



DCPsych thesis

Therapists' experiences of helplessness; an interpretative phenomenological exploration of the experiences of Egyptian cognitive behavioral practitioners

Eid, F.

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Farida Eid

ID: FE139

Program: DCPsych

Title: Therapists' Experiences of
Helplessness; An Interpretative
Phenomenological Exploration of the
Experiences of Egyptian Cognitive
Behavioral Practitioners

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Statement of Authorship

The author reports no conflict of interest. This thesis was written by Farida Eid and submitted in partial fulfilment of the requirements of the New School of Psychotherapy and Counselling and the Psychology Department of Middlesex University for the Degree of Doctorate in Counselling Psychology and Psychotherapy.

Abstract

Courtesy of their line of work, therapists are frequently brought face to face with the helplessness of clients as well as their own. The main aims of this research are:

- To explore therapists' own definitions of helplessness.
- To explore therapists' experiences of helplessness in their personal and professional lives.
- To explore how therapists experience any potential connection between the two sets of experiences.

Interpretative Phenomenological analysis is used as the guiding methodology. 8 participants were recruited and interviewed. The interviewees were Egyptian, cognitive behavioral practitioners. The findings indicate that helplessness is experienced when participants encounter inability, uncertainty, and self-doubt/incompetence in both their personal and professional lives. The participants also evidenced helplessness in reaction to certain emotional experiences, including grief and anxiety and employed distinct strategies in response to helplessness. Amongst these strategies, are giving-up, dissociation, pursuing further knowledge, doing, and planning. 7 domains of connection between personal and professional helplessness were identified. These areas of connection could be framed as follows:

1. Relationship with helplessness
2. Tools and techniques
3. Current helplessness
4. Similar instances
5. Similar strategies
6. Choice of profession

7. Empathy

These findings have important implications that could help inform our understanding of therapists' helplessness, as well as guide therapist training efforts.

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1. Introduction

“We propose that of all the feelings humans suffer, helplessness is the most intolerable: we view it as primal” (Hoffer & Buie, 2016, p.2).

It was not a process of deep introspection that brought me to this “primal” topic. It merely happened, that one day, as I sat down with a pen and a paper to list all the areas I am interested in researching, a single word came into my mind “helplessness.” Upon reflection, I realized that I cannot remember a time in my life when I did not feel helpless. This realization quickly led me to consider my choice of profession, having worked as a therapist for years, my day-to-day task is to help people, and yet, helplessness seems to have been woven into the very fabric of my life. My curiosity spiked, both about my own experiences, and about those of my fellow therapists, which quickly culminated in this study. My goal in this study is to highlight how helplessness is experienced by those who help people for a living, i.e., therapists, in order to explore how these very therapists experience the connection between helplessness in their personal lives and their professional practice. In this study, I explore the experiences of Egyptian cognitive behavioral practitioners. The interviews for this study were conducted in English. This was highlighted to the participants in the recruitment announcement (appendix 4) and only participants who were willing to be interviewed in English volunteered for this study. English is, of course, not the native tongue for Egyptians. However, for the purposes of this study, being able to carry out a full interview in English was a requirement. The context and the implications of this requirement are further discussed under the “other considerations” segment of this study.

In the coming sections, I start by reviewing the literature on helplessness, before showcasing my research question, discussing my methodology of choice, and presenting and

discussing the findings. I integrate reflexivity throughout to help both myself and the reader better understand the role my own subjectivity plays at various stages.

Reflexivity; My Personal Relationship with Helplessness

I grew up in a family environment characterized by latent hostility. The type that can be felt but never acknowledged. My father had been previously married and had four adult children when he married my mother, who was 22 years younger than he was. To guard their future inheritance, my half-siblings made it clear that they did not want him to have another child. So, my father told my mother that he does not want to have children. He eventually yielded to her pleas and agreed to have one child. And so, I was born, already disliked by my half-siblings.

My mother and siblings did not get along, my mother and father did not get along, and I was always in the middle, completely helpless. My helplessness escalated when my father died. I was 11 years old at the time and found myself plunged into legal battles for inheritance. The hostility escalated, and I remember having to call the police at age 11 as I watched from the balcony as my brother attacked my uncle, and my mother screamed for him to let him go. My mother was later escorted to the police station because my siblings accused her of stealing, and I sat at home, all alone, and completely helpless.

Helplessness is a specter that constantly loomed over my life. And yet as I grew up, I genuinely believed that I had put it behind me. Not only did I not feel helpless, but I was someone who was always there to help others. I was the one who listened to my friends and family and went out of my way to support them through their hardest times. In 2016 I finished my master's in counseling psychology, and my sole intention was to help. However, after having to go into therapy as part of this program and after doing my research for this project, I now

realize that helplessness still maintains a palpable presence in my life. I have simply developed a few tactics to distract myself from it.

While doing research for this project I stumbled upon a few words by Kierkegaard that seem to sum this up perfectly. In his *Works of Love* Kierkegaard (1949) says:

The self-deceived man certainly believes that he can rely upon himself, moreover, that he has more than conquered. In his fool's conceit it is hidden from him how distressing his life is. That "he has ceased to sorrow," we shall not deny. But what advantage is this to him when his chance of salvation lies in his beginning in earnest to sorrow over himself! The self-deceived man even thinks perhaps that he is able to comfort others who were victims of perfidious deception. But what madness for one who has sustained an eternal injury to wish to heal someone who at most is sick unto death! (p. 6)

This quote stopped me in my tracks. I intuitively knew that it describes me. Indeed, I am "self-deceived:" a person who is trying to comfort others while denying my own wounds. I help others in order to escape my own helplessness. I regard helplessness as something to deny and turn away from, and I hold desperately onto hope, to shield myself and my clients from helplessness.

2. Literature Review

2.1.Review Process

Google scholar, and Middlesex's university library were used to conduct this literature review. The search was conducted under the subject heading "psychology," in order to showcase results from the various psychology-related journals and books, as well as in the "PsycArticles" database. The research was restricted to 'peer-reviewed' articles as well as books. Moreover, the search was conducted again in the general database -regardless of the field of study-, to offer a broader look at the research conducted on helplessness. The following search terms were used: "helplessness," "therapists," "psychotherapists," "psychologists," "helplessness and therapy," "helplessness and psychology," "helplessness and psychotherapy," "helplessness and therapists," "helplessness and existential psychology," "helplessness and existentialism," and "helplessness and helpers."

The following sections present a summary of the most relevant information I found. The information is organized under categories that correspond to the themes I managed to identify.

2.2.Overview of the Literature

Upon reviewing the literature, it became clear that within the field of psychology a significant number of the studies concerned with helplessness are focused on Learned helplessness (Seligman, 1975), which will be discussed in detail below. For example, at the time of writing this, conducting a search using the word "helplessness" yields 545 peer-reviewed journal articles. Out of those 171 articles have the words "learned helplessness" as their main heading. This is by far the most frequently used word combination in the titles, with the second major heading being "depression" featured 93 times, and the third being "attribution" featured 81 times. It is worth noting that attribution theory is an element of the reformulation of the Learned

Helplessness theory (Abramson et al., 1978), while most of the articles concerned with depression that I reviewed made some mention of learned helplessness, as it is theorised that helplessness plays a role in depression (Seligman, 1975) -although some authors could not replicate the theory's predictions (Willis & Blaney, 1978)-. This is to say that out of the 545 articles, 345 seem to have some relation to Learned Helplessness or at least make some mention of the theory. This leaves 200 articles to share 47 other major headings, with each major heading recurring at a frequency between 7 and 39, as compared to Learned helplessness's 171 occurrences.

It thus follows that Learned helplessness research is heavily referenced both in the literature review section as well as the discussion section of this study. For the most part, however, I do exclude helplessness research conducted with animal models, as it is not directly relevant to the current work, which is focused on the experience of helplessness in humans, more specifically human therapists. Moreover, schools of psychotherapy such as the psychodynamic and existential schools also discuss helplessness. Thus, these schools' views on helplessness are also presented in the literature review section. And finally, I present results of research concerned with helplessness in therapists and helplessness in psychotherapeutic practice.

2.3.Overview of Helplessness

It is worth considering how the existing literature views helplessness. A review of the literature reveals that helplessness can be experienced in various contexts. Fineberg and Walter (1989), view helplessness as an attitude that struggling couples tend to have and that leads them both to believe that they cannot do anything to tackle their relational-problems and that it is up to the partner to resolve them.

Meanwhile, in Winnicott's view (1945;1953;1960), helplessness is a psychological and physical state that people are born into. A child is born completely helpless and has to depend on her parents to support her physical and psychological wellbeing.

Lamothe (2014) makes a distinction between two types of helplessness, the first is traumatic and the second is non-traumatic helplessness, saying: "nontraumatic forms of helplessness are simply existential realities of human helplessness, such as birth and death. They can be psychologically painful and anxiety evoking, but they are not in and of themselves traumatic" (p. 873).

On the other hand, Peterson (1993) defines helplessness behaviorally, noting that people who are helpless display helpless behaviors such as asking others for help, asking others to make decisions for them and using others as "crutches" (p. 294). Meanwhile, the DSM-IV (APA,1994) listed helplessness as one of the possible negative emotional responses that could arise as part of the experience of post-traumatic stress disorder (p. 428).

A discussion of helplessness will not be complete without an examination of the learned helplessness (LH) theory mentioned above (Seligman, 1968), which is a state that results when a person (or an animal) learns that no action of his will help him avoid an aversive stimulus or escape a negative experience. The person eventually gives up and stops making any escape or avoidance attempts. This has been linked to depression in humans (Seligman, 1975). LH will be discussed further in the coming section given that LH research seems to constitute a significant portion of the research done on helplessness.

Moreover, Mohanty, Pradhan and Jena (2015) noted that helplessness can be viewed as a result of an upbringing characterized by negativity and criticism, which stopped the person from developing competence or confidence in their abilities.

2.4.Helplessness Defined

It is worthy of noting that even though researchers seem to hold varying opinions as to the type of situation that would engender helplessness, they seem to agree as to the general themes that characterize the experience of helplessness. According to the existing literature, reviewed in this sub-section and the next, a person who is feeling helpless is someone who experiences distress because of a perception of themselves as unable to bring about a desired outcome or to avoid an undesirable one. For example, Farber (1994) defined helplessness saying: “for the purposes of this discussion, helplessness will be defined as consisting of an experience of powerlessness, impotence, or defenselessness generated by the perception that a particular aversive event cannot be controlled, altered, or remedied” (p. 716). Along the same lines Frijda, Kuipers and ter Schure (1989) view helplessness as characterized by a desire, a readiness, or a need to make a change, paired with a perception of oneself as unable to actualise that change. These descriptions are echoed in the coming sub-sections. On the other hand, in the ‘findings’ section, I present my participants’ own views and definitions of helplessness.

2.5.Learned Helplessness

As mentioned before, a lot of research on helplessness is concerned with studying the phenomenon of learned helplessness (LH). LH was initially observed in dogs, who after repeatedly failing to escape electric shocks seemed to display a response characterized by no longer attempting to evade the shocks (Seligman, 1968). Researchers theorised that LH could explain depression in humans (Miller & Seligman, 1973; 1975), noting that as per the LH theory’s predictions humans who experience depression do perceive themselves as not being in control and do experience a sense of non-contingency between their actions and said actions’ outcomes (Seligman, 1975; Miller & Seligman, 1973;1975). That is to say that the person believes that whatever they do will not have an impact on the outcome which leads

helpless/depressed individuals to no longer attempt to take action even if their actions might yield successful results. Moreover, researchers have concluded that repeatedly failing at a certain task is not enough to yield helplessness in humans, however, it is when the person's failure leads them to question their own competence, that they become likely to experience helplessness and subsequently depression (Klein et al., 1976; Boggiano, 1998).

The link between depression and LH has been contested, though. For example, Willis and Blaney (1978) designed a series of experiments where both depressed and non-depressed undergraduate students would be exposed to a motor activity task (moving a ball using a string without allowing the ball to fall) that would be relatively easy to complete if the experimenters did not interfere. The experimenters did interfere though, making sure that some of the participants do experience failure regardless of their efforts. They described the conclusions of their various experimental manipulations saying:

The first attempted to replicate the finding that depressed individuals evidence a perception of noncontingency, manifest in a failure to adjust predictions of future success in a skill task on the basis of past success. The prediction was not supported: Depressed and nondepressed undergraduates did not differ on measures of perceived noncontingency. Experiment 2 tested the prediction that undergraduates in whom helplessness had been induced would evidence a perception of noncontingency, measured as in Study 1; this prediction was not supported (p.131).

Moreover, Depue and Monroe (1978), stated that given that human beings are not all the same, there are many forms as well as behavioral and cognitive components of depression and it is unlikely that LH plays a role in all of them. Additionally, if it does play a role in the etiology of depression, it is unlikely to be a central role. Similarly, Buchwald, Coyne and Cole (1978) reviewed the research on LH and concluded: "there is little evidence that learned helplessness is related to depression" (p.180) they noted that while LH is evidenced in the studies they reviewed

as a perception of non-contingency and subsequent reduction of motivation to take action, the link to depression in humans has not been proven.

Depression aside, research in the field of LH aims to better understand the cognitive and behavioral processes characteristic of LH. Some researchers have identified attributional styles as an important component of LH. This is to say that people who tend to view their failures as resulting from internal factors such as flaws in their own characters were more likely to experience LH (Mikulincer, 1988). Expounding on this, Farber (1994) stated that learned helplessness is more likely to develop: “when negative outcomes are explained in terms of internal, stable, and global causes than when such outcomes are accounted for in terms of external, unstable, and specific causes” (p. 717). That is to say that a person is more likely to experience LH following a failure to bring about a desired outcome, if they conclude that the failure was caused by a flaw in their own character, that this flaw cannot be altered and that it is likely to affect them in every other situation.

Other researchers noted that motivation and rewards play a role in the development of LH (Teodorescu, & Erev, 2014). This means that when repeated failures ensue the person is no longer motivated to look for solutions, given that it seems to the individual that the cost of searching the environment for a solution is more than the cost of enduring the failure, which results in the helplessness response. Thus, given that there is no significant reward to reinforce the individual’s search for solutions (or escape routes) the individual stops searching.

Meanwhile, the role played by perceptions of control in the development of LH has been heavily emphasised in the literature, with researchers concluding that when the subject perceives that they have no control over the offset of the painful stimulus and when they cannot predict its onset, they tend to develop a LH response (Seligman & Binik, 1977; Zvolensky, Lejuez & Eifert,

2000). Seligman and Maier (1967) declared that it is not the event itself that causes the individual to display LH, it is the person's perception that there is nothing they can do to avoid the event (or avoid failure).

On the other hand, Nuvvula (2016) criticised the aforementioned theory saying that it: "does not distinguish between the outcomes that are uncontrollable for all the people and those uncontrollable only for some (universal vs. personal helplessness). It does not explain when helplessness is general or specific; chronic or acute" (p. 426). Moreover, Gelbrich (2010) agreed that learned helplessness is often experienced when the person is repeatedly exposed to aversive events and experiences a lack of control over the outcomes. However, she pointed out that helplessness, could also be experienced after the individual is exposed to "a single negative event" (p. 569). This helplessness is less chronic and more situationally specific.

2.6.Existential Perspectives

Death is a fact of life, a finality that humans go to great lengths to avoid confronting. Yalom (1980) noted that people use denial to evade this reality. This denial could take one of two forms, either people believe that they are in some way special and thus will not have to experience death, or they hold the belief that someone will rescue them: someone good and almighty. These beliefs shield the person from realities such as death and aging. Farber (1994) stated that what these defenses are shielding people from is the sense of helplessness that they experience in relation to these realities. The individual is indeed helpless to stave off this dreaded, uncertain, fate, and denial is a way to divert attention away from these realities.

Awareness of these realities/givens could result in existential anxiety which could, in turn, result in a sense of helplessness as the individual comes face to face with the possibility of non-being (Boss, 1962; May, 1983; Heidegger, 1962). Along the same lines, Van Deurzen and Hanaway (2012) said that when individuals perceive the meaninglessness of the world, they react

with anxiety which could: “lead to apathetic behaviour and a feeling of helplessness, as there seem to be no answers,” (p.63).

Moreover, Clarke and Kissane (2002) presented a discussion of Frank’s (1974) idea of demoralization. A term that they defined as “a persistent inability to cope, together with associated feelings of helplessness, hopelessness, meaninglessness, subjective incompetence and diminished self-esteem” and went on to disagree with Frank saying: “we argue, however, with Frank, that it is not simply ‘nonspecific distress’ but a clearly defined syndrome of existential distress occurring in patients suffering from mental and physical illness, specifically ones that threaten life or integrity of being” (p. 733).

They go on to put forward a model detailing how they conceptualize the relationship between demoralization, helplessness, and existential distress. In their model the person first experiences a stressful situation that they cannot escape and that affects their lives, leaving their future uncertain. The situation makes them feel anxious and the fact that they cannot resolve it makes them feel helpless. They might reach out for help; if not helped, they start to feel hopeless. They might also feel as if they have let other people down by not being able to cope. Or they might start feeling like everything is pointless and futile. As a result, they start isolating themselves and their self-esteem is impacted by the inability to resolve the situation.

They might also feel unique in their suffering and alienated from people which leads to existential distress and demoralization. In this model, feelings of helplessness appear to be a necessary step for the development of both demoralization and existential distress; an experience that might impact the person’s sense of meaning making: “insofar as the meaning and significance of life derives from the individual’s ties with persons whose values he shares, alienation may contribute to a sense of the meaninglessness of life” (Frank, 1974, p. 271). It is

worthy of noting, that this state is claimed to result after the individual is exposed to repeated instances of helplessness and is viewed as one of the main reasons for the development of symptoms of anxiety and depression.

Van Deurzen and Adams (2016) also refer to helplessness in their book on existential psychotherapy skills. On one occasion, while discussing a client's personal world, they say: "as long as we allow others to define us without taking charge of our own life, we remain helpless, reactive, passive" (p.130). On another occasion, within the same book, they define living in "bad-faith" as:

"The way in which we actively evade and deny our freedom and our nothingness. To be in bad faith is to pretend to ourselves that we are either completely helpless and condemned to our fate or completely free and able to be just anything we choose to be" (p.220).

In both instances it seems like helplessness is viewed in relation to freedom. In the first instance, the person gives up his freedom and allows other people to define him, the person evades his freedom and the accompanying responsibility by choosing not to make a choice. In the second instance helplessness is seen as a mode of being that a person adopts when they are living in bad-faith; an attempt to evade one's freedom and the awareness of one's nothingness.

2.7.Psychodynamic Perspectives

Human beings are born into a state of both physical and psychological dependence. Not only do infants rely on parents for food and safety, but they also rely on them psychologically given that they cannot yet make sense out of life and the various phenomena they encounter. Lamothe (2014) described this as a state of helplessness characterized by absolute dependency. Conversely, Freud (1914/1957) noted that early in life, infants hold a belief in their own omnipotence. According to Winnicott (1953) this develops when parents are attuned to infants' needs. As a result of this attunement, everything that infants desire, be it food or comfort,

manifests before them and they believe that it is simply the act of desiring that brought it forth. This shields infants from the realization that they are both psychologically and physically helpless. Thus, even though infants are indeed helpless, they are not aware of their own helplessness, so they do not 'feel' helpless. Infants only become aware of their own helplessness when parents fail to meet their needs. Lamothe (2014) said: "when there is a disruption in the parent's ministrations, the baby's assertion vis-à-vis his/her need (physical and psychological) is not recognized or met. This momentary deprivation heightens the baby's anxiety, moving him/her closer to an awareness of helplessness" (p. 880).

In that moment, the infant experiences anxiety because of the growing awareness of helplessness. However, if the parent realizes that a disruption has occurred and helps the infant, it teaches the infant that help is available and that moments of disruptions are tolerable. This helps him tolerate moments of helplessness later in life. However, if the disruption is severe and no help was offered, the infant might grow to be unable to tolerate the anxiety that comes with experiencing helplessness and his ego might go into a state of disintegration rather than un-integration when faced with similar situations. This is because the child did not develop the needed flexibility to withstand such situations. In this case then, anxiety results from the awareness of helplessness (Winnicott, 1971).

On the other hand, following up on Freud's assertion that the infant believes himself to be perfect and omnipotent, Bibring (1953) posited that helplessness ensues when the ego becomes aware that it is not capable of meeting the perfectionistic/narcissistic aspirations it internalized in childhood. On the other hand, Freud (1926) noted that the experience of helplessness is a core component of trauma. An infant who is separated from his caretaker or loses a beloved object, reacts with anxiety, which is the ego's response to the loss. If the loss remains unresolved, the

child experiences helplessness given his inability to contain his own emotions and excitation without the help of the object. This awareness of helplessness results in the experience of trauma.

Meanwhile, Steiner (2011) noted that this awareness of helplessness is too painful to the point that the ego employs defense mechanisms to avoid becoming fully aware of it. One of the defense mechanisms available is for the infant to identify with a powerful object that is viewed as helpful rather than helpless. Thus, instead of needing help the individual opts to help others. However, this help has been described as narcissistic, given that the sole intention behind it is to distract oneself from the awareness of helplessness and to feel superior to the ones who the individual is helping who are viewed as helpless. Ultimately, the goal is to attempt to remedy the wounds inflicted on the individual's ego by the parents' failed containment.

Finally, in the realm of attachment theory, when Bowlby discussed individuals who experience both hopelessness and helplessness for extended periods, he said:

someone who is readily plunged into prolonged moods of hopelessness and helplessness has been exposed repeatedly during infancy and childhood to situations in which his attempts to influence his parents to give him more time, affection and understanding have met with nothing but rebuff and punishment. (Bowlby, 1979, p. 158)

Due to these repeated childhood exposures, the individual thus comes to believe that getting the support, understanding, and affections of others is not possible and attempting to get said support is futile and at times even shameful. Thus, in situations when another person might reach out to others for support, the individual with the aforementioned history of learning, withdraws into a state of helplessness, having already concluded that any effort to gain support will be futile.

2.8.Helplessness and Psychological Problems

Helplessness is a common reaction to stressful life events. Indeed, helplessness is a common reaction observed in people who have undergone traumatic events and are suffering

from post-traumatic stress disorder (Kubany, Ralston & Hill, 2010). Helplessness has also been associated with depression and anxiety (Seligman, 1975; Zvolensky, Lejuez, & Eifert, 2000; Teodorescu, & Erev, 2014). Moreover, helplessness was observed in people who struggle with addiction and substance misuse and was linked to poorer psychotherapy outcomes and higher rates of relapse (García et. al, 2005; Shaghaghy et. al, 2011).

Helplessness has also been reported in the aftermath of experiencing sexual abuse, especially when victims believe that they will be harmed if they ask for help or report the perpetrator (Friedrich, 1990; Shapiro, 1995; Hazzard, 1993). Moreover, victims of sexual abuse tend to also experience self-blame. In their efforts to reduce that self-blame, therapists might inadvertently increase the victim's sense of helplessness. This is because, they might communicate to the victim that there is nothing they could have done to avoid what had happened. This is not harmful in itself but becomes detrimental when the victim concludes that there is nothing they could do to avoid getting abused in the future, which would increase their sense of helplessness (Lamb, 1986; Shapiro, 1995).

The helplessness-hopelessness theory of depression (Alloy, Kelly, Mineka & Clements, 1990; Swendsen, 1998) stipulates that helplessness gives rise to anxiety as the person realizes that he does not have control over the situation. Meanwhile, if the person believes that the anxiety provoking situation will not end, the helplessness morphs into hopelessness which ushers in depression. Breggin and Stolzer (2020) also highlighted that anxiety and helplessness often occur together. Moreover, Clarke and Kissane (2002) noted that most therapy clients opt to see therapists because they feel helpless when it comes to facing either stressful life situations or challenging symptoms or emotions. It has also been suggested that the various 'mental illnesses' represent different ways in which helplessness manifests itself (Breggin, 1980; 1999; 2014).

Breggin and Stolzer (2020) also argued that helplessness underlies “all the major categories” (p.115) of psychological problems listed in the DSM-5 (American Psychiatric Association, 2013).

2.9.Helplessness and Therapists

The nature of therapeutic work puts the therapists in close contact with people’s sense of helplessness. Therapists are called upon to contain these feelings and to help their clients through them. This very task could take a toll on the therapist. On investigating the impact of working with trauma on therapists, Jenmorri (2006) noted that some therapists tended to experience “spiritual wounding” (p. 49) a state characterized by a detachment from others, a reduced amount of hope and a loss of purpose and meaning. On the other hand, Farber (1994) surmised that therapists feel helpless after they make numerous failed attempts to help their clients, leading them to conclude that their efforts are futile. They also tend to feel more helpless when they have high aspirations for themselves that they cannot meet in their therapeutic work. If left unchecked, this helplessness could lead the therapist to start shying away from discussing critical issues with clients, as well as to lose confidence in the potency of therapy in general. The therapist might also develop symptoms of anxiety or depression. Moreover, working with clients who are terminally ill, opens another door to helplessness as therapists contemplate their own mortality and their helplessness when it comes to both avoiding it and helping their clients avoid it.

On the other hand, Adler (1972) concluded that the therapist is most likely to experience helplessness when working with clients who did not have successful relationships with their mothers. In such instances, the client tends to first request help from the therapist, and then proceed to reject that help, and at times even become critical of the therapist. Adler (1972) described personal experiences of working psychoanalytically with such clients and highlighted his own feelings of helplessness in that encounter. He surmised that the clients project their own

helplessness onto the therapists, he also noted that the therapist's own helplessness often mirrors that which the client's mother likely experienced.

Meanwhile, Hoffer and Buie (2016) declared helplessness as the most difficult emotion for humans to tolerate and said that therapists often engage in fervent efforts to avoid acknowledging their own helplessness in sessions. They intellectualize, blame, and get angry at clients in an attempt to distance themselves from their own feelings of helplessness. They declared that while there is a lot of research that mentions helplessness, what is meant by helplessness is seldom explored or explained. They theorized that this reluctance to examine helplessness might be a result of defense mechanisms at play. Moreover, Viney (1994) concluded that the person-centered therapist in her study was more likely to acknowledge the client's sense of helplessness than the gestalt therapist, the rational emotive therapist, and the personal-construct therapist. She theorized that this was because of the approach's focus on empathy.

Watson, Carthy and Becker (2017), examined therapists' experiences of working with older women who suffer from domestic violence and found that helplessness was a frequent reaction. They concluded that this helplessness caused therapists to doubt their abilities to help and to avoid discussing distressing topics with clients. Helplessness was also reported as a side-effect of working with a suicidal client, as Richards (2000) noted that anger and helplessness were amongst the most reported reactions in such situations. Richards stated that through a process of projective identification, suicidal clients cast their feelings of helplessness onto their therapists. Moreover, therapists' feelings of helplessness were heightened after the loss of a client to suicide. Therapists also react with feelings of helplessness when working with borderline personality disorder clients (Linehan 1993; Gunderson; 1984). This is because these

clients tend to have high rates of suicidal ideation and attempts, and according to Linehan (1993) they often struggle to regulate their emotions, which, at times, results in them not cooperating with the therapist.

Furthermore, De Oliveira and Vandenberghe (2009) identified helplessness as one of the common reactions to having an upsetting experience in the session; experiences like being criticized or confronted by the client were considered upsetting. Vannicelli (2001) stated that helplessness is often experienced when therapists are working with clients who are addicted to drugs in instances when the clients relapse and/or refuse to admit that they are using substances. They also experience helplessness when they perceive themselves as more interested in the outcome of therapy than the client and when they themselves have a history with addiction or have a family member who struggled with addiction.

Strømme (2012) noted that trainee therapists experience helplessness as they work with their first clients and make use of defensive actions such as finding another therapeutic modality to practice, in order to avoid their sense of helplessness. Strømme also noted that supervisors tended to be unaware of the inner struggles of the trainee psychologists. Meanwhile, Renn (2012) suggested that therapists might sometimes find themselves using their clients and their therapeutic work to vicariously work through their own helplessness. On a similar note, Mair (1994) argued that therapy is effective only because of the “placebo effect” whereby therapists convince themselves that they are experts who have scientific backing (p. 167) to evade their own helplessness.

And finally, in her book, the *Myth of the Untroubled Therapist*, Adams (2014), posited that early experiences of helplessness might factor into why therapists choose this profession,

saying that the very act of being a therapist might be an attempt to triumph over past experiences of helplessness.

2.9. Gaps in The Literature

While helplessness, has been studied before, there exists a small body of research that discusses helplessness as it relates to therapists. Out of this small body of research, very few of the therapist-related helplessness studies -that I could find- had purposefully aimed to study helplessness. Instead, the goal was to study therapists' experiences with a particular phenomenon or population (ex: suicide, working with elderly women who suffer from domestic abuse...etc.) and helplessness was identified as one of the reactions that could result from working with these clients. And while the *Myth of the Untroubled Therapist* (Adams, 2014) does discuss the inner life of therapists and the trials and tribulations they undergo, helplessness is only mentioned as one of the possible emotions that therapists might experience and that could contribute to their choice of profession. However, again, helplessness was not explored, neither was the connection between personal and professional helplessness.

Moreover, the literature reviewed above seems to promote a view of helplessness as a phenomenon that results when people experience certain situations and that would be expected to be experienced by every therapist who encounters this situation. It seems very formulaic: therapist + domestic abuse client=helplessness. However, therapists' previous experiences of helplessness and how they were interpreted and the therapist' own personal relationship with helplessness are not discussed. Moreover, how helplessness is experienced (the very texture of this experience) has not been considered.

Furthermore, as noted above, a lot of the original research that aimed to explore what helplessness is, has featured the theory of learned helplessness. It is worth highlighting that a lot of this research was conducted using quantitative research methodologies. For example, looking

at the studies I cited under the first two pages of the Learned Helplessness section of the literature review, it could be noted that 6 out of 9 studies featured original research that was conducted using quantitative research methodologies. Meanwhile, the remaining three were articles published with the aim of commenting on, synthesizing, or critiquing the existing views of helplessness. The following table provides a brief glimpse of these articles:

Author(s)	Title	Methodology
Seligman (1986)	Chronic fear produced by unpredictable electric shock	Quantitative; Experimental, quasi experimental or correlational
Miller and Seligman (1973)	Depression and the Perception of Reinforcement	
Miller and Seligman (1975)	Depression and Learned Helplessness in Man	
Willis and Blaney (1978)	Three Tests of the Learned Helplessness Model of Depression	
Mikulincer (1988)	Reactance and Helplessness Following Exposure to Unsolvable Problems; The effects of Attributional Style	
Teodorescu and Erev (2014)	Learned Helplessness and Learned Prevalence;	

	Exploring the Causal Relations Among Perceived controllability and Reward prevalence and Exploration	
Depue and Monroe (1978)	Learned Helplessness in the Perspective of the Depressive Disorders Conceptual and Definitional Issues	Evaluation/Critique/Commentary or synthesis of Existing Literature
Buchwald, Coyne and Cole (1978)	A Critical Evaluation of the Learned Helplessness model of Depression	
Farber (1994)	Psychotherapy With HIV and Aids Patients: The Phenomenon of Helplessness In Therapists	

Thus, no researchers -to my knowledge- have set out to study the interplay between personal and professional helplessness in therapists using a qualitative research paradigm. Accordingly, this research would be the first step towards exploring the components of this experience in a qualitative manner. Thus, it could serve as the basis of more empirical studies in the future. These studies would hopefully further our exploration and understanding of this interplay as it relates to therapists.

2.10. Culture

Finally, all the research cited above, and all the research that I could find that discussed helplessness and therapists, was conducted with Western participants/therapists. Meanwhile, the history of the mental health professions in Egypt could be traced back to the time of the Pharaohs and in 800 AD Egypt was the second country -after Iraq- to build hospitals for psychiatric patients (Ghaliongui, 1963; Okasha, 1978). Today, these professions are alive and well in Egypt with the oldest psychiatric hospital having been built over 100 years ago; and yet little attention has been given to the experiences of Egyptian therapists as well as those of non-Western therapists in general (Okasha, 1978).

