complex theories (Burke, 2016). One of the most comprehensive models is The Mental Health Continuum (MHC: Keyes, 2002), which incorporates individuals' level of languishing, moderate wellbeing and flourishing. According to this model, the absence of mental illness does not imply the presence of mental health; because individuals do not have depression, does not mean they are psychologically well. Some of them may be languishing i.e. their risk of experiencing mental health issues in the next 12 months is significantly higher than those who are well or

flourishing. Flourishing individuals, have the highest levels of well-being as they "thrive, prosper and fare well in endeavours" (Michalec et al., 2008, pg 393).

The MHC is a composite of three wellbeing theories:

1. Emotional Wellbeing (Diener, 2000);
2. Social Wellbeing (Keyes, 1998) and;
3. Psychological Wellbeing (Ryff and Keyes, 1995).

Emotional Wellbeing (EWB) refers to the extent individuals experience higher levels of positive and lower levels of negative emotions; Social Wellbeing (SWB) denotes the level of social acceptance, growth, contribution, coherence and integration that an individual experiences; and Psychological Wellbeing (PWB) is a model based on the research by Freud, Jung, Rogers, Maslow and others (Burke, 2016) and incorporates such elements as self-acceptance, personal growth, purpose in life, environmental mastery, autonomy and positive relations. The MHC model is a combination of these three well-being models.

High levels of flourishing are associated with fewer workdays missed, fewest chronic physical diseases and conditions, lowest levels of helplessness, highest levels of psychosocial functioning, resilience and intimacy (Keyes, 2007). Furthermore, they are less likely to be hospitalised, visit a doctor, or take medication (Keyes & Grzywacz, 2005).

With this in mind, this study aims to examine;

1. The effect of the presence of passion for work on the levels of therapists' flourishing and its subcategories and;

2. How much of the variance in the Flourishing and wellbeing scores can be explained by harmonious and/or obsessive passion.

Ethical Considerations

In advance of issuing our online research survey, the proposal for our study was presented, revised and subsequently resubmitted and approved by the Ethics Committee (part of the Teaching, Learning and Assessment Board) of PCI College.

Methodology

Participants and procedure

As counselling and psychotherapy are currently unregulated professions in Ireland, clinical work is vastly diverse and essentially self-regulated by counselling bodies established to uphold ethical and clinical standards and accountability. Access to participants then has focussed on polling members of the largest representative counselling and psychotherapy bodies i.e. the Irish Association for Counselling & Psychotherapy (IACP), the Irish Association for Humanistic and Integrative Psychotherapy (IAHIP), the Psychological Society of Ireland (PSI) and Addiction Counsellors of Ireland (ACA). In total, 1,604 email addresses were acquired from internet searches and an online research survey distributed by email with two follow-up reminders. The total number of respondents was 133 practicing therapists in the Republic of Ireland, aged between 27 and 70 years old ($M=53.36$, $SD=9.26$). Demographically, they were based mainly in Leinster (68.4%), Munster (22.1%) and the remaining in Connaught (7.4%) and Ulster (2.2%). Most practiced in large towns and cities (74.3%), but some worked in small towns and villages (25.7%). Most practiced Integrative Psychotherapy (64%),

however Humanistic, Pluralistic, Positive Psychology, Analytic Psychotherapy, CBT, Reality Therapy, Psychodynamic Therapy and other approaches also featured demonstrating the diversity of approaches practiced in Ireland presently. Echoing current Irish trends, 77.9% of therapists were female and report having worked as therapists for between 6 and 20 years (69.9%), some 19.9% were newly qualified therapists working between 1 and 5 years, and a further 10.3% had 20+ years of experience. Amongst the participants, most work between 10 to 20 hours per week (58.7%) as therapists ($M=14.37$, $SD=8.94$) and between 2 to 8 hours per week (24.4%) as supervisors ($M=4.37$, $SD=3.17$). Representative membership of counselling bodies were reported as follows; IACP (89%), IAHIP (7.4%), PSI (5.1%), APCP (1.5%), and other associations and bodies (or none) accounted for the remainder (11.8%).

