

THE SUBJECTIVE EXPERIENCE OF THE PSYCHOTHERAPIST WITH CHRONIC, INVISIBLE PHYSICAL ILLNESS by *Cheryl Jern, 2007*

This grounded theory research examined the subjective experience of the psychotherapist who is both maintaining a private practice and coping with a chronic invisible physical illness. Specifically, this study looked at how the therapist managed the illness while seeing clients, how the illness influenced the therapist's professional sense of competence, and the special problems that arose in the clinical work as a result.

Open-ended, semi structure interviews were conducted with ten participants, all of whom were purposely selected to represent a broad spectrum of illnesses and conditions. Illnesses represented in this research are the following: Lyme disease, chronic fatigue syndrome, atrial fibrillation, ulcerative colitis, sarcoidosis, rheumatoid arthritis, thyroiditis, epilepsy, chronic migraines, osteoporosis, asthma, and primary lower extremity lymphedema. The participants were chosen to reflect as varied a collection of health conditions as possible. Data from the interviews was analyzed using the constant comparative method as developed by Glaser and Strauss (1967).

Illustrating Kleinman's (1988) concept of the contextual nature of the illness experience, the psychotherapists in this study all struggle hard to straddle the two worlds of chronic illness and psychotherapy. They must alter their behavior and devise strategies, including pushing themselves hard, in order to manage the demands of the work. They are motivated by an over arching, all-consuming commitment to the client and a desire to be judged, both by others and themselves, as competent in their jobs. This is challenging for them because intrusive symptoms influence their sense of competence. Chronically ill therapists must also grapple with whether or not to disclose their illness and how others will view them as a result.

The existing literature on the subject concentrates primarily on acute illness rather than chronic illness. What little relevant literature does exist focuses more on the "technical" issues as they arise in treatment. This study adds to the existing body of literature by examining the therapist's personal illness experience in the context of the work.