An example of the relationship between culture and helplessness could be found in Gunsoy et al.'s (2020) article, in which they concluded that their Turkish participants are more likely to react with helplessness when insulted than their Western counterparts. The authors explained this saying that Turkey has a collectivistic culture which means that it emphasizes social harmony and changing one's actions to fit the environment, rather than changing the environment. But it is also an honor culture where individuals are encouraged to act to safeguard their reputation when insulted. These two cultural mandates collide resulting in the Turkish participants feeling helpless, since defending their honor would violate the collectivistic norms of their culture, but to refrain from defending it would violate the honor culture norms.

Egypt has a collectivistic culture as well, which is characterized by a tendency to regard the care for vulnerable family members and the elderly as a duty (Okasha, 1991). This tendency might have an impact on how Egyptian therapists experience helplessness. And there is a possibility that religion might also play a part in mitigating the impact of helplessness. It is premature to theorize about the role that culture could play (if any) in shaping therapists' experiences of helplessness. And while it is not my intention to investigate the impact of culture

on the experience of helplessness, I do hope that the results of this research would be the starting point of studying the experiences of Egyptian therapists. Later, it would be interesting to repeat the study with non-Egyptian therapists and observe any similarities or differences. Moreover, culture is discussed in more details under the 'discussion' section, especially as it relates to therapists.

3. Research Aims

3.1. Research Question

The main research question that this study aims to answer is: “how do therapists experience the connection (if any) between instances of helplessness in their personal lives and in their professional practice?”

3.2. Objectives

The main objectives for this research are as follows:

- To explore therapists’ own definitions of helplessness.
- To explore therapists’ experiences of helplessness in their personal and professional lives.
- To explore how therapists experience any potential connection between the two sets of experiences.

The main hypothesis that this research rests on is that there is likely to be a relationship between therapists’ experiences of helplessness in therapy and outside of it. The literature reviewed above showcases this relationship to some extent. For example, Adams (2014) theorized that some people might become therapists to escape their sense of helplessness. Meanwhile, therapists who are not comfortable confronting their helplessness end up reacting with anger, denial, or even resentment to clients who make them feel helpless. And in the behavioral realm, a person’s attributional style affects how they relate to helplessness (Mikulincer, 1988). For a therapist, that would affect how they relate to helplessness both inside and outside of therapy.

The aim here is to further study how therapists experience this interconnection (if it exists). I am looking for common themes/patterns that connect their experiences of helplessness as therapists and those experiences that they had outside of therapy. I am also looking at how their

professional experiences of helplessness might have affected how they relate to helplessness in their day to day lives.

3.3. Reflexivity; Aims of the Research

The hypothesis noted above has its roots in my personal experiences of helplessness and becoming a therapist. Having people come to me to help them and knowing that I am the last resort for some clients, is a huge responsibility. But with this responsibility comes a feeling of empowerment. Losing myself in their experiences of helplessness provides me with an easy way to avoid my own and seeing them improve alleviates my own sense of helplessness. If my grief client starts feeling better, a part of me assumes that I now know how to deal with grief and loss, and that is empowering. Being a therapist also makes it uncomfortable whenever I experience helplessness in my own life. There is a degree of discomfort with acknowledging that I, a person who is supposed to be helping people, experiences helplessness.

I also find that the way I relate to helplessness in therapy is similar to how I have been relating to helplessness my whole life. As discussed in previous sections, in my everyday life, I react to experiences of helplessness by avoiding them. I remember vividly that when my mother got sick and required surgery, as a 9-year-old, all I wanted to do was to run to my grandmother's house. I could not take the feeling of not being able to do anything about the current situation.

Even in my professional practice, I tend to avoid working in contexts where I would likely encounter a lot of suicidal clients, because I know that they are likely to make me feel helpless. My strategy has been stable across situations, my strategy has always been that of avoidance. This led me to wonder about the experiences of other therapists, especially since many of my colleagues seem comfortable working with clients who would make me feel helpless. This

research is an opportunity to study how different therapists perceive helplessness and how it might (or might not) be related to their own personal experiences of helplessness.

My past experiences have contributed greatly to the formulation of the hypothesis on which this research rests. This might be a double-edged sword. On the one hand, my intimate relationship with helplessness might be an asset given that it heightens my curiosity about other people's experiences of helplessness and how they relate to them. On the other hand, it might blind me to instances of disconfirmation of my hypothesis. I hope that my awareness of this possible pitfall mitigates some of its detrimental impact.

4. Methodology

4.1. Choice of Methodology

For the purposes of this research my methodology of choice is Interpretative Phenomenological Analysis (IPA). IPA was not the only methodology I considered using. The Narrative research methodologies were also considered. There are a lot of approaches under the banner of Narrative research. These approaches are primarily concerned with the stories that people tell and analysing peoples' memories of prior events. This is in line with what I wish to investigate. However, the narrative approaches are not only concerned with the content of the stories, but they also analyse the structure and the performative role of the narrative. That is to say that they consider how participants decided to order their stories, as well as areas such as what is the story's genre? Who are the other characters? What parts do they play? And what is the person trying to communicate to the researcher? Narrative researchers also consider contextual issues, such as the societal and political influences that could affect the structure and the format of the narrative (Creswell, 2013; Langdrige & Hagger-Johnson, 2013; Frost, 2011; Langdrige, 2007; Willig, 2013).

While these areas would be interesting to analyse, as a fledgling researcher who has no experience with narrative research, I do not have the skills to enable me to analyse the structure of a narrative. Moreover, I do not have the time, or the resources needed to interview participants numerous times and to ensure their continued involvement with the evolving narrative, which is what narrative researchers are encouraged to do (Creswell, 2013). More importantly, I believe that IPA lends itself better to this study, given its focus on understanding how people experience certain phenomena and the fact that it highlights the critical role played by interpretation in shaping our reality. IPA's focus on interpretation is also why this approach was selected over other phenomenological approaches.

4.2. Epistemological Position

The founder of IPA Jonathan Smith described IPA saying: “IPA is a qualitative research approach committed to the examination of how people make sense of their major life experiences” (Smith, Flowers & Larkin, 2009, p. 1).

IPA’s attempts to understand how people make sense out of their experiences, rest on the assumption that people are meaning-making beings who are constantly engaged in the process of interpreting their experiences. To Smith, our understanding of the world and our encounters is invariably shaped by our interpretations. The same applies to our understanding of the accounts of participants in a research study. We interpret their experiences through the lens of our background and experiences (Willig, 2013).

While some researchers aspire to arrive at the essence of certain phenomena or experiences, IPA researchers believe that our understanding of said phenomena will always be shaped by interpretations. IPA qualifies as a relativist-ontology (Willig, 2013) given its emphasis on the idea that people could undergo the same experience and arrive at varying interpretations of it. Thus, it is important to understand their process of meaning-making and interpretation. This could provide us with a better understanding of people’s experiences.

Thus, IPA qualifies as a hermeneutic approach. According to Smith (2017), IPA employs a double hermeneutic whereby the researcher attempts to make sense out of the participant’s accounts, while the participant is attempting to make sense out of her/his experiences. Additionally, IPA has been labeled as an idiographic approach (Pietkiewicz & Smith, 2014) that is focused on the individual and her experiencing rather than the phenomenon and how it truly is. Indeed, IPA makes no assumptions about reality or its nature. It only ventures to understand the individual’s interpretation of said reality.

Pietkiewicz and Smith (2014) noted that IPA has its roots in phenomenological, hermeneutic, and idiographic traditions. This makes IPA an approach that concerns itself with how the phenomenon reveals itself to the person, with how the person interprets that phenomenon, and with the researcher's own interpretation. This makes IPA suitable for my research purposes, as I am interested in how people interpret their experiences of helplessness, and I would like to better understand the areas where the participants' accounts might be similar and the areas where they might differ.

4.3. Reflexivity; Methodology

I entertain no illusions about my ability to fully separate myself and my own subjectivity from my research. Indeed, my philosophical standpoint is Heideggerian (1962), I believe that interpretation colors everything that we perceive and that the most we could do is strive for a degree of awareness about our own subjectivity. Accordingly, my own understanding of reality matches that of IPA given that I am convinced that our interpretations shape our reality and that it is difficult (if not impossible) to penetrate to the very essence of reality. A more realistic (and practical) approach -in my view- is to understand how people make sense out of their reality. In this sense, my research participants are co-creators who are actively involved in the process of meaning-making.

Moreover, the focus on reflexivity is one more reason I am drawn to IPA. IPA researchers acknowledge the inevitability of the researcher having preconceived notions and experiences of the phenomenon being studied. Getting to understand these preconceptions is a process that requires reflexivity and is seen as a work in progress, in as much as we cannot reach a point where we proclaim that we have become fully self-aware. IPA researchers also believe that our preconceptions are not necessarily a bad thing, instead, when acknowledged and

reflected on, they could help us make better sense out of our participants' accounts. Thus, they could in fact be useful, as long as the researcher approaches them in a reflexive manner that allows for the needed flexibility to bracket, make use of, and revise them as needed (Eatough & Smith, 2008; Smith, 2007; Dahlberg, 2006; Fischer, 2009).

This focus on reflexivity is very important to me, it is something that I use on daily basis in client work, given that I have to bracket my own assumptions and preconceptions, however, my prior learning also guides me in working with clients by helping me determine what questions to ask and notice when a certain area is missing or unexplored in my client's accounts. I do not think that preconceptions and assumptions are necessarily bad. They could be rather useful. However, their detrimental impact cannot be overstated if the researcher (or therapist) does not make use of reflexivity to increase their awareness. Thus, my own values, preconceptions, and history have already and will inevitably affect my research. And as one of the co-creators of this knowledge, I endeavor to use reflexivity to cast as much light as possible on the role these factors play.

5. Research Design

5.1. Participants; Inclusion Criteria

- The participants for this study are Egyptian therapists, who have received a master's degree in counseling or clinical psychology and have been practicing for at least two years after attaining their master's and for no more than 15 years.
- Therapists who are just embarking on their therapeutic career and have less than two years of experience were excluded. This is because starting on a new career path is often a difficult experience and might heighten the sense of helplessness regardless of how the person normally relates to helplessness.
- The participants are cognitive behavioral therapy practitioners, given that the cognitive approaches are used widely in Egypt. Thus, choosing to interview therapists who use these modalities in their work increases my chances of recruiting participants. However, it would be interesting later on to conduct this study with participants who use other modalities.
- Participants who believe that they have experienced helplessness and are willing to discuss it.

5.2. Participants' Information

Gender	7 females, 1 male.
Age	25-40
Highest achieved academic degree	Master's degree.
Years of experience post qualification	2-15
Type of practice	Counseling centers, private clinics, public hospitals, charity organizations.
Therapeutic orientations other than CBT	Dialectical behavioral therapy, schema therapy, psychodynamic therapy, humanistic therapy, emotionally focused therapy, motivational interviewing.

5.3. Sampling method

Purposive sampling is used to increase the chances of sample-homogeneity as recommended in IPA. Smith, Flowers and Larkin (2009) recommended that IPA researchers make use of purposive sampling, whereby they define a few variables that their participants would have in common to reduce sample variability, and then proceed to recruit participants who share these variables/criteria. By doing this, researchers increase the chance that their participants would have more in common, and also provide the chance for future researchers to define their samples differently and compare their results to the initial study. In this study, participants had to be therapists, Egyptian, and practice CBT. They also had to have received their masters' degree at least two years ago and no more than 15 years ago. And finally, to participate in the study they had to perceive themselves as having experienced helplessness and be open to discussing said experiences.

5.4.Method

Semi-structured interviews.

5.5.Location

Online; via Zoom.

5.6.Interview Schedule

The interviews lasted between 35 minutes and an hour. The following interview schedule was used:

- What does helplessness mean to you?
- Can you tell me of some instances when you felt helpless during your childhood years?

Prompts:

- What happened?
 - Were you eventually helped?
 - What was helpful?
 - What was not helpful?
 - What were your thoughts?
 - How did you feel?
 - What did you do?
 - How did it affect you?
 - How did it affect your views on helplessness?
- Can you tell me of some instances when you felt helpless as an adolescent?

Prompts:

- What happened?
- Were you eventually helped?

- What was helpful?
 - What was not helpful?
 - What were your thoughts?
 - How did you feel?
 - What did you do?
 - How did it affect you?
 - How did it affect your views on helplessness?
- Can you tell me of some instances when you felt helpless as an adult?

Prompts:

- What happened?
 - Were you eventually helped?
 - What was helpful?
 - What was not helpful?
 - What were your thoughts?
 - How did you feel?
 - What did you do?
 - How did it affect you?
 - How did it affect your views on helplessness?
- Can you tell me of some instances when you felt helpless as a practitioner/therapist?

Prompts:

- What happened?
- Were you eventually helped?

- What was helpful?
- What was not helpful?
- What were your thoughts?
- How did you feel?
- What did you do?
- How did it affect you?
- How did it affect your views on helplessness?
- Do your personal experiences of helplessness affect your professional practice (work with clients)? How?
- Does your therapeutic work have any effect on how you experience helplessness in your day-to-day life? How?
- How do you relate to helplessness?
 - What do you think about helplessness?
 - How do you feel about helplessness?
 - How do you act when you are feeling helpless?
- How did it feel like talking to me today?

5.7.Rationale

The interview questions listed above have been selected to facilitate the exploration process. To start with, participants are asked to consider their own definition of helplessness. This is done so that I would know what the participant understands helplessness to be.

The next set of questions are chosen to help explore helplessness in the participants' personal lives. The reason this is divided into the three categories of "childhood, adolescence and adulthood" is because, as mentioned in the aims section, it is possible that prior experiences of

helplessness might play a part in how a person relates to helplessness in professional practice and might have even played a part in them choosing to become therapists (Adams, 2014). By asking about the three distinct categories, I am also hoping to help the participants think about helplessness in more depth, by evoking the feelings of helplessness that they had in the past and that might be more emotionally charged than present day experiences.

After that I inquire about helplessness in professional practice and ask participants whether they detect a link between their helplessness in both domains (personal and professional). Having thought about helplessness in each domain separately, the participant might be better able to reflect on whether there is a connection between the two. The last question is an attempt at exploring how therapists relate to and deal with helplessness and is positioned at the end to enable the participants to string together their conclusions and insights based on the material discussed in the interview.

6. Recruitment Interviewing and Data Analysis

I contacted acquaintances who work in counseling centers around Egypt and asked them to circulate my announcement (appendix 4). I also posted the announcement to social media groups whose members match my target demographic. All 8 participants reached out to me and expressed interest in participating in the study. I then sent them the information sheet (appendix 1) which highlighted more information, as well as the consent form (appendix 2) which the participants later signed. The interviews were held online, via zoom. During the interview, I made an effort to note my participants' facial expressions and gestures, since these were not being video recorded.

6.1. Ethical Considerations

6.1.1. Recruitment stage.

Karnieli-Miller, Strier and Pessach (2009) noted that during the recruitment stage of qualitative research, a lot of the power is in the hands of the interviewer. This is because, it is the interviewer who chooses what information to share with the participant and what to conceal. Moreover, at times, interviewers hold institutional power over participants, for example, when the interviewer is the participant's teacher or manager. Ethics review boards are, thus, essential in shaping the recruitment process, by requiring interviewers to share openly, and make a concerted effort to communicate candidly with the participant. This research study was approved by NSPC's Ethics Review Board. The Ethics approval is appended (appendix 5). The review board approved the various forms I am using for this research (Appendices 1, 2 and 3) including the information sheet (Appendix 1) and the debriefing form (appendix 3). This information sheet provides the participants with detailed information about the research, including the purpose of the research, what questions would be asked, the potential risks of participation as well as information as to how to withdraw from the study, and what would happen to their data if they

participated, as well as if they withdrew. Meanwhile, the debriefing form was reviewed with the participants at the end of the interviews, as it summarizes the information regarding how data will be stored as well as how to withdraw from the study. Furthermore, I hold no institutional power over the participants. As mentioned before, they are volunteers who expressed their interest in participating in the study.

6.1.2. The interview.

As the interviewer, I once again had a significant amount of power during the interview. It was me who designed the study, it was me who drafted the questions, and it was me who made the decisions as to what prompts to use, what areas to explore and when to end the interview. Karnieli-Miller, Strier and Pessach (2009), however, also noted that participants do have power and that their power needs to be acknowledged and highlighted. Participants could choose not to answer questions and they could also choose to end the interview or withdraw from the study all together. This was all highlighted to the participants in the information sheet. Moreover, I reviewed the information sheet (appendix 1) with them at the beginning of the interview and once again revisited some of the information with them at the end of the interview while reviewing the debriefing form (Appendix 3).

During the interview I have also attempted to keep an eye on any signs of discomfort or hesitation on the part of the participants. Moreover, given that the interview was held via zoom, I made sure to use a location where no one could listen in on the interview. I showed my participants both my recording devices before the interview (in case they did not notice that section in the written forms). My participants also chose locations that are both private and quiet.

At the conclusion of the interview, during the debriefing, the participants were once again given the chance to ask any questions and reminded of their right to withdraw without giving a

reason as well as to contact me or my supervisor if they have any questions or concerns. I have also included a question that inquires as to the participants' experience of being interviewed and made sure to leave enough time to properly discuss and debrief after the interview. None of the participants contacted me after the interviews to express concern, ask questions, or express a desire to withdraw. However, one participant contacted me to share some academic resources that she thought would help me with the research.

6.1.3. Analysis.

Researchers hold a lot of power during data analysis (Brinkmann & Kvale, 2005). Researchers might distort the participants' voices and reshape their stories to serve their agenda. Thus, Marcus and Fischer (1986) recommended that researchers make every effort to allow the participant's voice to be heard and to clarify the distinction between their own voice and that of the participants'. To this end, I have made an effort to include as much of the participants' verbatim statements as I can. I also use tentative language whenever I use my own voice in order to clarify that these are my own insertions, and that they are subjective interpretations. I have also included many sections on reflexivity so that readers would have an idea of who I am and of my relationship with helplessness, and be able to judge my input for themselves. Moreover, using triangulation by having my supervisors review my work and consider whether my tentative interpretations were reasonable, was paramount.

Another ethical consideration is anonymity. I have made every effort to anonymize the data and this, of course, was communicated to the participants, who are also aware that I might, later on, publish the study, which would include verbatim statements that they made. Participants were all given pseudonyms and I made every effort to disguise potentially identifying information. Furthermore, Kaiser (2009) noted that researchers need to also be aware of

deductive disclosure which she described as a type of disclosure that occurs when: “the traits of individuals or groups make them identifiable in research report” (p. 1632).

Kaiser suggested that while researchers remove information such as names, addresses and places of work, participants at times use descriptions of themselves, other people, or even places where they work that might render them identifiable to the audiences of the research.

Accordingly, I made sure to disguise/avoid quoting any descriptors that could be unique to the participants, their family and friends or their context, and that could increase the probability of their being identified.

Finally, while I have attempted to equalize power between me and the participants in the study, I do not presume that my attempts have eliminated all power differentials. By virtue of my position as the researcher, I am in a privileged position of power that I am not blind to. However, I hope that the aforementioned efforts have at least slightly bridged part of the gap between our positions.

6.2.Experience of Interviewing the Participants

I wrote down my own reflections after finishing each interview. I did the same while transcribing. The following are excerpts from these sections of my research diary. Aside from minor editing for sentence structure and grammar, these sections are kept in the same format they were written.

Rawan.

Rawan was my first participant to interview. She expressed interest immediately upon seeing my announcement and we scheduled an interview within a week. She came on time and expressed her interest in the topic. When the interview started, however, she repeatedly declared that she did not remember much about her early experiences in life and that she does not really

let herself get helpless. She repeatedly referred to helplessness as being “stuck” and I found myself wondering whether our interview would be fruitful at all. It seemed like helplessness was unwelcome in her life and I worried that she will not be able to recall any instances of it.

She said “this is funny” on numerous occasions before sharing something that I would have considered distressing and that she herself described as being an experience that engendered helplessness for her. This, once again, led me to worry as to whether she is at all in touch with helplessness. I tried to bracket my worry, but given that this was my first interview, my mind kept evaluating her answers, and I kept thinking of whether the rest of the interviews would be the same, and my study would prove a failure. I was stressed during the interview. I could see many instances where I failed to ask follow up questions, because I was too mentally preoccupied with my worry.

While transcribing, and much to my surprise, I discovered that the interview was indeed fruitful and even though Rawan expressed that she does not allow for helplessness in her life or professional practice saying: “I don’t let myself get there,” (36-37) she did share many experiences of helplessness and was open and reflective. Rawan, did not, however, share as many emotions as other participants, and while transcribing I felt the absence of details, which was in part helped by my failure to ask follow up questions. Rawan’s account of her experiences seems somewhat vague to me and as I transcribe, I cannot help but be frustrated with myself for not probing deeper. Moreover, I am also aware that she did not mention things like death, loneliness, or suicidal clients, which are areas that I would have expected to appear in a study about helplessness. I wonder if this is because she avoids helplessness, or because of my inability to prompt her. It does seem, however, that helplessness is unwelcome in her life, something that

she heavily guards against. And I will personally need to do better with interviewing, especially with prompts, as well as dealing with my own anxiety.

Enji.

Enji struck me as a very high energy person. She seemed excited, her voice was loud and very clear, and whenever prompted she would take a moment to think before providing a detailed answer. For my part, I was calmer during this interview than the last. My familiarity with the questions and the prompts, as well as the experience of having done this before seemed to ground me. During the interview, I noted that Enji said that she does not really dwell on her emotions a lot, and she also talked about being very anxious at one point to the extent of needing medications. I wanted to probe into that contradiction further but I did not, which I now regret. I am making peace, though, with the fact that I might never be able to get all my questions in or finish an interview without thinking that there are other areas I could have pursued.

Enji also said that she has been giving me very dramatic examples of helplessness, however, I am aware that at that moment I thought that her examples were a lot less “dramatic” than I expected. They seemed like everyday examples of helplessness. I am now aware that I had the expectation that helplessness would be found in extreme situations, like loss, or trauma, however, it seems like helplessness is more present in the everyday events than I had previously considered. Enji seemed to be in a rush at the end of the interview, she rushed through the debriefing because she had a busy day ahead, but I am comforted by her closing statements:

I swear I can't express how much I liked it, it is so insightful and it makes me pinpoint things in my work and my life, I think every therapist should do this. (382-383)

Yara.

I was very anxious, almost more anxious than the first interview. I felt myself wanting to get it over with at many points. Yara was friendly, cooperative, and open. And that helped put me at ease a bit. I am aware of experiencing guilt. I was thinking that this person volunteered her time to talk to a stranger, and she is not going to get anything out of it. I think that was what was behind my anxiety at that moment and why I wanted to rush through the interview. I was also critiquing myself a lot, I was trying to avoid giving “therapeutic” responses and instead focus on asking questions, but it felt unnatural to me and whenever I paraphrased or summarized, I would immediately feel like I did something wrong. I have not yet found the balance where I could be myself as well as a researcher, and that was throwing me off during the interview.

My anxiety faded though when, midway through the interview, Yara expressed that she herself was interested in the topic of helplessness, and particularly concerned with why she and other people become therapists. Yara then proceeded to put into words many of my thoughts regarding helplessness, including that it is seldom explored in counseling programs. I experienced a lot of admiration for Yara, and I started thinking that we were on the same wavelength, particularly because we have had a lot of similar past experiences (like loss, and parental divorce). However, I had to quickly remind myself to bracket that away, and explore her experiences rather than assume that they were like mine.

As I start transcribing the interview, I immediately become aware of how many missed opportunities for follow up questions and exploration there are. I am only 10 minutes in, and I am aware that Yara has mentioned both “death” and “decay” while talking about helplessness and I did not pick up on those themes and explore what they meant for her in the context of helplessness. I did not even remember hearing them that often prior to listening to the interview.

I seem to be making better use of silence than my previous interviews, and I sound somewhat comfortable despite the fact that I was very anxious.

Maya.

The day before my interview with Maya, she sent me a message inquiring as to whether she needed to prepare something for the interview. I replied saying that aside from reading the information sheet there was nothing to prepare. Our interview was early in the morning, and on the day of the interview, Maya informed me that she will be a few minutes late because she is running a few errands before the interview. This made me think of how busy she must be. She came to the interview with her coffee and breakfast in hand and asked if it was ok for her to eat because she had a commitment right after the interview. In the few minutes we spoke before the interview it was clear just how busy Maya was and how long her day ahead was going to be. I was beyond grateful for her taking the time to sit for this interview, during such a hectic day, and at the same time, I felt the need to rush through and let her get on with her day.

I think my rushing through the interview was entirely due to my own discomfort with taking her time. She was willing and open. She volunteered information and talked at length. On the other hand, Maya frequently laughed during the interview. She laughed upon talking about her own health issues, her family's health issues, and her relationship issues. And she made sarcastic jokes throughout the interview. The jokes were funny, but I felt some discomfort at the timing of some of them. Maya noted that she copes with helplessness by avoiding it and I think that the laughter maybe part of her manner of avoidance.

By the end of the interview Maya said that she was happy with the interview because it was not as heavy as she expected. I was happy to hear that. She also added that it is good that we

did not do any analysis during the interview and that I will be doing that on my own. That made me feel somewhat uneasy, because it drove home the fact that I did not go in depth with my questions. It might be a combination between the participant's discomfort with helplessness and my own guilt at taking her time that fueled my hesitation to pursue the questions further. That being said the interview gave me some valuable insights, and it was very informative.

Nagi.

After interviewing Nagi, I feel somewhat heavy. It seems like there is a lot in the air to process. I am struck by how existential this interview was. I remember thinking that he was tackling the givens of existence, most participants did not touch on death in any significant way and there this participant was mentioning death, time, loneliness, isolation, loss, aging. All of it. He shared openly in such a way that inspired me to reflect on my own experiences. He made me consider my own experiences with loneliness and isolation, and my fears about becoming a parent. At every point I had to steer my mind back to him and jot down a note to reflect on the areas he stirred. There was a depth to his answers that seemed almost philosophical, at some point he said: "it is what I do with what I have. If I don't know what I do with what I have then I panic. Because at this point, I don't know who I am, because I am what I do with what I have. And I think it works this way" (218-220) and that seemed so complex that I could not unpack it right then and there and had to make a note to go back and focus on it while transcribing.

At the end of the interview, he said: "I feel a bit vulnerable," (254) that immediately resonated with how I experienced him, he was very open and "vulnerable" he continued saying: "I feel warm, so far, I think it was a good experience for me, I cannot complain" (255). This was comforting to me, and I left the interview feeling very grateful to him for opening up and very privileged to have shared his reflections.

Anna.

Anna replied to my question about helplessness in her childhood by saying that she has conditioned her mind to think in terms of resilience and this mindset makes it hard for her to remember helplessness in her childhood. I felt frustrated for a quick second. I thought to myself: “why would she come to an interview about helplessness if she has no recollection of it.” It felt like the interview will be fruitless. I even had a flashing inclination to just end the interview right then and there as I thought of the prospect of asking my questions one after another and being greeted by: “I don’t recall.” I also worried that if we kept going, I would be making her uncomfortable.

I quickly shut down that line of thinking though. I think I tapped into my therapist training, and it felt like I needed to stay with the participant the same way I would with a client. When clients start by saying: “I don’t know what to talk about” these sessions end up being the richest. I realized that it was my own desire to get data for my study that was causing the frustration and I needed to bracket that away. If the participant cannot answer a question, that should be perfectly fine. If she could not answer any of the questions that should be ok as well, it is enough that she volunteered to talk to a random stranger like me. I reminded myself that her choosing to volunteer means that she wishes to be there, and it is up to me to provide her with all the space I can and be grateful for whatever she chooses to share.

So, I stayed with her, I told her that it was ok if she did not recall and attempted to explore whatever she brought up. This proved to be a much better strategy and I am happy I noticed and bracketed away my frustration and agenda before it interfered with how I approached this interview.

While transcribing this interview, I felt very confused on numerous occasions, and I remember feeling the same confusion while listening to some of the statements during the interview. However, I thought that maybe I was not paying enough attention and that is why some of the answers confused me. I thought they would make sense when I listen to the interview. Nevertheless, now that I listen to it the participant's replies to some questions are jumbled; sentences that do not make a lot of sense. She seems confused by helplessness and maybe that is why I was confused as well. Anna contradicts herself and I could hear myself trying to latch onto something to clarify but not really understanding enough of what she is saying to do that. She eventually seems to put her thoughts in order as she answers the last question. She seems to deliver her answer to the previous questions within her answer to that one. While I was initially as confused as my participant, I found it refreshing to witness her piecing together her understanding of helplessness within the interview and deliver it clearly at the end.

Anna's interview was by far the shortest, lasting only 35 minutes. This is understandable given that she struggled to formulate her answers to my questions at the beginning of the interview and instead of detailing various instances of helplessness from her early years -like other participants did- her replies reflected her detachment from her helplessness and how she conditioned her mind to think in terms of resilience. However, the details that may have been lost due to the shorter replies at the beginning were made up for given the way she synthesized her answers in the end. And as I ended my interview with Anna, I was struck by so much admiration for her courage and openness.

Sara.

Sara looked somber when she talked. She spoke in a slow manner. At times she would bow her head so that all I could see on camera was her hair. She seemed very serious and deeply contemplated her answers before giving them. I thought she was feeling heaviness but when the interview was over, she expressed how she found it insightful and was feeling good about how much she has worked on helplessness without really knowing that she was working on helplessness. That was good to hear. During the interview, I had to keep reminding myself to bracket away my findings from other interviews. They kept popping into my head since this was the second to last interview and I had started data analysis. Sara mentioned a situation where she had to do a screening interview with someone -not therapy- and the person admitted to being raped and she did not know how to react, and it left her feeling helpless and lost. I immediately thought of my experience of being an interviewer in this very moment, asking questions and not really being able to comfort the person or offer any therapeutic replies or help them through it. I am bound by the interview context the same way she was bound by the screening context, and I had to let that thought go and focus on the interview.

During the interview I remember being confused at times. While transcribing the confusion started to make sense; Sara was seriously contemplating my questions and seemed to be processing a lot more than she was verbalizing. Thus, at times she did not finish certain thoughts and launched into another thought. This made it hard for me to keep up, especially while listening. Now that I have it written down, I could understand some of these instances a bit better.

Jessy.

Jessy was very cooperative. She contacted me after I had finished recruiting and asked if I was still looking for participants. She quickly signed the consent form and sent it back to me and we set a time and met. During the interview, I got the impression that she really wanted to help me. I am not sure why that was my impression. Perhaps it is the fact that she would repeat parts of my questions thoughtfully after I asked them, or the fact that she would go back to questions I asked before and add to her answers, or even that she would at times apologize for not having a lot to add to her answer to a certain question. She was very open and honest and volunteered many pieces of personal information. Many of her struggles with relationships and with food resonated with mine. And during the interview I had an urge to share with her. Maybe I wanted to level the playing field by making myself as vulnerable as she was being. All in all, I left the interview feeling very grateful to Jessy.

6.3.Process of Data Analysis

For the purposes of data analysis, I followed the procedures recommended by IPA researchers and detailed below (Miller, Chan & Farmer, 2018; Finlay, 2011; Smith, Jarman & Osborn, 1999). While creativity and flexibility are encouraged in IPA analysis, Smith, Flowers and Larkin (2009) noted that new researchers often stick closely to the structure recommended in IPA for their first study, and then adopt a more creative approach as they gain more confidence. So, for the purposes of this research, I stuck to the recommendations, only slightly deviating from them near the end of the analysis process, given that I preferred to use electronic means rather than the pen and paper format the authors suggest. This will be further explained below.

To start with, I transcribed all 8 interviews. I made sure to transcribe the interviews either on the same day or the day after I conducted them, so that the participants' facial expressions and

my impression of the interview remain fresh in my mind. As I transcribed, I made notes about my own immediate reactions to the interviews. This was meant to help me, first, become aware of my reactions, and then bracket them as I embark on data analysis. Some of my notes were related to my experience of the interview, while some had to do with areas that I thought were important. For example, after my second interview, I wrote: “it is interesting how she did not answer my question about whether she really thought therapy was a myth, and instead changed the topic really fast.” The above section, “experience of interviewing the participants” contains some of the notes I made after the interviews.