Measures

Two measures were used in the current analysis, The Mental Health Continuum Short Form (MHC-SF: Keyes et al., 2008) and The Passion at Work Scale (PTWS: Vallerand & Houliort, 2003).

MHC (Mental Health Continuum – Short Form)

The MHC is a 14-item instrument, using a 6-point Likert scale, indicating the frequency of well-being experience, ranging from “never” to “every day”. The scale measures three types of well-being: emotional (EWB), social (SWB), psychological (PWB), and was scored by the research team as one overall score and 3 sub-scores. For illustration, a sample MHC question is as follows: “During the past month how often did you feel satisfied with life?”. Past research

showed high reliability at $\alpha > .80$ (Keyes et al., 2008; Lamers et al., 2012). The current study results reveal reliability ranges between $\alpha = .788$ and $\alpha = .873$ for MHC and sub-categories.

PTWS (Passion at Work Scale)

The PTWS is a 16-item instrument, on a 7-point Likert scale ranging from “not agree at all” to “very strongly agree” on statements relating to work behaviour. The scale measures the presence of passion and the degree of obsessive and harmonious passion. The presence score derives from an aggregation of 4 items, whereas obsessive and harmonious passion scores are obtained from the difference between Z-scores. Thus, higher obsessive passion scores over harmonious passion scores indicate obsessive passion. For illustration, a sample PTWS question is as follows: “My work is in harmony with the other activities in my life.”. The past reliability of the test is between $\alpha = .70$ and $\alpha = .85$ (Forest et al., 2011; Vallerand & Houliort, 2003). Our results reveal reliability ranges between $\alpha = .74$ and $\alpha = .84$

Results

In the current sample, 38.5% of participants scored low on the presence of passion. Also, 48.5% of therapists experienced obsessive passion and the remaining 51.5% reported harmonious passion for work. In relation to well-being, less

than 1% of participants reported languishing, 27.2% reported moderate well-being levels and the remaining 72.1% scored very highly indicating psychological flourishing.

The response to the first research question was investigated using Pearson’s correlation coefficient. Preliminary analyses were performed to ensure no violation of the assumptions of normality, linearity and homoscedasticity. The results can be found in Table 1.

The results show that there is a small, positive correlation between passion and PWB ($r = .268$, $p < .001$). However, no statistically significant differences were found between passion and other variables. Therefore, the presence of passion is associated with higher levels of psychological well-being, but it is not associated with flourishing, emotional or social well-being.

Hierarchical multiple regression testing was carried out for research question number two to assess the ability of the two measures of obsessive and harmonious passion to predict levels of flourishing and its sub-categories (after controlling for age and number of years in practice). Preliminary analyses were conducted to ensure no violation of the assumptions of normality, linearity, multicollinearity and homoscedasticity.

MHC and obsessive vs harmonious passion

In the first model, the total variance

Table 1

Correlations between the presence of passion, flourishing and its subcategories of well-being.

Variables	1	2	3	4	5
Passion	-				
MHC	.167	-			
EWB	-.003	.743**	-		
SWB	.115	.890**	.571**	-	
PWB	.268**	.830**	.510**	.547**	-

Notes: $p < .05$, ** $p < .001$

explained by the model as a whole was 32%, $F(4,125)=14.51$, $p<.001$. The control measure explained an additional 29% of the variance in flourishing, after controlling for age and years of practice, R squared change = .31. F change (2,125)=28.79, $p<.001$. In the final model, only harmonious passion was statistically significant with beta value (beta=.560, $p<.001$). Therefore, results suggest that 32% of the difference in scores, between therapists, who flourish in life and those who do not, can be explained by the presence of their harmonious passion.

EWB and obsessive vs harmonious passion

In the first model, the total variance explained by the model as a whole was 10%, $F(4,125) = 4.677$, $p<.001$. The control measure explained an additional 12% of the variance in EWB, after controlling for age and years of practice, the R squared change = .118. F change (2,125) = 8.45, $p<.001$. In the final model, only harmonious passion was statistically significant at beta value (beta=.319, $p<.001$). Therefore, our results suggest that 10% of the difference in scores, between therapists, who have high scores in emotional wellbeing and those who do not, can be explained by their harmonious passion.