I then printed the transcripts for each of the interviews with wide margins to allow me to make notes. Next, I immersed myself in the data by re-reading each transcript a few times (4 to 6 times). I also found it useful to re-listen to the interviews’ recordings as I read. After I gained some familiarity with each individual interview, I narrowed my focus and started a line-by-line reading.

As I read, I jotted down my notes in the margins. My notes were along the lines of the three types of notes identified by Smith, Flowers and Larkin (2009) namely: descriptive comments that do not deviate from the content of the participant’s narrative, linguistic comments that highlight any notable use of linguistic expressions or descriptors, and interpretive comments that are meant to probe deeper into the meanings behind the participant’s verbatim expressions. The following is an example from the initial noting of Enji’s interview:

Transcript	Notes
<p>.... I can’t think, although I am sure there are... ummm....helplessness.... ahhh...what kind of things, need things to be better....ummm... maybe, I mean things are so...not, I wanna <u>say they are covered, and masked in a very positive way</u> that I cannot</p>	<p><i>Hard to recall, numerous pauses</i> <i>Emotions are: masked, covered.</i> <i>Hidden?</i> <i>Very positive.</i> <i>Cannot access: does that mean that she tried or wants to access them?</i></p>

access, although, I have had, my parents were divorced in a somehow <u>disguised way</u> that was not discussed or explained, I don't access these aa, any negative associations with the memory, I remember I was happy (13-16)	<i>Divorced: disguised.</i> <i>Not discussed or explained</i> <i>Cannot access: locked out?</i> <i>Negative associations.</i> <i>Happiness vs. Helplessness</i>
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After that I read my own notes/comments a few times and jotted down the emergent themes in the other margin. For example, the idea of emotions being masked, covered, or disguised came up later on at various points in the interview. Thus, “masked emotions” became one of my themes for this interview. The following table showcases some of the examples of this theme.

Theme	Examples/Line Number
Masked Emotions	I wanna say they are covered, and masked in a very positive way... (15-16) I don't remember them in an intense way and I don't reflect on them in an emotional... (63-94) It's very pathological how I get pessimistic and helpless... (176) Sometimes I dissociate from my client's experience... (298)

I then wrote down all the emergent themes on a separate piece of paper and noted the ones that are similar and could be merged (for example the themes “absence of alternative solutions,” “being stuck” and “control” were subsumed into the first theme from Enji’s interview: “an inability to improve things”). The following figure showcases some of the instances of the occurrence of this theme.

Theme	Examples /Line Number
An Inability to Improve things	You don’t know how to improve things (7-8)
Absence of Alternative Solutions	I cannot ask silly questions... (97)
Control	I cannot be in control of my session or my life because of this thing ... (146)
Stuck	She forced herself on me (206-207)
	Helplessness regarding being stuck in school (20)

My next step was to move to my computer and read through the transcripts again with the emergent themes in mind. I then used the “review” function to label each occurrence of the individual themes. The following is a screenshot from Enji’s transcript from this stage:

10	P14: Yeah, I loved school, the following year, after that horrible first year of school, I liked it I	Farida E.	Competence.
11	felt more competent, I had a more stable atmosphere at home. So, things got much better.	Farida E.	Unpredictability/Uncertainty
12	I15: So, are you aware of any other, or could you think of any other instances of helplessness		
13	from that area, from that phase of your life?		
14	P15: The same phase?		

Doing this provided me with a visual representation of my emergent themes in relation to the whole of the text, and made it clear to me which themes tend to cooccur, as well as which seem to be more frequent than others. It also gave me the chance to reverse my previous process, now instead of going from pieces of verbatim to themes, I had the themes, and I was attempting to match them to the verbatim statements and see whether the verbatims fit within the themes. I

then created separate word documents for each of the themes. Each word document housed all the verbatim statements made by the participant that I consider to be part of the theme. Once again, I read through my documents and then went back and read the entire transcript to ensure that I am not missing any examples of the different themes, and to take note of any themes that I missed. This process was repeated for each of the 8 interviews.

After that, I proceeded to print out a list of the main themes for each of the participants alongside examples of each theme. I read through the documents I had created for each of the themes in order to note the similarities and differences between the themes for each of the participants, as well as to note if any of the themes could be merged, subsumed under each other, or juxtaposed in any meaningful manner. For example, I noted that the first superordinate theme “inability” was present in all the participant’s accounts, however, for some participants, I had labeled it “an inability to improve things” (Enji) and for others it was labelled “stuck” (Rawan), while for others it was labelled simply as “I can’t.” Accordingly, I proceeded to merge all the instances of this theme under the first superordinate theme “inability.” Also, part of this first superordinate theme is another theme that recurred for all participants “an urge to improve things.” I subsumed this theme under the theme “inability” because they housed the same content, given that being unable to improve things, and wanting to improve things were narratively tied in the participants’ accounts.

I also noted that the next two superordinate themes “uncertainty” and “self-doubt/incompetence” were present in the participants’ accounts in almost the same manner, so I merged all the instances of these themes from all the transcripts under the corresponding superordinate themes. Meanwhile, the last three superordinate themes, were formed by subsuming sub-themes from the individual participants’ accounts into meaningful categories. For

example, the superordinate theme “response to helplessness” was formed to house the instances where participants discussed how they coped with or responded to helplessness, it contains the aforementioned theme from Enji’s interview “masked emotions” as a subcategory, since what the participant referred to as emotional masking recurred in other accounts as avoidance of negative emotional experiences, including helplessness. Thus, it was subsumed under the superordinate theme “response to helplessness” which now represents the various ways in which participants think about helplessness, as well as behave in response to it.

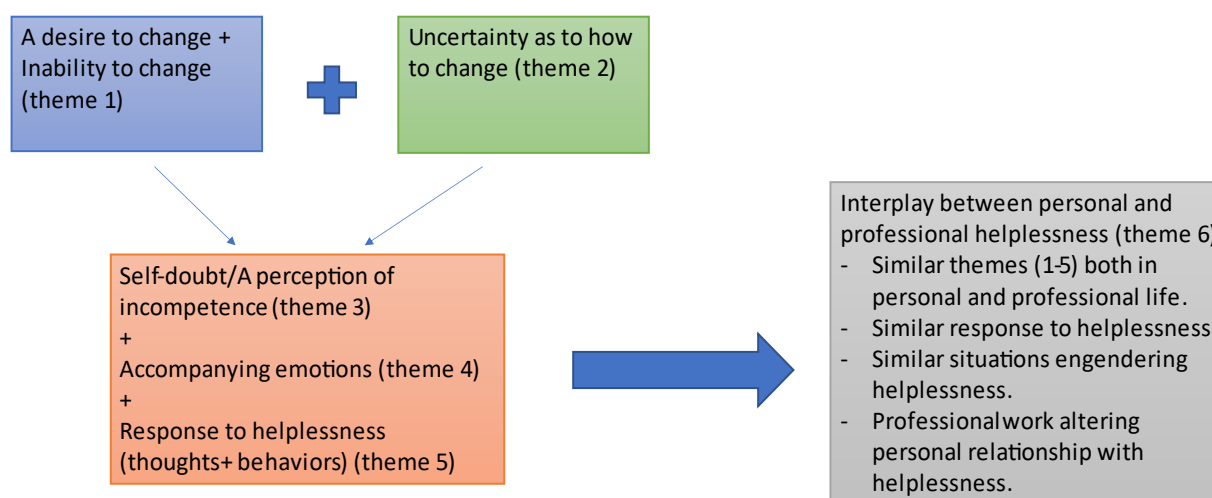
After finishing this process, I was left with 6 superordinate themes, namely:

- 1- Inability “I can’t.”
- 2- Uncertainty “I don’t know.”
- 3- Self-doubt/Incompetence “maybe I should do better.”
- 4- Accompanying emotions.
- 5- Response to helplessness.
- 6- Interplay between personal and professional helplessness.

The following table showcases the incidence of the themes' recurrence:

	Theme 1 “I can't” - Inability-	Theme 2 “I don't know” - Uncertainty-	Theme 3 “maybe I should do better” - Self- doubt-	Theme 4 Emotions	Theme 5 Response	Theme 6 Interplay
Rawan	Yes	Yes	Yes	Yes	Yes	Yes
Enji	Yes	Yes	Yes	Yes	Yes	Yes
Yara	Yes	Yes	Yes	Yes	Yes	Yes
Maya	Yes	No	Yes	Yes	Yes	Yes
Nagi	Yes	Yes	Yes	Yes	Yes	Yes
Anna	Yes	Yes	Yes	No	Yes	Yes
Sara	Yes	Yes	Yes	Yes	Yes	Yes
Jessy	Yes	Yes	Yes	Yes	Yes	Yes
Theme Count	8/8	7/8	8/8	7/8	8/8	8/8

As part of the analysis process and as suggested by the aforementioned authors I also attempted to conceptualize the relationships between my 6 superordinate themes, the following figure is a visual representation of this conceptualized relationship, this will be further elaborated on in the coming sections.



After that I started writing the findings section below, while making a serious attempt to ground my writing in the participants' statements. While writing I noted that IPA interpretation has been described as employing a double hermeneutic, the first is based in empathy for the experiences of the participant, and the other is a hermeneutic of suspicion that adopts a more critical approach by searching for any interconnections or meanings that the participant might not be aware of (Ricoeur, 1974; Eatough & Smith, 2008; Willig, 2013). However, Smith, Flowers and Larkin (2009) noted that new researchers tend to shy away from interpretations and err on the side of caution by keeping their findings sections purely descriptive. In IPA, researchers are encouraged to add some depth to this section by infusing some interpretations, which I attempted to do (Smith & Osborn, 2008; Eatough & Smith, 2008). I qualify my interpretations by using tentative statements like "it seems" and "might be," to highlight that these are my own interpretations. I also hope that I have infused enough verbatim statements in the findings section to enable readers to make their own interpretations in what Smith, Flowers, and Larkin (2009) described as a triple hermeneutic, where the reader makes their own

interpretations of my attempts to interpret the participant's account, while the participant is in turn attempting to make sense out of her own experiences.

6.4. Reflexivity; Recruitment, Interviewing, Transcribing and Data Analysis

In an effort to adopt a more reflexive stance to my research, I asked my own personal therapist to ask me all my interview questions. I had hoped that this would help me better understand myself, as well as what answers I am likely to be expecting my participants to provide. I noted my answers and my reactions to them in my research journal and I hope to highlight a few of my reflections here. To start with, it was interesting that despite having started working on my literature review, it was initially difficult for me to pinpoint what helplessness meant to me. After much reflection, I announced that helplessness, to me, meant not being able to aid the people I love when they are hurting.

I also noted many instances when I felt helpless in my life. I cited the death of my father, the death of my grandmother and my mother falling ill. I also felt very helpless during the Egyptian revolution in 2011. At that time, the police withdrew completely, and prisons were opened. We heard horror stories about escaped prisoners roaming loose as the police was unreachable throughout the country. This was a moment of complete and utter helplessness for me. The pandemic is also another instance of helplessness for me. Meanwhile, when it comes to therapy, I mostly feel helpless with suicidal clients, and clients who attempt self-harm. Protecting someone from themselves is a daunting task.

Having done that reflection, I turned my attention to the process of recruitment. After reaching out to my contacts and doing my recruitment posts, I had to wait for participants to reach out. This was a process fraught with worry, especially when two of the participants who

initially reached out stopped replying to me after I sent them the information sheet and the consent form. I worried that I would not be able to find enough participants for my study, and out of all the stages of this research, I think that this was when I felt most helpless. The following is an excerpt from my research diary at the time:

It is so draining watching my messages being opened and not responded to. I do not want to pressure anyone, so I do not message them again if they grow unresponsive, but it is very difficult given how much I want to finish interviewing soon. I don't have a lot of paths left to take, no more resources to use for recruitment. If my current interviewees back out then I am not sure what I would do and if I would have enough participants to proceed.

Thankfully, my "current interviewees" did not back out and I interviewed the aforementioned 8 participants. The interviewing process was greatly helped by the reflection I had previously done as to what helplessness meant to me. As mentioned before, during the first two interviews, I was confused by my participants' understanding of helplessness, and because of this exercise it was easy for me to quickly conclude that it was because I expected them to have experienced helplessness in similar situations to mine. For example, my first two participants did not mention the revolution or the pandemic as sources of helplessness, and as mentioned before these were major sources of helplessness for me. Having done this exercise with my therapist, and noted it in my research journal, made it easier for me to recognize the source of my confusion and to bracket my assumptions and remind myself to stay close to my participant's narrative as opposed to comparing them to myself.

Transcribing was rather challenging, because I often criticized myself, as I identified areas where I could have phrased my questions better and areas where I could have used more prompts. Another difficulty that I faced when it came to interviewing was my own worry as to whether I was performing well as an interviewer, as well as about whether I was getting the information I needed for my thesis. Journaling about that worry was very helpful, and I decided

that if it were to come up during interviews, I would remind myself that my participants are people who decided to open up about their lives for the purposes of my research and that I need to honor them by listening to them and focusing on their stories the way I do with clients, rather than drift off into my own world and focus on my worries. Thus, during the subsequent interviews, I reminded myself that it is always a privilege to be entrusted with someone's experience and that I needed to honor this privilege. This helped me refocus on my participants' narrative whenever my worry came up.

When it came to data analysis, my biggest challenge was finding a way to let my participant speak for themselves while at the same time adding my own input. It was difficult for me to follow Smith, Flower, and Larkin's (2009) advice and attempt to inject my own interpretations. It felt presumptuous. On the other hand, I worried that I would not be bringing much to the research if I did not attempt to delve a bit deeper into my participants' accounts. My supervisor helped me address these concerns and strike a much-needed balance.

6.4.1. Reflexivity; Language Use

As an Egyptian, my first language is Arabic, a language that I use in day-to-day interactions from the moment I wake up until the moment I get to work. However, that changes when I get to work. Whether it is my therapy practice, or the university where I teach, the moment I get to work English makes its way into my conversations. My interactions with clients and colleagues are carried out in either a mix of English and Arabic or purely in English. The classes that I teach are conducted only in English as it is a requirement at the institution where I work. It is also mandatory for all assignments and email communications to be in English.

This was also the case when I was a student. From the moment I started school and up until I graduated, we were taught in English, and during my masters, I learned all about practicing as a

psychotherapist in English, wrote my notes in English, and even conducted my sessions in English. I say all this to highlight that English is more or less a language that I have grown very comfortable expressing myself in, especially when it comes to psychology-related spaces. I have recently had to teach a class entirely in Arabic, and much to my surprise, it was a challenge for me to do so. I had to create the material and slides in English -because it is the language I usually use in research and to create content- and then I translated them to Arabic.

Now that I reflect on it, it seems that while Arabic is my day-to-day language for communicating with family and friends, English is the language I work in, I understand psychology in, and even the language I most understand and express emotions in. There are many comments to make here about westernization and globalization, especially given that while this is common amongst the middle and upper classes in Egypt, it is a mode of expression limited to these classes and is heavily influenced by exposure to westernized educational institutions and western media.

Being someone who grew up with these influences, conducting the interviews in English felt natural. And rather ironically, I would have found it odd had I conducted these interviews in Arabic. Given that all my participants were also educated in English, I wonder if that was also the case for them or whether they would have been more comfortable had the interviews been in Arabic. What was clear to me during the interview was that none of them seemed to be struggling to use English or grasping for words to express themselves and except for a few filler words in Arabic, my participants barely integrated any Arabic words during the interviews.

7. Findings

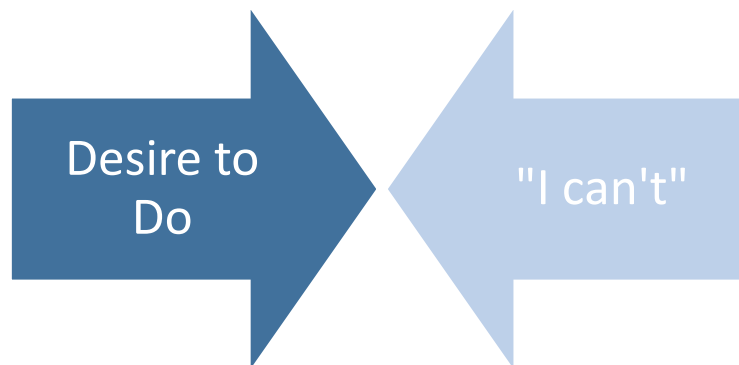
7.1. “I can’t” -Inability-

Overview.

The theme “inability” was present in the transcripts of all 8 participants. The word “I can’t” was repeatedly used in relation to the participants’ experiences of helplessness. This word characterizes the theme “inability.” This superordinate theme could be broken down into:

- 1- **A desire to do-** which manifests itself as a need to move rather than remain stuck and at times takes the form of wanting to “fix” something, help someone, or understand/make sense out of a particular event or circumstance.
- 2- **A perception of oneself as being unable to do-** which is expressed when the participants note that they cannot change the situation, feel stuck or trapped, feel like they do not have alternatives or a choice, or feel like they are powerless or do not have control.

Given that these two sub-themes are deeply entwined and are often expressed in succession in the same statement, they will be presented together in the following paragraphs.



Participants’ accounts.

The first question in the interview inquires as to what helplessness means to the participants. The following table showcases some of the participants’ replies:

Rawan	Umm it's when I feel stuck, I cannot come up with possible solutions to maneuver the problem I am facing. (7-8)
Anna	I think it is when I feel stuck or like, there is nothing more I can do or I can't see any way out of... yeah, for some reason for me it goes along with being stuck and being unable to do anything, there is nothing for me to do. (4-6)
Yara	I think that helplessness is related a lot to feeling powerless to me. So, it is a situation where there is absolutely nothing for me to do. I don't have any power even if I try to do something, it can't really change much. So just being in a situation where I have very little control or no control at all. (7-10)
Maya	Realizing there is nothing to do about a situation no matter how much you want to change it. So, surrendering to the fact that there is nothing for you to do that you are not in control that you can't change whatever it is you want to change. (5-7)
Jessy	Helplessness is, for me, is not being able to have, not being able to help the client in a way that I see fit for the client's wellbeing, I feel stuck, for me it is being stuck in a place and not being able to help this client reach a certain level. Personally, helplessness is feeling, I don't know if this is the scientific definition, but it is being out of control, it's like I want to do something, I can't do something so I feel helpless because I can't do it. (5-10)

The participants' replies to the first question in the interview reflect the notion of being stuck/unable to change a situation that the participant might wish to change. In the above quote Rawan uses the word "stuck" as an alternative to the word "helpless" which she often did throughout her interview. Anna's use of "no way out" might be seen as evoking her desire to

escape the unpleasant situation, meanwhile Yara notes her sense of “powerlessness” and lack of control, while Maya discusses how she does not perceive herself as having many alternative options for resolving or escaping the unpleasant situation or experience. Along the same lines, Maya wishes to change the situation, but cannot.

The same theme is traceable in the participants’ narratives as they describe their personal and professional experiences of helplessness. To start with, Enji described a situation early in her childhood where her parents’ recent divorce and her subsequent move to a new school left her feeling helpless, she said:

helplessness regarding being stuck in school, I refused school (20)

Later in her interview she talked about instances of helplessness in her adulthood saying that she had to move to online work because of COVID, and her daughter had an exam at the same time as one of her sessions, and at the same time, the internet was not working properly. She said that she experienced:

extreme helplessness, regarding how to, I cannot be in control of anything nor my work, nor my daughter’s exam (150-151)

Meanwhile, on talking about her client work, she reported feeling helpless while working with a particular client, she said:

she rejects all kinds of skills training, if you mention mindfulness she will swear at it. So, the group training she would say no way. The place where I work, I cannot have it on my own terms. (196-198)

She added:

yeah, this particular client she would sit and swear at everything in Egypt everything in the university she studies at, and you cannot do anything except validate (204-205)

In the above quotes Enji's desire to change the situation is evident, however, she remains unable to either control or alter the situations both in her personal life and her professional practice. The client who engendered helplessness in Enji seems to be a client who is perceived as refusing to allow change to take place, Enji wishes to do more yet she "cannot do anything except validate." Enji also cannot have things on her own terms at work, which she proceeds to explain by saying that she cannot refuse to see clients who do not cooperate. Accordingly, Enji is evidently stuck, she can neither end therapy, nor can she help the client in a way that she perceives as effective.

Yara also noted her parents' separation as instigating one of her first experiences of helplessness. She said:

I think the first thing that comes to mind when I was a child is my parents separating. I think I was about 7 at the time. And I felt completely helpless because there wasn't really much that I could do. (24-26)

Yara explained that while she initially thought there could be something that she could do to bring her parents together again, she quickly realized that there was none, she said that this realization "exacerbated that feeling of helplessness" (37-38). Yara described her reaction to that realization by comparing it to death, she said:

I feel that hollowness and I think to me it is very much related to that sense of helplessness because I can't stop death, I can't stop the death of the family and all that. (50-52)

The comparison to death, the absolute inevitability that renders humans completely helpless could be seen as further emphasizing the weight of the participant's sense of inability.

Later on, while talking about helplessness in her work with clients. She spoke of a specific client saying:

I felt like all the time we were going round and round and round in circles of her complaining about the situation (209-210)

She carried on saying:

she is not willing to use different behavioral techniques or take on new skills to change that script, that dialogue. So, I used to feel like, what do I do, I felt very helpless. I don't have anything more that I could give beyond that point where she is willing to go. (211-214)

Both Enji and Yara seem to perceive their clients as “not willing” to change or to use the techniques that would help them change. This seeming resistance on the clients' part appears to be contributing to their therapist's sense of helplessness, given their therapists' desire to help them change.

This desire to do something to change the situation was also evidenced by Maya. Maya's parents' divorce, once again, was an instigator of her early life experiences of helplessness. And when she talked of helplessness later on in her life, she discussed being in a relationship with a person who was an addict, she said:

And I wanted to fix him, so there was so much helplessness involved in the relationship. (116-117)

Later on she described how she experienced helplessness saying:

I feel like it is also about control. You want to, it's like you can't handle that it is not in your hands or under your control. You really want to be in control. (143-145)

Maya's parents also divorced early on in her life, for a period of time each parent would take her to live with them and refuse to allow her to see the other parent. Maya said:

It stopped being about when I am with my mom I want to go to my dad and when I am with dad I want to go to my mom and it became why am I not deciding? I don't understand why they are toying with me. (55-57)

Later on she said:

And I didn't want to go, you are choosing for me (62-63)

This might be seen as reflecting Maya's perception of herself as not being in control, her use of the words "choosing" and "deciding" might be seen as her seeing herself as disempowered and lacking in personal agency. In her client work, Maya stated that she feels helpless while working with clients who have either experienced a traumatic event in their lives or ones who are themselves "stuck" she said:

clients who are living with very abusive parents but can't get out and are stuck. And someone who experienced, for example, a big trauma and there is nothing you can do to change it or undo it or take it back. So, clients who feel helplessness trigger my own helplessness. (197-200)

She later added:

it is admitting that yes, that they can't fix it themselves and you can't fix it for them and you can't even show how to fix it, so we are all going to sit here and feel bad for ourselves, I just can't handle that. (208-210)

Clients who are themselves helpless trigger a sense of helplessness in Maya. This might be because these clients might not be as willing or capable of making any changes to their current situations. Maya "can't handle" having to admit that there is nothing to be done to "fix" things for her clients.

Nagi discussed a similar instance from his client work saying:

I remembered a client of mine that we have been working together for three or four years and maybe the first couple of years I did feel helpless out of, what's the word... confusion or stuckness or... there was an element in this dynamic where I didn't know what to do. There was nothing to be done. (141-145)

Meanwhile, Anna discussed how she relates to helplessness, she said:

I kind of don't accept being stuck I always be like I have to have a choice even if there is no way, none of the options I like, at some point I say ok, I'll be like I will choose that way which is not the best but at least it is my choice so (15-18)

later on she talked about how she reacts when she is feeling helpless in her personal life,

she said:

I take control of my eating so I eat healthy, I work out, for the working out and for having, like finding things that I can actually control and work on (54-56)

Anna described the environment she grew up in saying:

I remember from an early age being told you have a choice you can choose what you wanna do. If you choose, if you know what you wanna do you are able to get there. So, it was always in my head that I had control over things, and I had a choice to make (80-83)

Like Maya, Anna uses the word "choice" which might be seen as the participant perceiving herself as disempowered and her own agency as compromised given the absence of alternatives in situations where she feels helpless. Anna described her tendency to try to control other aspects of her life as her way of "coping" with helplessness. This might be seen as her attempt to restore both her sense of control and her sense of personal agency by giving herself the impression that she does indeed have a choice in what happens in her life.

For her part, Anna said that she experiences helplessness while working with adolescent clients who have addiction problems. She said that while working with them she feels like saying:

why? you still have a life ahead of you and some choice (100-101)

She added:

you wanna empathize and you know where they are coming from and just sitting there and having nothing to do (101-102)

Anna seems to be stuck between her desire to empathize and her desire to help the clients change.

Meanwhile, Sara discussed her struggles with fertility noting that her belief that there is “always something that she could do,” played a part in her experience of helplessness at the time.

She said:

And I think this is how it has always been in my head, as long as there is something I am trying or something I could do, I feel fine, I feel helpless only when there is nothing I can actually do even, at times, you think that this thing is helping but it is not actually helping but at least you think that you’re doing something about it. (94-97)

Later on she added:

Especially before, when I was younger, I am talking like 10 years ago I always felt like I should be doing something at times when there is really nothing you could do. So again, we go back to the idea that feeling that there is a need to fix something or fix someone or rescuing someone and not being able to do this, would actually leave me feeling helpless (144-148)

On talking about helplessness in her client work Sara said:

Sometimes clients are not whether ready or serious about actually changing or doing something about the situation and I think there are times when this feels very frustrating and makes me feel a little helpless. (202-204)

Along the same lines, Jessy described helplessness saying:

I would internally feel helpless because I am incapable of doing something (28-29)

She described an instance of helplessness from her personal life where she was in a relationship that was “toxic” (90) she said:

I felt really helpless because I was emotionally involved with the guy, and I knew that I had to leave but I couldn't (92-93)

In her example of helplessness from her client work she spoke of attempting to use Dialectical Behavioral therapy with a client, but the client did not cooperate, she said:

she refused, I offered her first, we started doing DBT and then we had a couple of sessions and it was, actually it wasn't going well (147-148)

She added:

We did CBT, and then it wasn't working for her as well, and then we were like doing session after session and I didn't see any progress and the client kept on coming and I kept saying to the client: “X, we are not going anywhere and you never do the homework, you always come back and we do the same thing and we don't, and you don't want to join the skills group, you don't want to do anything” (151-155)

Theme summary.

In this section I endeavored to demonstrate how the theme of inability manifests itself in the participants' experiences. The participants seem to experience an urge, a desire, and at times even a need to change a situation or avoid a negative emotional experience. Helplessness seems to ensue when participants experience themselves as unable to do so. This is also evident in their client work, where their desire for movement and improvement is met with what they perceive as resistance or even helplessness on the client's part, which leads to “stuckness,” which appears to be part and parcel of the experience of helplessness.

7.2. “I don’t know” -Uncertainty-

Overview.

If the first theme can be represented by the phrase “I can’t,” this second theme’s representative is “I don’t know.” Not knowing or not being certain seems to be a component of the participants’ experience of helplessness. Some participants expressed their uncertainty almost immediately after expressing their sense of inability. The following section showcases many of the instances of this theme’s occurrence in the participants’ accounts.

Participants’ accounts.

As mentioned before, some participants tended to express not knowing alongside of, or right after expressing their inability. The following are examples from two of the participants’ responses to the first question in the interview, “what does helplessness mean to you?”:

Enji	Ah, helplessness. I think helplessness for me would be that feeling that you have nothing to offer, feeling that, ummm... you’re lost on how to make things better in general. <u>You don’t know how to improve things.</u> (6-8)
Jessy	Personally, helplessness is feeling, I don’t know if this is the scientific definition, but it is being out of control, it’s like I want to do something, I can’t do something so I feel helpless because I can’t do it. <u>Not having the knowledge, and not being able to do it.</u> (7-10)

Both Enji and Jessy start off by expressing elements of the first theme “inability.” For Enji it takes the form of her perceiving herself as having nothing to offer, she then moves on to express her sense of feeling “lost” and “not knowing” how to improve things. It seems like her not knowing is perceived as being at the heart of her not being able to “improve things,” as if she is unable to make improvements because she does not know how to. Jessy’s answer follows a

similar pattern, she starts off by expressing her experience of “being out of control.” She then adds “not having the knowledge” and pairs it with “and not being able to do it.” Thus, it seems like the two themes “inability” and “uncertainty” go hand in hand, with the not knowing maybe playing a part in the participants’ perceived inability.

On the other hand, Nagi’s answer to the same question centered around the notion of uncertainty, he said:

Well, I think feeling helpless, it is a feeling, I think first of all it is a feeling for me and the feeling might be coming out of uncertainty of something, it might be uncertainty of problem or of solution for a problem or the uncertainty of options for whatever I might be going through so maybe the two elements that define helplessness for me, are it is a feeling, something that I do experience internally, emotionally not cognitively. And the element of uncertainty, if there is certainty, something that I can do about it, I wouldn’t feel helpless in situations. (5-10)

While Nagi also expresses that having something that he could do about the situation would ease his helplessness, it is evident that the sense of uncertainty, the not knowing, is at the core of his experience of helplessness. When I further inquired into his experience, the following exchange took place:

I: So, if there is something you could do the helplessness wouldn’t be there.

P: it would be less, till whatever I am worried about would be figured. But definitely existential absolute helplessness comes with me in the element of uncertainty.

I: not knowing what to do, not knowing if there is anything you could do.

P: Not knowing. And then not knowing what to do about the things that I don’t know. So it is not only the doing.

(11-16)

So for Nagi, it is both the not knowing and the not being able to do anything. Later on, Nagi discussed an instance in his adolescence where he felt helpless. He had lost his grandparent, and it was the first loss he had ever encountered. He said:

I think for a moment I felt helpless I don't know how I would feel, I don't know how I should feel, I don't know what to do, I don't know how to help the people around me. (30-32)

Another example of Nagi's experience of helplessness was when he first found out that he was going to be a parent, he once again expressed that uncertainty was part of his experience of helplessness before saying that he found himself making financial arrangements to secure his child's future, he initially did not know why he was doing that, but during the interview he figured it out, he said:

Now I understand why I did this because it gave me the sense again the sense of control and certainty. At least this is something I know I can do right now; I don't know how it is going to happen with the baby I don't know if I am going to be a good parent or not, I don't know if I am going to live long enough to raise them or not. These elements of uncertainty, I tried to introduce a certainty that I do know what to do right now, so I think in my personal adulthood this was the most intense moment of helplessness (98-103)

Nagi highlights a connection between certainty, a sense of being in control, and doing. It seems that by being able to take action, to do, Nagi experienced a sense of control and certainty. And it seems like control and certainty go together, which would mean that uncertainty and not being in control would go hand in hand.

Nagi once again expressed the link between uncertainty and helplessness when he talked about his helplessness towards the sense of helplessness that he anticipates experiencing if he loses his parents. Nagi explained this saying:

It is something I never experienced so I do not know how I would feel and here comes the element of the feeling and the uncertainty of how I should feel or how I would feel about the situation so I think that this is an element of helplessness that I do feel right now given that I don't know how I would feel when I do experience the helplessness. (128-132)

Nagi's statement could be seen as making the possibly unintended implication that if he were to know how he would feel and how to deal with his feelings of helplessness when he loses

his parents, he would not feel helpless. Nagi's helplessness here seems to be in relation to his uncertainty about how to deal with helplessness itself, indeed he expressed this sentiment saying:

Maybe there is another level of helplessness is the fear of feeling helpless. (125)

The same link between uncertainty and helplessness could be seen when Nagi discussed his work with clients. He talked of a client who he met for two years and remained uncertain as to whether their encounter was of any help to the client. He then said:

I think professionally this is what we experience, when we are stuck in a moment with our clients when they are not figuring out what is working, and we cannot figure out what is working. Not that I need to do something, but I need to know, again have certainty, what is working and what is not working so that we know what to do or undo or not do. Or even to feel about, again it comes to how I would feel about it. (155-159)

It seems like knowing here once again supersedes doing, Nagi needs the certainty otherwise he might experience helplessness, this certainty might inform action or simply help guide his own emotional reaction.

Sara also expressed uncertainty as a component of experiences where she felt helpless, she started with her time at a new school as a child, she said:

I have this image of me in the playground, not knowing anyone, not knowing how things go in this place. (18-19)

Later on she talked about a particularly difficult experience saying:

I think the most I felt helpless in my life was being around someone from my family who was going through a tough phase of depression. (73-74)

She added:

when the depression went very severe, there was definitely a huge sense of helplessness, like you really want to help this person, but you run out of ideas and suggestions and ways. (75-77)

Here Sara's desire to help seems to clash with her not knowing how to help, which results in her experience of helplessness. The same theme plays a part in her experience of helplessness with clients. She discussed a helpless experience with a client saying:

So, we were in a room for 15 minutes, just for a very quick intake for screening and when I asked her why is she considering therapy, she told me I got raped. (pause) and I literally didn't know how to respond to that. (169-171)

Rawan also expressed her uncertainty when asked about helplessness in her work with clients, she said:

And I remember, there was this one client where I was like: "I don't know where we're going with this," and we do the session and I remember, like I honestly don't know where we're going with this and at times I feel very demotivated to help this client (110-112)

Later on she talked about other clients who engender a sense of helplessness in her, she said:

Helplessness is a reoccurring theme, especially with clients who don't give feedback even when you ask for feedback they don't really feel comfortable sharing. (122-123)

In the first instance the sense of uncertainty seems to be playing a part in Rawan's experience of being demotivated to work with the client and in the second Rawan is working with clients who do not communicate with her, thus, increase her sense of uncertainty.

For her part Enji also expressed a sense of uncertainty, she started off by talking about her experience of not wanting to be at school, she said:

I was helpless at school, I wanted to not be there and not know what to do (24-25)

Later on she once again expressed uncertainty when she talked about struggling academically she said:

I didn't know how to get better at them (91-92)

The phrasing here might be seen as implying that Enji perceives that there is something to be done, there is a way to improve, however, she does not have the knowledge that would enable her to do it.

On talking about her professional experiences of helplessness she said:

I don't know of a good hospital that would take her and treat her in a dignified way there and she wouldn't go to a hospital (214-216)

Here Enji's not knowing takes the form of not having information, which plays a part in her experience of helplessness. Later on she spoke of other instances of helplessness saying:

There are moments of helplessness with technology, really, with working online, sometimes when I am giving a workshop, I give workshops and they're fine and sometimes, I am giving a workshop if the internet freezes and I feel like I want to slam the desk, I don't know what to do. Things freeze. I don't know how to fix it. The problem is I don't know how to fix things when they go bad (125-130)

Here her "not knowing" seems to be associated with a sense of both uncertainty and unpredictability. The internet would work sometimes, and at times it might not, meanwhile, she does not know how to fix it, her desire to change the situation, to fix, is once again at odds with an inability to do so that seems to be perceived as resulting from a lack of knowledge.

Yara spoke of a period in her past when she felt helpless saying:

In the past I wanted to be in control of everything, I wanted everything to be certain. There was this huge fear of uncertainty (147-149)

Yara, could be seen as evidencing a link between control and certainty. She later talked about helplessness in her work with a client saying:

I have been working with her for two years, we reached a point where she, at some point with her relationship with her dad, in her relationship with God and religion and stuff, I couldn't see what we could work on. (227-229)

She added:

I could feel like we were feeling helpless together (231-232)

Yara here is unsure as to how to proceed with the client and it is that uncertainty, the not knowing, that is contributing to her experience of helplessness. Later on, Yara had a conversation with the client about the direction of therapy and they agreed as to how to proceed, she said:

that's how we actually managed to work through it and we found out what we could work on. (232-233)

Yara's helplessness also manifests itself when she does not have knowledge about certain therapeutic modalities, she said:

I think part of it is because I am not trained in family interventions. I haven't received any trainings so mainly when I work with the parents it is just that to get information to psycho-educate them or whatever. (301-303)

Anna also expressed uncertainty in relation to helplessness, she said:

I mean, I was going through a divorce, so I felt helpless before I came up with the decision, it is done and I am ready to move on, I think I had some time when I was very unsure, very. (36-38)

It seems like being unsure was at the root of this helplessness. This is further evidenced by her response when I asked what was going through her mind at the time, she said:

I had so many things: "why do, why am I an adult (laughs), why do I have to choose, if I can somehow see the future and know what would happen, consequences and be like ok, like what would happen if I chose this, what would happen if I don't choose this and coming up with all those scenarios." And I remember for like a few weeks it was like, exhausting. Thinking of every scenario over and over and every scenario hundred different possibilities. Nothing seemed like I knew where I was going and I liked what would come out of it (42-47)

And finally, Jessy spoke of helplessness both in her personal life and her work with clients and her narrative included many references to uncertainty. On speaking of a romantic relationship she wished to end she said:

I felt really helpless because I was emotionally involved with the guy, and I knew that I had to leave but I couldn't, I didn't know how to leave. I felt helpless. (92-93)

Later on, she talked of her mother falling sick with COVID, she said

When my mother got covid, then I felt helpless, I felt really helpless because my mother is the person who always takes care of us, so when she got covid, I felt really helpless, this is the exact time when I felt really helpless, I didn't know what to do, I didn't know how could I help her, she's the one who helps me, helps everyone, she knows the medicine, she knows the protocol, she knows everything, so I felt really helpless at the time. (117-122)

The same sense of not knowing is evident when Jessy talked about being helpless while working with a client who was struggling with an eating disorder and was dangerously underweight, she said:

I felt very helpless, because I actually I don't know the pharmacological interventions and she needed the vitamins and she needed the medication. Therapy wouldn't be effective at this point so she needed hospitalization and I didn't know what kind of medication she needed right now so I felt very helpless at this moment. (213-216)

The sense of not knowing was also part of Jessy's personal struggle with eating problems:

So I felt like I wanted to get out of this situation, I wanted to get better, I actually couldn't, I was preoccupied with food and with weight and things like that, I felt really helpless at the time, I want to get out and don't know how (243-246)

And yet again, when it comes to helplessness in her work with clients Jessy said:

Being in the world, not knowing anything, like for example doing therapy one session at a time and not having a plan for me I feel helpless, honestly. I feel helpless, I think I am out of control, it is not planned it is not structured. (324-326)

This showcases the relationship between helplessness certainty and control. Jessy starts off saying: "being in the world, not knowing anything" a statement, analyzed alone, might be seen as referring to more than just therapeutic work. Jessy is a being in a world filled with unknowns. Indeed, Jessy's desire for control and structure in her therapy work, her desire to know, to have a plan, might be seen as shielding both her and her clients from the unknown and lending her a sense of being in control.

Theme summary.

This section showcases the various instances of connection between uncertainty and helplessness. Uncertainty seems to contribute to the participants' experience of helplessness by frustrating their desire to enact change and limiting their sense of being in control. In some instances, the participants seem to be attributing their inability to make the changes they want, to their not knowing, as if to say: "there is something for me to do here, I just do not know what or how to do it, if only I knew, I wouldn't be helpless."

7.3. "Maybe I should do better" -Self-Doubt/Incompetence-

Overview.

This theme could be traced in the accounts of all 8 participants. This theme is characterized by a sense of self-doubt that seems to come about as a result of the participants' experience of either inability or uncertainty, or both. The participants would feel the need or desire to do something, such as help their clients, or improve a troubled relationship in their personal life, they would then experience themselves as either unable or uncertain as to how to do that, which seems to result in them doubting themselves. This self-doubt seems to manifest in either a sense of incompetence, self-blame, or even guilt. A sense of being personally responsible to either help a client or alter a difficult personal situation seems to contribute to the participant's experience of self-doubt/incompetence.

Participants' accounts.

When asked about her thought process when she is feeling helpless with her clients, Rawan said:

I think feeling stuck with clients is something that, kinda goes hand in hand with being self-critical. And I find myself, you know, I am very critical with myself. (107-109)

She goes on to give an example of one of her clients. She said that sessions with the client were repetitive she commented:

And I remember, there was this one client where I was like: “I don’t know where we’re going with this,” (109-110)

She felt helpless with that client until a session where he eventually told her of a traumatic event that occurred in his childhood, speaking of that session she said:

But I remember, I mean it wasn’t until that session when he told me that, when I felt, oh, that I did something that actually helped him. (118-119)

This could be seen as highlighting the link between Rawan’s desire to help the client, and her uncertainty as to whether or not she was indeed helping. This uncertainty seemed to have manifested itself in Rawan being critical of -or at the very least doubting- herself. The client’s revelation restored her sense of competence, given that he expressed his gratitude to her, she said:

he thanked me, for helping him realize that that experience was... a... for bringing that experience to his consciousness, sort of (116-117)

This might have reassured Rawan that she was indeed doing something. Rawan further discussed her self-criticism saying:

it’s like when you have a manager in your head and he’s going through everything you did and criticizing you and whatever, so I go through a lot of reviewing what I did in the session. (151-153)

The use of the word “manager” here to describe her inner critic might be seen as implying that this manager has some authority over her or that she feels less powerful in the face

of that inner critic. And that powerful inner critic, like she said before, goes hand in hand with her experience of helplessness.

When asked what helps alleviate her helplessness when she's working with clients, she said that her supervisor helped her through an experience of helplessness by reminding her that if the client is coming every week, then she must be getting something out of therapy. Rawan said:

and I think just to balance out how self-critical I am, I try to think of that a lot, I think that the client doesn't need to come if they are not happy. I mean, they're, they're paying money they're paying a lot of money to see us, and they must be coming for a reason, they must be here for a reason, I might not know it, but change is happening. I guess, I don't know. (168-172)

Here Rawan's helplessness is somewhat alleviated when her self-criticism is balanced out by a reassurance that she is actually doing something, she is in fact helping the client even if she is uncertain as to how that might be. The addition of the "I guess, I don't know" in the end further highlights the enduring effect of uncertainty on her helplessness, even after the reassurance.

Yara made a similar comment about a client with whom she was feeling helpless, she said:

I used to feel like nothing I was doing was working because there was a lot of resistance, I am thinking of one particular client now, there was a lot of resistance from her to work on the underlying issue because it was too painful to see. (207-209)

She added:

But she would keep coming to therapy so she is benefiting something. (214-215)

Maya also described a similar situation, referring to the client as "rigid" rather than "resistant."

They are not very responsive. So, with the rigid clients I start experiencing helplessness, it's like I have tried everything and unless you help me, we are not going anywhere. This

type, I get very tired, I get helpless, and I get very doubtful of my skills. It's as if I am supposed to help you, maybe I should do better. (171-175)

This may be seen as highlighting the link between helplessness and competence. The client's rigidity or lack of response seems to clash with Maya's sense of responsibility for helping the client, which causes her to doubt her own skills, and her uncertainty about what she ought to do becomes evident.

Maya added that during her masters she was getting frustrated by a client who kept talking about a situation that could not be changed and she decided to take it up with her supervisor:

the supervisor kept pushing me until I realized that it was because of that, you are experiencing helplessness because the more you hear the story the more you remember that you can't help him. So, it is about me, it is making me feel incompetent. (221-223)

Maya later said:

clients like I told you who are borderline or something where they are coming and they are trying to understand but it is so much bigger than them and sometimes the symptoms are overwhelming and they get frustrated and I feel helpless, because you are meant to help them but you can't. (191-194)

This might be seen as showcasing both Maya's sense of responsibility and desire to help as well as how the sense of incompetence seems to play a part in her feeling helpless.

Nagi gave a similar example with a client with whom he did not feel like he was making any progress, he said:

There was huge resistance on my client's part, and I don't know whether our presence together for these two years is helpful or not. I think this was a moment of helplessness I felt. I felt maybe even disappointed in myself, like I should have done some progress by now. (145-147)

Anna noted both uncertainty and self-doubt saying:

knowing that most of the work you do does not necessarily all the time work because most of them are here because their parents brought them and having this debate of am I

doing something that is working? They are coming back. And it's a, it's a, it's a dilemma I feel it a lot with addictions. (103-105)

When asked what helps her tackle her helplessness when it comes to working with clients she said:

I think what helps me get through it is going back to the core of what we are doing I am not changing people I am not transferring my own mindset or mentality to people I am meeting them where they are at. Knowing that there is only so much I can do, I can do what I can do in my time in therapy, with the tools that I have, if it gets, like, outside of my scope send them to someone else. Knowing that there is only so much I can and there is a part where I cannot change the work, I can't go beyond my limits (111-115)

In this statement Anna reminds herself that she can only do so much, that there are limits to her abilities, which could be seen as her reminding herself that she cannot take responsibility for that which she has no control over. This reminder seems to help assuage her self-doubt and in turn alleviate some of the helplessness.

She expressed a similar sentiment when she reflected on helplessness in her personal life, she said:

I was going through a divorce, so I felt helpless before I came up with the decision, it is done and I am ready to move on, I think I had some time when I was very unsure, very, I kind of needed someone to think and make the decision for me and that is what it felt like (laughs) for some time. (36-39)

Here Anna's uncertainty about the best course of action gives way to her needing someone to make a decision for her, which could be seen as her doubting or distrusting her own ability to make the decision or even discomfort with the responsibility for making the decision.

The same theme was expressed by Enji at the beginning of her interview when she talked about helplessness in her childhood struggles in school, she said:

because I was not doing well, surprisingly in year 1 (33-34)

She went on to talk about how she had a teacher who supported her and she eventually started feeling less helpless the following year:

Yeah, I loved school, the following year, after that horrible first year of school. I liked it I felt more competent. (53-54)

Enji also talked about the impact that receiving negative feedback has on her. She said:

It hits me so hard when I get negative feedback (163)

And along the same lines she said:

I am sure that there were helpless points in my jobs when I got negative feedback for no reason. There were helpless thoughts with my mother when she is never satisfied with what she asks for (117-119)

It seems like the negative feedback contributes to her perceiving herself as not very competent, or leads her to doubt herself, which, in-turn, contributes to her experience of helplessness. Enji discussed more instances where she felt helpless saying:

I am not good with technology (130)

I manage to meet my friends online, but the fact that the session can be messed out and the exam is messed up because the internet is not good. I felt really incompetent. (153-155)

Here Enji is referring to having to work online because of COVID and also having to help her children attend school virtually. Enji does not seem to attribute her internet struggles to bad internet connection, a bad-service provider, or too much traffic on the server. Instead, she attributes it to herself being incompetent and offers this instance as an example of when she feels helpless, which further showcases the link between helplessness and a sense of incompetence or doubting oneself.

When asked what helped alleviate her helplessness while working with the client mentioned above, Enji said:

Supervision gave me some confidence that I was not messing things up, that the case itself was difficult. But I still think that there must have been something I should have done. Either enforce some ways of treatment that she didn't accept or intervene with her family but she refused any intervention with her family (248-251)

It seems like while supervision did help offer her validation that the situation was in itself difficult and that she was not "messaging up," Enji still doubts herself when it comes to working with the client with whom she feels helpless. Her last statement about "enforce" -ing, her ways of treatment could be seen as evidencing her perception that she did not have a lot of control or power in the process of therapy and she notes that there must have been something that she should have done. Along the same lines, she said:

I keep thinking that my style as a person is so loose or flexible, not flexible, I mean, I think that my strategy sometimes makes me... not... I fragilize the clients sometimes, it does not make them...some of the clients who are so challenging they don't move, they don't get better because I am not as... not necessarily strict but I am not... I am too overprotecting or I am too accepting of their issues... stuff like that. (267-271)

Here Enji seems to be trying to make sense out of her style of working with clients, she tries out "loose, flexible," as ways to describe herself, before settling on describing herself as "too overprotecting or too accepting." All the descriptors seem to imply that Enji considers her own personal strategy as an impediment to her clients' progress. It is her style, not the difficulty of the situation that seems to be viewed as the problem.

Sara also talked about feeling helpless when she was a child saying:

it was much harder than the other school, feeling like I am failing, I don't know what to do about it. (20-21)

When asked about instances of helplessness during her adolescence, Sara discussed how she was not very close to her mother and was often blamed for that, she said:

but it was very hard for me to question that maybe her perspective is not totally right, it is not all my fault, so I think when I was blamed about not sharing a lot of my life, not

being close to her, sometimes, not taking care of her in a way or another, I think there was a mix of guilt and helplessness. (52-55)

Sara was blamed for not being close to her mother, her saying that she did not question her mother's perspective and felt guilty, could be seen as her accepting the responsibility for making their relationship better and thus blaming herself for not having a close relationship with her mother. Meanwhile, Sara, being an adolescent, did not know how to change the dynamic of the relationship with her mother, which seems to have resulted in her feeling helpless.

On talking about her client work, Sara noted, as mentioned before, that she experiences uncertainty as to whether what she is doing is helping the client or whether it is creating dependency, she said:

But I think there is always this struggle as well, of is this actually helping or not, is this helping, is this creating dependency, is this reinforcing the behaviors, so I think, yeah, I think that when I reach this point of feeling helpless with a client this is how I usually respond, with some doubting, some self-doubting (236-239)

Later on she said:

the client has a lot of faith and a lot of hopes that you are the person who is supposed to be handling this so when you feel like you are not sure how you're supposed to do or if you are going in the right direction or if you're being objective enough or not or if you are being mindful enough or not, I think these doubts are a bit scary (278-282)

It seems that Sara's awareness of the client's expectations and their hopes adds to the burden of her responsibility to do something to help them, which results in helplessness if she is unable or uncertain as to how to do so.

And finally, Jessy's self-doubt took the form of her thinking that she was weak. She talked about feeling helpless because of her brother always getting his way, when asked about how she felt at the time she said:

I felt, maybe I felt weak, because I related it to being weak and not being strong enough to be able to get what I want. (22-23)

And again, when she discussed the relationship that she could not end, she said:

Thoughts would be how can I leave, I don't think I deserve this, I need to leave but I can't leave, maybe you're weak, maybe you're not strong enough (95-96)

Jessy uses the second-person when talking here, as if it was a voice directly talking to her. It calls to mind the "manager/"Inner critic (152), that Rawan mentioned.

On talking about her client work, Jessy gave an example of a client who was struggling with a sexual problem, she said that she found that she could not empathize with him because she had no similar sexual experiences. She said that she started questioning herself saying:

maybe I have some skills, but I felt very incompetent at this point, at this moment I felt very helpless (139-140)

Later on when talking about a client who was not progressing in therapy she said:

I thought maybe I am not assertive enough, I thought maybe I should be more extending, you know, telling her no you have to do this you have to do that, be more, we can't go on like this, but I couldn't do that, so I felt really helpless. So, my feelings were helplessness, disappointment in myself to be honest, I was very disappointed because I feel very disappointed when I don't see any progress with my client, I feel very disappointed that maybe I am wasting the client's resources and time and I am not going anywhere so I feel very very helpless at this point (161-167)

When asked what helps alleviate her feelings of helplessness, Jessy directly referred to her sense of responsibility while working with a client whose family and surroundings were causing her a lot of distress, she said:

What helped me through it was actually that she was telling me that therapy is the only thing that kept her going, so I felt like I was doing my part and I cannot be overly responsible for everything, that's it, things are happening this way, you have to do your part and she is saying you are doing your part, don't feel responsible or take the blame for the external environment. (199-202)

Later on Jessy said:

I think, I think I need to be kinder; I need to be more accepting that helplessness is inevitable, it is going to happen often. So, right now, reflecting on everything that I said, I think I need to be more accepting of the idea of helplessness and I need to remind myself,

and right now, I am actually getting this idea that I need to remind myself that you don't need to understand, you don't need to have the answers to everything, it is ok to be helpless, because you are not a know it all, it is ok to not be in control, that's fine (306-311)

Here Jessy's desire to have certainty, to understand and have the answers seems to be a source of helplessness. Jessy then talked about the reason she sometimes tries to know it all, noting that it has to do with a sense of responsibility, she said:

I feel very responsible, I feel like this client believes in like a better future so I feel very responsible, I feel very responsible, sometimes actually I find it difficult to get myself back on track, but, I feel very responsible, for that example, I would stay longer with the client, I would schedule therapy sessions where I don't really have the time, because, I think that is the reason. (314-318)

Theme Summary

In this section I attempted to showcase the many instances of the recurrence of the theme self-doubt/incompetence. The participants' experience of helplessness seems to encompass a perception of oneself as being either incompetent or weak. Participants seem to doubt their abilities, their knowledge, and their skill level when they are experiencing helplessness which seems to further exacerbate their experience of helplessness. In these instances, the participants seem to be attributing their inability to change the situations they find themselves in to their own lack of competence rather than external factors. Along with, and at the heart of, their experience of incompetence seems to be a desire to change an undesirable situation that takes the form of a sense of responsibility. This sense of responsibility seems to result in guilt, especially if the participant is confronted with blame from other people or with the knowledge that there is something expected of them that they are not fulfilling.

7.4. Accompanying Feelings

Overview.

As noted in my interview schedule, one of the prompts I used during interviews is “how did you feel?” 7 out of the 8 participants noted some feelings that seem to accompany their experience of helplessness. The most frequently cited feelings were:

- 1- Frustration/Anger
- 2- Anxiety, worry, panic
- 3- Sadness/Grief
- 4- Loneliness

This is elaborated on in the section below:

Participants' Accounts.

7.4.1. *Frustration and anger.*

Rawan expressed both anger and frustration when speaking of her experiences of helplessness. To start off she talked about experiencing helplessness in her adolescence when she would fight with her mother and her mother would communicate a different view of the fight to her father, she said:

It would frustrate me more, I would get angry of course, I would cry even harder, yeah, I felt very angry, of course, towards my mom. (58-59)

Later on she added:

I was a very angry adolescent and I carried that with me to my early adulthood, not even my early adulthood, I carried it on after I had a child (193-195)

While elaborating on what helplessness meant to her, Yara said:

I guess it is related a lot to this frustration about hoping for something and then trying and doing something, taking action, hoping for something different but then the results is the same so trying something else. So, I guess it is something about that cycle that keeps repeating itself. (12-15)

On talking about her health struggles Yara discussed this cycle of hope and frustration again saying:

It's related to that same cycle I was telling you about earlier, I go to, I have so much hope, and I go to like a specialist and there is so much hype about this specialist, that they're gonna help me out and then they give me a treatment, I follow it for a few months or a few weeks. They promise me that it will make it go away and it doesn't so there is a disappointment. (128-132)

She later talked about a client with whom she felt particularly helpless, she said:

I think it was because she would get so well, she would put so much effort and so much energy she would do a lot better, and everything was fine and then she crashes completely. I mean, almost back to point zero. (172-174)

She added:

And I had to keep reminding myself that my role is to support her... like if this is how frustrated I am, then I could only imagine how frustrated and helpless she must feel. (178-180)

In those statements the cycle of hope-and frustration seems to contribute to Yara's helplessness, visiting a new specialist or her client improving would give her hope and then this hope would be replaced with frustration when the treatment fails, or the client deteriorates. Yara would then feel helpless.

Later on, Yara discussed how she feels both helplessness and frustration when it comes to working with a specific domestic abuse client, even though she normally works with clients with similar problems without experiencing that frustration, she said:

so there was something about this woman that, she was triggering in me not just a sense of helplessness but also a sense of frustration with her. I was frustrated with her, it's like, why don't you just get yourself out of the situation almost. So, this is the first client that comes to mind when I think of this. (166-169)

Maya also experiences anger and frustration in relation to helplessness, she said:

I think moving on to my adolescence for example and young adulthood my helplessness was accompanied with frustration and anger (58-59)

She expressed the interaction between the sense of not being in control that accompanies helplessness and anger saying:

You don't have any control and you really try but still it doesn't change it and then I get angry (66-67)

The same theme can be traced in her work with clients:

You see the client really putting their best and really trying and they are responsive and they come and they really try but they are not really following the pace that you'd hope they would be following and they are frustrated and you are frustrated so the helplessness comes in. (180-183)

Here it seems that the frustration ushers in the helplessness. Maya expressed a similar sentiment when talking about working with clients who abuse drugs:

they come to you and they go to meetings and they are not facing any triggers and then all of a sudden their dealer calls and it is like come on. This drives me crazy. (189-191)

The expression "all of a sudden" could be seen as implying the unpredictability of the situation. Her client improving might have given Maya hope, however, the sudden trigger robs her of that hope, which might be why the frustration is triggered and in turn the helplessness.

On talking about helplessness in her work with clients Maya said:

Anger and helplessness go together for me. Frustration and anger. Anger sometimes, I catch myself thinking early in my career, I remember specifically one time during my masters I got angry at the client. I was like that's it; this is a situation that we agreed we can't solve, and you are helpless and we agreed that there is no way out, stop talking about it. I didn't say that to the client, but this is exactly how I thought in my head. (212-216)

Maya's anger and frustration seem to affect how she feels about the client. Maya's helplessness when it comes to helping the client seems to trigger her anger. She explained that saying:

I am angry at them for expressing over and over and over again that situation because there is nothing we can do, and the more I hear it the more helpless I feel, and I don't like

that feeling so I became angry, let's change the topic (laughs) are you gonna come here and tell me about your problems (laughs). (216-219)

Here the anger seems to come about as a reaction to being reminded of her own helplessness. Maya further explained this when talking about how she relates to helplessness, she said:

I think that is the issue I think what makes it more unpleasant than it actually is is how I feel about it and how I approach it, hence all the other unpleasant feelings that come with it like anger and frustration or anxiety. And I know where they come from and they come specifically because I do not like the feeling of helplessness and I try to avoid. (270-274)

Thus, it seems like the other emotional experiences come about as a result of Maya's struggle to avoid helplessness.

On talking about the clients with whom she feels helpless, Sara said:

I think I feel helpless when, you know, one of the things that I think took me personally some time to accept as well is that sometimes clients are not whether ready or serious about actually changing or doing something about the situation and I think there are times when this feels very frustrating and makes me feel a little helpless (201-204)

Jessy also expressed frustration when it comes to the instance of helplessness when her brother used to get his way at home and she did not, she said:

And I felt frustrated, for sure, I remember feeling frustrated. (24)

Enji also expressed frustration as part of her experience of helplessness with clients saying:

ups and downs that frustrate me so much, things improve and then they get worse again. Ummm.... sometimes it looks so clear to me that it's done, we discussed this we managed strategies, and we gained some emotional regulation strategies and then for some reasons thing get bad again (264-267)

This shows both the sense of uncertainty as well as how hope gives way to frustration.

7.4.2. *Anxiety, worry and panic.*

Nagi, as mentioned before, said:

Maybe another word for helplessness is panic. You don't know what to do. (189)

Later on when speaking of a particularly traumatic experience during which he felt helpless, he said:

I didn't know what was going to happen, how it will react, so I panicked, and I ran away (22-23)

Enji also expressed worry on talking about her experiences of helplessness as a child, she said that because her mother had a demanding job, she experienced worry, she said:

I remember I used to worry, but later, it was not a problem. But I remember the thought when I was five or six, I remember that this was somehow difficult for me (70-72)

And on talking about working online because of COVID, she said:

I feel so helpless that I got fear of internet and fear of internet use, really, I worry about the workshops I give online, more than the one I give face to face (133-134)

Here it seems Enji experiences fear and worry as a result of her helplessness when it comes to working online. And later on when talking about feeling helpless because her child was struggling academically, she said:

I had an acute stress disorder. I was very worried very anxious for two or three weeks until I had to take medications and stuff like that. I get very worried. (182-184).

Once again, it seems like Enji's helplessness when it comes to helping her child has led her to experience worry, anxiety, and stress.

7.4.3. *Grief and sadness*

On talking about the emotions, she experienced during instances of helplessness Yara said:

frustration and disappointment and maybe also grieving like, ummm... this loss of hope. Or grieving the potential of what could have been if I had power or if I could control the situation if that makes sense. (17-19)

She later talked about the emotions that accompanied helplessness during different stages in her life, she said:

I think as a child it came with a lot of sorrow and sadness and this very deeply rooted sadness and as an adolescent it came with anger and rage and frustration and spite. (392-393)

She also talked about nursing her grandparent while she was sick, she said:

It was the first death that I have experienced, and I also felt very helpless because she was sick a while before she died so it was really, this process of anticipatory grief was filled with so much helplessness. (104-106)

When Nagi talked about experiencing grief after losing his grandparent he said:

I think I panicked about how I felt back then. But I let myself feel and I think this helps, the grief that I felt I think this was helpful because it was in a way, seeing it retrospectively, I think it was in a way me introducing an element of certainty in this uncertain situation, so, I don't know what is going on but I know how I could make myself feel and it was easy to make myself feel what I would normally feel rather than try to act it out, or not feeling it at all. It was easier to feel it. (39-44)

Here Nagi seems to be saying that his helplessness (which he uses "panic" as an alternative for) ensued as a result of not knowing how to respond to the death of his grandparent. His helplessness was alleviated when he "let himself feel" the grief, because by doing so he introduced certainty into the uncertain process of losing a loved one. Grieving and death go together, and while he did not know much at that time, he knew that this is how he ought to feel, which seems to have alleviated some of his helplessness by introducing some certainty. Thus, it could be concluded that the original helplessness resulted -in part- from an uncertainty as to how to feel.

7.4.4. Loneliness.

Nagi also introduced loneliness as an emotional experience that accompanies helplessness, on describing helplessness, he said:

It feels like a hot balloon (laughs). If I go inside of me, I think I would feel that there is a hot balloon something that is very fragile something that is very hot. Something that is very lonely (204-205)

Nagi also said that he experiences helplessness as a result of not being able to figure out how to tackle the loneliness that results from his work being a solitary endeavor, he said:

Maybe given the therapeutic scene in Egypt, maybe given our scheduling our personal lives. It is difficult for us to socialize, to work together, to even see each other in the same place where we work. So, on some level I do feel helpless. Out of loneliness even. So, this loneliness feeling it is there and I feel helpless about it (161-164)

Here, Nagi seems to experience helplessness about his own loneliness.

Sara also referred to loneliness amongst the emotional experiences she had alongside helplessness when she had to change schools as a child:

I: what other emotions did you have at this time, alongside helplessness.

P: lonely, disappointed, angry, sad, left out.

(24-25)

When asked what helped alleviate her helplessness she said:

having support and getting to, again, to fit in, to know what to do, getting to know people to share the tough experience, the study for example was tough on everyone. So, I think, when you remove the being alone part from the equation I think it made a lot of difference. (36-38)

This might also be seen as implying that her helplessness might have come about as a reaction to not being able to figure out what to do to alleviate her sense of loneliness. Later in the interview, when talking about the connections between helplessness in her personal and professional lives, Sara said:

I think again like I was telling you it is highly related to, I think the scariest is when you are alone in the feeling, you think there is nothing you can do. (274-276)

Again, it seems like Sara's helplessness comes about when she is alone with a certain emotion and does not know how to tackle it.

Jessy also referred to both frustration and loneliness when discussing her experiences of helplessness. On talking about instances of helplessness when she was a child, she discussed an instance where she tried to make it into a sports team in order to spend time with her then friends, she said:

I really wanted to fit in and be with them and not be away from my best friends and so on, so I tried very much, like, in playing, but I couldn't make the team. So I felt very helpless at this point, I was very frustrated as well, I was very helpless, I mean I tried my best but I couldn't do it. (58-61)

Later on when asked about what helped alleviate her helplessness she said:

Actually, I started having a new group because my friends were busy all the time, so I was more, I was alone, so I made a new group of friends who didn't play basketball and we actually hung out. (63-65)

And on talking about the relationship she could not end, she said:

I was in the relationship for the wrong reasons, I didn't want to be alone, I was alone because he wasn't really present in the relationship. That's it, it has ended, I mean, two weeks of no communication is the same as not being in the relationship (101-104)

Thus, it seems that Jessy experienced helplessness as a result of trying to avoid loneliness.

Theme Summary.

In this section I attempted to demonstrate the instances of the emotional experiences that seem to accompany helplessness. Some experiences, like frustration, seem to be part of the experience of helplessness, participants wish to accomplish something, they cannot, they experience frustration which leads to helplessness. Helplessness also seems to ensue when participants are unable to change or escape a difficult emotional experience, like loneliness or figure out how to respond to the negative emotions following bereavement. Moreover, it seems like certain emotions, like anxiety or anger could come about when a person is feeling helpless in a particular situation.

7.5. Response to Helplessness

Theme overview.