SWB and obsessive vs harmonious passion

In the first model, the total variance explained by the model as a whole was 22%, $F(4,125)=8.88$, $p<.001$. The control measure explained an additional 22% of the variance in SWB, after controlling for age and years of practice, R squared change = .22. F change (2, 125)=17.72, $p<.001$. In the final model, only harmonious passion was statistically significant at beta value (beta=.477, $p<.001$).

Therefore, results suggest that 22% of the difference in scores, between therapists, who have high scores in social wellbeing and those who do not, can be explained by their passion, and particularly by the presence of harmonious passion.

PWB and obsessive vs harmonious passion

In the first model, the total variance explained by the model as a whole was 35%, $F(4,125) = 4.574$, $p<.001$. The control measure explained an additional 33% of the variance in PWB, after controlling for age and years of practice, R squared change = .33. F change (2,125) = 33.40, $p<.001$. In the final model, harmonious passion recorded a higher beta value (beta = .575, $p<.001$) than obsessive passion (beta = -.202, $p<.05$). Therefore, results suggest that 35% of the difference in scores, between therapists, who have high scores in psychological wellbeing and those who do not, can be explained by their passion, and particularly by the presence of their harmonious passion.

Discussion and Implications

In the current sample, 72.1% of therapists in Ireland reported psychological flourishing, meaning that their scores were high in all three types of well-being (EWB, SWB, PWB). On average, 39% of the population tested reported flourishing (Hone et al., 2014). Therefore, the prevalence rate of flourishing is significantly higher for therapists in Ireland than the general public.

At first glance, this seems somewhat inconsistent with other research showing that therapists' well-being is reduced as they are subjects to secondary traumatic stress (Figley, 2002), burnout or emotional depletion (Maslach, Schaufeli, & Leiter, 2000). However, the discrepancy

between well-being scores of therapists and previous research findings may be due to the fact that the current study measures the symptoms of well-being that are different to ill-being and experiencing symptoms of both is not necessarily mutually exclusive (Burke, in press). Regardless of this, the heightened levels of well-being suggest that therapists in Ireland developed great tools that help them experience high levels of emotional, social and psychological well-being. Since the current study is the first measuring the prevalence of flourishing among therapists, there is no way to compare the results to other, international samples. Therefore, further research needs to be carried out using other flourishing scales, with larger and more diverse participants.

Presence of Passion

The first research question in the current study examined whether the presence of passion for work is associated with wellbeing and flourishing among therapists. The results showed no association between the levels of flourishing and emotional or social well-being. Therefore, the mere presence of passion is not enough for therapists to be well. This is contrary to a popular view of the importance of passion for work (Kang & Albion, 2006; Morrison, 2009), which assumes that people's lives and well-being is improved when they find passion and exercise it daily.

This lack of association between passion and EWB as well as SWB may be due to the fact that some forms of passion may increase the experiences of negative emotions and isolate people from others (Vallerand, 2015). Since MHC is a composite of EWB, SWB and PWB, the lack of statistically significant correlation for the first

two elements and passion may have affected the overall MHC. The only exception here was the small positive correlation between PWB and the existence of passion. Considering that PWB excludes affectivity and incorporates questions relating to meaning in life, self-growth or an ability to influence the environment, it is understandable that such a view of well-being is in line with finding a meaningful, goal oriented passion for work, regardless of how it makes therapists feel. Therefore, the current study showed that whilst having a passion can indeed make one's life more meaningful, it may also evoke a mixture of positive and negative emotions as well as potentially isolate therapists from individuals and communities around them.

Obsessive vs Harmonious Passion

The second research question examined how much variability in flourishing scores and its sub-categories can be predicted by harmonious and obsessive passion. Here again, the levels of obsessive passion were irrelevant for MHC, as well as EWB and SWB. However higher levels of obsessive passion were associated with statistically significantly lower levels of PWB.