This theme is composed of the emergent themes that are directly related to how the participants respond to helplessness and helplessness inducing situations. While the previous theme introduced the emotions that accompany helplessness, this theme focuses on how helplessness is conceptualized (cognitions) and the specific actions (behaviors) or thought strategies that participants employ to deal with their helplessness. The sub-themes are as follows:

- 1- Giving up/giving in/Demotivation.
- 2- Coping through avoidance/dissociation.
- 3- Coping preemptively through planning.
- 4- Coping through doing.
- 5- Coping through attempting to understand/learn/know more.

Participants' accounts.

7.5.1. *Giving up/Giving in/ Demotivation*

Enji discussed her sense of helplessness after getting negative feedback from her child's teacher, she said:

I am so ready to give up on her and I feel so helpless whenever I get a remark (171-172)

She discussed a specific instance where the teacher gave her feedback and she worked with her kid on tackling it, but on their next meeting the teacher proceeded to give her more negative feedback, she said:

I felt like she was going to appreciate the effort I put in the task we agreed on. I felt very helpless, and I thought, "ah, repeat the year." And that's it, it's not doable and I prepared myself for the worst. (168-170)

Enji did not give up on her child, she proceeded to work with them and make the desired improvements but the urge to give up seems to characterize her immediate experience of helplessness.

Later on, when asked what goes through her mind when she works with the aforementioned client with whom she felt helpless because the client refused to use any of the techniques she suggested, she said:

That... that therapy is a myth, that I am... I need to change my job, what did I do in my life, what have I done, why am I stuck with this chick (234-235)

And when asked how she relates to helplessness Enji said:

I think, I don't think I should be helpless, whether it is with my kids, or when it is with my work, there is always room to do things, it has been proven a lot of times, when I work with something it gets better, but at the difficult moment itself, sometimes I think I am really fed up I don't want to work on it. (364-367)

Rawan also discussed a similar way by which she responds to helplessness, on talking about helpless instances in her adolescence, she discussed arguments that she used to have with her boyfriend. Rawan would feel misunderstood by him, and her attempts to communicate with him would be unsuccessful, she said:

what goes on in my mind is that there is absolutely nothing I can do to change your mind, there is, like I am trying but there is nothing I can do. And then I remember that one time when I left the car, as soon as I get out of the car, as soon as I am physically away from that situation then I can recap and sort of, go back to, like thinking logical (84-88)

Later on, when talking about her manner of dealing with helplessness Rawan said:

it usually used to happen in my relationships and then I would either physically leave the place or... (93-94)

Rawan then moved onto a different topic, but it seems like Rawan's manner of dealing with her helplessness was, in part, by physically removing herself and no longer trying to communicate her view to her boyfriend.

Yara discussed an instance of helplessness from her adolescence where her parents were not getting along after their divorce, she said:

I was caught in between this, trying to find out who I am, but it means taking bits and parts of my mom and bits and parts of my dad and somehow it felt like I was betraying one of them, so I felt very helpless in terms of sort of finding my identity. I felt that either way I was going to lose. (91-94)

She went on saying:

The result of that is that I was stunted in certain aspects, especially my religious identity development, I just felt so helpless that it was like, that's it was like, that's it let's pause, this is just too overwhelming the contrast between them (94-97)

For her part, Maya's reply to the question "what does helplessness mean to you?" makes direct reference to "surrendering/" giving up as an element of her understanding of helplessness:

Realizing there is nothing to do about a situation no matter how much you want to change it. So, surrendering to the fact that there is nothing for you to do that you are not in control (5-6)

Maya then proceeded to discuss many instances of helplessness in which she perceived herself as having given in. On talking about her reaction to her father taking her to live with him and refusing to bring her back to her mother after her parents divorced, she said:

And I remember at the time that I think I gave in. I was very young, so I remember vaguely, but I think from how helpless I felt and how it made me feel at the time, and how sad it made me feel. I think somewhere my defenses just worked and I was like, ok, that's it, let's do it, might as well enjoy this. (laughs). (25-29)

Maya frames her "giving in" as a defense to the helplessness she experienced. Maya then decided to enjoy her time with her father on vacation. Later on, when talking about the helplessness she felt towards her parents' divorce, she said:

And I think the helplessness of the child, of attempting to get them back together, I think it took me a while. And I gave in (38-39)

And again, on talking about how she relates to helplessness she said:

no matter how you try to change it, that's where the helplessness comes in. You don't have any control and you really try but still it doesn't change it and then I get angry and then I give in. (66-68)

Sara's answer to the question, what does helplessness mean to you was:

The first thing that comes to my mind is (pause) feeling (pause) desperate (pause) wanting to give up. I am getting a visual image of someone laying back, giving up, very frustrated, when I am helpless, I feel (in Arabic) tied up, yes, and somehow it is related to being hopeless. (6-8)

Sara later talked about feeling helpless while going through fertility treatment and especially after she gained a lot of weight, she said:

what comes to mind is that things started getting better when me and my husband took the decision to stop everything that we were doing to my body and actually it is interesting that it was more of his decision than mine which I think adds to the idea that I was giving up on myself and my body. (127-129)

She described her experience of gaining weight further saying:

I would be gaining or losing weight without even knowing what is happening and when I felt helpless in this part, I think very soon I gave up on myself about it, because I literally felt like I didn't know what to do, I didn't know how to deal with this, I didn't know how to accept it, I didn't know how to change it, I didn't know how to like it, I didn't know how to change it. (113-117)

This showcases the role of "not knowing" and the "inability to do anything" as elements of Sara's experience of helplessness. Furthermore, it seems that the giving up came about as a result of that inability or uncertainty as to what to do about the weight gain.

7.5.2. Coping through avoidance/Dissociation

When Sara was asked what her "giving in" after she gained the weight looked like, she said:

It was just like, it was, I don't want to analyze into it so much. But it feels like there was a lot of dissociation it feels like. Like I was pretending it was someone else or like it is not happening, there was a lot of maybe denial, maybe not wanting to address it, not

wanting to see it, not wanting to weigh myself, not wanting to, yeah, I think there was a lot of denial and pretending like it was not happening and avoiding the whole situation. (121-125)

When Maya described her experience of helplessness while working with the client who she previously described as “not very responsive” (172) she said:

I think it is because I do not want to admit I am helpless. I think the issue comes from that. It should be ok to admit that this client is not ready or that you are not a good fit, or whatever. Admit it and move on (laughs) but, yeah, so that happens with that type of client (175-178)

She further elaborated on that when asked how she relates to helplessness, she said:

I think I don't like it; I try to avoid it, I don't want to relate to it, I think that I don't want to feel it to start with (274-275)

For her part when talking about early life experiences of helplessness, when she would worry about her mother, but was unable to do anything about it, Enji said:

I remember waiting for my mom at home, and thinking that, what could happen to her, if she gets harmed, she might get harmed, she might not return, such thoughts, aaa, I don't remember them in an intense way and I don't reflect on them in an emotional, can't remember the, I just remember the thoughts not the emotions connected (61-65)

So while she presented this as a time when she felt very worried to the point of experiencing helplessness about the situation, Enji maintained that she does not remember the emotions with any intensity, just the thoughts, and knowledge that she was worried and helpless. This could be seen as evidencing some distance from her emotions. Along similar lines, Enji said:

I think it is so easy for people to overcome things in a way that is so exaggerated (302-303)

Later on, she added:

I sometimes get astonished that somethings affect clients that much when I... I have to refocus on the client and separate myself. It is not easy. I think sometimes, why are they dramatizing the situation to that much when it is not that dramatic (305-308)

On the other hand, Anna said that her “unhealthy coping mechanism” (59) when it comes to helplessness is drinking a bit more than she normally would, she said:

Like I would drink usually on just weekends, but that time it would be before going home I need a glass of wine, I need to wind down. Like, I need anything to get my brain off of just thinking of everything. (63-65)

Meanwhile, when talking about why Nagi seems to be doing better when it comes to his helplessness about being a father- the following exchange took place:

P: I am more mindful about the life that is going on right now. Maybe the part that does have certainty. So maybe I do focus more on this so whatever this other part inside of me that is uncertain or has this helplessness is there, I acknowledge it and it is there, but I don't like to neither brush it away nor bring it home. It is like it is what it is where it is and that's ok.

I: You're kind of mindful of it and accepting that this is a fear that is in the background you are not...

P: yeah, without feeling it. I think this is important, without feeling it

So even though Nagi is aware and even accepting of his helplessness, he thinks it is important to point out that he keeps this helplessness at a distance, he is not necessarily feeling it, only aware of it.

7.5.3. Coping preemptively through planning ahead

When asked how she relates to her own helplessness Rawan said:

I don't allow myself to get there. (221)

Rawan frequently talked about the strategy she employs to prevent herself from getting there, namely, planning, she said:

I think I am really good at, trying to find solutions. I don't let myself get there. I don't let myself get to a position where I feel stuck. I always have, plan B, plan C... I always have other plans. (36-38)

Enji also puts plans in place in an effort to circumvent helplessness. When talking about her helplessness when it comes to giving workshops, she said:

I worry about the workshops I give online, more than the one I give face to face, although they are much easier and you can hold the thing and read from it, but I get more preparations and people have to be at home, just in case something happens to help me. (134-136)

Jessy also talked about how she feels when she does not know what is going to happen next in her sessions with clients she said:

I feel helpless, I think I am out of control, it is not planned it is not structured (326)

She then talked about the value of having a plan for her, she said:

I am on the right track, this is going to happen because of this, this, and this. Maybe, like many times it does not happen the way I am planning for but at least I know that there is some kind of framework happening (328-330)

So it seems like for Jessy having a plan, and knowing what will happen next, helps her experience less helplessness, which might be mediated by her experiencing more certainty rather than uncertainty about her work with a particular client.

7.5.4. Coping through doing

Nagi's response to my question "how do you relate to helplessness" was:

I think that on a level it is heavy, it is not something that... no one would like to experience it and yet it is something that we do all experience. It is part of our existential identity. But I think that it is what I do with what I have. And maybe this is something that I do believe in since I was young. It is what I do with what I have not what I do have. (208-212)

Nagi elaborated on this saying:

So, there is something I usually do with myself and even with my clients I always translate my fears into desires. And if I am afraid of being helpless so what do I desire

out of it, what do I want out of it. I can translate this fear into a desire. I want to do something; I want to know something. This is what I start acting upon. (214-217)

It seems like Nagi's manner of coping with helplessness is through translating it into something actionable, something to do or something to know/understand. This is evidenced by his statements above, regarding how he dealt with his helplessness regarding being a father by starting a savings account for his future child.

Nagi later added:

It is what I do with what I have. If I don't know what I do with what I have then I panic. Because at this point, I don't know who I am, because I am what I do with what I have. And I think it works this way. (218-220)

It is worth noting that, as mentioned before, Nagi believes that another word for helplessness is panic. So, it appears that Nagi is saying that if he does not know what he could do, if he could not translate his helplessness into actions, then he becomes fully aware of his helplessness and since he believes that he is what he does, if he is unable to do, he starts doubting himself, he does not know who he is anymore. This could be seen as highlighting the connection between being able to do, helplessness, and self-doubt. Here Nagi seems to be doubting his actual self, he does not know himself, he is not himself, if he is unable to do. This is further evidenced by what Nagi said next:

You know your coping defines who you are, and I think that it is how I cope with things especially with helplessness. (226-227)

Anna also seemed to use doing as a way to cope with helplessness, she said:

It is very hard for me to be in a place where I feel helplessness, helpless, like I always have to do something. So even if there is no way out for me I feel like I have done something so I haven't stopped where I felt like... like I... I don't, I know it is a very harsh absolute word but I kind of don't accept being stuck I always be like I have to have a choice even if there is no way, none of the options I like, at some point I say ok, I'll be like I will choose that way which is not the best but at least it is my choice (13-18)

Sara expressed a similar sentiment when she said:

I feel helpless only when there is nothing I can actually do even, at times, you think that this thing is helping but it is not actually helping but at least you think that you're doing something about it. (95-97)

So, for the participants, as long as there is something to do, their helplessness is alleviated. Even if this “thing” is not particularly helping.

Anna later gave an example of how she coped with the helplessness she felt when she was going through a divorce, she said:

usually my healthy coping mechanism when I am going through a time when it feels very unstructured I, take control of my eating so I eat healthy, I work out, for the working out and for having, like finding things that I can actually control and work on. Working and making my schedule more tight and being able to, like, know where I am going to be at what time. (53-57).

Anna later said that she “conditioned” her brain to not accept helplessness, she said:

I think my mindset about not accepting helplessness comes from fear of feeling helpless and I think that was my fear like if I feel helpless, I won't be able to do anything. So let me just back it up let me always be ready to choose, to condition it, to put it somewhere in my brain (152-155)

Thus, it appears that Anna primarily copes with helplessness by “doing” she takes action, she exercises more control over other aspects of her life even if they are not directly related to what is causing her helplessness (in this case the divorce), and she conditions her brain to avoid helplessness by believing that she always has a choice, there is always something to do.

7.5.5. Coping through attempting to understand/learn/know more

And finally, when Jessy talked about experiencing helplessness in her adult life, during the early days of the COVID pandemic she said:

I felt really helpless because I didn't, I mean I don't feel comfortable when I don't understand, I need to understand, so at this moment nobody understood anything, so I felt helpless, because I couldn't understand (107-109)

Furthermore, Jessy talked about working with a client with sexual problems that she had not experienced before and could not understand, she said:

I didn't honestly, I didn't understand at all and I couldn't... I couldn't... I couldn't foresee, I mean he would be telling me things and then I would offer him a skill and then he would say no this is not what I mean, so there was some kind of confusion, so I felt really helpless at this point. (143-145)

Later on, when asked about her thoughts regarding working with a client with whom she had tried using CBT and DBT without success, Jessy said:

I was thinking that maybe I should have learned more approaches (laughs) (159)

Here Jessy's manner of coping was to try to learn more, know more, understand more.

Moreover, when talking about working with a client struggling with an eating disorder who needed medical intervention, she said that after the situation was over she felt the need to learn more, she said:

After this client I joined a medical interventions course from the eating disorders association, because I didn't want to be put in this situation again. So, this course, like I wasn't even eligible in, but I wanted to learn the medicine anyway (laughs) (223-226)

Later on, Jessy talked about the role of both control and understanding when it comes to how she relates to helplessness in her client work:

I think that knowing the answer, having the structure, knowing how to help the client professionally, and you know this is scientifically based, and professionally you're doing that with other clients and it working, it makes me feel, I know how it works, I know, like I understand it, I get it, I have a plan, it is in control. Being in the world, not knowing anything, like for example doing therapy one session at a time and not having a plan for me I feel helpless, honestly. I feel helpless, I think I am out of control, it is not planned it is not structured. (321-326)

Thus, it seems that understanding/knowing gives Jessy a sense of control and helps alleviate her helplessness. When asked about how she relates to helplessness she said:

I think, I think I need to be kinder; I need to be more accepting that helplessness is inevitable, it is going to happen often. So, right now, reflecting on everything that I said, I think I need to be more accepting of the idea of helplessness and I need to remind myself, and right now, I am actually getting this idea that I need to remind myself that you don't need to understand, you don't need to have the answers to everything, it is ok to be helpless, because you are not a know it all, it is ok to not be in control, that's fine. (306-311)

Thus, it seems like for Jessy, understanding is used as the main strategy to help alleviate the helplessness she feels in unstructured/uncertain situations.

Yara talked about being diagnosed with a chronic condition and how it was initially a struggle to get a diagnosis, she said:

I went to a lot of doctors and all of them were either telling me that I am imagining, oh, you're exaggerating, there's nothing wrong with you and stuff and when I finally got diagnosed, I found out that it was a chronic pain disorder, it's not gonna go away, there is no treatment for it, there is no medication that's gonna help. So, it was a relief when it comes to validating my pain but at the same time it's a dead end in a way. (115-120)

The pain was a source of helplessness for Yara, and she seems to have responded to that by attempting to understand and seek the validation for what she knows herself to be experiencing. The diagnosis seems to have offered her a relief despite the fact that it was a dead end, the pain could not be alleviated, however, the relief could be seen as resulting from her getting to understand what was going on and having her feelings validated. If uncertainty characterizes the experience of helplessness, it seems like understanding/validation seems to have slightly alleviated it.

Furthermore, when asked about what helped her overcome the helplessness she felt when her parents divorced, Yara said:

Choosing to be a counselor (laughs), I think I am just realizing now with you, but whenever I ask myself, or explore the question of what got me into counseling, I knew this very early on, before I understood what psychology was or that there was something called therapy, the first thing I knew, as a feeling was, I didn't want to feel this death in my life. I would look at my parents, I would look at their lives, I would feel that... so helpless towards them and I would feel so helpless towards them, and I would feel like, I don't want that decay to be inside me, I wanted to thrive, to keep myself alive, and that is the very first feeling that connected me to therapy. I mean, I think that was the seed. (54-61)

It thus seems like Yara's choice to become a therapist was in itself an attempt to overcome the helplessness she felt given her family situation. This is further discussed alongside Yara's accounts under the next superordinate-theme.

Theme summary.

As a whole it seems like helplessness is regarded as an aversive experience that is better avoided. Participants seem to engage in various strategies as a response to this aversive experience, "doing" or taking action, giving up, planning ahead, dissociation/avoidance, and understanding seem to be the primary strategies used by the participants, with some participants employing more than one strategy as a response to helplessness. The most widely used strategies, as evidenced above, seem to be giving up, doing, and attempting to understand.

7.6. Interplay Between Personal and Professional Instances of Helplessness

Overview.

The final theme includes the elements of the interplay/connection between personal and professional instances of helplessness. The participants experienced this connection in a few forms:

- 1- **Relationship with helplessness:** Professional helplessness as a pathway to more tolerance and acceptance of helplessness.
- 2- **Tools and techniques:** therapeutic work providing the participant with tools to deal with personal helplessness.
- 3- **Current helplessness:** Present day experiences of helplessness in one domain of life affecting the other.
- 4- **Similar instances:** experiencing helplessness in professional situations that are similar to the situations that engendered personal helplessness.
- 5- **Similar strategies:** the participant's personal strategy of coping with helplessness interfering with how helplessness is dealt with in professional work.
- 6- **Choice of profession:** the participants' choosing to become a therapist as a way of coping with personal helplessness.
- 7- **Empathy:** experiencing personal helplessness increasing empathy for clients who are suffering in a similar manner.

Participants' accounts.

7.6.1. Professional helplessness as a pathway to more tolerance and acceptance of helplessness.

Rawan's strategies for coping with helplessness inducing situations were, as mentioned before, either to preemptively come up with a plan A or plan B or removing herself from the

situation by physically leaving. She stated that her way of dealing with such situations has changed, after she became a therapist. She said:

the thing is I would feel demotivated, but I wouldn't give up. Because, because I know, I know the last thing the client would be thinking is that, I am doing this, I am leaving therapy, like I am quitting, I am terminating because I think there is something wrong with them, they would think this, they wouldn't think that I am doing this because I think that I am not enough or that I feel helpless (174-178)

This could be seen as showing more tolerance of helplessness, which Rawan further confirmed when she said:

I can only say that therapy has been good for me as well, I have grown, by helping other people out. I mean if anything I have learned not to walk away in my personal life not to physically run away (190-192)

Later on, when talking about whether she uses the same strategy of coming up with plans to avoid helplessness in her work with clients she said:

the more I do therapy, the more I am with clients, I respect, I respect silence, and I respect, moments of reflection more. So, like, absolutely, when I first started practicing, you know, you want to throw all those techniques at the client, and you want to overwhelm them with techniques and whatever, now I have learned that... you know its ok if you can lay back, you know, lay back, observe what's happening, what's going on. I hope that was an answer to your question. I don't have plan A and B and C for the client, the same way I do for my personal life (225-231)

So, it seems like the more Rawan practiced, the more she grew to either tolerate or accept helplessness, and that tolerance seemed to seep into her personal life as well, given that she said that she no longer walks away when she is feeling helpless in her personal life.

Yara talked about how becoming a therapist helped her better relate to helplessness saying that she grew more accepting of helplessness during her adulthood:

I think as a child it came with a lot of sorrow and sadness and this very deeply rooted sadness and as an adolescent it came with anger and rage and frustration and spite and as I moved in adulthood I think there is more acceptance but I don't think, like the shift in my relationship with helplessness from being a child to being an adolescent it happened as a natural progression when I wasn't intervening in the process, but for me to come out

of that anger and the rage it has taken work so I am not sure, had I not chosen to be a therapist, had I not chosen to go to therapy, had I not spent years upon years working on this, I don't think, I doubt that I would be where I am now in my relationship with helplessness. (392-399)

Thus, it seems like becoming a therapist provided Yara with more understanding as well as a better way to tackle and relate to helplessness.

Yara further talked about how becoming a therapist helped her accept helplessness in her personal life, saying:

Like I was telling you, I am less controlling, I am not trying to control my life as much as I used to, I am more accepting of uncertainty and I think it is because, if I am not accepting of uncertainty, how would I be a therapist, it's not gonna work well for me. So, there is something about going into every session, not knowing what is going to happen, trusting that something is gonna come out of it or maybe nothing, and it's fine and letting go, it helps me in my life. (320-325)

She added:

And I guess also when feeling helplessness during sessions and accepting them and acknowledging them and speaking to the client about them and then sharing their helplessness back, it changes something about me in terms of my relationship with helplessness outside of therapy. Because I am genuinely accepting of helplessness while I am with the clients, I am not tricking them, so that stays outside as well. (325-329)

It seems like therapy provided Yara with a domain in which to practice and get the tools to alter her relationship with helplessness into one that is more accepting.

Nagi also said that professional instances of helplessness have helped him better deal with helplessness in his day-to-day life, he said:

it gave me more patience, more patience because maybe in personal life I need to process and react momentarily. Maybe in earlier experiences when I was younger, I didn't have the capacity to pause but in therapy I know how to pause, and I have to pause before I start processing or disclosing anything. So, I think it gave me more capacity for patience. I think it increased my resilience. (242-246)

Anna expressed a similar sentiment, first reflecting on her personal relationship and manner of responding to helplessness and then discussing how it changed after she became a therapist:

I think the self-reflection that I, like the insight I got during our call, I think my mindset about not accepting helplessness comes from fear of feeling helpless and I think that was my fear like if I feel helpless, I won't be able to do anything. So let me just back it up let me always be ready to choose, to condition it, to put it somewhere in my brain (152-155)

She added:

I think that the more I grow up, the more I mature, the more I am able to sit with helplessness in the therapy room, the more I am able to carry my helplessness and clients' helplessness and be able to manage that in the therapy room, helped me outside handle helplessness and be open to see and not be that fearful of being helpless. I mean it is the mindset or seeing how I didn't know it existed and how I would handle it in that therapy room, that encouraged me that outside I can know it is not the end of the world and even if I feel helpless it is ok. (155-160)

Thus, it seems like tolerating helplessness in the therapy room, helped Anna better tolerate helplessness in her personal life and perhaps not fear it as much. She talked about that different way of relating to helplessness that she employs in therapy saying:

I think my training and my practice and since I started studying and working, I realized that there is only so much you can do, you can accept staying somewhere, you can accept, it is very, it is something outside my scope, so I feel like I leave that behind. I do my best through supervision, through reading, I do my best to try to help but I don't take it personally as I am helpless, like I am helpless in life, I kind of leave it in the therapy room, wrap it and let go. (135-139)

Sara, expressed a similar positive impact of being a therapist on how she relates to helplessness saying:

Like when I am thinking about the situations that I have shared with you about my childhood and adulthood it is interesting now that there is a new perspective, like back then there was a link between feeling helpless and feeling guilty, like there was always something missing from my side, I think being a therapist and learning to empathize with wherever the client is like we were just saying, I think you learn to do that with yourself as well to accept your own limits to accept not being resourceful all the time, to accept

needing understanding and help and empathy yourself and how much they are important, so yes, I think it has made a lot of difference. (304-311)

Sara also drew a parallel between the therapeutic situation where she is alone with her feelings of helplessness and her prior life situations that engendered helplessness, she said:

I think I am starting to see some connections that I didn't notice before, but I think again like I was telling you it is highly related to, I think the scariest is when you are alone in the feeling, you think there is nothing you can do. But you don't have the validation or the, which I think is how I sometimes, this is very relatable when I say it this way, being in the therapy room, you are totally alone, the client has a lot of faith and a lot of hopes that you are the person who is supposed to be handling this (274-279)

She added:

So, I think they are related to what I was talking about when I was talking about feeling helpless when I am on my own in this feeling. I think there is a link about thinking or believing that there is always something you can do, which I strongly believed in as a child and it was, it took a lot of time to unlearn as a therapist and I think it is very challenging because, people come to you because they want you to help them and you want to help them but again there is a very clear limit to the amount of help you can give (281-287)

Thus, being a therapist helped Sara unlearn her past patterns of coping with helplessness by constantly believing that there is something for her to do and feeling guilty whenever she experiences helplessness. Sara added:

so I think that this is where the trusting the process helps in this area, I am not actually not doing something, I am doing something but in a different way, so I think it is the perspective of how you look at your role in this process. (292-295)

Sara demonstrated how instances of helplessness in her professional life have helped her become more accepting of helplessness saying:

I think, I think, it is not something, like I was just saying, it is not something that I am trying to fight or run away like I used, I think it is more about acceptance, asking for help, knowing your limits, being kind to yourself, being compassionate to your different states, actually when I said the word state, I think it makes sense, it is ok to have states where you feel helpless or not very resourceful it doesn't mean that you as a person are helpless. So just like what we talk to clients about all the time, like what you resist persists and the things we always say so I think just accepting something it takes its toll

and goes away, rather than always fighting and feeling guilty about what you're supposed or not supposed to be doing. (317-324)

Jessy also talked about therapeutic work normalizing helplessness saying:

One of the skills I teach the clients is that if you are stuck in one aspect you don't need to be stuck on all aspects of your life, so I say that to myself that not because that in your professional life you are stuck with this client does not mean that you are stuck with all the clients and also it does not mean that you have to be stuck in all the other aspects, so you could be working but also going out, eating out, working out, eating well and things like that. You are stuck with this client, but don't generalize. (298-303)

7.6.2. *Tools: therapeutic work providing the participant with tools to deal with personal helplessness.*

Rawan's therapy work seems to have equipped her with techniques -things to do- when she is feeling helpless in her day-to-day life, on talking about her relationship with her husband she said:

Whatever we are arguing about now, doesn't really mean anything in the bigger picture. Can we calm down, can we talk about it later. I would even, no matter how strong I feel about my opinion in the argument, sometimes, I would do opposite action. Yeah, I mean... if anything.... It has helped... I have used the techniques I have learnt, the techniques I used with my clients, in my personal life, and like I don't run away in the sessions, I don't run away in my personal life either anymore. (203-208)

She also said:

I think I used all the techniques I have learned and all the techniques I use with my clients in order to overcome my anger (198-199)

Jessy also said that she uses the skills she teaches her clients in order to tackle her own helplessness:

actually I would use the skills sometimes, I would use CBT, I would understand, validate the thought, I would search for the evidence and so on, I go through this all the time. (295-296)

7.6.3. Present day experiences of helplessness in one domain of life affecting the other.

Enji spoke of instances where feeling helpless in her personal life affects her client work, she said:

But things related to my kids hit me hard, those are things that make me, I mean, not motivated to work. (356-357)

Enji also talked about instances where experiencing helplessness in her work with clients affected her personal life, she said:

I would be more critical of myself. If anything else doesn't work, nope I am... of course I remember some days when clients are progressing, life is easier and I can look at things more optimistically. But when there are times, there are clients who are more difficult, I become more critical of myself and I am like ok, aha, someone got that grade... aha, I become more, more sensitive about failure. I cannot take it if something else fails, if I am helpless at work and one more thing is difficult or fails it becomes not easy (345-350)

Here it seems like Enji becomes self-critical when she feels helpless with clients, which, as noted in the third theme, seems to be a component of helplessness, this self-criticism seems to seep into her personal life, as she becomes more likely to criticize herself "if anything else fails."

Enji also said that because she has worked with students with whom she felt helpless because they could not achieve academically, she tends to react with helplessness when her kid struggles academically:

I think it's associated to my job as well. I think, oh she's gonna get that scenario of failing and not ever succeeding. She's going to follow the path of students I used to meet, and they never make it. Ah, she has very low IQ (172-174)

Maya also said that when she is feeling helpless she becomes demotivated and that this demotivation moves between her personal and professional lives:

But it is affecting the overall motivation. Not the quality of the one on one, I am not as motivated, because you feel like there is nothing that you can fix. No matter where it happens, I think even if it happens professionally, I think that sometimes I feel this way,

and so I can go for the rest of the day feeling demotivated because there is that case who is stuck in unfortunate circumstances. (246-250)

Jessy also talked about the negative impact that personal experiences of helplessness had on her professional work saying:

It affected, for sure, it affected it negatively when I was in the relationship when I was going through the eating disorder at this point, I stopped seeing clients because I felt drained, so helplessness actually hindered my professional career at this point (264-266)

7.6.4. *Similar instances: experiencing helplessness in professional situations that are similar to the situations that engendered personal helplessness.*

Yara talked about experiencing helplessness as a therapist in situations in which she felt helpless in her personal life, she said:

I think, I am better able to sit with clients and be with them and feel their helplessness in the areas in which I have worked on my own helplessness. I find it much easier for example to work in grief and bereavement because I accepted my helplessness in the face of death. Of course, not fully, there are depths and layers, but I have worked a good deal and a good amount on accepting that helplessness, and it goes back to acceptance I think. I don't feel as helpless at the moment, so I feel like when I sit with them and they are exploring their own helplessness and their own grief, there is more space, I could hold more space because there is more room inside of me. (265-272)

She added:

But when it comes, for example, to things like this idea of the mother sacrificing her life for her kids and her life stops because of something that happened in the marriage, yet the man moves on with his life. Something about this situation, in whatever form it takes regardless of the details, because inside me I am still not over that sinking feeling and that hollowness over the loss of potential in my mom's life, I feel very helpless in those situations with those clients. (272-277)

And again, she said:

for me the ones that resonates with my personal experience is more intense. It feels more intense and it is also more somatic, I feel it more in my body than the other ones (250-251)

7.6.5. *Similar strategies: the participant's personal strategy of coping with helplessness interfering with how helplessness is dealt with in professional work.*

Enji's manner of responding to helplessness inducing situations was to either emotionally detach from them or get an urge to give up. When asked about the connections between personal and professional instances of helplessness in her life, she said:

I think I am a pessimistic person, not pessimistic, I ... because of my... the way I had issues, the family divorce and...a... without confrontation, without any real addressing of the solution I got better. Somehow, I accept shit. I see shit in my life and I accept. I kind of think shit is ok. (285-287)

She added:

I think some people will not improve much; some people will not have happy marriages no matter what. I just think, I accept, darkness, I accept that some negative things will not improve. I think that is something in my life, that I feel is too much. I accept that it is totally fine for me to accept divorce, it's natural, I think a process that has to happen. (293-296)

And yet again she added:

What else, how has helplessness is affecting me in my therapy.... Ummm... because, I think I have, I am so at ease with whatever, negative thing that happens to me, sometimes I dissociate from my client's experience and I think why is this affecting me so much? (296-299)

And:

when people, I don't know, I think it is so easy for people to overcome things in a way that is so exaggerated. (302-303)

Enji appears to be saying that her manner of responding to helplessness has seeped into her therapy work. Enji theorizes that she might have learned to emotionally detach as a way to avoid helplessness, as a result of her family not really addressing her parents' divorce which she cited as one of the first times she experienced helplessness. And so, in her work with clients, Enji also finds herself "dissociating" from her client's experiences and wondering why she is affected, as well as expecting her clients to overcome things or dissociate from them in the same way she does.

Enji also talked about “accepting shit” which could be seen as another example of giving up, and here she talks about accepting that it is natural for her clients to divorce, which is interesting given that it was her parents’ divorce that left her feeling helpless as a child, and now she seems to be exhibiting the same helplessness when faced with the same issue with her clients.

Maya also discussed how she has “issues with helplessness” (236) she said:

I think I am angry I gave in at some points when I was younger, so I try my best not to give in now. And I think that this is becoming very problematic. Because I can see that I am helpless and I could see that there is nothing for me to do and I can see that there could be better options for me, but no, I will stay. It’s either we live together or die together (laughs). So, I think the giving in as a child, I really blame myself for it sometimes. (157-162)

Thus, because Maya “gave in” in her personal life when she felt helpless, she now tries to avoid giving in, which according to her is becoming problematic. Maya gives an example of that when she talks about her work with clients:

when you know the client is helpless and it is a situation worthy of helplessness and actually there is really nothing that we can do. Once again it is admitting that yes, that’s they can’t fix it themselves and you can’t fix it for them and you can’t even show how to fix it, so we are all going to sit here and feel bad for ourselves, I just can’t handle that. (207-210)

She also talked about the aforementioned client, who kept talking about an area of his life that they had both agreed cannot be changed, she said that supervision helped her realize that:

the more you hear the story the more you remember that you can’t help him. So it is about me, it is making me feel incompetent or it is making me feel whatever, angry frustrated, helpless, so you are projecting on to the client. So, this is a situation that I remember. I remembered it when I read your topic. My anger is taken out on them, I don’t want them to talk about it. (222-226)

Maya discussed the connection between her personal relationship with helplessness and her professional work saying:

I have been trying to do some work on acceptance as well, and I think the more I work on acceptance of difficult situations, the better I become at helping the client accept it. I think my own issues with helplessness of course, are getting in the way. So, I try to do that. (234-237)

Finally, as mentioned before, Maya seems to respond to helplessness through attempting to better understand and make sense out of situations in order to remove uncertainty. She discusses the interplay between her personal and professional manner of coping with helplessness saying:

it is like, is it the chicken or the egg, is it my job making me feel it, is it my personal life making me want to take it out on work. And there is that need to make it better. There is that need to help people understand everything. Like, if I am sitting with a friend and talking to her about something, there is a need to help her understand that something is going on, that her boyfriend is gaslighting her, or she doesn't know that this is anxiety. And there is that need to educate people (Laughs) and make things better for them and I don't know if that is because of my work or because of personal life but it is there. (257-263)

Accordingly, it seems like Maya's attempts to cope with helplessness by refusing to accept it and getting angry when there is nothing she could do, has made its way into her client work. Maya also seems to be struggling to determine whether it is her tendency to try to understand as a way of coping with helplessness in her personal life that has seeped into her client work and causes her to always want to help people understand, or whether it is her personal tendency to try to help people that got her to become a therapist.

For his part, Nagi said that the way he coped with helplessness in the past and in the present is the same, he said:

Maybe the way I coped or reacted to it, or I processed when I was young for example more or less is the same way as I am doing right now maybe with more tuning, maybe with more experience, maybe knowing when to do it. (194-197)

On describing his way of dealing with helplessness he said:

But I think it is the same mechanics if we can call it this way, more or less. Definitely that I do other things, like focusing more on the parts of me that I do know, maybe not indulging in the parts that I don't know maybe this also helps. But I think it is more or less the same thing I usually used since I was a child. (198-201)

On talking about the value of his personal coping strategy to his client work, he said:

and maybe having this practical approach within myself, the way I cope helps me not only be compassionate and empathetic but also being practical with them and I think maybe this is part maybe about the feedback that I receive from them. (234-236)

Nagi gave an example of his practical manner of coping with helplessness, with his clients saying:

So, there is something I usually do with myself and even with my clients I always translate my fears into desires. And if I am afraid of being helpless so what do I desire out of it, what do I want out of it. I can translate this fear into a desire. I want to do something; I want to know something. This is what I start acting upon. (214-217)

7.6.6. *Choice of profession: the participants' choice to become a therapist as a way of coping with personal helplessness.*

As noted before, when asked what helped her overcome her helplessness during her adolescence Yara said that it was her choice to become a therapist. At the end of the interview, she said:

I think it really surprised me when you asked me how I mitigated that as a child and adolescent and immediately I told you, I chose to be a counselor. I don't think I stopped to think. It feels like it came out of me from a place that is genuine, so I was really taken aback by that. (422-425)

Yara also discussed how she wanted to become a therapist to help clients who are experiencing the same helplessness she did:

I didn't want other people to feel helpless and this is why I was interested in working with adolescents because when I was an adolescent I didn't have that so I wanted to help other people not feel the same things I was feeling and feeling unheard and misunderstood and all that stuff. (376-379)

Yara discussed that further when she talked about making the realization that she used to play the role of the "savior" (335) in her relationships, she said:

I always played the role of the savior all the time, and trying to save the people around me and not just my mom, also my friends, so I was always the person that friend, as an adolescent who everyone was going to for advice and I will solve your problem for you and stuff, and that was my way of taking control and feeling alright, I am helpless in my personal life so let me experience control in controlling other people or helping other people. (335-339)

So, it also seems that for Yara, helping others, was a way of feeling in control at times when she felt helpless. Yara then added that gaining the awareness of that helped her in her work with clients she said:

because it is so damaging if I am in this profession because I want to do this with the clients, if I am sitting with the clients because I want to ignore my own sense of helplessness and get that control from helping the client, it is so damaging, I am not being there for the client, I am using them for something that is mine. (340-344)

After making that realization, Yara stopped being the savior both in her personal and professional life, the connection between the two is evident in her statement:

So, I think in my profession and coming to this awareness and taking off that role of the savior, it's not my role to save anyone, I am just here, I am being present and all of these things, that are essential parts of therapy, it frees me from that role outside, but I think it goes both ways because I have to take it outside as well to be able to sit with clients. Yeah, I think I had to take it off first. (344-348)

Maya talked about how her choice to study psychology was the first choice she ever made on her own, without being forced by her parents. This was the first time she did not feel helpless regarding a choice, she said:

And I maintained my scholarship throughout just because I wanted to be a psychologist, so I don't know if this is relevant, but I think it must be, because it is the first decision I made on my own and I stuck to it regardless of their opinion and their desire to have me do something else (81-84)

Maya attempted to explain her choice to become a therapist by talking about how she considered a different career path as a way to cope in a different situation; on talking about a family member being ill and having to go to doctors she said:

She would feel very bad and there would be a year when we would spend a year going from one doctor to another and feeling so helpless. And again this reminds me of your thesis, because as I go from one doctor to another, sometimes I swear, I start thinking, wouldn't it have been better for me to have gone into medicine (laughs), so there is that, all the time you are bargaining, what had to happen, or what could I have done for things to get better. (135-140)

So, Maya hoped that if she went into medicine, she would be better able to tackle the situation and make things better. Accordingly, it seems like Maya views her desire to become a therapist -much like the desire to become a doctor- as her way of bargaining with helplessness. Becoming a therapist was Maya's way of trying to get herself to a position where she could make things better, potentially regarding her struggle with her parents and the anger that resulted from having given in as a child.

7.6.7. Experiencing personal helplessness increasing empathy for clients who are suffering in a similar manner.

Another area of connection between personal and professional helplessness, according to Rawan was that she feels more empathy for clients who are going through situations like the ones that engendered her helplessness, she said:

I catch myself, I catch myself feeling more than empathy with like, girls who talk about their mom who hasn't been treating them.... Or girls and boys who have fragile relationships with their parents because of parents who are immature and destructive. And a... so yeah, I catch myself feeling more attached to these types of clients. (215-218)

On talking about the connections between personal and professional instances of helplessness, Nagi said that having experienced helplessness in his personal life has a positive effect on his work with clients:

it makes me, first of all more understanding when someone says that they feel helpless, I can relate, even if it doesn't feel the same way for me, but I can relate to this element in their experience, it makes me more empathetic more compassionate towards them. (231-234)

Thus, personal instances of helplessness make Nagi more understanding which in turn increases his empathy.

Jessy also talked about her own experiences of helplessness making her more empathetic in her professional life saying:

Sometimes it helps me in a positive way actually, sometimes when I see clients who are, for example, who was actually in a toxic relationship it helps me understand how they are feeling, it helps me build empathy more, it helps me understand. (232-234)

Jessy also talked about her own experience of struggling with eating problems both shaping her interest in eating disorders and also helping her empathize with clients' suffering:

I had some sort of an eating disorder myself that is why I was actually, that is why I was interested in eating disorders in the first place. (239-240)

When asked about her work with ED clients she said:

I have an emotional, I connect very much, like I understand what they say, I understand how helpless they feel, I understand how they want to get better but they can't get better so they feel very helpless, I understand because I have been there, so it helps me have empathy like I told you, I understand what you went through, and don't worry, I studied this so I think I may be able to help you because it gets better. (255-259)

So, it seems like "understanding" helps Jessy not only empathize but also experience less helplessness, as there is less uncertainty, Jessy knows it can get better and she knows how they are feeling.

Overview of the Findings

A desire to change an unpleasant situation, to fix, to help or even to understand, clashes with the participants' perception that they are unable or uncertain as to how to do so. This, for the participants was accompanied by an experience of doubting oneself, which manifests as feeling like one is incompetent, powerless, weak, or not resourceful. These seem to be the building blocks of the experience of helplessness for the participants.

Other feeling states and emotional experiences tend to accompany helplessness. Frustration, anxiety, anger, grief, and loneliness were the most widely cited accompanying emotional experiences. Meanwhile, helplessness also seems to come about as a result of

experiencing another emotion, as in the aforementioned situation where helplessness was experienced as a result of not knowing what to do with the sadness/grief following a loss. Moreover, other emotions, like anger or anxiety, seem to come about as a reaction to experiencing helplessness.

The participants perceived helplessness as an aversive and at times even feared experience. And they tended to employ various strategies to try to avoid it. These strategies ranged from: giving up, planning, dissociating, leaving the unpleasant situation, trying to understand, and even becoming a therapist. Participants also cited “doing something” as a manner of coping with helplessness, whereby they focused on what they could control and tried to control that, even if what they control is not directly related to or does not alter the cause of their helplessness.

Finally, the interplay/connection between personal and professional helplessness was evidenced in various ways. To start with, the themes (themes 1-5) that characterize the experience of helplessness were present both in the participants’ personal and professional lives. Thus, these same themes/building blocks make up both the participants’ personal and their professional experience of helplessness. Moreover, participants identified many connections between personal and professional helplessness. For some, their personal experiences of helplessness made them more empathetic towards clients who suffer similar situations, while others tended to experience helplessness when they are working with those undergoing the same situations that engendered their personal helplessness. Participants also stated that their professional experiences of helplessness made them more tolerant/accepting of helplessness both in their personal and professional lives. Moreover, participants said that personal experiences of helplessness tended to make them less motivated to work with clients, that professional

experiences of helplessness tended to make them more sensitive to helplessness in their personal lives, and that they often used tools and techniques they learned as therapists to deal with their personal helplessness. And finally, participants also noted that the manner by which they cope with/respond to helplessness is similar both in their personal and professional lives.

8. Discussion

As noted in the literature review section, there is a vast body of research that is concerned with helplessness, however, very few articles are concerned with helplessness as it relates to therapists, and none seem to have endeavored to consider the connection between personal and professional helplessness. This section links some of the most relevant research efforts in the existing literature to the results listed under the findings section of this study.

8.1. The Experience of Helplessness

8.1.1. Inability, uncertainty, and self-doubt/incompetence.

The first three themes identified in this study paint a picture of helplessness as occurring when the participants experience a desire to change a situation (or even an emotion) that they perceive as unpleasant and are faced with either their own inability or uncertainty. This results in self-doubt which is manifested as a perception of oneself as being incompetent, weak, or not resourceful. As noted under the findings section, the participants seem to hold a view of the situations they find themselves in as changeable, knowable, or potentially controllable. They experience themselves, however, as being unable to change the situations, or not possessing the knowledge that would enable them to do so. This is further evidenced by the sense of responsibility that is noted under the superordinate-theme “self-doubt,” as well as the guilt that the participants seem to experience.

The participants doubt themselves and their abilities because of a belief that they should have been able to better tackle the situation, and in some cases a perception that other people are indeed able to tackle similar situations. The self-doubt also seems to be exacerbated when the participants receive negative feedback from others or when they perceive their clients’ lack of progress as resulting from their own failure to help.

This portrait is in line with the construct referred to as: personal helplessness (Abramson et. al, 1978; Valas, 2001). As noted in the literature review section one of the criticisms levied against Learned Helplessness (LH) theory is that it did not make distinctions between personal and universal helplessness (Nuvvula, 2016). The theory in its original form accurately predicted LH in animals but did not seem to make accurate predictions when it comes to humans (Song & Vilares, 2021; Buchwald et al, 1978). Thus, Abramson et. al (1978) modified the theory to include elements unique to human beings such as cognitions/explanatory styles. Accordingly, individuals who make internal attributions when they are unable to succeed at a challenging task, are more likely to experience helplessness. These individuals attribute their failure to personal reasons, such as lack of ability, rather than to external reasons, such as the difficulty of the situation (Meece et. al, 2006). They also tend to assume that other people would be able to tackle the challenging tasks without difficulty. Skinner (1996) distinguished between personal and universal helplessness saying:

Universal helplessness refers to the belief that no connection exists between any individual's responses and a desired outcome, whereas *personal helplessness* refers to the belief that although a connection exists between responses and outcomes for others, no such connection exists for the responses in one's own repertoire. (p.559)

Thus, it seems that the therapists participating in this study experience personal rather than universal helplessness. Which is in line with the sense of responsibility and guilt they seem to encounter as part of their experience of helplessness both in their personal and their professional lives. It is also worth noting that self-doubt and perceived incompetence have been widely observed in research studies concerned with therapists (Mahoney, 1991; Davis et. al, 1987; Orlinsky & Howard, 1977; Thériault, & Gazzola, 2006). It has been noted that self-doubt and an experience of oneself as being incompetent contribute to therapists' burnout as well as

negatively affect the therapeutic relationship and even lead some therapists to decide to prematurely change careers (Orlinsky, Howard & Hill, 1975; Farber & Heifetz, 1982). Moreover, researchers observed perceptions of incompetence and self-doubt regardless of the therapists' experience level or actual performance. Thus, even experienced therapists and therapists who are objectively performing well seem to have these doubts (Orlinsky & Howard, 1977; Thériault, & Gazzola, 2006; Orlinsky et al., 1999).

8.1.2. Uncertainty.

In this study, 7 out of the 8 participants expressed a sense of uncertainty as a component of their experience of helplessness. This uncertainty was often conveyed by the statement “I don't know.” Participants did not perceive themselves as having the needed knowledge/structure/certainty to carry out their desires and change the aversive situations they found themselves in. This experience was present both in their personal and professional lives, with participants stating that they do not know how to help family members, clients, and even themselves when they encounter aversive situations and emotions. The uncertainty also contributed to the participants' experience of inability (superordinate theme 1) with participants experiencing themselves as unable to act because they do not know how to.

Uncertainty has been identified as one of the common experiences for therapists when it comes to their clinical work; which contributes to burnout (Neumann & Gamble, 1995; Thériault & Gazzola, 2010). Moreover, uncertainty was identified as a contributor/component of the experience of helplessness, in research on patients and families encountering chronic and life-threatening illnesses (Reibel & Hutti, 2020; Wong et. al. 2017). Additionally, Kofta and Sedek (1999) highlighted how the LH literature seems to foreground “controllability” rather than

uncertainty. That is to say, that in LH research, it is assumed that it is the fact that participants experience uncontrollable events that contributes to their experience of helplessness. Indeed, in the current study, “control” and “not having control” were evident and cited by participants under the first three superordinate themes.

However, Kofta and Sedek (1999) noted that according to the “information-processing model of helplessness” (p.578) consistent exposure to uncertainty is what plays a part in the subsequent experience of helplessness. This theory posits that people attempt to problem solve regardless of whether the situation is controllable or not. However, in uncontrollable situations, if the person erroneously assumes that the situation could be controlled, their efforts to alter the situation will only increase their sense of uncertainty as to how to do so (Kofta, 1993; Sedek & Kofta, 1990; Kofta & Sedek, 1989). This, according to Kofta and Sedek (1999) is what ultimately leads to helplessness, they say: “a lasting erroneous assumption of events' controllability fuels unsuccessful problem- solving attempts, that maintain unreducible uncertainty and lead to subsequent helplessness symptoms” (p.588).

Thus, Kofta and Sedek (1999) noted that uncertainty mediates the effects of exposure to uncontrollable events on the subsequent experience of helplessness. They further explain this saying that under controllable circumstances, when a person invests effort in problem solving, their efforts lead to a reduction in their level of uncertainty as they slowly inch their way towards a correct solution (or course of action) by excluding the wrong solutions. However, when the situation is uncontrollable, and the person assumes that they are capable of controlling it, their efforts result in an increase rather than a decrease in their level of uncertainty.

According to their research (Kofta & Sedek, 1999; Kofta, 1993; Sedek & Kofta, 1990; Kofta & Sedek, 1989) it is then that helplessness is likely to ensue. That is to say, that the mere

exposure to uncontrollable events is not what eventually triggers the sense of helplessness. Instead, helplessness would only ensue when the person makes the assumption that the uncontrollable situation could be controlled, and then their problem-solving attempts engender more uncertainty. The exposure to this uncertainty is what eventually leads to helplessness.

Their conclusions were backed by other researchers who informed their participants that the problem they are being presented with is not easily solved (it is not controllable) and noted that learned helplessness did not ensue despite the fact that the participants were exposed to an uncontrollable situation (Harris & Tryon, 1983; Douglas & Ansiman, 1975; Sedek, 1982). It is proposed that this is because the participants did not assume that they can control the outcome, which meant that they did not experience uncertainty and thus did not feel helpless (Kofta & Sedek, 1999).

This conceptualization is in line with the findings of this study. While control was mentioned by the participants, it was the experience of uncertainty that emerged as a theme, which matches with these author's assertion that it is the inability (theme 1) to reduce uncertainty (theme 2) that seems to fuel helplessness.

8.1.3. Emotions and helplessness.

In this study, when participants were asked about the emotions that accompanied their experiences of helplessness, they cited a few distinct emotions. To start with, participants noted that anxiety/fear/panic as well as feelings of sadness, grief, or loneliness seem to accompany helplessness. Indeed, it appears that at times, participants experienced helplessness as a reaction to experiencing these other emotions. That is to say, that they experienced helplessness as a result of having felt lonely, grieved, or experienced anxiety. In these instances, the participants would like the aversive emotional experience to stop but are either unable or uncertain as to how

to do so. On the other hand, anger was identified as resulting from the participants' experiencing helplessness. In such cases, the participant would feel angry because they are or have been helpless. This anger would be either directed at the self for having given up, or at others. And finally, frustration seemed to be a consistent companion to helplessness.

The interplay between helplessness and other emotional/feeling states is not widely explored in the literature. Frijda et al. (1989) stated that helplessness is a state of action readiness that often accompanies other feeling states. In this state the person is ready for change to occur but does not perceive change as likely. Meanwhile, Mikulincer (1988) said that when people experience a small number of failures they react with frustration and tend to try harder to resolve the problem at which they have failed. However, when they experience numerous failures, they tend to react with helplessness. This presents a view of frustration as a steppingstone to helplessness, with higher levels of frustration giving way to helplessness. On the other hand, the helplessness/hopelessness theory of depression (Alloy, Kelly, Mineka, & Clements, 1990; Swendsen, 1998) posits that helplessness leads to anxiety when someone realizes that they do not have control in a particular situation.

That being said, the connection between helplessness and other emotional states, appears to be an area that is under-researched and worthy of attention from future researchers, especially when it comes to exploring the links between helplessness and frustration, anger, anxiety, grief/sadness, and loneliness.

8.1.4. Response to helplessness.

The participants experienced helplessness as aversive and employed a wide range of strategies as a response to helplessness. Each participant often made use of more than one strategy on dealing with helplessness. The following strategies were used:

- 1- Giving up/giving in/Demotivation.
- 2- Coping through avoidance/dissociation.
- 3- Coping preemptively through planning.
- 4- Coping through doing.
- 5- Coping through attempting to understand/learn/know more.

To start with, the participants mentioned “doing” as a way of responding to helplessness. Participants using this strategy engaged in certain actions aimed at controlling what they could control, for example a participant going through a divorce, over which she feels helpless, chose to control her eating as well as workout to give herself a sense of control. She also scheduled her days meticulously so that she would know what she would be doing at all times. Meanwhile, a participant who is feeling helpless regarding whether they would make a good parent decided to start a savings account for their unborn child. The participants were aware that their actions, -the “doing-” were not directly resolving the situation that is engendering the helplessness, however, they were doing what they could. So even though controlling what she eats and working out did not resolve her marital issues, the participant continued to engage in these efforts. This makes sense in light of the previous discussion, given that both inability and uncertainty seem to be components of helplessness. By “doing” participants seem to be showing themselves that they are indeed still able to take action, still in control. It also seems to introduce a sense of certainty as in the case of scheduling the day ahead of time.

Along the same lines, planning and attempting to gain knowledge/understand seem to be strategies aimed at increasing certainty. When the participants plan ahead so as to avoid getting to a point where they feel helpless, they increase their certainty about how they ought to act and what they ought to expect. And when participants working with a certain client with whom they

experience helplessness, decide to deal with that by learning a new approach, they once again seem to be attempting to increase their certainty and their ability to act, by increasing their knowledge, effectively turning the “I don’t know what to do,” into “I know something that is likely to help.” A similar coping strategy was noted by Milberg and Strang (2011) who found that family members of palliative care patients experienced lower levels of helplessness when they learned more and received more knowledge about their relative’s condition as well as when they were allowed to take action to assist their relatives.

Thus, it seems like these strategies operate to increase certainty and/or a belief in one’s ability, thereby reducing the perception of incompetence or self-doubt. The exceptions here, would be “giving up” and dissociation/emotional detachment. These strategies serve to shield the person from putting in further effort and experiencing further helplessness. Thus, the person either gives up, experiences the desire to give up, or emotionally detaches. This helps the participants evade the awareness of their own helplessness, effectively ceasing all efforts to allay the situation.

Giving up is intimately connected with helplessness. Indeed, the literature on LH identifies helplessness to have occurred when, after experiencing repeated failures, the person or animal, is placed in a situation in which their efforts might in fact lead to resolution/successful escape, and yet the person does not act or attempt to escape (Seligman & Maier, 1967; Overmier & Seligman, 1967; Shors et. al, 2007). The person has effectively given up. Giving up is also used to refer to the phenomenon of demoralization detailed under the literature review section of this study (Frank, 1968). This phenomenon includes a perception of incompetence, anxiety, and helplessness, amongst other experiences that ultimately lead to demoralization. The connection between this phenomenon and the experience of this study’s participants is evident, and this

phenomenon is referred to as the “giving up complex” (Tang et al., 2015, p. 634; Engel, 1967) given that those experiencing demoralization come across as having given up. And perhaps, emotionally detaching/dissociation is part of that experience of giving up.

Along the same lines Fikretoglu et al. (2007) noted that detaching/dissociation is a common response to stressful situations and that it is associated with both helplessness and panic. Meanwhile, Skinner (1996) noted that appraisals of control determine how an individual copes/reacts to threatening situations. If the person believes that they are likely to have control, they employ more active strategies like planning, seeking information, and taking action (Skinner, 1996; Compas et al, 1991). Meanwhile, if they expect that they are not very likely to have control, they react in more passive ways such as escaping or becoming pessimistic (Skinner, 1996; Skinner & Wellborn, 1994). The two types of strategies seem to have been employed by the participants, which might be seen as reflecting the varying degrees of control they perceive themselves as having in the situations they discussed.

8.2. Personal V.S. Professional Helplessness

The therapists interviewed in this study seemed to experience helplessness in the same way in both their personal and professional lives. That is to say that the first five superordinate themes discussed above were evident in both domains. The texture of the experience of helplessness seemed to be interwoven with inability, uncertainty, self-doubt/incompetence, as well as a myriad of accompanying emotions, thoughts and actions. The difference between the two domains stemmed, in some instances, from the type of situation that engendered helplessness (although, as discussed below, at times the situations that engendered helplessness resonated across domains).

In their personal lives, participants experienced helplessness in a variety of situations. In their childhoods they experienced it when parents divorced, when they changed schools and when they did not achieve academically. In their adolescence they experienced it when they did not fit in with friend groups and when they had arguments with parents and romantic partners. And in adulthood, they experienced it when they became parents, were attempting to become parents, and because of work related issues. Participants also experienced helplessness when they encountered or anticipated the death of someone they loved, and when they or loved ones experienced illness or mental health struggles. As a whole, it seems like helplessness resulted when the participants encountered situations that brought them face to face with uncertainty, inability and self-doubt/incompetence.

On the other hand, when it comes to their professional lives, participants experienced helplessness while working with a variety of clients. The following is a summary of the main categories of client situations that triggered said helplessness. Examples of these situations are cited in detail under the “findings” section.

- 1- Working with clients who do not improve for extended periods of time leading to heightened uncertainty in the therapist as to whether therapy is helping.
- 2- Working with clients who do not offer feedback to their therapists.
- 3- Working with clients who do not accept their therapists’ suggestions and refuse to engage with suggested interventions or offered techniques.
- 4- Working with clients whose life situations are too overwhelming to the extent that the therapist’s efforts are offset by the environment.
- 5- Working with clients who frequently improve and then deteriorate.
- 6- Working with clients who require training/knowledge that the therapist does not have.

- 7- Working with clients who frequently reiterate problems that the therapist feels helpless to solve.
- 8- Working with clients who experience helplessness in a situation similar to a situation that the therapist currently feels helpless towards.
- 9- Working with clients while the therapist is currently experiencing helplessness in their personal life.

The last 2 items are discussed in the section below, meanwhile, looking at the first 7 items and the manner they are distributed under the superordinate themes listed above, it becomes clear that participants experience helplessness in their clinical work when they encounter clients or situations that trigger a sense of uncertainty and/or inability in them and/or that make them doubt their competence.

Some participants facing these situations tended to doubt their competence, while others doubted the effectiveness of therapy, and yet others labelled their clients as resistant and experienced anger towards them. Such reactions are well-documented in the literature (Hoffer & Buie, 2016; Davis & Hollon, 1999; Richards, 2000; Farber, 1994). And as mentioned before, increased levels of helplessness in therapists might lead to decisions to change careers.

It is also worthy of noting that, as discussed under the literature review section, the existing literature on helplessness in therapists gives the impression that helplessness is experienced when therapists work with certain client groups, whose problems are more threatening or helplessness-inducing. Amongst the client groups listed are domestic abuse clients (Watson, Carthy & Becker, 2017), clients who struggle with addictions (Vannicelli, 2001), those with terminal illnesses (Farber, 1994) and suicidal clients (Richards, 2000). However, as noted above there is more nuance to this experience. This means that, not every therapist who works

with a client who is experiencing one of these problems will feel helpless. Helplessness ensues when the therapist expects to be able to resolve the client's problem and subsequently experiences repeated failures which engender a sense of inability, uncertainty, and incompetence.

This is evidenced by the participants' accounts where a therapist who is used to working with a certain type of problem (for example domestic abuse victims) would single out a particular client who is engendering helplessness in them. So, it becomes clear that it is not necessarily the type of problem that the client brings to therapy that is causing the helplessness but rather it is that helplessness ensues when the therapist expects to resolve the client's problem and experiences uncertainty as to why the client is not making consistent progress. This is not to say that some situations are not more likely to induce helplessness. It seems intuitive that working with a suicidal client will be more likely to induce helplessness in a therapist. However, it is important to note that when helplessness is induced, inability, uncertainty and incompetence seem to play a part.

8.3.Connection Between the Domains

The main question this study aims to answer is concerned with how therapists experience the connection between personal and professional helplessness. The sixth superordinate theme identified in this study, details the participants' answers to this question. This question has not been explored in the existing literature; hence, the following discussion is primarily based in this study's results with occasional references to potentially related existing research. The first area of connection between personal and professional helplessness, as mentioned before, is that the first five themes characterize the experience of helplessness in both the participants' personal and professional lives. The following are the other areas of connection identified by the participants.

8.3.1. Impact of personal helplessness on professional work.

To start with, participants stated that having experienced helplessness in their personal lives tends to increase their empathy for those who are experiencing similar suffering. An example of that is a participant who has struggled with eating problems and currently works with clients who struggle with eating disorders. She stated that while working with them, she feels more empathy, that is because she understands what they are going through, and also knows that it could get better, because it did get better for her. Thus, it appears that participants have more certainty, when they understand their client's suffering, this, in turn, seems to decrease their sense of helplessness even while working with challenging problems. This seems to be in line with the notion of the wounded healer (Henry, 1966; Jung, 1961; Farber et. al, 2005) that presumes that therapists experience more empathy because they themselves have gone through painful situations.

A contradictory experience, however, is subtheme 7.6.4 in which participants stated that they experience more helplessness while working with clients who are struggling with situations that have rendered them (the therapists) helpless in their personal lives. While these findings might seem conflicting, the accounts detailed under this subtheme shed more light on this seeming contradiction, as it becomes evident that participants do not experience helplessness when working with clients who present them with issues that they have personally overcome their helplessness towards. However, when clients present them with issues/situations that they are still experiencing helplessness towards in their personal lives, they experience helplessness in their sessions. Thus, the participants feel helpless in their client work when the client discusses issues/situations that echo those the participants have experienced and have not overcome their helplessness towards. Meanwhile, when the therapist has overcome their own personal-life helplessness when it comes to a particular issue, they do not experience helplessness when

clients bring up similar situations. On the contrary, they experience a sense of empathy for the client.

This might be explainable if we were to look at the role that uncertainty and inability play. When a therapist has not yet resolved their helplessness towards a certain issue, they are less likely to have certainty or feel able and competent enough to help their client, thus, they are more likely to feel helpless. This distinction is important to keep in mind, for it seems like, as therapists, we must first tackle our own helplessness to be able to support our clients through theirs.

The role of prior experiences of helplessness when it comes to empathy is also worthy of highlighting. While the participants do work and empathize with a wide variety of clients, it seems that prior experiences of helplessness tend to engender more empathy for those going through similar experiences. This could be explained if we were to consider Carl Rogers' (1980) definition of empathy as: "the therapist's sensitive ability and willingness to understand the client's thoughts, feelings, and struggles from the client's point of view. [It is] this ability to see completely through the client's eyes, to adopt his frame of reference" (p. 85)

Here Rogers identifies the "willingness to understand" as a component of empathy. Meanwhile, Egan (2009) defined empathy as the therapists' commitment to work towards understanding the client's point of view, their commitment to understanding the client within the context in which he lives and to understanding any differences between the client's view and the reality of his life.

In both definitions, 'understanding' seems to be central to empathy. And as noted above, it seems that having experienced and overcome helplessness in a certain domain or situation

before, provides therapists with the understanding and certainty about said situations and about how someone undergoing these situations might feel. It stands to reason that this understanding would facilitate empathy.

Another area in which personal helplessness affects professional work is when participants are feeling helpless in their personal lives and that causes them to become demotivated to work with their clients. Participants have noted that they had, at times, lost their motivation to work with clients and at times taken time off from client work as they dealt with personal instances of helplessness. This might be explained by the type of helplessness that the participants seem to experience. The participants experience personal rather than universal helplessness; this is a brand of helplessness in which the individual questions their own abilities and assumes that their failure to resolve a situation is because of personal deficits rather than situational factors that are beyond anyone's control. Thus, it stands to reason that if someone views themselves as personally unable and unskilled in one domain of life, this sense might seep into other domains. This is in line with the predications of LH theory that stipulates that helplessness tends to generalize into other areas of the person's life (Abramson et al., 1978).

Yet another area of connection between personal and professional helplessness is the manner by which participants respond to helplessness. The person's manner of responding to or coping with helplessness in their personal lives, appears to make its way into professional work. Therapists react to their professional helplessness in the same way they react to their personal helplessness: those who get angry when they feel helpless in their personal lives, tended to experience anger whenever they were confronted with their inability to help a client and the subsequent helplessness. An example of this is a participant who said that she noticed herself

getting angry at her clients whenever they talk about an issue that she feels helpless towards and that they both agreed cannot be resolved.

By the same token, therapists who reacted to helplessness by attempting to gather more information to reduce their uncertainty in their personal lives, tended to react to professional helplessness by seeking more information or training. Those who wished to translate their helplessness into actions through “doing” tended to advise their clients to do the same, and those who dissociated or gave up in their personal lives, tended to experience dissociation and an urge to give up when they feel helpless while working with clients.