In the current sample, 48% of therapists reported being largely obsessively passionate for work, with 27% of the individuals scoring particularly highly on this dimension. There are dire consequences of experiencing obsessive passion, one being that the need to engage in an activity, drives the work itself (Vallerand et al., 2003). When that imperative to do the work, is matched with little progress in the client's growth, this can lead to the equation "no client, student, or patient growth equals practitioner incompetence" a key contributor to therapist

A part from reducing the experiences of obsessive passion, the current study is also showing that it is crucial to enhance the levels of harmonious passion. The results suggest that the presence of harmonious passion predicted all types of psychological flourishing,

burnout (Skovholt & Trotter-Mathison, 2011).

Additionally, the presence of obsessive passion has been found to contribute to reduced well-being. In the current study, it is the PWB that has been affected by higher levels of obsessive passion. PWB is strongly associated with biological indicators of well-being (Cole, 2017), meaning that low levels of PWB predicts higher levels of cortisol, reduced antiviral immunity and higher levels of pro-inflammatory response, thus producing a reduction in objective well-being. Conversely, the absence, or lower levels of EWB do not have the same, detrimental effect on objective well-being. These results suggest that experiencing obsessive passion can potentially reduce not only therapists' self-reported PWB, but also, by proxy, their molecular well-being, which is particularly pertinent for mental health professionals.

This finding has a significant implication for both the therapists and their representing bodies. Codes of ethics of various counselling bodies are clear on the therapist's requirement to attend to matters affecting their competence to work with clients (for example) "8.2 Where they [therapists] become aware of personal problems that may affect their competence they shall seek appropriate professional assistance to determine whether they should limit, suspend or terminate their professional activity." (IAHIP, 2017, July 26th) and even further are required to "3.1.1 Review and

evaluate the effectiveness of their professional activities." (IACP, 2017, July 26th).

Similarly, for supervisors working with therapists who are obsessively passionate. Obsessive passion "is positively related to anxiety and guilt and negatively to positive emotions" (Vallerand, 2015, pg. 171). In the post-training, pre-accreditation phase of counsellor development, the risk of a therapist withholding their feelings of anxiety and guilt arise due to the nature of the power disparity in the supervisory relationship (Abernethy & Cook, 2011). Ultimately in Ireland, the supervisor plays a vital role in the decision of an accrediting body to approve or reject a therapist's application to be accredited in their role as "gate-keeper of standards [for the profession]" (IACP, 2013, pg. 37). Disclosure of obsession and the anxiety and guilt arising may then go unexplored in terms of its impact on the therapist and the implications on the work with vulnerable clients.

Exploring the early application of these findings to the training phase of therapist development would thus seem prudent. This could mean Colleges and Training Institutions undertaking personal development as part of early stage training and the exploration of the motivations of those trainees to become therapists. Within this environment, the topic of passion for the work quickly emerges – the passion to help. However, the risk of not describing the difference between harmonious and

obsessive passion, the negative effects of obsessive passion on their wellbeing, the benefits of harmonious passion for enjoyment and wellbeing and the implications for both in the work with vulnerable people represents a tremendous opportunity to address issues early in training.


Apart from reducing the experiences of obsessive passion, the current study is also showing that it is crucial to enhance the levels of harmonious passion. The results suggest that the presence of harmonious passion predicted all types of psychological flourishing, i.e. MHC, EWB, SWB and PWB, whereas the absence of obsessive passion was not a predictor of MHC, EWB or SWB. It is the ability to experience harmonious passion that was strongly associated with flourishing, emotional and social well-being. This is consistent with past research (Vallerand, 2015) indicating that the biggest difference between the two types of passion is the experiences of well-being, which is associated with harmonious, not obsessive passion.

In conclusion, the current study results indicate the need for raising awareness of the role of passion in the development of therapist training programmes, supervision and therapist professional development.

Study limitations

As with all research, there are limitations to the current study. Firstly, most of the participants come from IACP (89%), even though the invitation was sent to all other main representative bodies. Further studies should include higher number of other organisation members.

Secondly, the study included 133 valid responses, which is a relatively small sample. That said, according to Matthews

(personal communication, July 13, 2017), IACP has 4,187 members of which 1,994 are accredited therapists and a further 538 are accredited supervisors, therefore, the population from which the respondents were selected is small, which makes the study findings more generalizable. Nonetheless, the results should be viewed with caution and further research is recommended with a larger sample size. 

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