Along similar lines, Ronnestad and Skovholt (2003) interviewed 100 therapists with varying levels of professional experience, and they noted that difficult personal experiences had an effect on several areas related to professional practice, amongst which is coping. They said:

These experiences were seen as influencing professional life and functioning in various ways, such as selection of work role and theoretical orientation, therapeutic style and focus, attitude toward colleagues, experienced hardships, and ways of coping in practice. (p.34)

This, evidently, has implications for therapeutic work, since some of these coping behaviors could have an impact on the therapeutic relationship and on the outcome of therapy.

8.3.2. Impact of professional helplessness on personal helplessness.

The participants noted that encountering helplessness in their client work has improved their relationship with helplessness. Professional helplessness seemed to have normalized helplessness for the participants, it made them more tolerant of it, and more accepting. The therapists noted that they have become more aware of the limits of what they could and could not control and now realize that they cannot resolve their clients' every issue and that feeling

helpless, at times, is normal. They also noted that therapy helps clients even when the therapists themselves do not know that it is helping and that it is important to trust the process.

This newfound acceptance of helplessness found its way into their personal lives making it more ok for them to feel helpless and to even ask for help in their day-to-day life. They noted that to be a therapist one must have patience and allow for helplessness and that they do not deceive their clients when they preach acceptance, so they eventually come to practice it. They also noted that becoming a therapist means being more accepting of uncertainty, courtesy of the fact that they start every session not fully knowing what will happen, which makes them more accepting of uncertainty in their day-to-day life, given that it has been normalized. Along the same lines, the participants stated that they do use some of the skills they teach their clients in their own day to day lives when they are feeling helpless.

Thus, it seems that within the context of therapy, the therapists themselves come to understand that helplessness is normal. They observe their clients as they struggle with helplessness, they are told by their supervisors that there are limits to what they could do, and to trust the process, and through their readings and trainings they equip themselves with tools that could help them and their clients tackle helplessness. So, not only do they come to understand and know more about helplessness, but they also become equipped with ‘things to do’ to enable them to deal with difficult situations. Moreover, they are consistently reminded that uncertainty is part of the therapy process which gives them a chance to accept and tolerate uncertainty and helplessness within the safety of the therapeutic context and with the help of supervisors and colleagues. And finally, they also receive consistent reminders that there is only so much they could do for their clients. Thus, they are less likely to feel incompetent, doubt their abilities, or react negatively to uncertainty. It seems that the therapeutic context itself comes to serve as a

training ground that enables therapists to better relate to their helplessness both in therapy and in their personal lives.

Conversely, the therapists in this study also noted that when they are feeling helpless with their clients, at times, they do feel sensitive to “failure” in their day-to-day life and become more likely to feel helpless if anything else does not go to plan. And that having felt helpless when working with a particular client’s problems makes them react with helplessness when the problem occurs in their personal lives, as they anticipate the same negative outcome. That being said, professional instances of helplessness seem to have an overall positive impact on how therapists relate to helplessness in their day-to-day life.

8.3.3. Helplessness and the decision to become a therapist.

In a survey of over 3000 mental health professionals, Orlinsky and Ronnestad (2005) inquired as to what extent do the respondents believe that their career development has been influenced by a desire to resolve and further explore personal problems. 48% of the respondents said “much” and “very much” and only 16% said that personal problems played no role.

In the current study, the participants also identified becoming a therapist in itself as a way of coping with personal helplessness. According to the participants and considering the previous discussion, it seems that becoming a therapist, offered some participants a chance to gain mastery over helplessness. This is because it provided them with an opportunity to better understand themselves, others, and the situations that engendered their helplessness. Moreover, participants came to know more about helplessness itself, and view it as a normal component of life, which goes to combat the uncertainty component of helplessness.

Along these lines it has been theorized that those who eventually choose to become therapists tend to make sense out of their own life experiences in ways that are different from

others (Fussel, 1990; Farber et. al, 2005). Farber et al. (2005) said: “this is the notion of therapists as “sensitizers”—of their holding onto and trying to make sense of their experiences in ways that distinguish them from those who tend to minimize or repress these same experiences” (p.1013). In a similar vein, Henry et al (1973) noted that their psychologist participants were motivated by a desire to make sense of and understand others. These participants stated that a desire to understand others was the primary component of their decision to choose a career as a therapist. Along these lines, Farber et. al. (2005) said:

unless the mental health field is perceived as offering a means to understand oneself and others further, or, alternatively, seen as providing opportunities to work in ways that feel personally meaningful and consonant with one’s sense of self, other occupations may seem to be more viable options. (p. 1017).

Moreover, the therapists are provided with tools and techniques to tackle helplessness, which might go to reduce the inability and incompetence components of helplessness and imbue them with a sense of mastery. However, under subtheme 7.6.6. participants explore related experiences and directly caution against using one’s own therapeutic work to resolve personal helplessness. They discuss how playing the role of the savior in their personal lives gave some an opportunity to experience a sense of personal control that counterbalanced the helplessness that they felt, and how it would be very damaging to clients if they had continued to do so, given that they would be using their clients to give themselves a sense of mastery as if to say: “yes, I am helpless in my own life, but at least I can do something, at least I am helping this person. Maybe I am not completely helpless after all.”

This is reminiscent of the previous discussion on how participants tended to use “doing” in response to helplessness. When using this strategy participants attempted to gain control of

any area of their life, even if it is not directly related to the source of their helplessness. It is theorized that this is done in order to restore the person's sense of ability and competence, in an effort to combat the helplessness. Subtheme 7.6.6. presents a warning that if the therapist does not examine their helplessness, they might attempt to control their clients, and use their role as the therapist as a way to restore their sense of control and mastery that has been shaken by frequent instances of personal helplessness. This calls to mind Bugental's (1964) statement that individuals who do not have control in their lives and feel impotent and scared might be drawn to the psychotherapeutic professions, as a way to experience more control and counter their sense of impotence.

On this topic Maeder (1989) said that therapists are enticed into this line of work: "knowingly or unknowingly, by the position of authority, by the dependence of others, by the image of benevolence, by the promise of adulation, or by a hope of vicariously helping themselves through helping others" (p. 37). Becoming a therapist (or a helper of any sort) has also been identified as a vehicle for exerting social influence (Egan, 2009; Dorn 1986; Houser et. al, 1998; McNeill & Stolenberg, 1989). On discussing this, Egan (2009) said: "social influence is a form of power and power too often leads to manipulation and oppression" (p.54). Egan thus, highlighted the importance of therapists not robbing clients of their own personal responsibility. Accordingly, it seems important for therapists to endeavor to better understand their own manner of relating to and coping with helplessness and how that might be influencing the amount of influence they exert in their therapeutic relationships.

8.4. Other Considerations

8.4.1. An alternative perspective on helplessness (Existential)

As noted above, the bulk of the research conducted on helplessness comes from the behavioral realm and is concerned with LH. As a result, in the paragraphs above, the results of the current study have been compared and contrasted with research that predominantly comes from behaviorally informed theorists and researchers. It might be worthwhile, then, to introduce a new perspective on the current findings by viewing them from an existential perspective. Viewed in this light, new angles, not yet discussed, seem to emerge.

8.4.1.1. Power.

To start with, under the first superordinate theme “inability” the participants evidence a desire to make a change, to fix, to help or even to understand a difficult situation. This desire collided with their perception of themselves as unable to do so, resulting in a sense of helplessness.

Viewed from an existential perspective, more specifically, viewed through the lens of Nietzsche’s (1967; 1974; 1989; 1887/2013) works, this desire could be viewed as a manifestation of the participants’ will to power. According to Nietzsche people have an innate desire to experience and exercise their own power. Reginster (2006) interpreted this power as a desire to overcome resistance. Indeed, when the participants were unable to bring about the change they want in their client work, they labelled the client as resistant. To highlight the centrality of this desire/need, Nietzsche (1995) said:

Do you want a name for this world? A *solution* for all its riddles? A light for you, too, you best-concealed, strongest, most intrepid, most midnightly men?—This world is the will to power—and nothing besides! And you yourselves are also this will to power—and nothing besides! (p.241).

Thus, from this view, it could be argued that the frustration of this natural need to exercise one’s power, yields a sense of helplessness. To Nietzsche (1974, aphorism 13 the gay

science), one could exercise his power either in a violent way, by dominating others, or in a more peaceful manner by helping them. This could help shed some light on Yara's statement above, when she stated that she was worried that her desire to have control, would be harmful to her therapeutic work, if she were to use her work with clients to escape the helplessness she feels in day to day life by exercising control over her clients. In that sense, this form of help could be considered as an exercise of power; means for experiencing personal control.

Foucault (1977) also highlighted the notion of power, this time in relation to knowledge, he said: "there is no power relation without the correlative constitution of a field of knowledge, nor any knowledge that does not presuppose and constitute at the same time power relations" (p.27). To Foucault power and knowledge are inextricable. This interrelation between knowledge and power was evident in this study. With the participants experiencing uncertainty (not knowing) when they are helpless, and pursuing further knowledge and attempting to understand more, as part of their attempts to cope/respond to helplessness.

8.4.1.2. Choice, Freedom, and Responsibility.

The notions of choice, freedom and responsibility are also important to existentialists (Yalom, 1980; Sartre, 1943/2003; Mayers, Naples & Nilsen, 2005; King, Valle and Citrenbaum, 1978). In this study, the participants evidenced a sense of responsibility (noted under the third superordinate theme) for either resolving the difficult situations in their day to day life or helping their clients. Meanwhile, when they were not able to do so, some participants, like Maya and Anna invoked the word "choice," noting that they often wondered why they were not getting to make a choice in those situations that engendered their helplessness, and for Anna she said that she has programmed her mind to always think that she has a choice.

Indeed, Wortman and Brehm (1975) stated that when people experience helplessness, they often view it as an attack on their freedom to choose how they ought to behave. According to existentialists, freedom and responsibility are two sides of the same coin, to accept your own freedom, is to accept responsibility and the fact that you need to make choices and bear their consequences (Yalom, 1980; Sartre, 1943/2003). However, it seems like when individuals are feeling helpless, they tend to experience responsibility without the freedom and capacity for choice, a struggle that might be seen as implicit in the experience of helplessness. Meanwhile, “doing” as a way to respond to helplessness might be seen as restoring one’s sense of freedom by indicating to the person that they could still make choices, even if the choices are not directly related to the area that engendered their helplessness. Making choices, has been established in the existent literature as a way to restore a sense of personal control (King, Valle & Citrenbaum, 1978; Garg, 2019; Langer, 1975).

8.4.1.3.Facticity.

Heidegger’s (1962) discussion of facticity seems relevant here. Heidegger noted that human beings are born into/thrown into a situation that is shaped by certain givens. Examples of these givens could be the person’s own physical conditions, their genetic makeup, and even the cultural norms they grow up embedded in. These are facts that the person is born into. They are not necessarily something they got to choose or have a say in changing. In that sense, these are limitations on the person’s freedom. In the current study, the participants experience helplessness when they find themselves in situations where they are not free to choose and have no say in changing. This could be taken to mean that helplessness is experienced when individuals come face to face with the facticity of their circumstances and are not able to accept the givens of their situations, instead believing that there must be something that they can do to change it.

8.4.1.4. Death, Power, and Helplessness.

Discussing some related topics Yalom (1980) said: “absolute power, as we have always known, corrupts absolutely; it corrupts because it does not do the trick for the individual. Reality always creeps in-the reality of our helplessness and our mortality; the reality that, despite our reach for the stars, a creaturely fate awaits us” (p.127). The creaturely fate mentioned here is, according to Yalom, one of the givens of human existence, namely death. Yalom, identifies power as an often-failed distraction from reality; reality here being helplessness and mortality, or our helplessness towards our own mortality.

Pursuing a sense of power and mastery seems to be a common way by which humans try to escape these realities. Allowing ourselves to entertain the notion that there is a way for us to truly overcome helplessness is a tempting fantasy. On the other hand, the awareness of the ultimate futility of these endeavors, and the true helplessness of our situations, might be threatening given that it opens the doors to the contemplation of the ultimate inevitability.

The ultimate inevitability -death- was alluded to and at times overtly discussed in this study. Participants at times noted feeling helpless after losing someone and upon reflecting on the possibility of losing a loved one. Moreover, upon becoming a parent, one of the participants questioned whether he would live long enough to raise the child. However, the participants’ own death was not dwelled on as a source of helplessness. This stands to reason, given the difficulty of facing one’s helplessness towards mortality.

Death, however, was also framed in light of helplessness in a rather interesting way by Yara, who, when asked how she overcame helplessness in her personal life, said that she did so by making a choice, namely:

Choosing to be a counselor (laughs), I think I am just realizing now with you, but whenever I ask myself, or explore the question of what got me into counseling, I knew this very early on, before I understood what psychology was or that there was something called therapy, the first thing I knew, as a feeling was, I didn't want to feel this death in my life. I would look at my parents, I would look at their lives, I would feel that... so helpless towards them and I would feel so helpless towards them, and I would feel like, I don't want that decay to be inside me, I wanted to thrive, to keep myself alive, and that is the very first feeling that connected me to therapy. I mean, I think that was the seed. (54-61)

When Yara first referred to her parents' life she described her feelings towards it saying:

I think the best way I could describe it is something wilting inside me. It is almost like, their marriage and their life and the potential of the family that could have been was this blooming flower full of life and everything and with the separation it is just wilting and dying. And this is how I visualize the feeling. Physically, I feel that hollowness and I think to me it is very much related to that sense of helplessness because I can't stop death, I can't stop the death of the family and all that. (47-52)

And at the very start of her interview Yara described her experience of helplessness saying:

frustration and disappointment and maybe also grieving like, ummm... this loss of hope. Or grieving the potential of what could have been if I had power or if I could control the situation, if that makes sense (17-19)

In these sections, Yara evokes descriptive imagery to cast helplessness as decay, hollowness, the wilting of a flower that was previously blooming and full of life. To Yara, it seems like helplessness is death: a death of potential and hope. Helplessness here is the death of the potential for power. Becoming a therapist, was perhaps the participants' attempt to regain a sense of power, which, according to Yalom's comment above, is often an insufficient distraction from the reality of our helplessness.

In light of this discussion the relationship between death, power and helplessness is cast in a new light. With helplessness being an existential given that we wish to evade through the attainment of power. And with helplessness also being possibly seen as involving the death of potential for mastery or power in a given situation.

8.4.1.5. Isolation, Loneliness, and Helplessness.

According to Yalom (1980), another of the givens of our existence is isolation. On talking about existential isolation Yalom (1980) said:

Individuals are often isolated from others and from parts of themselves, but underlying these splits is an even more basic isolation that belongs to existence—an isolation that persists despite the most gratifying engagement with other individuals and despite consummate self-knowledge and integration. Existential isolation refers to an unbridgeable gulf between oneself and any other being. (p. 355)

Later on, he added: “existential isolation is a vale of loneliness which has many approaches. A confrontation with death and with freedom will inevitably lead the individual into that vale” (p. 356). Yalom elaborated further noting how coming face to face with the inevitable fact of one’s death or with the reality that as people we are ultimately free to make our own decisions is bound to engender a sense of loneliness and existential isolation.

The same sense of isolation and loneliness was expressed by this study’s participants. On describing helplessness Nagi said:

It feels like a hot balloon (laughs). If I go inside of me, I think I would feel that there is a hot balloon something that is very fragile something that is very hot. Something that is very lonely (204-205)

For her part Sara said:

I think again like I was telling you it is highly related to, I think the scariest is when you are alone in the feeling, you think there is nothing you can do. (274-276)

She added:

I think there were many times, I think I was somehow an anxious child, but we didn't know back then that that is what it was called. But I think there is something about this as well that felt helpless, when I was not able to explain to others how I was feeling, or why doing something was hard on me while everyone else might be doing it without challenges, so again it is interesting that it is somehow related to being alone in a specific feeling or something, not having someone to share with you how you are feeling. (40-45)

Later on, Sara went on to discuss how she experiences the same loneliness whenever she is feeling helpless in her client work:

I think the scariest is when you are alone in the feeling, you think there is nothing you can do. But you don't have the validation or the, which I think is how I sometimes, this is very relatable when I say it this way, being in the therapy room, you are totally alone, the client has a lot of faith and a lot of hopes that you are the person who is supposed to be handling this (275-278)

In these statements the participants highlight how that sense of loneliness and separation from others is a component of helplessness. In Nagi's comment his helplessness is a lonely, fragile hot balloon, a place where he is separate from others. To Sara, the scariest is being alone with a feeling or with the responsibility of helping a client. This is something that engenders a lot of helplessness for her.

Meanwhile, upon discussing an experience where she was feeling helpless Anna said:

why do, why am I an adult (laughs), why do I have to choose, if I can somehow see the future and know what would happen, consequences and be like ok, like what would happen if I chose this, what would happen if I don't choose this and coming up with all those scenarios (42-44)

This calls to mind Yalom's discussion of decisions, he said:

decision also confronts each of us with existential isolation. A decision is a lonely act, and it is *our* own act; no one can decide for us. Many people, therefore, are highly distressed by decision and, as I shall discuss shortly, attempt to avoid it by coercing or persuading others to make the decision for them (p.319)

It seems like helplessness and isolation (experienced as loneliness) are deeply interwoven. Participants feel helpless towards the fact that they are isolated from others. They appear to feel the most helplessness when they must confront difficult situations or feelings alone, when they have to bear responsibility alone, and when they must make decisions alone. In these instances, there is no distraction from the fact that they are truly separate and isolated from others, on a deep and fundamental level, and herein sets the helplessness. This helplessness both stems from the awareness of one's isolation, and also appears to be a very lonely emotional place to be.

8.4.1.6. Meaning and Acceptance.

Another existential thinker, Victor Frankl (1988), declared that the search for meaning in one's life is a critical motivating factor for people. Frankl said that humans can arrive at that sense of meaning even when they encounter inescapable suffering. He said:

We must never forget that we may also find meaning in life even when confronted with a hopeless situation, when facing a fate that cannot be changed. For what then matters is to bear witness to the uniquely human potential at its best, which is to transform a personal tragedy into a triumph, to turn one's predicament into a human achievement. When we are no longer able to change a situation—just think of an incurable disease such as inoperable cancer—we are challenged to change ourselves. (p.135)

Here Frankl describes a situation where the person is suffering, and they are not able to alter the situation that is causing their suffering. According to Frankl, the person then has the choice to alter their own attitudes towards the suffering. Thus, instead of refusing to accept this suffering, instead of struggling futilely to change the situation, and instead of angrily combatting the reality, the person can accept their suffering and transform it into something meaningful. Frankl gives the example of a man who experienced depression after the passing of his wife and who found relief when he started considering that had he passed first she would have had to be the one to suffer his loss, so, in a way, he had spared her this suffering by taking it upon himself.

Frankl talks about how suffering is inevitable, however, “In accepting this challenge to suffer bravely, life has a meaning up to the last moment, and it retains this meaning literally to the end” (p.137)

In this study, the participants seem to come into contact with inevitability, namely, the inevitability: of suffering, of coming face to face with painful experiences that they cannot alter, and of the helplessness that ensues. Fighting this reality or attempting to escape it, seem ineffectual in alleviating the helplessness. It is only when the helplessness is normalized and accepted as part of their experience, that they seem to experience some relief.

8.4.1.7. Movement vs.. ‘Stuckness’.

The idea of movement vs.. ‘stuckness’ is also one that was frequently brought up by participants. The word “stuck” was mentioned in relation to helplessness in all the interviews. At times participants used the two words “helplessness” and “stuckness” interchangeably, and at times they made use of words like “trapped” and “bound.” The experience of helplessness seems to contain within it a sense of stagnation, a lack of movement or change. This frustrated need for change is a primary instigator for subsequent feelings of helplessness. For their parts existential thinkers seem to recognize the importance of movement/change. To Nietzsche (1986;1977) to be a person is a labor of consistent change. The world is constantly changing and becoming something new, and so is the person. In this sense a person is not a fixed or sedimented entity. Van Deurzen (2009) expressed a similar sentiment saying:

To be a person is to be in movement and feel confident in the choices we make. In other words to be trapped in a dilemma means to experience the situation as a crisis of identity (p.94).

This seems to echo some of the participants’ statements above, especially when it comes to the need to ‘do something.’ As well as Nagi’s declaration that he is what he does, if he could

not do anything then who is he? Van Deurzen (2002) expressed a related notion in the realm of therapy, she said:

Many counsellors or therapists see their role as being there with the client and allowing her to air her feelings and express her pain. They have learnt to provide a warm environment of empathic understanding and they are often accomplished listeners. Their complaint is that they will start to feel at a loss by the time the client has been saying the same things for several sessions without there seeming to be much progress or movement. They frequently get a sense of being trapped with the client in a vicious circle that they do not know how to break out of. (p.95)

This parallels the participants' declarations that they frequently feel helpless in their client work, when they work with clients for a while, and continue to see no change -no movement.

8.4.2. Culture and gender related considerations.

To what extent do culture and culture-related factors affect one's experience of helplessness? This, as noted above, was not a question that this study aimed to answer. It is, however, an important question to investigate and hopefully could be pursued further in future research. The participants in this study, are Egyptian therapists. During the interview, they were not directly asked about culture. It could be argued that culture is always present, its impact palpable even if not overtly discussed. An instance of the overt discussion of culture came, however, in the interview with Jessy who noted that her father does not really understand feminism and many of the notions regarding women's rights, and as a result, her brother often received preferential treatment. This was a source of helplessness for Jessy because despite trying, she could not explain her views on women's right to her father. Another example is when Rawan discussed how she worked in a certain country (speaking of Egypt) where clients were often hesitant to offer their therapists feedback, she said:

In one of the countries I have worked in, you know, clients see the psychologist as superior to them, and so they find it very hard to give feedback especially constructive

feedback. And I try to encourage that, but most of the time it doesn't lead to anything (147-149)

This seemed to increase Rawan's sense of uncertainty and result in her doubting herself and experiencing helplessness. These were also the only instants where culturally specific examples were overtly discussed in the study. Thus, it could be argued that perhaps, participants would encounter helplessness in situations resulting from interacting with culturally embedded beliefs or contextual factors related to the countries in which they live/operate.

This was evidenced by the aforementioned research by Günsoy et al (2020) who noted that participants who come from collectivistic cultures that tend to emphasize the importance of maintaining one's good reputation, tended to react with helplessness when their reputation was threatened. This is because, collectivistic cultures also emphasize social harmony. So, the desire to protect one's reputation was at odds with the desire to preserve harmony, resulting in the individual initially experiencing shame. Günsoy et al. noted that this shame mediates the helplessness. This might be seen as the individuals experiencing helplessness at not being able to alleviate the shame.

Another example comes from Christodoulidi and Malikiosi-Loizos' (2019) article in which they discussed the experiences of the first two cohorts of counselling psychology postgraduate students in Greece. Christodoulidi and Malikiosi-Loizos' (2019) started off by noting how Greece's collectivistic cultural view included a tendency to prefer seeking help from family members, rather than practitioners. This, according to Christodoulidi and Malikiosi-Loizos' (2019) has been changing in recent years, with people opting to see practitioners and with counseling and clinical psychology training programs becoming more prominent. The authors, however, noted that there are some contextual factors within the Greek psychology field

that might be challenging to counselors. One of which is that the field of counseling is not widely understood by the public and might be wrongfully perceived -by some- as providing more of educational guidance. Moreover, an undergraduate psychology degree suffices for someone to be granted state licensure, leading qualified counselors to have to compete with unqualified practitioners who might offer the public an inaccurate idea of what counseling is.

While Christodoulidi and Malikiosi-Loizos' (2019) do not discuss helplessness, this is an example of counselors practicing within a certain country facing challenges that might not be common to counselors who do not share their cultural or geographical coordinates. In Egypt, therapists also face their own set of challenges that might result from culturally and contextually embedded beliefs and practices. The paucity of research on this area prevents me from providing well researched examples, but from my experience as an Egyptian practitioner, Egyptian therapists, like our Greek counterparts, have to contend with little- albeit growing- public awareness of the role of counselors and therapists in general. Moreover, the requirements for state licensure in Egypt are not clear and many practitioners opt to practice without a license, leading clients to have to wade through many unqualified practitioners in their search for psychological assistance. Whether or not Egyptian therapists experience helplessness in relation to these issues is yet to be studied.

Moreover, Bar Zaken and Walsh (2021) investigated the experience of Arab therapists working in Israel. They concluded that the therapists tend to experience tension between the more individualistic notions that psychotherapy advocates and the collectivistic norms of the society in which they operate. This results in the therapists sometimes adopting a tutoring role, as they educate their clients on the more individualistic principles of psychotherapy. Along these lines, Atkinson, Morton and Sue (1993) stated that psychotherapy has a Eurocentric value

orientation that tends to emphasize individualistic wellbeing over collectivistic norms. Similarly, researchers proposed that psychotherapy has its own “therapist culture,” (Mahalik, Worthington & Crump, 1999, p.13) proposing that psychotherapists from different races, ethnicities, and cultures, tend to resemble each other in terms of values, beliefs, and worldviews, more than they resemble members of their own cultures. (Mahalik, 1995; Mau & Pope-Davis, 1993). Mahalik, Worthington & Crump (1999) said:

Results from the study clearly supported the hypothesis that therapists would endorse similar alternatives in value orientations, irrespective of race/ethnicity. That is, results from the current study were consistent with previous studies in reporting that therapists saw people as good, social relationships should not be hierarchical, harmony was the proper relationship of people to nature, therapists have a future-focused time orientation, and human activity should not be focused on doing (p.12)

The authors speculated as to why that might be, stating that it might be that therapist training programs either train therapists to adopt certain values/beliefs, or that individuals endorsing certain value orientation and beliefs tend to gravitate towards these professions. A more cynical view that was suggested, was that therapist training programs select their trainees in a biased manner, one which privileges those with a more Eurocentric value orientation (Atkinson, Brown & Casas, 1996). Mahalik, Worthington & Crump (1999) also noted similar findings when it comes to gender; they said:

we found no gender differences between experienced male and female therapists in this sample. We could speculate that experienced male therapists may endorse masculine gender roles less rigidly than men in the general population (p.15)

Thus, it could be that the training of therapists serves to reduce gender-mediated differences or that, again, those drawn to the helping professions tend to endorse less rigid gender-role related beliefs than the general population. Moreover, amongst the studies that

discussed gender and helplessness none -that I could find- was concerned with investigating this relationship amongst therapists. In general, the relationship between gender and helplessness is confusing and at times contradictory. For example, Shors et al. (2007) noted that female lab rats were less likely to experience/express helplessness than males. However, according to Shors et al. this finding is not in line with the observation that LH is associated with the experience of depression and that females tended to experience depression more frequently. The contradictory findings were further highlighted by Meece, Glienke, and Burg (2006) who examined the literature on helplessness and gender as it relates to academic performance and concluded: “to date, research on gender differences in causal attributions and learned helplessness is inconclusive and equivocal” they added: “additionally, when gender differences are found, they tend to be small in magnitude and not a strong predictor of behavioral responses” (p.355).

Looking more closely at the specific components of the experience of helplessness identified in the present study reveals an inconclusive picture yet again. For example, when it comes to existing research that is relevant to the superordinate themes “inability and incompetence,” Fisher (1989) found that the female therapists in his study were more likely to attribute problems in the therapeutic relationship to their own personalities or performance, whereas male therapists tended to attribute them to client-related factors. Meanwhile, Cassese, Farhart & Miller (2020) conducted a study to investigate the factors affecting ones’ likelihood of endorsing conspiratorial beliefs related to the COVID 19 pandemic. Their conclusions related to the second superordinate theme in this study, namely, “uncertainty,” they said:

it is instructive to explore gender differences in LH, personal uncertainty, and conspiratorial thinking. Past work on these topics does not find consistent gender differences; however, we do observe some here. In bivariate comparisons, men score significantly higher on learned helplessness ($F[1,3016] = 28.25, p < .001$) and

conspiratorial thinking ($F[1,3016] = 43.62, p < .001$) compared to women. Men also score modestly higher on our measure of uncertainty, though the difference is not statistically significant ($F[1,3016] = 2.52, p = .11$). (p.1013)

So, while they acknowledge that the past research does not necessarily support gender differences in helplessness, uncertainty, or conspiratorial thinking, their results reveal some differences, with women endorsing less uncertainty, helplessness, and conspiratorial beliefs than men.

Overall, there is very little evidence of the existence of gender differences when it comes to helplessness. Moreover, whether there is a therapist-culture that supersedes the individual's culture, is open for debate. However, it is important to note that in the current study, the goal was not to investigate the likelihood of a person experiencing helplessness. Rather the goal was to first investigate how that helplessness is experienced -the very texture of the experience- before looking into the interplay between personal and professional helplessness.

So, the goal here, was not investigate what situations engendered helplessness, or how often helplessness is experienced, but how is that helplessness experienced. It might be, then, that the very texture of the helplessness experienced by an Egyptian therapist would be similar to that experienced by a Western therapist, even though the situations that engender their helplessness might vary according to culturally related variables. Conversely, it is also possible, that both sets of therapists would experience helplessness in similar situations or experience helplessness in completely different ways. These hypotheses are left up to future researchers to investigate. What was demonstrated by the current findings, though, was that the male participant in the study, seemed to be experiencing helplessness in the same manner as the female therapists, with the data from his interview evidencing very similar themes to those found

in the interviews conducted with the female participants. This is in line with the existing literature on gender and Helplessness.

8.4.3. Theoretical orientation.

CBT is considered a directive approach to therapy (Rautalinko, 2017); it is an approach that provides its practitioners with structure, which would arguably increase their sense of certainty and potentially decrease their helplessness. Proponents of CBT have long since argued for its merit by boasting about its rich evidence-base (Carona, 2022; Hofmann et al, 2012; Jaimes et al., 2015), even citing it as the gold standard of therapeutic approaches (David, 2018). This is, in part, due to CBT being a highly structured treatment approach that could easily be manualized, and its component techniques and strategies could readily be operationalized into variables testable through straightforward research designs. On discussing the use of CBT for research purposes Van Der Kolk (2014) said: “why CBT? Because behavioral treatment can be broken down into concrete steps and “manualized: into uniform protocols, it is the favorite treatment of academic researchers” (p.269)

In fact, when some enthusiastic CBT practitioners compare their approach to others like the psychodynamic or the existential approach, they often highlight how these other approaches have not been studied in as much detail as CBT (Herzovic & Govrin, 2021; Marom, 2010). Meanwhile when some proponents of the psychodynamic and the existential approaches criticize CBT, they make the argument that it is reductionistic and positions the therapist as more of a didactic teacher than a psychotherapist or a healer (Ruini, & Ottolini, 2014)). Along these lines, Worrell (2022) said:

Therapists from other, non- CBT, orientations tend at times to view this as evidence of a cold, overly rationalistic, therapist driven and controlling, process where, in a sense, the

therapist acts as an editor of the clients' thoughts, seeking to fish out and eliminate instances of apparent irrationality or distortion in order to replace these with a more correct or rational understanding of reality, or even worse, helping the client to 'take their mind off the problem' (p.104).

Indeed, not only is psychoeducation heavily emphasized in the cognitive behavioral realm, but therapists take on the responsibility of helping their clients change either the content of their thoughts or how they relate to said thoughts. Either way, it could be argued that the therapist is cast as a knowledgeable figure who is there to assist the client in thinking in more useful and adaptive manners.

Moreover, Heidenreich et al. (2021) described CBT's view of reality as "optimistic" (p.221) and on comparing it to existentialism's view of reality they said:

Cognitive behavioral therapy can be seen to be characterized by a positive and optimistic view of life. For every disorder, there is a model, a manual, and a set of techniques and indeed a discoverable set of "key cognitions" and/or "cognitive processes" that, when identified and corrected, will lead to the possibility of the cessation of difficulty and the resumption of positive functioning (p.221)

They contrasted this view with existentialism's focus on the givens of existence and the inevitability of human suffering. Meanwhile when comparing CBT's view of reality to that of the Psychoanalytic approaches Herzovich and Govrin (2021). said:

Psychoanalytic theory is marked by a romantic outlook (driven by struggle and conflict), ironic (focused on inner contradiction, vagueness, and paradox), and tragic (underlining danger, terror, the absurdity of human existence). It directs towards reflection and investigation. By contrast, the cognitive behavioural theory has more in common with a comic view of the world (emphasizing the familiar, predictable, and controllable in humans and social situations). It expresses itself in action (p.245).

Taken together these premises paint a picture of the CBT therapist as someone who has a lot of knowledge, certainty, authority, and structure. The CBT therapist might set an agenda for

each session, they might have a manual that they could review if they are stuck, and they attempt to help the client get more in touch with ‘reality’ by correcting the client’s false assumptions and faulty cognitions. Moreover, they hold a more optimistic view of reality whereby they believe that suffering can be alleviated if the person can make more rational contact with their surroundings. From this view, suffering is not often highlighted as an inevitability to be accepted but might rather be seen as resulting from a cognitive distortion to be amended; thus, rendering the suffering avoidable and ultimately controllable.

This structure, predictability, hope, certainty, and action orientation might play a part in shielding CBT therapists from experiencing a sense of uncertainty, inability and even the incompetence or self-doubt that seem to characterize the experience of helplessness. CBT’s goal-oriented nature might provide therapists with many alternative paths to take and many “things to do” to combat any potential sense of helplessness. It is also possible that people who do not wish to feel uncertain, unable, and ultimately helpless might pursue CBT in hopes that its structure and directive nature would shield them from facing their own uncertainty by giving them clear steps and guidelines to follow and by clearly spelling out what is a right way to think and what is a wrong manner of approaching reality. This might also help them maintain a sense of hope and avoid a confrontation with the givens of existence (highlighted by the existential view) and the darker corners of human nature (highlighted by psychoanalysis).

This is, of course, conjecture, given that in this study, the participants were not directly asked about their choice of approach and how it relates to their helplessness. Asking such questions, while important, was not within the scope of this study. It should also be noted that while the participants of this study do use CBT as their main modality and are trained practitioners, they are also informed by other approaches (listed above). So, the extent to which

they are representative of CBT practitioners is debatable and any conclusions drawn from this study should be qualified as relating to therapists who happen to use CBT, and not generalized to CBT therapists at large until further research is carried out. Moreover, whether there is any relationship between the experience of helplessness and therapist's choice of therapeutic modality is a question that has not been researched to date.

8.4.4. Experience and age.

Rønnestad and Skovholt (2003) considered how therapists develop over time and as they gain more experience. Their findings highlighted that newer therapists tended to experience a sense of inadequacy and personal responsibility. Meanwhile, more experienced therapists tended to be more flexible in their client work and more tolerant of ambiguity in the therapeutic process. The self-doubt did not seem to relent, though, with experience. In the current study, the therapists had between 2 and 15 years of experience. They also experienced self-criticalness and a sense of personal responsibility that seemed to contribute to their feelings of helplessness. It would be interesting to repeat this study with more (and less) experienced therapists and compare the findings to the findings of the current study.

Furthermore, it is also worthy of noting that the age range of the participants was between 25 and 40 years of age. It is possible that older (and younger) professionals might relate to helplessness differently. Accordingly, future research conducted with professionals from other age groups might help shed more light on the connection between personal and professional helplessness.

8.4.5. Language use.

As noted above, the interviews for this study were conducted in English rather than the participants' Arabic native tongue. The participants who volunteered for this study seemed to be both willing and comfortable conducting the interview in English. This is because all the

participants were educated in English speaking institutions. Furthermore, many of them conduct their therapy sessions in English or have had to do so as part of their education. This is not the case for all Egyptian therapists and might be more indicative of therapists of a higher socio-economic status in which English is considered the professional language adopted by therapists within the psychotherapeutic professions as well as by the universities in which they were educated.

This opens the door to a very interesting discussion as to the implications of expressing oneself in a second language. Researchers have set out to study the experiences of therapists and clients participating in a therapeutic encounter by using a second language and have come to varying conclusions (Arshadi, 2018). For example, Arshadi (2018) quoted De Zulueta (2006) who concluded that using a second language allows people to present a different -and at times even false- version of themselves and shield themselves from experiencing anxiety or other negative emotions. On the other hand, other researchers suggested that the use of a second language might actually enable people to safely and more comfortably discuss emotionally laden topics in a manner that would be less anxiety provoking and safer which would yield more progress in therapy and allow clients to broach topics that they might have been otherwise hesitant to discuss in their native tongue (Costa & Dewaele, 2014; Grosjean, 2010; Burck, 2004).

Whether the use of English in the interviews was an asset or a limitation of this study remains unclear. However, two things can be asserted with some certainty, the first is that had the interviews been conducted in Arabic the participants would have had access to different terms and a completely different vocabulary which might have led them to represent the same situations in a different manner. And secondly, courtesy of their years of using English in their

education and practice, the participants were comfortable enough to volunteer for a study fully conducted in English.

9. Reflexivity and the Quality of Qualitative Research

9.1. Reflexivity

“Those researchers who begin their research with the data of their experience seek to ‘embrace their own humanness as the basis for psychological understanding’ (Walsh, 1995, p. 335).

Embracing my own humanness and that of the participants is my ultimate goal. As mentioned before, helplessness is an issue that has played a critical role in my life. This, of course, was bound to affect how I approach the topic. As noted above, I have taken some measures to maintain a reflexive stance when it comes to my own impact on the research. I have kept a research diary, engaged in consistent reflection, and had my own therapist interview me using my interview questions.

However, it is worth acknowledging that my own subjectivity already affected what research area I am interested in. It might have also affected what areas I focused on during the interviews, how I phrased my questions, what areas I chose to explore using prompts and follow up questions, as well as how I interpreted my findings. This is an important limitation to acknowledge, however, as mentioned above, my philosophical standpoint is Heideggerian (1962), I believe that as humans we are constantly viewing the world through the lens of our own interpretations that have their roots in our own histories and subjectivity. Therefore, it is very important for us to cultivate as much awareness as possible about our own subjectivity and how our interpretations color our perception, which is what I endeavored to do throughout this research journey.

9.2. The Quality of Qualitative Research

Credibility, transferability, dependability, and confirmability have been identified as important criteria for judging the quality of qualitative research (Finlay, 2011; Korstjens, & Moser, 2018). To that end, I have attempted to provide a transparent account of my research. I detailed every step of the research process, and I have kept a transcript of my interviewees' verbatim statements, that could be reviewed independently of my input. Additionally, as mentioned before, I tried to make a clear distinction between the participant's statements and mine. I hope that by doing so, I have taken steps towards insuring transferability, dependability, and confirmability (Finlay, 2006;2011), which I believe is of the essence if my research is to add value to our existing knowledge base. Ultimately, I hope that I have provided a transparent enough account to enable other researchers to replicate it with other populations.

Moreover, I have attempted to use triangulation wherever relevant, by working with the data in such a way where I compare the results obtained from the analysis of different interviews, by reviewing helplessness-related literature from different fields, and by utilizing the help of my supervisors whenever possible.

10. Limitations of the Study

This study was conducted using a sample of 8 participants. Accordingly, as with all qualitative research, the results of the current work are not generalizable to the entire population of therapists, CBT therapists, or Egyptian therapists. Instead, the aim is to offer a glimpse of the intricacies of the interplay between personal and professional helplessness, in an effort to inform both practice and future research. Moreover, the study was conducted with therapists who have enough command over the English language to be able to conduct an entire interview in English. The participants also come from what could be considered a high socio-economic class. This should also be taken into account when considering the results of this study.

Another limitation is the fact that, because of the COVID-19 pandemic, the interviews for this study were conducted online. This might have affected the quality of the rapport between the interviewer and the interviewees and potentially affected the quality of the data gathered.

11. Implications

11.1. Implications For Psychotherapy Practice

With these limitations in mind, this study's findings highlight some important areas of consideration for psychotherapy practice, as well as therapists' training and supervision. To start with, this study's participants evidenced many domains of connection between personal and professional helplessness. These domains, discussed above, are important for therapists to consider. This is especially important given that instances of personal helplessness might affect:

- 1- The types of problems the therapist empathizes with and attempts to help the clients through.
- 2- The types of problems the therapist shies away from.
- 3- Whether the therapist perceives the client as resistant.
- 4- Whether the therapist experiences negative emotional responses, like anger, towards the client.
- 5- Whether the therapist chooses to pursue a career in psychotherapy as an attempt to overcome personal helplessness and experience more personal control.
- 6- Whether the therapist currently experiencing helplessness in their personal lives becomes demotivated in client work.
- 7- The therapist coping with professional helplessness using the same strategies they use when they feel helplessness in their personal lives.

Thus, understanding the therapist's own personal relationship with helplessness is evidently important given the multitude of ways this helplessness could interfere with professional practice. This is especially important given that in previous research, it has been established that personal factors in therapists' lives tend to affect their professional practice and the outcomes of therapy. This includes the therapist's self-concept (Nissen-Lie et al., 2017) their interpersonal

skills (Bennett-Levy, 2019) their coping skills (Heinonen et al, 2014) and their attachment styles (Degnan et al, 2016). The therapists' relationship to helplessness is an important criterion to be added to this list.

Accordingly, understanding one's own relationship with helplessness is of the essence for therapists. Thus, it is recommended that therapists consider their personal relationship with helplessness. This includes what types of situations engendered helplessness in their personal lives, as well as how they tend to respond to their helplessness. This response would include:

- a. Which emotions (if any) they experience as a result of instances of helplessness.
- b. Which emotions (if any) they experience helplessness towards.
- c. What they think of helplessness.
- d. How they behave when they are feeling helpless.

11.2. Implications for Training and supervision

Moreover, Ronnestad and Skovholt (2003; 2001) asked their participants about the impact of their personal life experiences on their professional lives and were surprised to find that a significant number of their participants experienced that impact as negative. This, according to Ronnestad and Skovholt (2003) flies in the face of the idea of the wounded healer (Henry, 1966). The present study supports both views, as it was noted that when the therapist gains mastery over helplessness inducing situations in their personal lives, they tend to feel comfortable working with the same problems/situations in therapy. Meanwhile if the problems were not dealt with, and the person continues to experience helplessness, the impact on clinical work seems to be negative.

Along these lines Bennett-Levy (2019) stated that whether a therapist is effective or not is often influenced by factors that relate to both their personal-self as well as their professional self,

accordingly he said: “models of therapist skill development and competence necessarily need to incorporate both the “personal self” and the “therapist self” to reflect recent empirical data”

(p.134). Bennett-Levy defined personal and therapist self, saying:

In this context, the “personal self” refers to personal and interpersonal skills and attributes, many of which were well established prior to becoming a therapist, and are present in normal, non-therapy situations (e.g. with family and friends). In contrast, the “therapist self” refers to the therapist's identity and skills, mostly (but not wholly) acquired through training (e.g. conceptual/technical skills; therapist beliefs, attitudes and behaviors) (p.134)

To work on their personal selves, therapists sometimes receive their own personal therapy. However, according to Bennet-Levy, this personal therapy, often targets personal aspects of the therapists' lives, or how the therapist's life is affected by being a therapist. However, “significant practical and methodological problems in undertaking personal therapy research has meant that there is almost no objective evidence that therapists' personal therapy enhances either therapist skills or client outcomes” (Bennett-Levy, 2019, p.134; Macran & Shapiro, 1998; Ronnestad, Orlinsky & Wiseman, 2016). Any insight from personal therapy, according to Bennet-Levy is unlikely to yield changes in how the therapist relates to their client unless it crosses the “reflective bridge” (p.137). To cross this bridge the therapist has to directly ask themselves how this insight could affect their professional practice and how aspects of their personal lives both present and past could be interfering with their professional life. This, according to Bennett-Levy (2019) does not often occur. The current work is an attempt to cross that reflective bridge and it might be useful for therapists/therapist training programs to employ some variation of the current interview schedule to help develop a more impactful understanding of the interplay between the domains.

On a separate note, Hellman et al. (1987) stated that we know very little about the impact of professional work on the therapists' personal lives. In this study, experiencing professional helplessness seemed to help make the therapist more tolerant and accepting of helplessness. This, in terms of helplessness, seems to be one of the positive impacts of professional work. However, it should be cautioned that, as stated by the participants, if a therapist is experiencing personal helplessness, they might experience a need to control their clients' lives as a way of regaining a sense of mastery. This further highlights the need to help therapists better understand how they relate to helplessness.

Thériault and Gazzola (2010; 2005) concluded that therapists frequently experience feelings of incompetence (FOI). They suggested that it is important for new therapists to be forewarned that this will likely be part of their professional experience. They said: "a lackadaisical reliance on experience to counter the damaging effects of FOI is potentially neglectful. Forewarned counselors are better equipped to cope with FOI and educating them about this aspect of the profession is imperative in proactive self-care training" (p.242).

Preemptively discussing and normalizing this experience could help therapists recognize that there are limits to their abilities. Given that feelings of self-doubt or incompetence seem to be part of the experience of helplessness, it might be good to help prepare therapists for potential experiences of helplessness, and its component parts: incompetence/self-doubt, uncertainty, inability, accompanying emotions and responses. The therapists in this study seemed to experience personal helplessness rather than universal helplessness. This personal helplessness was at times alleviated when they were reassured that helplessness was normal and that they should not take too much responsibility for their clients' lives. Preparing therapists in training for this experience might help them accept the limits of their abilities and tolerate helplessness

which might spare them much suffering and assist them in avoiding the potential ramifications of helplessness on their client work and therapeutic relationships.

In light of this discussion, it is recommended that:

- 1- Training programs do not rely solely on personal therapy to help therapists develop self-awareness. Instead, therapists are to be encouraged to ask themselves questions that cross the reflective bridge by considering how their personal experiences, and personal relationship with helplessness, interact with their client work.
- 2- Supervisors and trainers/teachers forewarn therapists in training and help them in anticipating and tolerating helplessness and its component experiences of uncertainty, inability, self-doubt/incompetence, as well as the emotions, behaviors, and cognitions they tend to experience in association with helplessness.
- 3- As part of their training, therapists are helped in exploring and better understanding any role helplessness might have potentially played in their choice to become therapists.

11.3. Implications for Future Research

Throughout this research journey, I was able to identify some research questions that remain unanswered in the existing literature. These questions while interesting, were outside of the scope of this study to explore. However, they present exciting opportunities for future research:

11.3.1. Helplessness and culture.

Do Egyptian therapists experience helplessness in a different way to that experienced by non-Egyptian therapists? Do they experience helplessness in different situations as compared to their Western counterparts? Do they react to helplessness differently? Is there a

professional culture shared by therapists that renders their way of experiencing and expressing helplessness similar to each other regardless of the culture they find themselves geographically embedded in?

11.3.2. Helplessness and therapeutic orientation.

Would therapists who are drawn to CBT have a different relationship with helplessness than therapists who choose to study and practice other therapeutic modalities? Would these therapists' personal life experiences and ways of responding when they are helpless be different? Are they more/less tolerant of helplessness overall? Does using CBT help moderate or alleviate a therapist's helplessness given its focus on more active interventions?

11.3.3. The interplay between Helplessness and other emotional experiences.

In this study, I discuss various instances of my participants feeling helpless towards another feeling or emotional state and various instances where my participants experience another emotional state as a result of feeling helpless. These accounts are detailed in the findings section and discussed within the discussion section. However, as noted under these sections, there is very little research that discusses the interplay between helplessness and other emotional states. This is one of the first studies to examine this relationship and I do hope that future researchers would further elaborate on this inquiry.

11.3.4. Helplessness and the phase of the therapist's development.

Does experience change how therapists relate to helplessness? Would therapists who are more experienced than my participants experience or relate to helplessness differently? How about those who are less experienced?

11.3.5. Helplessness and age

Would therapists who are younger/older than my participants experience helplessness differently? Would they be more/less tolerant of instances of helplessness? And how would their reactions to helplessness be similar/different?

11.4. Contribution to Research

This study presents an account of the relationship between personal and professional helplessness as experienced by Egyptian CBT therapists. As part of this account, a thorough exploration of the texture of the experience of helplessness is presented. To my knowledge, a similar exploration using a qualitative research methodology has not been conducted. Furthermore, studies exploring the experiences of non-Western therapists are few and far between. So, it is hoped that this study's findings would further enrich our collective understanding of therapist's experiences and open doors to exploring the experiences of therapists from all of the world.

12. Conclusion

In conclusion, helplessness is an important experience for those who choose a career in helping others. Exploring these choices in terms of helplessness, exploring the interplay between personal and professional helplessness, and preparing the helpers for helplessness are recommended paths that are likely to better equip therapists for this difficult experience and mitigate its impact on their therapeutic practice. As noted in previous sections, helplessness is not easy to discuss, and during the current study, participants were often struck by the number of times they have experienced helplessness, as well as by how much work they have done on helplessness without knowing it or referring to it as: “helplessness.” Through my experience conducting this study, I was left with the impression that, while constantly present, helplessness is seldom named, and it takes direct questioning for us to tune into it. Accordingly, for those of us whose very profession is helping, helplessness seems to be an inescapable presence worthy of much more consideration and conscious attunement than we are currently affording it.

13. References

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14. Appendices

Appendix 1; Information Sheet



*The Department of Health and
Social Sciences
Middlesex University
Hendon
London NW4 4BT*



PARTICIPANT INFORMATION SHEET

Researcher name & contact details: Farida Eid; FE139@live.mdx.ac.uk

Supervisor name & contact details: Prof. *Simon Du Plock*; *Simon.duPlock@metanoia.ac.uk*

Title: Therapists' Experiences of Helplessness

Invitation paragraph

This is to invite you to take part in the research study titled “Therapists’ Experiences of Helplessness.” This document was prepared to help you make an informed decision as to whether or not to participate. Please read it carefully and thoroughly. In case you have any further questions or require any clarifications please feel free to ask.

What is the purpose of the research?

The purpose of this study is to explore how you, as a therapist, experience the connection between your personal experiences of helplessness and your professional ones. Thus, you will be asked to consider instances where you felt helpless as a therapist and instances where you felt helpless in your day to day life. You will not be asked to reveal any information that could compromise the confidentiality of your clients. You will only be asked to discuss your own experiences of helplessness within the context of therapy.

Why have I been chosen?

You have been chosen because you have a master’s or doctorate in either counselling or clinical psychology and have been working in the field of therapy for at least two years after graduation and are employing cognitive behavioural therapy in your work with clients.

Do I have to take part?

Participation in this study is entirely voluntary. Your interest, availability, and desire to participate are the only criteria that should factor into your decision as to whether or not to participate.

What will happen to me if I take part?

If you decide to take part in this study we will schedule a brief phone call in order for me to further familiarize you with the study and its purposes as well as to answer any questions you might have. After that we will decide on a suitable time for our interview. This will be a semi-structured interview where I would ask you questions related to your experiences of helplessness and you would be encouraged to share any relevant information. At the beginning of the interview, you will be asked to sign a consent form to ensure that you understood and agree to the details of the study listed in this document. The interview will last between 60 minutes and 90 minutes. It is well within your rights to refuse to answer any of the questions or to decide to stop the interview. This interview will be audio-recorded.

After the interview we will have time for debriefing where I would once again explain the purpose of this study and how any information you provide will be used.

When and how can I withdraw from the study?

You can withdraw any time before or during the interview. You can also withdraw after the interview up until data analysis starts. Data analysis normally starts 10 days after the date of the interview. In case you withdraw all records of the interview will be confidentially destroyed.

What will happen to the data?

During the interview I will make sure to not refer to you by name. After the interview I will assign you a code which would be a two-digit number. After that I will transcribe the audio from our interview. All the audio-recordings and the transcripts will be encrypted and kept on a password protected device. Any potentially identifying information will be kept separately from the interview data.

Your identity and any potentially identifying information will be removed from the final study and any possible subsequent publications. It is likely, however, that I will use excerpts from your speech as direct verbatim quotes in the study.

All soft-copies of the data will be kept by me, on a password protected, encrypted, USB drive and will be processed on an encrypted laptop. Any hard copies will be stored in locked cabinets. The anonymised data will be kept for 10 years after the interview. Only myself and my supervisor will have access to the interview data.

I will make every effort to ensure that your confidentiality is maintained, the only exception is if there is a risk to your life or if vulnerable others are being endangered. At which point I will take the appropriate measures to protect those at risk.

What are the possible disadvantages to taking part?

Talking about helplessness could be difficult and might trigger negative emotions. You can choose to stop the interview at any point if you feel uncomfortable.

What are the possible advantages of taking part?

By taking part in this study you will be participating in enriching our collective knowledge about how therapists relate to their experiences of helplessness. Data obtained from this research could prove helpful when it comes to designing interventions aimed at helping therapists tackle their experiences of helplessness. You might also gain some insight about your personal relationship with helplessness.

Consent

This copy of the information sheet is for your personal use. I will discuss all the information listed here with you before the interview. So please, feel free to ask any questions you have. We will also allocate some time after the interview to go over the research process again and address any questions you have.

Please note that you can withdraw your consent, at any point up to 10 days after the interview. You do not need to provide any explanation as to why you decided to withdraw from the study. If you choose to withdraw all data gathered in this study will be confidentially destroyed.

Who has reviewed the study? All proposals for research using human participants are reviewed by an Ethics Committee before they can proceed. The NSPC Ethics sub-committee have reviewed this proposal.

Thank you for taking the time to participate in this study.



Appendix 2; Consent Form

Middlesex University School of Science and Technology
 Psychology Department
 Written Informed Consent

Title of study and academic year: Therapists' Experiences of Helplessness 2020/2021

Researcher's name: Farida Eid; FE139@live.mdx.ac.uk

Supervisor's name and email: *Prof. Simon Du Plock; Simon.duPlock@metanoia.ac.uk*

- I have fully understood the details of the research as explained to me by the researcher, and confirm that I have consented to act as a participant.
- I have been given contact details for the researcher in the information sheet.
- I understand that my participation is entirely voluntary, and that I have the right to withdraw from participating in the project without any obligation to explain my reasons for doing so.
- I also understand that my interview will be digitally recorded and that the data collected will be coded and anonymised and all reasonable steps will be taken to remove any identifying features.
- I consent to protecting the confidentiality and anonymity of my clients and will not disclose any sensitive information pertaining to them.
- I further understand that I can ask for my data to be withdrawn from the project until data analysis begins, which will happen after 10 days from the date of the interview.
- I further understand that the data I provide may be used for analysis and subsequent publication in peer reviewed journals, at conferences or via poster presentations and I provide my consent that this may occur.
- I give my consent for my data to be securely stored on encrypted, password protected devices or in a locked cabinet in the researcher's own home which both the researcher and supervisor have access to for a period of 10 years.

Print name

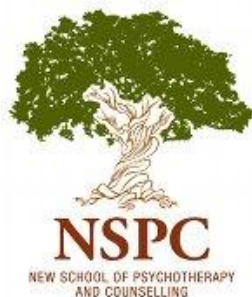
Sign Name

date: _____

To the participant: Data may be inspected by the Chair of the Psychology Ethics panel and the Chair of the School of Science and Technology Ethics committee of Middlesex University, if

required by institutional audits about the correctness of procedures. Although this would happen in strict confidentiality, please tick here if you do not wish your data to be included in audits:

Appendix 3; Debriefing Form



DEBRIEFING FORM

Researcher: Farida Eid

Email: FE139@live.mdx.ac.uk

Supervisor: Prof. *Simon Du Plock* Email: *Simon.duPlock@metanoia.ac.uk*

RESEARCH TITLE: Therapists' Experiences of Helplessness **Academic Year:**2020/21

Thank you for being part of this study. The purpose of our interview was to explore the connection between your personal and professional experiences of helplessness.

All information gathered in this interview will be immediately transferred onto an encrypted and password protected device. The original recording will then be deleted. Your data will then be anonymized so that all identifying information will be removed/disguised. Both your anonymised and identifying data will be stored separately and securely on encrypted, password protected devices or in a locked cabinet in the researcher's own home. Only the researcher and supervisor will have access to it and the anonymized data will be kept for 10 years. Your anonymised data will form part of my doctoral thesis and may also be used in other academic publications.

Please feel free to address any reactions you have had to the interview with me. We will have time after the interview to do so.

In case you have any questions about this study please contact me at: FE139@live.mdx.ac.uk. If you have any concerns about how this study was conducted or wish to make a complaint please contact my supervisor at: *Simon.duPlock@metanoia.ac.uk*.

If you wish to withdraw from the study, please let me know within the next 10 days. You will not have to give any reason for doing so. If you withdraw all collected data will be confidentially destroyed.

I would be happy to send you a copy of the findings, upon request.

Your participation is most valued, and you have my sincerest gratitude for taking the time to enrich our knowledge of this topic.

Appendix 4; Announcement



Call for Research Participants!

This is to invite you to take part in the research study titled “Therapists’ Experiences of Helplessness.”

The purpose of this study is to explore how you, as a therapist, experience the connection between your personal experiences of helplessness and your professional ones.

You can participate if:

- You have a master’s in counseling or clinical psychology.
- You have received your degree at least two years ago and no more than 15 years ago.
- You use cognitive behavioral therapy in your work with clients.
- You have experienced helplessness and are open to discussing your experiences.

Interview duration: a maximum of an hour and a half.

Interview location: online, via zoom.

Interview time: to be decided according to your preferred time.

Interview Language: English.

Confidentiality: all data will be anonymised; all your personal information and any potentially identifying information will be removed.

If you are interested in participating please contact me on:

Email: FE139@live.mdx.ac.uk

Phone number:

Appendix 5: Ethical Approval



NEW SCHOOL OF PSYCHOTHERAPY AND COUNSELLING

NSPC Limited
Existential Academy
61-63 Fortune Green Road
London NW6 1DR

28 El Shaheed M. Kenaya Street, Heliopolis
Cairo, Egypt, EG
11736

5th February 2021

Dear Farida

Re: Ethics Approval

We held an Ethics Board and the following decisions were made.

Ethics Approval

Your application was approved.

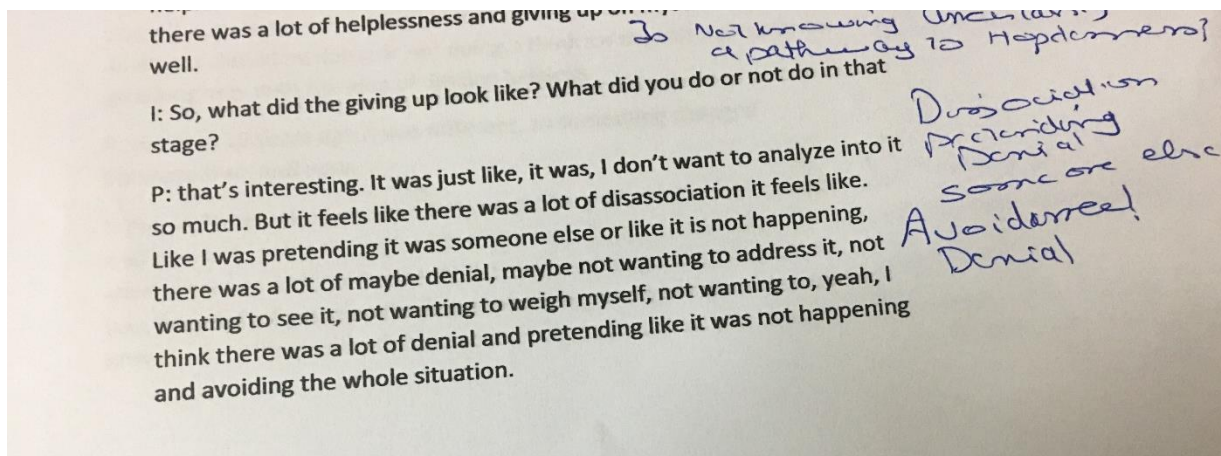
You will now be eligible to enroll on Research Project Part 1.

Yours sincerely

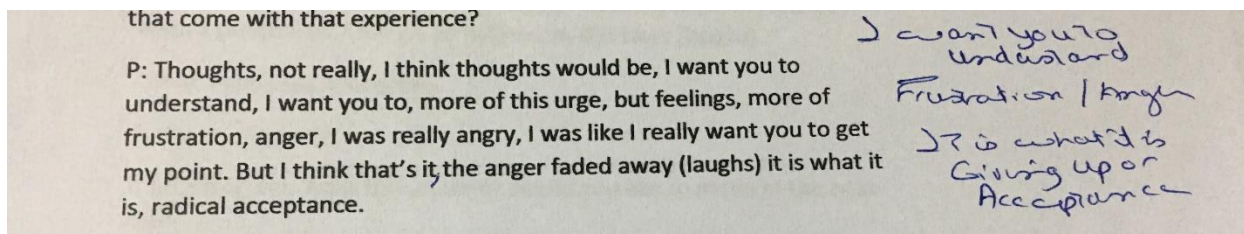
Prof Digby Tantam Chair Ethics Committee NSPC

Appendix 6: Data analysis Sample #1

Screenshot of the Initial handwritten coding of Sara's interview



Screenshot of the initial handwritten coding of Jessy's interview



Appendix 7: Data Analysis Sample #2

Screenshot of Jessy’s interview transcript coded with the emergent themes

I: So, what does helplessness mean to you? What’s your own definition of helplessness?

P: Helplessness is, for me, is not being able to have, not being able to help the client in a way that I see fit for the client’s wellbeing, I feel stuck, for me it is being stuck in a place and not being able to help this client reach a certain level. Personally, helplessness is feeling, I don’t know if this is the scientific definition, but it is being out of control, it’s like I want to do something, I can’t do something so I feel helpless because I can’t do it. Not having the knowledge, and not being able to do it.

I: So based on your definitions can you think of any times when you felt helpless when you were a child, as a kid?






P: Yes, when I was a child I had an older brother, I mean, I still have an older brother, he likes things his way, so many times he did have things his way not my way, so I felt really helpless that I was unable to get to do things my way, so I was very frustrated, I felt helpless at this moment. For example, as simple as changing or choosing the channel on the TV, he would always get the channels he wants and I would never do that, I didn’t have, I didn’t know how I would get the channel that I wanted and speak up and be able to get what I want, so I felt helpless at this moment.

- Farida E.** Inability/Stuck
- Farida E.** Not knowing
- Farida E.** Desire to do/change

- Farida E.** Inability
- Farida E.** Accompanying
- Farida E.** Uncertainty/ Not
- Farida E.** Understanding/Communication

Appendix 8: Data Analysis Sample #3

Screenshot of the file containing all the instances of the superordinate theme “inability”

-Rawan	<p>So, <u>there</u> and then, right before I leave the car, I am feeling stuck and I what goes on in my mind is that there is absolutely nothing I can do to change your mind, there is, like I am trying but there is nothing I can do. And then I remember that one time when I left the car, as soon as I get out of the car, as soon as I am physically away from that situation then I can recap and sort of, go back to, like thinking logical, as soon as I, exactly, I can then maneuver the situation much better. But there and then I felt like I need to physically leave that situation because that is how stuck I felt, absolutely, yeah.</p>	 Farida E. Inability
<p>I got lost <u>cuz</u> I went to a building where I thought this is where my grandma is living and I got to an apartment and I knocked the door and strangers <u>opened up</u> and that's the moment I realized oh my God, you know, no, this is not the house. I am stuck, can't find my grandma, the bus is not, it's gone, I can't get home.</p>	 Farida E. Inability	
<p>I can't find my grandma, that's when I thought <u>that</u>, there is nothing I can do about it.</p>	 Farida E. Inability	
-Jessy	<p>Helplessness is, for me, is not being able to have, not being able to help the client in a way that I see fit for the client's wellbeing, I feel stuck, for me it is being stuck in a place and not being able to help this client reach a certain level. Personally, helplessness is feeling, I don't know if this is the scientific definition, but it is being out of control, <u>it's like I want to do something, I can't do something</u> so I feel helpless because I can't do it.</p>	 Farida E. Inability
<p>I felt <u>really helpless</u> that I was unable to get to do things my way</p>	 Farida E. Desire to do/change	
<p>I felt helpless at this moment. For example, as simple as changing or choosing the channel on the TV, he would always get the channels he wants and I would never do that,</p>		
<p>I would internally feel helpless because I am incapable of doing something</p>		
<p><u>so</u> I tried very much, like, in playing, but I couldn't make the team.</p>		